

SERFF Tracking Number: NWLC-127036314 State: Arkansas
 Filing Company: Nationwide Life Insurance Company State Tracking Number: 47990
 Company Tracking Number:
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
 Product Name: Blanket Accident Riders 2010 (PSR & CRM)
 Project Name/Number: /

Filing at a Glance

Company: Nationwide Life Insurance Company

Product Name: Blanket Accident Riders 2010 (PSR & CRM) SERFF Tr Num: NWLC-127036314 State: Arkansas

TOI: H04 Health - Blanket Accident/Sickness SERFF Status: Closed-Approved- Closed State Tr Num: 47990

Sub-TOI: H04.000 Health - Blanket Accident/Sickness Co Tr Num: State Status: Approved-Closed

Filing Type: Form

Authors: Jonna Shields, Robin Golden

Reviewer(s): Rosalind Minor

Disposition Date: 03/17/2011

Date Submitted: 02/15/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

Date Approved in Domicile: 12/14/2010

Requested Filing Mode: Review & Approval

Domicile Status Comments: Closed - FILED

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Group Market Type: Blanket

Overall Rate Impact:

Filing Status Changed: 03/17/2011

State Status Changed: 03/17/2011

Deemer Date:

Created By: Robin Golden

Submitted By: Robin Golden

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

Nationwide Life Insurance Company ("Nationwide") is filing a group blanket accident product, which will be made available to groups of sports, leisure and entertainment. A group would consist of such groups as little league sports teams, overnight camps, and motorsports. When purchased, all participants in a covered activity will have coverage during their covered activity.

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The above referenced Policy, Schedule of Benefits, and Crisis Management Benefit Rider replaces forms NSHBA 2000 A, NSHBA 2500 SCHED A, and NSHBA CRM A. The forms were approved in your state on 07/08/2010 under SERFF Tracking Number NWLC-126622287.

Attached is a Premium Adjustment Rider, form NSHBA 2400 PSR B, which will be used in conjunction with the above referenced forms. No changes were made to any of the other forms previously approved by your department.

Each form is explained and covered in detail in the statement of variability.

Other Information

Nationwide certifies that, to the best of its knowledge and belief, the forms submitted comply with all of the laws and regulations of your state.

The filing does not contain any unusual or potentially controversial items from normal entity or industry standards. The company's domicile state is Ohio. Form NSHBA 2000 B and NSHBA 2500 SCHED B was approved, in Ohio, for use on 12/14/2010.

If you have questions regarding this filing, please contact me at goldenr1@nationwide.com, 614-677-3870 or via SERFF.

Company and Contact

Filing Contact Information

Robin Golden, Sr. Compliance Analyst goldenr1@nationwide.com
5525 Parkcenter Circle 614-854-5106 [Phone]
CO-01-30
Dublin, OH 43017

Filing Company Information

Nationwide Life Insurance Company CoCode: 66869 State of Domicile: Ohio
5525 Parkcenter Circle Group Code: 140 Company Type:
Dublin, OH 43017 Group Name: State ID Number:
(614) 854-3375 ext. [Phone] FEIN Number: 31-4156830

Filing Fees

SERFF Tracking Number: NWLC-127036314 State: Arkansas
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Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50 per policy filing (not per form)
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Nationwide Life Insurance Company	\$50.00	02/15/2011	44719968
Nationwide Life Insurance Company	\$150.00	03/14/2011	45556969

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	03/17/2011	03/17/2011

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	02/21/2011	02/21/2011	Robin Golden	03/14/2011	03/14/2011

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Disposition

Disposition Date: 03/17/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Form	POLICY	Approved-Closed	Yes
Form	SCHEDULE OF BENEFITS	Approved-Closed	Yes
Form	CRISIS MANAGEMENT BENEFIT RIDER	Approved-Closed	Yes
Form	PREMIUM ADJUSTMENT RIDER	Approved-Closed	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 02/21/2011
Submitted Date 02/21/2011
Respond By Date 03/21/2011

Dear Robin Golden,

This will acknowledge receipt of the captioned filing.

Objection 1

- POLICY, NSHBA 2000 B (Form)
- SCHEDULE OF BENEFITS, NSHBA 2500 SCHED B (Form)
- CRISIS MANAGEMENT BENEFIT RIDER, NSHBA 2400 CRM B (Form)
- PREMIUM ADJUSTMENT RIDER, NSHBA 2400 PSR B (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$200.00. Please submit an additional \$150.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 03/14/2011
Submitted Date 03/14/2011

Dear Rosalind Minor,

Comments:

Response 1

Comments: We have remitted an additional \$150.00 via EFT for the filing fee, as you have requested.

Related Objection 1

Applies To:

- POLICY, NSHBA 2000 B (Form)
- SCHEDULE OF BENEFITS, NSHBA 2500 SCHED B (Form)
- CRISIS MANAGEMENT BENEFIT RIDER, NSHBA 2400 CRM B (Form)
- PREMIUM ADJUSTMENT RIDER, NSHBA 2400 PSR B (Form)

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The fee for this submission is \$50.00 per form for a total of \$200.00. Please submit an additional \$150.00 for this submission.

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Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

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Sincerely,
Jonna Shields, Robin Golden

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Form Schedule

Lead Form Number: NSHBA 2000 B

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 03/17/2011	NSHBA 2000 B	Policy/Cont ract/Fratern al Certificate	POLICY	Initial		52.300	NSHBA 2000 B.pdf
Approved-Closed 03/17/2011	NSHBA 2500 SCHED B	Schedule Pages	SCHEDULE OF BENEFITS	Initial		0.000	NSHBA 2500 SCHED B _Schedule of Benefits_ 102810.pdf
Approved-Closed 03/17/2011	NSHBA 2400 CRM B	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	CRISIS MANAGEMENT BENEFIT RIDER	Initial		48.200	NSHBA 2400 CRM B.pdf
Approved-Closed 03/17/2011	NSHBA 2400 PSR B	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	PREMIUM ADJUSTMENT RIDER	Initial		60.900	NSHBA 2400 PSR B _Premium Adjustment Rider_.pdf



Nationwide Life Insurance Company
Home Office: One Nationwide Plaza, Columbus, Ohio

BLANKET ACCIDENT POLICY

INSURING AGREEMENT

This Policy is issued in consideration of the Application made by the Policyholder. We promise to pay, subject to the Policy Terms, the Benefits stated herein. We make this promise and issue this Policy to You in exchange for the Premium shown in the Schedule of Benefits. The Policy insures only those persons referred to in the Schedule of Benefits for whom proper Premium has been paid. This Policy is a legal contract between You and Us.

POLICY TERM

The Policy Term starts at 12:01 a.m. standard time at Your address on the effective date [and each subsequent anniversary date] shown in the Schedule of Benefits. [This Policy is a non-renewable term blanket Policy.]

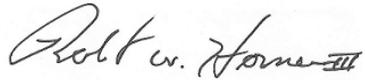
[RENEWAL

This Policy can be renewed on each anniversary date with Our consent for future terms by payment of the Premium due at the rates agreed upon for each such renewal. If the Policy is not renewed, insurance will terminate as of the date the last Policy Term ends. Coverage may be terminated in accordance with the Policy Termination provision of this Policy.]

NOTICE

PLEASE READ YOUR POLICY CAREFULLY. THIS IS LIMITED INSURANCE. [IT IS AN ACCIDENT ONLY POLICY AND DOES NOT COVER LOSS OR EXPENSES RESULTING FROM SICKNESS, DISEASE OR BODILY INFIRMITY.]

Signed for Nationwide Life Insurance Company


[Secretary]


[President]

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DEFINITIONS

General Definitions

Accident or Accidental: A specific unforeseen event:

1. that is sudden, unexpected, and unintended, over which a Insured Person has no control and which happens while the Insured Person is covered under this Policy; and
2. which directly, and from no other cause, results in an Injury; and
3. that is independent from Sickness, disease, bodily infirmity, or illness.

[Aggregate Limit of Liability: The Aggregate Limit shown in the Schedule of Benefits is the maximum amount payable by Us for all Claims incurred for all Insureds under the Policy which are caused by any one Incident that occurs when the Policy is in force. If this limit is not sufficient to pay the total of all such Claims, then the Benefit payable to any one Insured will be determined in proportion to our total aggregate limit of liability. [This Aggregate Limit of Liability applies only to Accidental Death [and Specific Loss] and related Benefits.]]

Application: The attached Policy application, including any amendments, which is a part of the Policy.

Beneficiary: The one who will receive Benefits payable upon the Insured Person's death. The Insured may designate or change the Beneficiary at any time by filing written notice on a form We provide and sending it back to the Policyholder or Our Agent or Us.

Benefit: The dollar amount payable by Us to a Claimant or Beneficiary under the Policy.

Benefit Period: The period of time during which Covered Expenses must be incurred in order for benefits to be payable, as shown in the Schedule of Benefits or applicable Riders. A benefit period starts on the date of the Covered Accident and ends at the end of the time period shown as the Benefit Period, unless specified elsewhere in the Policy.

Certificate: If required by Your state, this document provides a description of the Coverage available under the Policy.

Claim: A request for payment of Benefits.

Claimant: A person who has filed a Claim for Benefits under the Policy, as the Insured Person (Insured's parent, if a minor), the Insured's legal guardian, the Beneficiary, or a person representing any of the above.

[Combined Individual Limit: The Combined Individual Limit, as shown in the Schedule of Benefits, is the maximum amount payable under the Policy per Insured Person per Injury for all losses under the Policy and any Riders, except Accidental Death, if applicable.]

Company: Nationwide Life Insurance Company. Also hereinafter referred to as We, Our and Us.

Coverage: The right of the Insured Person to receive Benefits subject to the terms, conditions, limitations and exclusions of the Policy.

Covered Activity(ies): The covered event or activities described in the Schedule of Benefits.

Effective Date: The date on which insurance Coverage begins under the Policy.

Eligible Class: A group of people who are eligible for Coverage under the Policy as listed in the Schedule of Benefits.

Eligible Person: A person who belongs to an Eligible Class as described in the Schedule of Benefits.

Family Member: A person who is related to the Insured Person in any of the following ways: spouse, domestic partner, common law spouse, brother-in-law, sister-in-law, daughter-in-law, son-in-law, mother-in-law, father-in-law, parent (includes stepparent), legal guardian, brother or sister (includes stepbrother or stepsister), or child (includes legally adopted, step or foster child). A Family Member includes an individual who normally lives in the Insured Person's household.

Health Care Facility: A Hospital, Skilled Nursing, Sub-Acute, hospice, or other duly licensed, certified, and approved health care institution that provides care and treatment for sick or injured persons.

Heart and Circulatory Malfunction: A sudden and serious malfunction of the heart or circulatory system, which includes myocardial infarction, cardiac arrest, heart attack, heat exhaustion, coronary thrombosis, cerebral vascular accident (e.g., stroke or aneurysm), and does not include conditions such as hypertension or angina.

Independent Medical Exam: An examination by a Physician of the appropriate specialty for an Insured Person's condition at Our expense. Such examination, scheduled by Us, may be used for the purpose of determining eligibility for insurance or Benefits, including eligibility under the Riders, if any, associated with the Policy.

[**Incident:** Any one event or series of events related to the cause or causes which result in the Loss.]

Injury or Injuries: A bodily injury which is:

1. directly and independently caused by specific Accidental contact with another body or object;
2. a source of loss that is sustained while the Insured Person is covered under this Policy and while he or she is taking part in a Covered Activity.

[For all Benefits, Injury includes Heart and Circulatory Malfunction, subject to the following conditions:

1. Malfunction must occur [before age 65] while the Insured is taking part in a Covered Activity; and
2. The symptom(s) of such malfunction(s) is (are) first medically treated while the Policy is in force with respect to the Insured and within [48, 72] hours of having taken part in a Covered Activity; and
3. Such Insured has not, [within one year] prior to the date of participation in the Covered Activity, been medically diagnosed with, or received any medication for, any myocardial infarction, angina pectoris, coronary thrombosis, hypertension, heart attack, or a cerebral vascular incident.]

[For the Accident Medical Expense Benefit, Injury also includes repetitive motion injuries [or aggravation of such injuries] resulting from participation in a Covered Activity. Repetitive motion injuries are injuries such as, but not limited to, strains, sprains, hernias, tennis elbow, tendonitis, bursitis, and muscle tears.] [The repetitive motion injury must be diagnosed by a Physician and occur within [30, 45, 60, 90] days of participation in a Covered Activity.]

All Injuries sustained in one Accident, including all related conditions and recurrent symptoms of these Injuries will be considered as one Injury.

Insured Person or Insured: An Eligible Person insured under the Policy.

Loss Period: The period of time within which the first expense must be Incurred following an Accident for Benefits to be payable for the Injury sustained.

[**Maximum Lifetime Benefit:** The maximum amount payable for each Insured Person under this Policy during his or her lifetime.]

Participating Organization: An organization which:

1. elects to offer coverage under the Policy by completing a Participating Organization Application that has been accepted by Us;
2. completes a participation agreement with the Policyholder; and
3. remits the required Premium when due, if applicable.

Physician: A health care professional practicing within the scope of his or her license and is duly licensed by the appropriate State Regulatory Agency to perform a particular service which is covered under the Policy, and who is not:

1. the Insured Person;
2. a Family Member of the Insured Person; or
3. a person employed or retained by the Policyholder.

Policy: The agreement between Us and the Policyholder which states the terms, conditions, limitations, and the exclusions regarding Coverage.

Policy Term: The period of time the Policyholder is covered by the Policy. The Policy Term is shown in the Schedule of Benefits.

Policyholder: The organization who has contracted with Us to provide Benefits to the Insured Person. To the extent that a Participating Organization is applicable, the term Policyholder can be deemed to include the Participating Organization(s), unless otherwise specified in the Policy.

Premium: The periodic fee required to maintain Coverage for each Insured Person in accordance with the terms of the Policy.

Proof: Evidence satisfactory to Us that a person has satisfied the conditions and requirements for a Benefit.

Provider: Any Physician, health professional, Health Care Facility or other person or recognized entity licensed to provide medical services to Insured Persons.

Schedule of Benefits: Shows the amount of Benefits provided under this Policy.

Sickness: An illness, disease or condition, including the pregnancy, childbirth and related medical conditions of an Insured Person, that impairs an Insured Person's normal functioning of mind or body and which is not the direct result of an Injury or Accident.

Sign or Signed: The use by a person of a symbol or method with the present intention to authenticate a record. Such authentication may be executed and/or transmitted by paper or electronic media, provided it is acceptable to Us and consistent with applicable law.

We, Our, Us and Insurer: The insurer, Nationwide Life Insurance Company.

Written or Writing: A record which is on or transmitted by paper or electronic media which is acceptable to Us and consistent with applicable law.

You and Your: The plan sponsor or Policyholder named in the Schedule of Benefits.

Other terms are defined elsewhere under the Policy.

[Additional Definitions for the [Accident Medical Expense] [and] [Catastrophic Accident Medical Expense] Benefit and any applicable Riders

Ambulance Services: Professional ground [and air] Ambulance Services to transport the Insured Person from the place where the Covered Accident occurred to the nearest medically appropriate facility; and from the nearest medical facility to another appropriate medical facility, if a Physician specifies in writing that such transport is Medically Necessary.

Chiropractic Services: Includes all therapeutic, adjustment, and manipulation services and modalities (i.e., hot packs, cold packs and ultrasounds, etc.) administered by a Provider acting within the scope of their license.

Confinement/Confined: An uninterrupted stay following admission to a Health Care Facility due to an Accidental Injury. The re-admission to a Health Care Facility for the same or related Accidental Injury, within a 72-hour period, will be considered a continuation of the same period of confinement. Confinement/Confined does not include observation, which is the review or assessment, of less than 24 hours, of a person's Injury that does not result in admission to a Health Care Facility.

Custodial Care: A level of routine maintenance and supportive care that is primarily for the purpose of attending to the activities of daily living for which the services of a skilled professional are not Medically Necessary. Custodial Care includes, but is not limited to, assistance in walking, getting in or out of bed, bathing, dressing or grooming, feeding, taking medicine, exercise, or entertainment. Custodial Care may not be provided by the Insured Person's Family Member unless specifically agreed to in writing by Us. Custodial Care does not include Home Health Care services or treatment.

Deductible: The amount of Covered Expense that must be Incurred by the Insured before any Benefits are payable by Us. The Deductible will apply as specified in the Schedule of Benefits or any endorsements to this Policy.

[Deductible Incurral Period: The period of time, starting on the date of the covered Accident, within which the Insured must satisfy the Deductible before Benefits will be payable for subsequent Covered Expenses Incurred as a result of the Accidental Injury.]

Diagnostic Imaging: Those forms of radiographs that are not plain film radiography (x-rays). It includes but is not limited to: computerized axial tomography (CAT); magnetic resonance imaging (MRI); radionuclide imaging (nuclear medicine) and ultrasound (US). These examinations may be performed with or without contrast materials.

Durable Medical Equipment: A device which:

1. is primarily and customarily used for medical purposes, is specially equipped with features and functions that are generally not required in the absence of Injury and is able to withstand repeated use;
2. is used exclusively by the Insured;
3. is routinely used in a Hospital but can be used effectively in a non-medical facility;
4. can be expected to make a meaningful contribution to treating Insured's Injury; and
5. is prescribed by a Physician and is Medically Necessary for rehabilitation.

Expenses Incurred: See Incurs or Incurred.

Home Health Aide: A person who provides care of a medical or therapeutic nature and who reports to, and is under the direct supervision of, a Home Health Care Agency.

Home Health Care Agency: A business that provides Home Health Care Services and is licensed by the appropriate state licensing authority.

Home Health Care Services: The provision of a health service for payment or other consideration in a patient's residence, instead of an otherwise required Hospital or nursing home confinement, under a plan of care established, approved in writing, and reviewed and certified at least once every two months by the attending Physician as necessary for medical purposes. Home Health Care Services includes:

1. part-time or intermittent skilled nursing services provided by a Nurse;
2. part-time or intermittent Home Health Aide services which provide supportive services in the home under the supervision of a registered Nurse or a physical therapist;
3. Physical, respiratory, [occupational, and speech] therapy; and
4. the furnishing of medical equipment supplies other than drugs and medicines.

[Each visit by a Nurse or Home Health Care Agency employee constitutes a Home Health Care visit and each four hours of Home Health Aide services constitutes a Home Health Care visit. If services extend beyond four hours, each four hours or portion of that period is considered as one Home Health Care visit.] Home Health Care Services does not include Custodial Care services or treatment.

Hospital: An institution that:

1. operates pursuant to law; and
2. has 24 hour nursing services by registered Nurses; and
3. has a staff of one or more doctors; and
4. provides inpatient therapeutic and diagnostic services for Injury or Illness; and
5. provides facilities for major surgery or has a formal arrangement with another institution for surgical facilities; and
6. is approved by the Joint Commission on the Accreditation of Health Care Facilities as a Hospital (JCAHO); or
7. is approved by the American Hospital Association (AHA); or
8. is approved by the American Osteopathic Healthcare Association (AOHA); or
9. is approved by the American Osteopathic Association accreditation (AOA); or
10. is approved by the Commission on Accreditation of Rehabilitation Facilities (CARF).

Unless otherwise provided in the Policy, Hospital does not include any of the following:

1. A rest or nursing home, home for the aged or convalescent home; or
2. A Skilled Nursing Facility; an extended care facility; or
3. A hospice or a place for Custodial Care; or
4. A birthing center.

Incurs or Incurred: Covered Expenses for:

1. services and treatments actually received within the applicable Benefit Period; and
2. medical supplies actually purchased, received, and utilized within the applicable Benefit Period. The terms "Incurs" and "Incurred Expenses" do not include expenses deferred beyond the applicable Benefit Period.

Inpatient: Confinement of 24 hours or greater.

[Loss: Medical Expenses Incurred that are caused by Injury and which are payable under the Policy's terms and Conditions.]

Medically Necessary: Services or supplies that are:

1. appropriate and necessary for the symptoms, diagnosis, or treatment of the Injury;
2. provided for the diagnosis or direct care and treatment of the Injury;
3. consistent with generally accepted professional standards of care within the organized medical community;
4. not primarily for the convenience of the Insured Person or Insured Person's Physician, or another health care Provider; and
5. the most appropriate supply or level of service which can safely and effectively be provided.

Mental and Nervous Disorders: Nervous, emotional, and mental disease, illness, syndrome or dysfunction classified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) and its successor, as a mental disorder on the date of medical care or treatment is rendered to an Insured Person by a Physician and to the extent that the mental or nervous disorder is a result of a covered Accidental Injury as determined by a Physician.

Nurse: A licensed registered nurse (R.N.) or licensed practical nurse (L.P.N.) who:

1. is properly licensed or certified to provide medical care under the laws of the state where the nurse practices;
2. provides medical services which are within the scope of the nurse's license or certificate;
3. is not a Family Member of the Insured Person; and
4. is not a person employed or retained by the Policyholder.

Outpatient: Care or treatment received from a Provider to which the Insured Person is not admitted.

Physical Therapy: Includes but is not limited to acupuncture, physical or mechanical therapy, diathermy, ultrasonic therapy, heat treatment in any form, or massage administered by a Provider acting within the scope of their license. Physical Therapy does not include Chiropractic Services.

Physician Services: Services provided by a Physician, including expenses for surgery, assistant surgeon, consultations or second opinions, Physician's visits, and anesthesia and its administration.

Prescription Drug: A drug which has been determined to be safe and effective by the Food and Drug Administration and which can, under federal or state law, only be dispensed when ordered by a Provider who is duly licensed to prescribe such medication.

Skilled Nursing Care: Services that are certified as Medically Necessary by a Physician and are not intermediate, domiciliary, Custodial or retirement care.

Sound Natural Tooth: A tooth which can withstand normal chewing forces, and has:

1. normal, healthy periodontium; and
2. adequate healthy dentin; and
3. adequate enamel.

A Sound Natural Tooth includes a natural tooth that has been restored by amalgam (or similar process), crown, inlay or onlay.

Sub-Acute Facility: A free-standing facility or part of a Hospital that is certified by Medicare to accept patients in need of rehabilitative and Skilled Care Nursing.

Reasonable Charge: The most common charge for similar professional services, drugs, procedures, devices, supplies or treatment within the area in which the charge is incurred. The most common charge means the lesser of:

1. the actual amount charged by the Provider; or
2. the negotiated rate, if any; or
3. the fee most often charged for in the geographical area where the service was performed.

The Reasonable Charge is determined by comparing charges for similar services to a national database adjusted to the geographical area where the services or procedures are performed, by reference to the [50, 55, 60, 65, 70, 75, 80, 85, 90, 95]th percentile of [Ingenix] schedules. The Insured Person may be responsible for the difference between the Reasonable Charge and the actual charge from the Provider. .

[For a Provider who has a reimbursement agreement, the Reasonable Charge is equal to the amount that constitutes payment in full under any reimbursement agreement with Us, either directly or indirectly through a third party. If a Provider accepts as full payment an amount less than the rate negotiated under the reimbursement agreement, the lesser amount will be the maximum Reasonable Charge.]

ADMINISTRATIVE PROVISIONS

Premium

The Premium rates, and the method and timing of premium payments, are as agreed upon by the Policyholder and Us. Premiums must be paid to Our Home Office or to one of Our representatives.

[We will not change rates more than once in a [1-12] month period. Such notice will either be delivered or mailed to the Policyholder at the last address on file with Us. A copy of such notice may also be sent to the Policyholder's agent, if any, at his or her last address on file with us. The rate change will become effective on the date stated in the notice or the next Premium due date following the 31st day after we mail or deliver the notice, whichever is later.]

Policy Terminations

This Policy can be terminated at any time by written notice mailed or delivered by Us to the Policyholder or by the Policyholder to Us. Such notice must be provided at least 31 days in advance of the termination date.

[We may not terminate the Policy before its first anniversary, unless the Policyholder does not perform its contractual duties.] [We may terminate coverage any time after the First Policy Term.] If We terminate the Policy, notice will be either mailed or delivered to the Policyholder at the last address on file with Us. A copy of such notice may also be sent to the Policyholder's agent, if any, at his or her last address on file with us. Termination will become effective on the date stated in the notice or the 31st day after we mail or deliver the notice, whichever is later.

[The Policyholder may terminate coverage any time after the First Policy Term.] If the Policyholder terminates the Policy, termination will become effective at 12:01 a.m. local time, based on the Policyholder's address, when We receive notice or the date specified in the notice, whichever is later.

[In either event, We will promptly return any unearned Premium paid or the Policyholder will promptly pay any earned Premium which has not been paid.]

Neither termination of the Policy nor termination of the Insured Person's coverage under the Policy shall prejudice the settlement of any Claim for Loss where the Accident precipitating the Loss occurred on or before the date of termination.

Term of an Insured Person's Coverage

A person's coverage begins on the later of:

1. the Effective Date of the Policy; or
2. the Effective Date of the Participating Organization, if applicable; or
3. when he or she becomes an Eligible Person.

An Insured's coverage ends on the first of these to occur:

1. when he or she is no longer an Eligible Person; or
2. the end of the last day for which Premium has been paid; or
3. the date the Insured dies; or
4. the termination date of the Participating Organization, if applicable; or
5. the termination date of the Policy.

Termination will not affect a Claim which occurs before the coverage ends.

BENEFIT PROVISIONS

Maximum Benefit Amounts

The Maximum Benefit Amounts which apply to an Insured Person are shown in the Schedule of Benefits.

[ACCIDENT MEDICAL EXPENSE] [AND] [CATASTROPHIC ACCIDENT MEDICAL EXPENSE] BENEFIT[S]

If, as a result of an Accidental Injury which occurs while participating in a Covered Activity, an Insured incurs Covered Expenses during the Benefit Period specified in the Schedule of Benefits, we will pay:

1. Covered Expenses Incurred that exceed any applicable Deductible [within the Deductible Incurral Period] specified in the Schedule of Benefits; and
2. as long as the first expense has been Incurred within the Loss Period specified in the Schedule of Benefits; and
3. until the total paid for Covered Expenses Incurred equals any applicable Benefit percentage, Benefit sub-limit, or maximum shown in the Schedule of Benefits; or
4. until the end of the Benefit Period shown in the Schedule of Benefits[, or [for Catastrophic Accident Medical Expense,] if earlier, until the end of any period of [6, 9, 12, 15, 18, 24] months during which less than [\$250, 500, 750, 1,000] of Covered Expenses are Incurred by the Insured Person]; or
5. until Benefits paid equal the Maximum Benefit Amount for the [Accident Medical Expense] [or] [Catastrophic Accident Medical Expense] Benefit[s] shown in the Schedule of Benefits.

Covered Expenses for this Benefit means the Medically Necessary and Reasonable Charges for services, supplies, and treatment provided or prescribed by a Physician for which an Insured Person is required to pay, except as may be limited in the Schedule of Benefits and subject to all applicable conditions, exclusions and limitations.

We will pay Covered Expenses Incurred for dental treatment as a result of Injury to a Sound Natural Tooth. [For dental services, there is often more than one Service that can be used to treat a dental problem. In determining the Benefits, different materials and methods of treatment will be considered. The amount payable will be limited to the Covered Expense for the least costly Service, which meets commonly accepted standards of the American Dental Association. The Insured Person and his or her Provider may decide on a more costly procedure or material than We have determined to be satisfactory for the treatment of the condition. We will pay a Benefit toward the cost of the more expensive procedure or material, but payment will be limited to the Benefits payable for Covered Expenses for the least costly Service. We will not pay the excess amount.]

[If the Insured is admitted to the Hospital immediately following emergency room treatment, such treatment will be considered an Inpatient Hospital Covered Expense.]

[When multiple surgeries are performed through [the same incision] [one or more incisions] [multiple incisions] at the same operative session, We will pay an amount not to exceed [\$2,500 – 10,000] [the Benefit for the most expensive procedure being performed] [the Benefit for the primary or most expensive procedure and 50% of the Benefit otherwise payable for the secondary or less expensive procedure(s)].]

[ACCIDENTAL DEATH BENEFIT

Payment for any Accidental Death Benefit will be subject to all of the following conditions:

1. The Loss is caused solely by an Accident; and
2. The Loss is not excluded by the terms of the General Exclusions section of this Policy; and
3. The Accident must occur while the Insured Person is participating in a Covered Activity; [and
4. The Loss must occur within [90, 120, 180, 365] days after the date on which the Accident occurred.]

We will pay 100% of the Principal Sum listed in the Schedule of Benefits for this Benefit, subject to all of the terms and limitations of the Policy:

Definitions for this Accidental Death Benefit

Loss: The Accidental loss of life.]

[ACCIDENTAL DEATH AND SPECIFIC LOSS BENEFIT

Payment for any Accidental Death and Specific Loss Benefit will be subject to all of the following conditions:

1. The Loss is caused solely by an Accident; and
2. The Loss is not excluded by the terms of the General Exclusions section of this Policy; and
3. The Accident must occur while the Insured Person is participating in a Covered Activity; [and
4. The Loss must occur within [90, 120, 180, 365] days after the date on which the Accident occurred.]

Schedule of Losses

We will pay a percentage of the Principal Sum(s) listed in the Schedule of Benefits for the Benefit as described in the table below, subject to all of the terms and limitations of the Policy:

<u>Nature of Loss</u>	<u>Percentage of Principal Sum</u>
Life	100%
Both arms or both legs.....	100%
Both hands and both feet.....	100%
One arm and one leg.....	100%
One hand and one foot.....	100%
Either both hands or both feet.....	100%
Speech and hearing in both ears.....	100%
The sight of both eyes	100%
The sight of one eye and either one hand or one foot.....	100%
Either one arm or one leg.....	75%
Either one hand or one foot.....	50%
Speech or hearing in both ears.....	50%
Sight of one eye	50%
Hearing in one ear.....	[25, 50]%
Both the thumb and index finger of one hand.....	25%
[Both thumbs	25%]
[All four fingers of one hand.....	25%]
[All of the toes of one foot.....	10%]
[One thumb	10%]
[One hallux (big toe)	10%]
[One finger	5%]
[One toe	5%]
[Each joint of thumb or hallux	5%]
[Each joint of finger or toe.....	1%]

If more than one Loss results from any one Accident, only one amount, the largest, will be paid.

Definitions for this Accidental Death and Specific Loss Benefit

Loss: Loss of life or a Specific Loss as shown in the Schedule of Losses (above) which is payable under the Policy's terms and Conditions.

Specific Loss: Means, with regard to:

1. a natural arm or leg, [the total and irrecoverable loss of its use, provided the loss is continuous for [1, 3, 6, 9, 12, 15, 18, 24, 36] consecutive months and such loss of use is determined to be permanent at the end of such time] [complete severance at or above the elbow or knee joint];
2. a natural hand or foot, [the total and irrecoverable loss of its use, provided the loss is continuous for [1, 6, 9, 12, 15, 18, 24, 36] consecutive months and such loss of use is determined to be permanent at the end of such time] [complete severance at or above the wrist or ankle joint];
3. a natural thumb and fingers, complete severance at or above the metacarpophalangeal joints;
4. [a natural hallux and toes, complete severance at or above the metatarsophalangeal joints;]
5. [a natural joint of a finger or toe, complete severance of a distal, proximal or (if applicable) medial phalanx;]
6. an eye, the complete and irrecoverable loss of sight;
7. speech, the complete and irrecoverable loss of speech;
8. hearing, the complete and irrecoverable loss of hearing of an ear.]

[ARTIFICIAL LIMB OR PROSTHETIC DEVICE BENEFIT

If an Insured Person sustains a dismemberment Loss payable under the Accidental Death and Specific Loss Benefit, We will reimburse the Insured for expenses incurred if the Insured Person requires an Artificial Limb or Prosthetic Device, subject to the following conditions:

1. Reimbursement will be the lesser of the actual expenses incurred or the Maximum Benefit Amount shown in the Schedule of Benefits for each covered Loss specified therein.
2. [Reimbursement for all expenses incurred by the Insured Person will not exceed the total Maximum Lifetime Benefit, shown in the Schedule of Benefits for this Benefit.]
3. The Artificial Limb or Prosthetic Device must be required based on the recommendation of a Physician.
4. Satisfactory Proof of the actual expense will be required at the time of Claim.
5. Any expenses incurred more than [1, 2, 3, 4, 5 years], or for which Proof is received more than [1, 2, 3, 4, 5] years plus [60, 90, 120, 180, 365] days following the date of Accidental Injury will not be eligible for reimbursement.

The Benefit will be paid in a lump sum to the Insured Person.

Definition for this Artificial Limb or Prosthetic Device Benefit:

Artificial Limb or Prosthetic Device: A device worn on or in the human body to artificially replace a missing portion of the body. In the event of a covered Loss for an eye, Prosthetic Device means a device for replacement of the entire eye.]

[COMMON CARRIER ACCIDENT BENEFIT

If the Insured Person sustains an Accidental Injury while participating in a Covered Activity which results in a Loss payable under the Accidental Death [and Specific Loss] Benefit, We will pay an additional Benefit equal to a percentage (as shown in the Schedule of Benefits as the Benefit Percentage) of the amount otherwise payable for the covered Loss, if the Insured's Injury is sustained:

1. while the Insured is boarding, riding, or exiting as a fare-paying passenger in a Common Carrier ; or
2. as a direct result of the burning of the hotel, theater, school or government building within which the Insured is present at the time the fire begins.

Definition for this Common Carrier Accident Benefit

Common Carrier: A government licensed and regulated entity that is in the business of transporting fare paying passengers. The term Common Carrier does not include:

- privately arranged transportation; or
- taxis; or
- limousines.]

[EXPOSURE AND DISAPPEARANCE BENEFIT

Exposure

If the Insured Person is unavoidably exposed to the natural elements solely as the result of an Accident that occurs while participating in a Covered Activity, and as a direct result of such exposure the Insured suffers a Loss for which Benefits would otherwise be payable under the Accidental Death [and Specific Loss] Benefit, such Loss will be deemed to be a result of the Accidental Injury, and Accidental Death [and Specific Loss] Benefit will be payable.

Disappearance

If, as a result of the Accidental destruction, sinking or disappearance of a conveyance in which the Insured is riding while participating in a Covered Activity, and the Insured's body is not found within one year after the date of the covered Accident, then it will be presumed that there was Loss of life due to Accidental Injury, and the Accidental Death Benefit will be payable.

We will only presume an Insured to be dead if there is no evidence to the contrary and supporting documentation from the appropriate court is provided to Us.

If the Insured is later found alive after We have paid a Benefit under this Benefit provision, the Beneficiary must repay the Disappearance Benefit to Us.

If the Insured is later found dead after We have paid a Benefit under this Benefit provision, any Accidental Death Benefit that becomes payable under the Policy as a result of the death will be reduced by the amount paid under this Benefit for Exposure and Disappearance.]

[FELONIOUS ASSAULT BENEFIT

If an Accidental Injury, which results in a Loss payable under the Accidental Death [and Specific Loss] Benefit, is the result of a Felonious Assault inflicted upon the Insured, We will pay an additional amount equal to a percentage (as shown in the Schedule of Benefits as the Benefit Percentage) of the amount otherwise payable for the covered Loss [up to the Maximum Benefit Amount shown in the Schedule of Benefits], subject to all of the terms and limitations of the Policy and all of the following conditions:

1. The Felonious Assault must not be either a moving violation as defined under the applicable state motor vehicle laws or an act of a Family Member [or another Insured]; and
2. A report of the criminal activity is required to have been filed with the appropriate law enforcement authority within 48 hours of the incident. A certified copy of this report must accompany the Claim for Benefits. The criminal and civil codes where the Felonious Assault or attempt was perpetrated shall be the basis for interpretation of the terms used in this paragraph.

Definitions for this Felonious Assault Benefit

Felonious Assault: A physical attack by another person resulting in bodily harm. A physical attack is any willful or unlawful use of force or violence with the intent to cause bodily Injury. The physical attack must be considered a felony or misdemeanor in the jurisdiction in which it occurs.]

[REPATRIATION BENEFIT

If an Insured Person sustains Accidental Loss of life [more than [60-200] miles from the Insured's normal place of Residence] [outside of his/her Home Country] for which Benefits are payable under the Accidental Death [and Specific Loss] Benefit, We will reimburse expenses incurred for the transportation of the body of the deceased person, subject to all of the terms and limitations of the Policy and all of the following conditions:

1. Reimbursement for all expenses under this Benefit will not exceed the Maximum Benefit Amount shown in the Schedule of Benefits.
2. Eligible expenses will include transportation of the body, and charges directly related to the preparation of the body for such transportation;
3. Transportation of the body will be to the first resting place (including, but not limited to, a funeral home or the place of interment) in proximity to the normal place of Residence of the deceased;
4. Satisfactory Proof of the actual expenses will be required at the time of Claim.

The Benefit will be paid to the Insured Person's Beneficiary, as determined in accordance with the Claim Provisions of the Policy.

Definition for this Repatriation Benefit

[Home Country: The country where an Insured Person [has his or her true, fixed and permanent Residence] [holds a current and valid passport].]

Residence: The property on which the Insured Person dwells.]

[SEAT BELT [AND AIR BAG] BENEFIT

If an Insured Person sustains Accidental Loss of life and Benefits are payable under the Accidental Death [and Specific Loss] Benefit, We will pay an additional amount equal to the Maximum Benefit Amount shown in the Schedule of Benefits for this Benefit; provided that at the time of the Covered Activity involved, the Insured was using a properly fastened Seat Belt while operating or riding as a passenger in an Automobile [and the Automobile was equipped with Air Bag(s)], subject to all of the terms and limitations of the Policy and all of the following conditions:

1. Satisfactory Proof that the Insured Person's death resulted from an Automobile Accident independent of all other causes, and that the Insured was wearing a seat belt at the time of the Accident must be received at the time of Claim. [Proof that the Automobile was equipped with Air Bags and that the Air Bag properly inflated upon impact may also be required.]
2. [No payment will be made for an Air Bag Benefit if at the time of the Accident the Insured was not in a seat for which the Automobile provided an Air Bag, and wearing a Seat Belt.]
3. A copy of the police accident report must be submitted with the Claim. The report must certify the position of the Seat Belt.
4. No payment will be made for the Seat Belt [or Air Bag] Benefit for any Insured Person who is driving or riding as a passenger if:
 - a. The driver or operator of the Automobile is intoxicated according to the laws of the jurisdiction where the Accident occurred; and
 - b. The use of any intoxicant or drug by the driver or operator [or any passenger] of the Automobile is determined to be a contributing cause of the Accident, whether or not the intoxicant or drug was prescribed by a Physician.

The Benefit will be paid in a lump sum to the Insured Person's Beneficiary, as determined in accordance with the Claim Provisions of the Policy.

Definitions for this Seat Belt [and Air Bag] Benefit

[Air Bag: An inflatable supplemental passive restraint system installed by the manufacturer of the Automobile that inflates upon collision to protect an individual from Injury and death. An air bag, without proper use of a lap and shoulder belt, is not considered a passive restraint device under this Benefit.]

Automobile: A motor vehicle licensed for use on public highways which is a self-propelled passenger vehicle that has four wheels and is not being used as a Common Carrier. It may include electric passenger vehicles, hybrids, pick-up trucks, vans, motor homes or sport utility vehicles. It excludes all other motorized vehicles. [The automobile must be a privately owned vehicle.]

Common Carrier: A government licensed and regulated entity that is in the business of transporting fare-paying passengers.

Seat Belt: A factory, manufacturer, or government authorized dealer properly installed seat belt, lap and shoulder restraint, or other restraint approved by the National Highway Traffic Safety Administration.]

[SURGICAL REATTACHMENT BENEFIT

[If an Insured Person sustains a dismemberment Loss payable under the Accidental Death and Specific Loss Benefit and the severed part is surgically reattached, We will pay the Maximum Benefit Amount shown in the Schedule of Benefits.]

[If an Insured Person sustains a dismemberment Loss payable under the Accidental Death and Specific Loss Benefit, We will reimburse for Reasonable Charges incurred to surgically reattach the severed body part, up to a percentage (as shown in the Schedule of Benefits as the Benefit Percentage) of the amount otherwise payable for the covered Loss as shown in the Schedule of Losses.]

The balance of the amount that would otherwise have been payable under the Accidental Death and Specific Loss Benefit will be paid if after 365 days the reattachment has failed to the extent that Loss of Use then exists.

Satisfactory Proof of the Accidental Injury and surgical reattachment will be required at the time of Claim.

The Benefit will be paid in a lump sum to the Insured Person.

Definition for this Surgical Reattachment Benefit

Loss of Use: The total and irrecoverable loss of functional, normal, or characteristic use of the surgically reattached part.]

EXCLUSIONS

General Exclusions The following exclusions apply to any and all Benefits and any applicable Riders, unless otherwise specifically referenced.

We will not pay Benefits for:

1. An Injury or Loss that is:
 - a. caused by war or any act of war, declared or undeclared, whether civil or international, or any substantial armed conflict between organized forces of military nature (which does not include acts of terrorism);
 - b. caused while the Insured is serving full-time active duty (more than 31 days) in any Armed Forces;
 - c. caused by participating in a riot or violent disorder;
 - d. the result of an Insured's taking part in committing or attempting to commit a felony, or engaging in any unlawful act or illegal occupation, or committing or provoking an unlawful act;
 - e. the result of the Insured being under the influence of any drug, narcotic, intoxicant or chemical (unless prescribed by a Physician and taken according to the Physician's instructions) as defined by the law of the jurisdiction in which the Accidental Injury occurred. [Conviction is not necessary for determination of being "under the influence."]; or
 - f. intentionally self-inflicted, including suicide or attempt thereof, while sane or insane.
2. An Injury or Loss that is the result of travel or flight (including getting in or out, on or off) in any aircraft except solely as a fare-paying passenger in a commercial aircraft, [or as a passenger in a Policyholder [owned] [leased] [chartered] [or] [operated] aircraft,] provided such aircraft has a valid and current airworthiness certificate and is operated by a duly licensed or certified pilot, and while such aircraft is being used for the sole purpose of transportation and such travel is listed as a Covered Activity in the Schedule of Benefits.
3. [Any Accident where the Insured is the operator and does not possess a current and valid motor vehicle operator's license (except in a Driver's Education Program)].
4. [An Accident that occurs while:
 - a. [participating in any hazardous activities, including the sports of snowmobile, ATV (all terrain or similar type wheeled vehicle), personal watercraft, sky diving, scuba diving, skin diving, hang gliding, cave exploration, bungee jumping, parachute jumping or mountain climbing;]
 - b. [riding, driving, or testing a motorized vehicle used in a race or speed contest, sport, exhibition work or test driving. Motorized Vehicle for purposes of this provision means any self-propelled vehicle or conveyance, including [but not limited to] automobiles, trucks, motorcycles, ATV's, snow mobiles, tractors, golf carts, motorized scooters, lawn mowers, heavy equipment used for excavating, boats, and personal watercraft. Motorized Vehicle does not include a Medically Necessary motorized wheelchair,]unless such activity is specifically listed as a Covered Activity in the Schedule of Benefits.]
5. Medical or surgical treatment, diagnostic or preventative care of any Sickness, except for treatment of pyogenic infection that results from an Accidental Injury [or a bacterial infection that results from the Accidental ingestion of contaminated substances].
6. Any Heart or Circulatory Malfunction, whether or not known or diagnosed, except as may be otherwise covered under the Policy or unless the immediate cause of such malfunction is external trauma.

[Additional exclusions for the [Accident Medical Expense] [and] [Catastrophic Accident Medical Expense] Benefit and any applicable Riders

We will not pay Benefits for:

1. Expenses Incurred for services or treatment rendered by a Physician, Nurse or any other Provider who is:
 - a. employed or retained by the Policyholder, or its subsidiaries or affiliates;
 - b. the Insured, or the Insured's Family Member.
2. Expenses Incurred for charges which the Insured would not have to pay if he/she did not have insurance or for which no charge is made.
3. Expenses Incurred for charges which are in excess of Reasonable Charges.
4. Expenses Incurred for any condition covered by any Workers' Compensation Act, Occupational Disease law or similar law.
5. That part of medical expenses payable by any automobile insurance Policy without regard to fault.
6. Expenses Incurred for any treatment that is considered to be experimental by the American Medical Association (AMA) or the American Dental Association (ADA).
7. Expenses Incurred for the examination, prescription, purchase, or fitting of eyeglasses, contact lenses, or hearing aids, unless Injury has caused impairment of sight or hearing or unless repair or replacement of existing eye glasses, contact lenses or hearing aids is necessary as a result of a covered Injury.
8. Expenses Incurred for 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, expect for repair or replacement as a result of Injury up to the Dental Maximum shown in the Schedule of Benefits, if applicable.
9. Expenses Incurred for personal comfort or convenience items including, but not limited to, Hospital telephone charges, television rentals, or guest meals.
10. Expenses Incurred for or in connection with Custodial Care, unless otherwise specified in the Schedule of Benefits.
11. Expenses Incurred for supervision of an anesthetist.
12. Expenses Incurred for Durable Medical Equipment rental in excess of the purchase price.
13. [Expenses Incurred for subsequent repairs and replacement of [prosthetic devices] [and] [orthopedic braces and appliances].]

[SUBROGATION AND RECOVERY RIGHTS]

Right of Recovery

If the amount of the payment made by Us is more than We should have paid under this Policy, We may recover the excess from one or more of: (a) The person We have paid; (b) The person for whom We have paid; (c) Insurance companies or any other plan; or (d) other organization. The amount of the payments made includes the reasonable cash value of any Benefit provided in the form of services.

Right to Subrogation

We shall be subrogated to all rights of recovery which any Insured Person has against any Third Party to the extent of payments for Benefits made by Us to or for benefit of an Insured Person. The Insured Person shall execute and deliver such instruments and papers as may be required and do whatever else is necessary to secure such rights to Us.

If the Insured suffers an Injury through the wrongful act or omission of a Third Party for which the Third Party is found liable, and if Benefits are paid under this Policy due to such Injury, then We will be entitled to a refund of all Benefits We have paid from such recovery, as permitted by law. The refund of Benefits shall be allowable to the extent the Insured recovers or may recover for the same Injury from another plan, including a Third Party or its insurer. Further, We have the right to offset subsequent Benefits payable to the Insured under the Policy against such recovery.

Upon our request, the Insured must complete the required forms and return them to Us or to Our administrator. The Insured must notify Us of any pending or contemplated claims against any Third Party. The Insured must cooperate fully with Us in asserting a right to recover. The Insured will be personally liable for reimbursement to Us to the extent of any recovery obtained by the Insured from any Third Party. If it is necessary for Us to institute legal action against the Insured for failure to repay Us, the Insured will be personally liable for all costs of collection, including reasonable attorney's fees.

We may file a lien in an Insured's action against the Third Party and have a lien upon any recovery that the Insured receives whether by settlement, judgment, or otherwise, and regardless of how such funds are designated. We shall have the right to recovery of the full amount of Benefits paid under the Policy for the Injury and that amount shall be deducted first from any recovery made by the Insured. We will not be responsible for the Insured's attorney's fees or other costs.

Right to Reimbursement

If Benefits are paid under this plan and any person recovers from a Third Party by settlement, judgment or by operation of primary Coverage, We have a right to recover, as permitted by law, from that person an amount equal to the amount We paid. However, We will reimburse the Insured Person for any charges on a pro-rata basis for any expense incurred in securing the settlement, judgment or otherwise.

Limitation to Our Recovery Rights

We may exercise Our Right to Subrogation against Third Parties unless We are precluded from enforcing such right where a responsible Third Party has extinguished its liability or has been relieved of liability by contract or operation of law. If We are precluded from exercising Our Right to Subrogation, We may exercise our Right to Reimbursement.

We, in exercising Our Right to Subrogation, will not seek to recover more than We paid under this plan. We, in exercising Our Right to Reimbursement, will not seek to recover more than the amount recovered from a Third Party.

Definitions for this Subrogation and Recovery Rights Provision

Third Party(ies): Any person, firm, or corporation other than the Insured Person [or the Policyholder]. [The Policyholder will be considered a Third Party only if the Policyholder's gross negligence has or may have caused, contributed to or aggravated the Injury or condition for which the Insured claims an entitlement to Policy Benefits.]]

CLAIM PROVISIONS

Notice of Claim

Written Notice of Claim must be given to Us or Our authorized representative within [20, 30, 31, 60, 90, 120] days after a covered Loss starts, or as soon thereafter as is reasonably possible. Failure to provide notice within the required time period will not reduce or invalidate the claim if it was not reasonably possible to give such notice and the notice was given as soon as reasonably possible. Notice should include: (1) the Policy number; (2) the Policyholder's name and address; (3) the Covered Group's name and address; (4) the Insured's name and address; and (5) the Claimant's name and address.

Claim Forms

Claim forms are provided at the time the Policy is issued. Additional Claim forms will be sent to the name and address requested within 15 calendar days after a written notice of Claim is received by Our Home Office or one of Our representatives. If not, the Proof of loss requirements can be met without using Our forms. Simply send a written statement indicating the date of the Injury as well as the nature and extent of the loss to Our Home Office or to one of Our representatives. Proof of loss must be sent within the time limits stated in the next paragraph.

Proof of Loss

Written Proof of loss must be sent to Our Home Office or to one of Our representatives within [30, 31, 45, 60, 90, 120, 150, 180, 365] days after: (1) the end of any period of Inpatient Confinement for which Claim is made; or (2) the date of Loss on any other Claim. Failure to furnish the proof of loss within the time required does not invalidate or reduce a claim if it was not reasonably possible to submit the proof within the required time, if the proof is furnished as soon as reasonably possible. When We receive notice of Claim that does not contain all necessary information or is not on an appropriate Claim form, forms for filing Proof of Loss will be sent to the Claimant along with a request for the missing information. We retain the right to make subsequent requests for Proof of loss if required to accurately evaluate and process the Claim. Failure of a Claimant to cooperate with Us in the administration of a Claim may result in the termination of a Claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether Benefits are payable or the actual amount due.

Payment of a Claim

{Use if Accidental Death or Accidental Death & Specific Loss benefits are provided}

[We will pay Loss of life Benefits to the Insured's Beneficiary on file with Us at time of payment. If more than one Beneficiary is shown, We will pay the applicable percentage specified to each. If no amount and/or percentage are specified, We will divide the death Benefits equally among those Beneficiaries living at the time of the Insured's death. We are not responsible for the validity of a Beneficiary designation or change. If there are no such Beneficiaries on file, or if none are living at the time of the Insured's death, We will pay the death Benefits to: (1) the Insured's estate; or (2) at Our option, to one or more of the first surviving class of the following classes of successive preference Beneficiaries — the Insured's surviving: (a) spouse; (b) children; (c) parents; or (d) brothers and sisters, equally.

All other Benefits that are not assigned will be paid to the Insured if living; otherwise, at Our option, to those as shown in the paragraph immediately above.

If payment is to be made to: (1) an Insured's estate; or (2) to an Insured or Beneficiary who is a minor or otherwise not competent to give a valid release, We may pay up to \$[500, 1,000, 1,500, 2,000, \$3,000] to the Insured's parent or legal guardian, to a person supporting the Insured, or to any relative by blood or by marriage of either the Insured or his or her Beneficiary whom We consider to be entitled to the payment.]

{Use if no Accidental Death or Accidental Death & Specific Loss benefits are provided}

[Benefits will be payable to the Insured or the medical services Provider if We have received a valid assignment by the Insured.]

{always included}

Subject to any written direction of the Insured, or of the legal or natural guardian of the Insured if the Insured is a minor or otherwise incompetent to make such a direction, all or a portion of any indemnities provided by the Policy as a result of medical, surgical, dental, Hospital or nursing service may, at Our option, and unless We are requested in writing not later than the time for filing Proofs of Loss, be paid directly to the Hospital or person rendering such services. If payment is made to the Insured, in no event will pay any amount greater than the amount actually paid by the Insured.

It is not required that a service be furnished by a specific Provider. Payments made by Us in good faith satisfy Our legal duty to the extent of the payment. All payments made by Us will be made in United States dollars.

Time of Payment

After receiving proper written Proof of loss, We will pay the periodic Benefits due, no less often than monthly (unless otherwise stated in the Policy), while the loss and our liability continue. When Our liability ends, We will pay any balance still due after We receive the proper written Proof of loss. Benefits for other losses (including Covered Expenses) will be paid within 30 days after We receive proper written Proof of loss, or sooner if required by state law. If We fail to pay the benefit due within this time period, any applicable interest will accrue at the interest rate required by the state.

Assignment

We are not bound by an assignment of Benefits until We or one of Our representatives receives it in writing from the Insured (Insured's parent, if a minor) or his or her legal guardian. We are not responsible for its validity.

Physical Examination and Autopsy

We reserve the rights to have a Physician of Our choice examine the Insured whose condition is the basis of a Claim. This may be done as often as reasonably necessary while a Claim is pending or while We are paying Benefits. We may also require an autopsy, unless forbidden by law. These will be at Our expense.

Free Choice of Physician

The Insured has a free choice of a Physician, Hospital, or other eligible Provider. The Physician-patient relationship will be maintained.

[Common Accident

If the Insured and his or her Beneficiary die from the same Accident without enough evidence that both died other than at the same time, the Insured's Benefits will be paid as if he or she died last.]

Legal Action

No action at law or in equity to recover under the Policy may be brought against Us before 60 days after the time written Proof of loss has been sent as required by the Policy. No such action may be brought more than [3, 5, 6] years after the time written Proof of loss is required to be sent or after the expiration of the applicable statute of limitations, whichever is greater.

Recovery of Overpayment

Payments made by Us which exceed the appropriate amounts payable are recoverable by Us from or among any persons or other entities to whom such payments were made.

GENERAL PROVISIONS

Agency

The Policyholder and any administrator appointed by the Policyholder shall not be considered Our agents for any purpose. We are not liable for any of their acts or omissions.

Changes in Policy

The terms of this Policy can be changed only by written agreement between the Policyholder and Us. Agreement for Us can only be made by Our Executive Vice President or Our Corporate Secretary. Any changes will be made without the consent of, or notice to, any Insured Person. No agent has authority to contract directly with Us for this Policy or to change, alter or amend any of its terms or provisions in any way.

Clerical Error

Any clerical error by the Policyholder or Us in keeping relevant records, or a delay in making any entry, will not void any insurance otherwise validly in force or continue insurance otherwise validly terminated. When a clerical error or delay is found, Premiums and Benefits will be adjusted based on the true facts and the provisions of the Policy.

Conformity with State Laws

The insurance laws of some states require that certain Policy provisions comply with the law of the state for all permanent residents of the state. Any Policy provision herein which does not conform with such law is hereby modified to the minimum extent necessary to satisfy legal requirements. However, any such provision is modified only for an Insured Person who is a permanent resident of the state at the time Covered Expenses are actually incurred as defined herein.

Entire Contract

The entire contract consists of:

1. this Policy; and
2. the Certificate, if applicable; and
3. any Riders, Endorsements and Amendments, if any, adding or changing the provisions of the Policy or applicable Certificate; and
4. the Application of the Policyholder and Participating Organization, if applicable.

All statements made in the Application, in the absence of fraud, are representations and not warranties. No statement made by the Policyholder or an Insured Person under this Policy will be used to void insurance or deny a claim unless a copy of the statement is or has been given to the Policyholder.

Incontestability

[Except for material fraudulent misstatements,] this Policy will be incontestable, except for non-payment of Premium, after it has been in force for two years.

Individual Certificates

When the law requires it, we will make a Certificate available to each Insured Person under this Policy. Certificates will state the insurance protection to which a Insured Person is entitled and to whom the Benefits are payable.

New Entrants

New persons to the groups or classes eligible for insurance must be added to the groups or classes for which they are eligible.

Non-Participating

This Policy is non-participating. This means that it does not share in Our surplus earnings.

Nonduplication of Benefits

If any item of expense is payable under more than one provision of the Policy, payment will be made only under the provision providing the greater Benefit.

Policyholder Required Information

Certain facts are needed to administer the Policy. We have the right to decide which facts We need. The Policyholder is required to comply with any reasonable request for information which We deem necessary to administer the Policy. We have the right to inspect any records of the Policyholder that have a bearing on the insurance or Premium under the Policy.

Workers' Compensation Not Affected

The Policy does not replace or change any requirement for coverage under Workers' Compensation insurance.

{the following table only applicable to the extent that benefit sub-limits apply}

[Note: This Benefit is subject to the Exclusions and other provisions of the Policy. In addition, the following limitations apply. [Benefits for Covered Expenses shown below are subject to the Maximum Benefit Amount, Deductible, [Deductible Incurral Period,] Benefit Percentage, Loss Period, and Benefit Period shown above, unless otherwise specified.] [Benefits sub-limits shown below are per Insured Person per Injury, unless otherwise specified.]	
Covered Expenses:	Benefit Sub-Limits:
[Inpatient Hospital Services	
[Room & Board – Semi-Private or Private	[Maximum \$[50-2,000] per day] [[50-100]% of [R&C] [average semi-private room rate]] [for a maximum of 30 days]]
[Room & Board – Intensive Care or Critical Care Units	[[Up to 2 times the] average semi-private room rate] [for a maximum of 30 days]] [[50-100]% of [R&C] [average semi-private room rate]]]
[Hospital Miscellaneous Expense (including general nursing care [and pre-admission testing [performed within 3 working days prior to admission]])	[Maximum \$[50-2,000] per day] [up to]] [\$[1,000-5,000]] [[50-100]% of R&C]]
[Registered Nurse Services (private duty nursing care [when ordered by a licensed Physician])	[[50-100]% of R&C] [Maximum \$[50-2,000]]
[Outpatient Hospital Services	
[Room & Board (less than 24 hour stay)	Maximum \$[50-2,000]]
[Hospital Miscellaneous Expense	Maximum \$[50-2,000]]
[Emergency Room Services (including use of the emergency room and supplies)	[Maximum \$[50-2,000] [per visit]] [if rendered within 72 hours of Injury]]
[Physician Services	
[Physician Non-Surgical Services	Maximum \$[10-500] per visit [for the first visit, and \$[10-500] for each subsequent visit] [for a maximum of [5-50] visits] [limited to one visit per day]
[Physician Surgical Services, Inpatient or Outpatient	[Maximum \$[25-5,000]] [[50-100]% of R&C] [(limited to primary procedure per surgery)]]
[Consultant Physician, when requested and approved by the attending Physician	[Maximum \$[10-500] per visit [for the first visit, and \$[10-500] for each subsequent visit]] [for a maximum of [5-50] visits] [Maximum \$[25 – 5,000]] [limited to one visit per day]]
[Assistant Surgeon	[20 - 30]% of Physician Surgical Maximum]
[Anesthetist Services [(not including supervision of an anesthetist)]	[Maximum \$[25-5,000]] [[50-100]% of R&C]] [[12.5 - 30]% of Physician Surgical Maximum]
[Physician, Emergency Room	Maximum \$[25 - 5,000]]
[Day Surgery Miscellaneous (including supplies, drugs and services in connection with scheduled outpatient day surgery)	Maximum \$[25 - 5,000]]
[X-Ray Services	Maximum \$[25 – 5,000] for [Inpatient or] Outpatient]
[Diagnostic Imaging Services	Maximum \$[25 – 5,000] for [Inpatient or] Outpatient]
[Combined X-Ray and Diagnostic Imaging Services	Maximum \$[25 – 5,000] for [Inpatient or] Outpatient]
[Laboratory Services	Maximum \$[25 – 5,000] for [Inpatient or] Outpatient]
[Combined X-Ray, Diagnostic Imaging and Laboratory Services	Maximum \$[25 – 5,000] for [Inpatient or] Outpatient]
[Injections (administered in a Physician's office and charged on the Physician's statement)	Maximum \$[50-5,000]]
[Ground Ambulance Services	Maximum \$[50-5,000]]
[Air Ambulance Services	Maximum \$[500-5,000]]
[Combined Ground and Air Ambulance Services	Maximum \$[50-5,000]]
[Durable Medical Equipment	[Maximum \$[50-5,000]] [post-surgical only] [including Orthopedic Braces and Appliances]]

[Orthopedic Braces and Appliances]	Maximum \$[50-5,000] [per brace or appliance]]
[Prosthetic Devices]	Maximum \$[50-5,000]]
[Dental Services]	Maximum [[50-500] per tooth] [up to] [\$[100-25,000] [per Policy Term]]
[Outpatient Physical [Occupational] [and] [Speech] Therapy]	Maximum \$[10-500] per visit [for the first visit, and \$[10-500] for each subsequent visit] [up to] [\$[100-250,000] [per [calendar year, Policy Term]]] [for a maximum of [5-50] visits] [including Chiropractic Services] [limited to one visit per day]]
[Chiropractic Services]	Maximum \$[10-500] per visit [for the first visit, and \$[10-500] for each subsequent visit] [up to] [\$[100-250,000] [per [calendar year, Policy Term]]] [for a maximum of [5-50] visits] [limited to one visit per day]]
[Inpatient Rehabilitative Services, including Skilled Nursing and Sub-Acute Facility Care]	Provided such care commences within [2-10] days of a Hospital Confinement of [5-10] days or more]
[Prescription Drugs]	Maximum \$[50-5,000]]
[Home Health Care]	Maximum \$[10-500] per visit] [up to] [\$[100-250,000] [per [calendar year, Policy Term]]] [for a maximum of [5-50] visits]]
[Motor Vehicle Accidents]	Maximum \$[100-50,000]]
[Expenses for the following are not covered:	[Orthopedic Braces and Appliances], [Prosthetic Devices], [Ground Ambulance Services], [Air Ambulance Services], [Mental and Nervous Disorders], [Prescription Drugs], [Home Health Care], [Registered Nurse Services], [Injections], [Consulting Physician]]]

[CATASTROPHIC ACCIDENT MEDICAL EXPENSE BENEFIT	Class [1] [2] [3]
Maximum Benefit Amount:	\$[25,000 to 15,000,000] per Insured per [Policy Term, Injury, Lifetime]
Deductible:	\$[15,000 to 75,000] per Insured per [Policy Term, Injury]
Deductible Incurral Period:	[1, 2, 3, 4, 5] years
Benefit Percentage:	[[50-100]% of R&C] or [[50-100]% of R&C up to \$[50,000-5,000,000], then [80-100]%]
Loss Period:	[30, 60, 90, 120, 180, 365] days
Benefit Period:	[[1, 2, 3, 4, 5, 10, 15, 20] years] or [Lifetime]

{the following table only applicable to the extent that benefit sub-limits apply}

[Note: This Benefit is subject to the Exclusions and other provisions of the Policy. In addition, the following limitations apply. [Benefits for Covered Expenses shown below are subject to the Maximum Benefit Amount, Deductible, [Deductible Incurral Period,] Benefit Percentage, Loss Period, and Benefit Period shown above, unless otherwise specified.] [Benefits sub-limits shown below are per Insured Person per Injury, unless otherwise specified.]

Covered Expenses:	Benefit Sub-Limits:
[Inpatient Hospital Services]	
[Room & Board – Semi-Private or Private]	[Maximum \$[100-2,000] per day] [[50-100]% of average semi-private room rate] [for a maximum of 30 days]]
[Room & Board – Intensive Care or Critical Care Units]	[Up to 2 times the average semi-private room rate] [for a maximum of 30 days]] [[50-100]% of [R&C] [average semi-private room rate]]]
[Air Ambulance Services]	Maximum \$[500-10,000]]
[Prosthetic Devices]	Maximum \$[50,000-100,000]] or \$[100,000] during the first 2 years after a Covered Accident and \$100,000 (\$200,000 if

	amputation of the leg is above the knee) for each consecutive 10 year period immediately thereafter] [up to a lifetime maximum of \$500,000 (\$750,000 if amputation of the leg is above the knee)]
[Outpatient Physical [Occupational] [and] [Speech] Therapy	Maximum [[\$10-500] per visit] [up to] [[\$10,000-250,000] [per [calendar year, Policy Term]]] [including Chiropractic Services] [limited to one visit per day]]
[Chiropractic Services	Maximum [[\$10-500] per visit] [up to] [[\$10,000-250,000] [per [calendar year, Policy Term]]] [limited to one visit per day]]
[Inpatient Rehabilitation Services, including Skilled Nursing and Sub-Acute Facility Care	Maximum [[\$250,000-500,000] [limited to one visit per day]]
[Mental/Nervous Disorders	
[Physician Fees	Maximum [[\$50-200] per visit [for a maximum of [30-60] visits] [limited to one visit per day]]
[Inpatient Hospital	Maximum of [40, 45, 50] days]]
[Prescription Drugs	Maximum [[\$1,000 - 10,000]]
[Home Health Care Services	Maximum [[\$100,000-250,000]]
[Custodial Care Services	Maximum [[\$100,000-250,000]]
[Combined Home Health Care and Custodial Services	Maximum [[\$100,000-250,000]]
[Expenses for the following are not covered:	[Air Ambulance Services], [Prescription Drugs]]]

[ACCIDENTAL DEATH [AND SPECIFIC LOSS] BENEFIT	Class [1] [2] [3]
[Aggregate Limit of Liability:	[\$25,000 to \$25,000,000] or [5-10] times the Principal Sum]]
Accidental Death Principal Sum:	[\$1,000 to 5,000,000]
[Specific Loss Principal Sum:	[\$1,000 to 5,000,000]
See the Specific Loss Benefit Provision in the Policy for any applicable benefit reduction in the Principal Sum.]]	

[ARTIFICIAL LIMB OR PROSTHETIC DEVICE BENEFIT	Class [1] [2] [3]
[Lifetime Maximum Benefit:	[\$50,000-100,000]]
Maximum Benefit Amount (for each covered Loss):	
One arm or hand:	[\$10,000-20,000]
One leg or foot:	[\$5,000-10,000]
One or both eyes:	[\$2,000-4,000]
Both arms or hands:	[\$15,000-40,000]
Both legs or feet:	[\$8,000-20,000]]

[COMMON CARRIER BENEFIT	Class [1] [2] [3]
Benefit Percentage:	[1, 2, 3, 4, 5, 10, 15, 20, 25, 30, 35, 40, 45, 50, 75, 100, 125, 150, 175, 200]% of the amount otherwise payable for the covered Loss]

[FELONIOUS ASSAULT BENEFIT	Class [1] [2] [3]
Benefit Percentage:	[1, 2, 3, 4, 5, 10, 15, 20, 25, 30, 35, 40, 45, 50, 75, 100]% of the amount otherwise payable for the covered Loss]
[Maximum Benefit Amount:	[\$1,000-200,000] per [Injury] [Lifetime]]]

[REPATRIATION BENEFIT	Class [1] [2] [3]
Maximum Benefit Amount:	[\$1,000-200,000] per [Injury] [Lifetime]]]

[SEAT BELT [AND AIR BAG] BENEFIT	
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Seat Belt Maximum Benefit Amount:	[[5-50]% of the Accidental Death Principal Sum] [up to] [\$500 – 500,000]
[Air Bag Maximum Benefit Amount:	[[5-50]% of the Accidental Death Principal Sum] [up to] [\$500 – 500,000]]

[SURGICAL REATTACHMENT BENEFIT	Class [1] [2] [3]
[Benefit Percentage:	[1, 2, 3, 4, 5, 10, 15, 20, 25, 30, 35, 40, 45, 50, 75, 100]% of the amount otherwise payable for the covered Loss]
[Maximum Benefit Amount:	[\$1,000-200,000] per [Injury] [Lifetime]]

[RIDERS ATTACHED AT ISSUANCE:

Riders attached to this Policy will provide the coverage described in the Rider at the benefit levels shown in the Rider.

Form Number:

[Adjustment Expense Benefit Rider	{insert final form #}
[Amendment Rider	{insert final form #}
[Ancillary Illness or Injury Expense Benefit Rider	{insert final form #}
[Catastrophe Cash Benefit Rider	{insert final form #}
[College Education Benefit Rider	{insert final form #}
[Coma Benefit Rider	{insert final form #}
[Crisis Management Benefit Rider	{insert final form #}
[Disability Benefit Rider	{insert final form #}
[Emergency Medical Evacuation [with Family Travel] Benefit Rider	{insert final form #}
[Emergency Room Benefit Rider	{insert final form #}
[Excess Benefit Rider	{insert final form #}
[Paralysis Benefit Rider	{insert final form #}
[Permanent Total Disability Benefit Rider	{insert final form #}
[Severe Burn Benefit Rider	{insert final form #}
[Sickness Medical Expense Benefit Rider	{insert final form #}
[Special Expense Benefit Rider	{insert final form #}
[Vocational Rehabilitation Benefit Rider	{insert final form #}

NATIONWIDE LIFE INSURANCE COMPANY
Columbus, Ohio

Issues this rider to: [THE POLICYHOLDER REFERRED TO ON THE COVER PAGE OF THE POLICY/CERTIFICATE TO WHICH THIS RIDER IS ATTACHED AND MADE A PART THEREOF.]

[Policyholder: [ABC Company]]

[Policy Number: [xxxxxxx]]

[Rider Number: [xxxxxxx]]

CRISIS MANAGEMENT BENEFIT RIDER

The Effective Date of this rider is [the Effective Date of the Policy to which this rider is attached] [Month Day, Year]. It applies only with respect to Accidents that occur on or after that date. The Policy/Certificate is amended as described below. All other terms, provisions, limitations and exclusions remain unchanged except as specifically noted within this Benefit Rider.

Maximum Benefit Amount:

[\$[10,000-50,000] per Incident

If an Insured is killed as a result of criminal violence while participating in a Covered Activity, We will pay the Maximum Benefit Amount (shown above) to the Policyholder involved to assist in accessing outside counseling and other care they deem is needed by all affected Insured Persons.

The Covered Activity includes a time period of one half hour before the first scheduled period of Covered Activity, and ends one half hour after the last scheduled period of Covered Activity.

Definitions for this Crisis Management Benefit:

Incident: Any one event or series of events related to the cause or causes which result in the Loss.

Signed for Nationwide Life Insurance Company



Secretary



President

NATIONWIDE LIFE INSURANCE COMPANY
Columbus, Ohio

Issues this rider to: [THE POLICYHOLDER REFERRED TO ON THE COVER PAGE OF THE POLICY/CERTIFICATE TO WHICH THIS RIDER IS ATTACHED AND MADE A PART THEREOF.]

[Policyholder: [ABC Company]]

[Policy Number: [xxxxxxx]]

[Rider Number: [xxxxxxx]]

PREMIUM ADJUSTMENT RIDER

The Effective Date of this rider is [the Effective Date of the Policy to which this rider is attached] [Month Day, Year]. It applies only with respect to Accidents [or Sicknesses] that occur on or after that date. The Policy/Certificate is amended as described below. All other terms, provisions, limitations and exclusions remain unchanged except as specifically noted within this Rider.

When experience on a case is available to the Company under this Policy or any other Policies issued to the Policyholder by the Company, the premium rates may be reduced on a retrospective basis to produce anticipated experience for the case approximating the anticipated loss ratio.

Signed for Nationwide Life Insurance Company



[

Secretary



[

President

SERFF Tracking Number: NWLC-127036314 State: Arkansas
Filing Company: Nationwide Life Insurance Company State Tracking Number: 47990
Company Tracking Number:
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
Product Name: Blanket Accident Riders 2010 (PSR & CRM)
Project Name/Number: /

Rate data does NOT apply to filing.

SERFF Tracking Number: NWLC-127036314 State: Arkansas
 Filing Company: Nationwide Life Insurance Company State Tracking Number: 47990
 Company Tracking Number:
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
 Product Name: Blanket Accident Riders 2010 (PSR & CRM)
 Project Name/Number: /

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	03/17/2011
Comments:			
Attachment:			
	Readability Certificate - Sched B, CRM & PSR.pdf		

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	03/17/2011
Bypass Reason:	The application to be used, form NSHBA 2300 A, was approved in your state on 07/08/2010 under SERFF Tracking Number NWLC-126622287.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	03/17/2011
Bypass Reason:	N/A - This filing is not PPACA related.		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability	Approved-Closed	03/17/2011
Comments:			
Attachment:			
	Statement of Variability - Blanket Accident Forms vB2, CRM, PSR.pdf		

READABILITY CERTIFICATION

Name and Address of Insurer:

Nationwide Life Insurance Company
One Nationwide Plaza, 01-30-403
Columbus, Ohio 43215

Policy/Certificate Form Number(s):

NSHBA 2000 B	Policy
NSHBA 2400 CRM B	Crisis Management Benefit Rider
NSHBA 2400 PSR B	Premium Adjustment Rider

I certify that, to the best of my knowledge and belief, the policy/certificate forms mentioned above achieve a Flesch reading ease score of 40.0 or higher.



Syed Rizvi
Vice President

Date: **February 15, 2011**

STATEMENT OF VARIABILITY
POLICY, CERTIFICATE (If applicable), SCHEDULE OF BENEFIT AND RIDERS

POLICY/CERTIFICATE (if applicable)/SCHEDULE OF BENEFITS: NSHBA 2000, NSHBA 2500, and NSHBA 2500 SCHED

Page 1, Policy Term

- [and each subsequent anniversary date] – if renewable
- [This Policy is a non-renewable term blanket Policy.] – if non-renewable

Page 1, Renewal – if renewable

Page 1, Notice

- [IT IS AN ACCIDENT ONLY POLICY AND DOES NOT COVER LOSS OR EXPENSES RESULTING FROM SICKNESS, DISEASE OR BODILY INFIRMITY.] – if accident only and sickness rider was not selected by the Policyholder

TOC – update as sections or benefits apply

General Definitions - **{section always included}**

- Combined Individual Limit – only if applicable; the standard would be to exclude
- Injury – [For all Benefits, Injury includes Heart and Circulatory Malfunction, subject to the following conditions...or a cerebral vascular incident.] – non-standard; included only if covering heart and circulatory malfunctions, primarily for Sports
- Injury – [For all Benefits, Injury includes Heart and Circulatory Malfunction, subject to the following conditions] – non-standard; option to include, primarily for sports and ICS
 - Malfunction must occur [before age 65] – in or out
 - respect to the Insured and within [48, 72] hours – standard 72 hours, option to limit to 48
 - Such Insured has not, [within one year] – in or out
- Injury – [For the Accident Medical Expense Benefit, Injury also includes repetitive motion injuries [or aggravation of such injuries] resulting from participation in a Covered Activity. Repetitive motion injuries are injuries such as, but not limited to, strains, sprains, hernias, tennis elbow, tendonitis, bursitis, and muscle tears.] [The repetitive motion injury must be diagnosed by a Physician and occur within [30, 45, 60, 90] days of participation in a Covered Activity.] – non-standard; primarily for sports/ICS; aggravation language is also non-standard, included at option of Policyholder; last sentence is standard, w/ option to remove limitation; 30 days is standard
- Maximum Lifetime Benefit – only included if benefits with a max lifetime benefit are selected

AME Definitions – only included if AME, Basic AME and/or Cat AME is selected by the Policyholder

- Ambulance Services - [and air] – air ambulance transportation is not covered in the standard; may be available upon request; rate impact
- Deductible Incurral Period – non-standard for AME, but optional; standard for Cat AME
- Home Health Care Services - [Each visit by a Nurse or Home Health Care Agency employee constitutes a Home Health Care visit and each four hours of Home Health Aide services constitutes a Home Health Care visit. If services extend beyond four hours, each four hours or portion of that period is considered as one Home Health Care visit.] – standard to include; option not to specify limit

Reasonable Charge: Bracketed paragraph included if Preferred Provider.

Administrative Provisions, Premium **(Premium not included in the Certificate)**

- [We will not change rates more than once in a [1-12] months period. Such notice will either be delivered or mailed to the Policyholder at the last address on file with Us. A copy of such notice may also be sent to the Policyholder's agent, if any, at his or her last address on file with us. The rate change will become effective on the date stated in the notice or the next Premium due date following the 31st day after we mail or deliver the notice, whichever is later.] – standard 12 months, [1-12] in one month increments; entire section is either in or out; standard for renewable business; non-standard for short-term policies

**STATEMENT OF VARIABILITY
POLICY, CERTIFICATE (If applicable), SCHEDULE OF BENEFIT AND RIDERS**

Administrative Provisions, Policy Terminations (**Policy Terminations are not in the Certificate**)

- [We may not terminate the Policy before its first anniversary, unless the Policyholder does not perform its contractual duties.] OR [We may terminate coverage any time after the First Policy Term.] – varies depending on policy term and renewability; the former to be used with renewable, annual terms
- [The Policyholder may terminate coverage any time after the First Policy Term.] – applicable when First Policy Term language is used in the above
- [In either event, We will promptly return any unearned premium paid or the Policyholder will promptly pay any earned premium which has not been paid. Any earned or unearned premium will be determined on a pro rata basis.] – optional language based upon premium payment mode

Benefit Provisions

- [ACCIDENT MEDICAL EXPENSE] [AND] [CATASTROPHIC ACCIDENT MEDICAL EXPENSE] BENEFIT[S]] -
 - 1. [within the Deductible Incurral Period] – included only if Catastrophic coverage is included
 - 4. until the end of the Benefit Period shown in the Schedule of Benefits[, or [for Catastrophic Accident Medical Expense,] if earlier, until the end of any period of [6, 9, 12, 15, 18, 24] months during which less than [\$250, 500, 750, 1,000] of Covered Expenses are Incurred by the Insured Person] – non-standard for AME; standard for Cat AME; flexibility to specify applicability to Cat AME when Basic and Cat are sold together; within brackets, 12 months and \$500 are standard
 - [For dental services, there is often more than one Service that can be used to treat a dental problem. In determining the Benefits, different materials and methods of treatment will be considered. The amount payable will be limited to the Covered Expense for the least costly Service, which meets commonly accepted standards of the American Dental Association. The Insured Person and his or her Physician may decide on a more costly procedure or material than We have determined to be satisfactory for the treatment of the condition. We will pay a Benefit toward the cost of the more expensive procedure or material, but payment will be limited to the Benefits payable for Covered Expenses for the least costly Service. We will not pay the excess amount.] – standard to include; option to remove limitation
 - [If the Insured is admitted to the Hospital immediately following emergency room treatment, such treatment will be considered an Inpatient Hospital Covered Expense.] - only if sub-limits on ER treatment or IP hospital
 - [When multiple surgeries are performed through [the same incision] [one or more incisions] [multiple incisions] at the same operative session, We will pay an amount not to exceed [\$2,500 – 10,000] [the Benefit for the most expensive procedure being performed] [the Benefit for the primary or most expensive procedure and 50% of the Benefit otherwise payable for the secondary or less expensive procedure(s)].] - Coverage of multiple surgeries when performed through the same incision or through one or more incisions (PH can choose). The amount not to exceed 2500 -10000 in \$250 increments OR amount not to exceed the benefit for the most expensive procedure being performed OR the most expensive procedure and 50% of the Benefit otherwise payable for the secondary or less expensive procedure(s). Each of the surgical options can be paired with each of the benefit reimbursement amounts.- standard language to include; option to remove limitation
- [ACCIDENTAL DEATH BENEFITS] - **{include if Accidental Death only was selected; split out to limit variability within the AD&SL section}** optional benefit; could be the base benefit if AME or Cat AME are not selected; either the Accidental Death or Accidental Death and Specific Loss benefits may be made available
 - 4. [The Loss must occur within [90, 120, 180, 365] days after the date on which the Accident occurred unless otherwise specified.] – standard to impose a 90 day loss period

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- limitation; option to remove limitation or to increase loss period up to 365 days as specified
- [Aggregate Limit of Liability] – standard to include with option to eliminate agg limit (rate impact)
- [Incident] – only include if Aggregate Limit of Liability language is used

[ACCIDENTAL DEATH AND SPECIFIC LOSS BENEFIT[S]] – {include if Accidental Death & Specific Loss Benefit was selected; split out to limit variability}

- optional benefit; could be the base benefit if AME or Cat AME are not selected; either the Accidental Death or Accidental Death and Specific Loss benefits may be made available
 - 4. [The Loss must occur within [90, 120, 180, 365] days after the date on which the Accident occurred unless otherwise specified.] – standard to impose a 90 day loss period limitation; option to remove limitation or to increase loss period up to 365 days
 - Hearing in One Ear [25, 50]% - standard is 25%, option to increase to 50%
 - Both Arms or Both Legs *through* Both the thumb and index finger of one hand – standard when Specific Loss benefits apply
 - [Thumbs of both hands] *through* [Each Joint of Finger or Toe] – each loss is optional, per request of the Policyholder; benefit percentages are standard/static
 - [Aggregate Limit of Liability] – standard to include with option to eliminate aggregate limit (rate impact)
 - [Incident] – only include if Aggregate Limit of Liability language is used
 - Specific Loss: 1. a natural arm or leg, [the total and irrecoverable loss of its use, provided the loss is continuous for [1, 3, 6, 9, 12, 15, 18, 24, 36] consecutive months and such loss of use is determined to be permanent at the end of such time] *OR* [complete severance at or above the elbow or knee joint] – loss of use benefit can be offer w/ 12 month standard; otherwise, dismemberment benefit
 - Specific Loss: 2. a natural hand or foot, [the total and irrecoverable loss of its use, provided the loss is continuous for [1, 3, 6, 9, 12, 15, 18, 24, 36] consecutive months and such loss of use is determined to be permanent at the end of such time] *OR* [complete severance at or above the wrist or ankle joint] – loss of use benefit can be offer w/ 12 month standard; otherwise, dismemberment benefit
 - Specific Loss: [a natural hallux and toes, complete severance at or above the metatarsophalangeal joints;] – only if applicable in Schedule of Losses
 - Specific Loss: [a natural joint of a finger or toe, complete severance of a distal, proximal or (if applicable) medial phalanx;] – only if applicable in Schedule of Losses
- [ARTIFICIAL LIMB OR PROSTHETIC DEVICE BENEFIT] - optional with Accidental Death & Specific Loss benefit only since it relates to dismemberment
 - 2. [Reimbursement for all expenses incurred by the Insured Person will not exceed the total Lifetime Maximum under this Benefit, shown in the Schedule of Benefits.]
 - Any expenses Incurred more than [1, 2, 3, 4, 5 years], or for which Proof is received more than [1, 2, 3, 4, 5 years plus [60, 90, 120, 180, 365 days]] following the date of Accidental – standard is 2 years and 60 days; may vary by AD&SL loss period
- [COMMON CARRIER ACCIDENT BENEFIT] – optional with either Accidental Death or Accidental Death & Specific Loss
- [EXPOSURE AND DISAPPEARANCE BENEFIT] – optional with either Accidental Death or Accidental Death & Specific Loss
- [FELONIOUS ASSAULT BENEFIT] - optional with either Accidental Death or Accidental Death & Specific Loss
 - We will pay an additional amount equal to a percentage of the amount otherwise payable for the covered Loss [up to the Maximum Benefit Amount shown in the Schedule of

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- Benefits] – max benefit amount non-standard; option to cap in event of multiple eligible classes w/ varying principal AD&SL sums
- 1. The Felonious Assault must not be either a moving violation as defined under the applicable state motor vehicle laws or an act of a Family Member [or another Insured] – standard to include; some states may object to “other Insured” language, in which case it can be removed
 - [REPATRIATION BENEFIT] – optional with either Accidental Death or Accidental Death & Specific Loss
 - [more than [60-200] miles from the Insured’s normal place of Residence] – 75 is standard, option to increase or decrease
 - [outside of his/her Home Country] – optional language (non-standard), particularly for groups traveling internationally
 - Definitions: [Home Country: The country where an Insured Person [has his or her true, fixed and permanent Residence] [holds a current and valid passport].] – only if benefits are payable outside of his/her Home Country (see above, 2nd bullet); standard is to reference permanent Residence, but option to use valid passport language.
 - [SEAT BELT [AND AIR BAG] BENEFIT] – optional with either Accidental Death or Accidental Death & Specific Loss; standard to exclude air bag benefit, with option to include
 - [and the Automobile was equipped with Air Bag(s)] – included if air bag benefit selected by Policyholder
 - 1. [Proof that the Automobile was equipped with Air Bags and that the Air Bag properly inflated upon impact may also be required.] – included if air bag benefit selected by Policyholder
 - 2. [No payment will be made for an Air Bag Benefit if at the time of the Accident the Insured was not in a seat for which the Automobile provided an Air Bag, and wearing a Seat Belt.] - included if air bag benefit selected by Policyholder
 - 4.b. [or any passenger] – in or out; standard to include, though some states may object in which case it can be removed
 - Definitions: [Air Bag: An inflatable supplemental passive restraint system installed by the manufacturer of the Automobile that inflates upon collision to protect an individual from Injury and death. An air bag, without proper use of a lap and shoulder belt, is not considered a passive restraint device under this Benefit.] - included if air bag benefit selected by Policyholder
 - Definitions: Automobile: [The automobile must be a privately owned vehicle.] – option to remove to cover automobiles owned by the camp, sports organization, etc.
 - [SURGICAL REATTACHMENT BENEFIT] - optional with Accidental Death & Specific Loss benefit only since it relates to dismemberment
 - [If an Insured Person sustains a dismemberment Loss payable under the Accidental Death and Specific Loss Benefit and the severed part is surgically reattached, We will pay the Maximum Benefit Amount shown in the Schedule of Benefits.] **OR** [If an Insured Person sustains a dismemberment Loss payable under the Accidental Death and Specific Loss Benefit, We will reimburse for Reasonable and Customary Charges Incurred to surgically reattach the severed body part, up to [1, 2, 3, 4, 5, 10, 15, 20, 25, 30, 35, 40, 45, 50, 75, 100]% of the amount otherwise payable for the covered Loss as shown in the Schedule of Losses.] – benefit option to specify a flat dollar amount or pay a percentage of the AD&SL benefit payable

Exclusions

- General Exclusions: 1.e. the result of the Insured being under the influence of any drug, narcotic, intoxicant or chemical (unless prescribed by a Physician and taken according to the Physician’s instructions) as defined by the law of the jurisdiction in which the Accidental Injury occurred. – may vary by state. KY & LA modifications are likely.

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- General Exclusions: 1.e. [Conviction is not necessary for determination of being “under the influence.”]- – standard, option to remove
- **General Exclusions: 1.f. intentionally self-inflicted, including suicide or attempt thereof, while sane [or insane]. – standard to include ‘or insane’**
- General Exclusions: 2. [or as a passenger in a Policyholder [owned] [leased] [chartered] [or] [operated] aircraft,] – non-standard, only available upon request, primarily for traveling sports teams and ICS
- General Exclusions: 3. [Any Accident where the Insured is the operator and does not possess a current and valid motor vehicle operator’s license (except in a Driver’s Education Program)] – standard, option to remove
- General Exclusions: 4. [An Accident that occurs while... unless such activity is specifically listed as a Covered Activity in the Schedule of Benefits.] – standard to include, option to remove
 - a. [participating in any hazardous activities, including the sports of snowmobile, ATV (all terrain or similar type wheeled vehicle), personal watercraft, sky diving, scuba diving, skin diving, hang gliding, cave exploration, bungee jumping, parachute jumping or mountain climbing;] - standard, option to remove
 - b. [riding, driving, or testing a motorized vehicle used in a race or speed contest, sport, exhibition work or test driving. Motorized Vehicle for purposes of this provision means any self-propelled vehicle or conveyance, including [but not limited to] automobiles, trucks, motorcycles, ATV’s, snow mobiles, tractors, golf carts, motorized scooters, lawn mowers, heavy equipment used for excavating, boats, and personal watercraft. Motorized Vehicle does not include a Medically Necessary motorized wheelchair,] - standard, option to remove
- General Exclusions: 5. [or a bacterial infection that results from the Accidental ingestion of contaminated substances] – standard; always included in MO; option to remove (except MO)
- [Additional exclusions for the [[Basic] Accident Medical Expense] [and] [Catastrophic Accident Medical Expense] Benefit] – only applicable if AME, Basic AME or Cat AME selected by Policyholder
- 12. [Expenses Incurred for subsequent repairs and replacement of [prosthetic devices] [and] [orthopedic braces and appliances] – standard, option to remove & cover replacements/repairs

[Subrogation and Recovery Rights] – optional; primarily applicable to Cat AME; language may vary by state

- Third Party(ies): Any person, firm, or corporation other than the Insured Person [or the Policyholder]. [The Policyholder will be considered a Third Party only if the Policyholder’s gross negligence has or may have caused, contributed to or aggravated the Injury or condition for which the Insured claims an entitlement to Policy Benefits.] – standard to exclude Policyholder in definition of Third Party. If Policyholder is to be considered a Third Party, the 2nd bracketed sentence should be included.

Claim Provisions

- Notice of Claim
 - Written notice must be sent to Our Home Office or to one of Our representatives within [20, 30, 60, 90, 120, 150, 180, 365] days after a covered loss occurs or starts – standard 60 days or state mandated days.
 - If the notice cannot be sent within [20, 30, 60, 90, 120, 150, 180, 365] days, it must be sent as soon thereafter as reasonably possible – standard 60 days
- Proof of Loss
 - Written proof of loss must be sent to Our Home Office or to one of Our representatives within [15, 30, 31, 45, 60, 90, 120, 150, 180, 365] days after... - standard 90 days
- Payment of Claim
 - Paragraphs 1-3 – bracketed because they are related to loss of life benefits (only applicable if AD or AD&SL are purchased)
 - We may pay up to \$[500, 1,000, 1,500, 2,000, \$3,000] to the Insured’s parent or legal guardian - standard \$1,000 (may need to vary by state)

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- We may, at Our option, pay Covered Expenses to the Insured's hospital, medical transport service or other Provider.
- Time of Payment – The standard language is within 30 days but for the following states we will follow the mandated requirements: FL is 20 days for electronic claims, AK and GA is 15 days, HI is 15 days for electronic claims, MS is 25 days for electronic claims, NH is 15 days for electronic claims, ND is 15 days, TN is 21 days for electronic claims.
- Common Accident – applicable only if AD or AD&SL are purchased
- Legal Action – [3, 5, 6] –Standard is 3 years. In MN and TN, 5 years In AL, 6 years

General Provisions

- Incontestability – [except for material fraudulent misstatements] – standard to include; may vary by state

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NSHBA 2500 Sched- SCHEDULE OF BENEFITS

The following are either in or out:

- Policyholder
- Policy Number
- Policy Effective Date
- Policy Termination Date
- [First] Policy Term – with option to specify first or subsequent policy terms
- Policy Anniversary Date

The following are either in or out, and only applicable if there entity is a participating org:

- Participating Organization
- Participating Organization Effective Date
- Participating Organization Termination Date
- Participating Organization [First] Policy Term
- Participating Organization Anniversary Date

[The methodology for calculating Reasonable & Customary Charges is based upon the [50, 55, 60, 65, 70, 75, 80, 85, 90, 95]th percentile.]

Eligible Class(es): ability to define eligible persons by class; table would expand if there are more than 3 eligible classes. Examples of Eligible Persons are as follows: delegates, guests, members, active members in good standing, non-member participants, counselors, directors, coaches, trainers, staff, participants, registered and paying participants, spectators, students, full-time students, part-time students, teachers, volunteers, ticket holders, teams, officials, pit crew, children under the care of the Policyholder, officers, committee persons, employees, delivery persons, others as defined in the text

Covered Activities: ability to define covered activities by class or include one definition for all classes; table would expand if necessary. Examples of Covered Activities are as follows:

- Participation in [or attendance at] activities sponsored by [and under the direct supervision of] the policyholder [and while traveling directly to or from such activities]. Such activities include: meetings, club activities, recreational, bible school and/or study school, land trip or tour, air trip, amateur circus, dance activity, bicycle motocross, tractor pull, defined short activities, other as defined in the text
- Participation in [or attendance at] activities sponsored by and under the direct supervision of the policyholder [and while traveling between the Insured’s home premises and the meeting place to participate in or attend such activities].
- On the premises to which the Insured has been assigned by the Policyholder for the purpose of officiating; [while traveling directly to or from such premises].
- Other, as defined in the text

Aggregate Limit of Liability: \$[25,000 to 25,000,000]] – Option to select-

[Combined Individual Maximum (per Insured per [Policy Term])[Injury][Lifetime]:	\$[5,000 to 1,000,000]]	Description of Variable:
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For each benefit, we have the option to specify to which classes the benefit is applicable (Class [1] [2] [3]). Different benefit and/or benefit limits may be applicable per class based upon selections made by the Policyholder.

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ACCIDENT MEDICAL EXPENSE BENEFIT		Description of Variables
Maximum Benefit Amount:	[\$500 to 1,000,000] per Insured per [policy term, Injury, lifetime]	\$500-5000 in \$500 increments; \$5000-10,000 in \$2,500 increments; 10,000-100,000 in \$5,000 increments; 100,000-1,000,000 in \$50,000 increments
Deductible:	[\$0 to 15,000] per Insured per [policy term, Injury]	\$0-25 in \$5 increments; \$25-250 in \$25 increments; \$250-2,000 in \$250 increments; \$2,000-15,000 in \$500 increments; per policy term or injury
[Deductible Incurral Period:	[1-5] years]	Standard for Basic AME is not to include; option to include in 1 year increments
Benefit Percentage:	[[50-100]% of U&C] or [[50-100]% of R&C up to \$[5,000-50,000], then [80-100%]	1) flat 80, 90, 100% standard; option to pay a different percentage after a specified limit has been reached 2) 5% increments for %; \$500 increments
Loss Period:	[30, 60, 90, 120, 180, 356] days	NW standard is 90 days
Benefit Period:	[[1-5] years]	in 1 year increments

Covered Expenses: {the following table only applicable to the extent that benefit sub-limits apply}

[Note: This benefit is subject to the Exclusions and other provisions of the Policy. [Benefits for Covered Expenses shown below are subject to the Maximum Benefit Amount, Deductible, [Deductible Incurral Period,] Benefit Percentage, Loss Period, and Benefit Period shown above, unless otherwise specified. [Benefits sub-limits shown below are per Insured Person per Injury, unless otherwise specified.] – Deductible Incurral reference, only if applicable.]		
[Inpatient Hospital Services	-	-
[Room & Board – Semi-Private or Private	[Maximum \$[50-2,000] per day] [[50-100]% of [R&C] [average semi-private room rate]] [for a maximum of 30 days]]	\$ max in \$25 increments; in 5% increments; option to limit number of days
[Room & Board – Intensive Care or Critical Care Units	[[Up to 2 times the] average semi-private room rate] [for a maximum of 30 days]] [[50-100]% of [R&C] [average semi-private room rate]]]	Standard is up to 2x; option to pay based upon semi-private room rate (in 5% increments); option to limit number of days or to pay a % of R&C (in 5% increments)
[Hospital Miscellaneous Expense (including general nursing care [and pre-admission testing [performed within 3 working days prior to admission]])	[Maximum \$[50-2,000] per day] [up to] [\$[1,000-5,000]]] [[50-100]% of R&C]]	\$25 increments per day; \$100 increments for max; option to pay a % of R&C (in 5% increments)
[Registered Nurse Services (private duty nursing care [when ordered by a licensed Physician])	[[50-100]% of R&C] [Maximum \$[50-2,000]]	Option to pay a % of R&C (in 5% increments); \$ max in \$25 increments
[Outpatient Hospital Services	-	-
[Room & Board (less than 24 hour stay)	Maximum \$[50-2,000]]	\$10 increments

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[Hospital Miscellaneous Expense	Maximum \$[50-2,000]]	\$10 increments
[Emergency Room Services (including use of the emergency room and supplies)	[Maximum \$[50-2,000] [per visit]] [if rendered within 72 hours of Injury]]	\$10 increments; option to include max per visit rather than per injury; standard to impose 72 hour requirement; option to remove
[Physician Services		
[Physician Non-Surgical Services	Maximum \$[10-500] per visit [for the first visit, and \$[10-500] for each subsequent visit] [for a maximum of [5-50] visits] [limited to one visit per day]	in \$5 increments, in 1 visit increments; option to include one visit per day limitation; option to pay a different amount for first visit and subsequent visits
[Physician Surgical Services, Inpatient or Outpatient	[Maximum \$[25-5,000]] [[50-100]% of R&C] [(limited to primary procedure per surgery)]	in \$25 increments; 5% increments; option to limit to primary procedures only
[Consultant Physician, when requested and approved by the attending Physician	[Maximum \$[10-500] per visit [for the first visit, and \$[10-500] for each subsequent visit]] [for a maximum of [5-50] visits] [Maximum \$[25 – 5,000]] [limited to one visit per day]]	in \$5 increments, in 1 visit increments; option to include one visit per day limitation; option to pay a different amount for first visit and subsequent visits; additional option to apply a per injury max in \$25 increments
[Assistant Surgeon	[20 - 30]% of Physician Surgical Maximum]	standard 25%, in 1% increments
[Anesthetist Services [(not including supervision of an anesthetist)]	[Maximum \$[25-5,000]] [[50-100]% of R&C]] [[12.5 - 30]% of Physician Surgical Maximum] [not including supervision of an anesthetist]]	standard 25% of surgeon max or 80,90,100% of R&C; 5% increments, \$25 increments for max if dollar amount (non-standard); standard not to include supervision on an anesthetist
[Physician, Emergency Room	Maximum \$[25 - 5,000]]	\$25 increments
[Day Surgery Miscellaneous (including supplies, drugs and services in connection with scheduled outpatient day surgery)	Maximum \$[25 - 5,000]]	\$25 increments
[X-Ray Services	Maximum \$[25 – 5,000] for [Inpatient or] Outpatient]	\$5 increments to \$100; in \$25 increments from 100 to 1000
[Diagnostic Imaging Services	Maximum \$[25 – 5,000] for [Inpatient or] Outpatient]	\$5 increments to \$100; in \$25 increments from 100 to 1000
[Combined X-Ray and Diagnostic Imaging Services	Maximum \$[25 – 5,000] for [Inpatient or] Outpatient]	\$5 increments to \$100; in \$25 increments from 100 to 1000
[Laboratory Services	Maximum \$[25 – 5,000] for [Inpatient or] Outpatient]	\$25 increments; option to include IP (non-standard)
[Combined X-Ray, Diagnostic Imaging and Laboratory Services	Maximum \$[25 – 5,000] for [Inpatient or] Outpatient]	\$25 increments; option to include IP (non-standard)
[Injections (administered in a Physician's office and charged on the Physician's statement)	Maximum \$[50-5,000]]	\$5 increments to \$100, in \$25 increments to 500, in \$250 increments to \$5000;
[Ground Ambulance Services	Maximum \$[50-5,000]]	\$5 increments to \$100, in \$25 increments to 500, in \$250 increments to \$5000;

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[Air Ambulance Services	Maximum \$[500-5,000]]	\$25 increments to 500, in \$250 increments to \$5000;
[Combined Ground and Air Ambulance Services	Maximum \$[50-5,000]]	in \$5 increments to \$100, in \$25 increments to 500, in \$250 increments to \$5000;
[Durable Medical Equipment	[Maximum \$[50-5,000]]] [post-surgical only] [including Orthopedic Braces and Appliances]]	in \$25 increments to 500, then \$250 to \$5000; option to limit to post-surgical only; option to include orthopedics in max
[Orthopedic Braces and Appliances	Maximum \$[50-5,000] [per brace or appliance]]	in \$25 increments to 500, then \$250 to \$5000; option to limit per brace and appliances;
[Prosthetic Devices	Maximum \$[50-5,000]]	in \$25 increments to 500, then \$250 to \$5000
[Dental Services	Maximum [[50-500] per tooth] [up to] [\$100-25,000] [per Policy Term]]	in \$25 increments per tooth; \$50 increments max to 2K, then \$500 increments to 10K, then 5K to 25K; standard to include dental max. Options include: 1) per tooth max, 2) per tooth max up to max amount, 3) max amount; standard limit per injury with option to limit per policy term
[Outpatient Physical [Occupational] [and] [Speech] Therapy	Maximum [\$10-500] per visit [for the first visit, and \$10-500] for each subsequent visit] [up to]] [\$100-250,000] [per [calendar year, Policy Term]]] [for a maximum of [5-50] visits] [including Chiropractic Services] [limited to one visit per day]]	Per visit max in \$5 increments to \$50, \$25 increments to \$500; max of 5 visits standard; overall max in \$25 increments from 100 to 500, 500 increments from 500 to 25K, 25K increments from 25K to 250K; standard to limit to one visit per day; option to remove limitation to match competitor offerings; Option to include occupational and/or speech therapy; Option to include chiro in this max or have separate limit; standard limits per injury with option for calendar year or policy term max;
[Chiropractic Services	Maximum [\$10-500] per visit [for the first visit, and \$10-500] for each subsequent visit] [up to]] [\$100-250,000] [per [calendar year, Policy Term]]] [for a maximum of [5-50] visits] [limited to one visit per day]]	Per visit max in \$5 increments to \$50, \$25 increments to \$500; max of 5 visits standard; overall max in \$25 increments from 100 to 500, 500 increments from 500 to 25K, 25K increments from 25K to 250K; standard to limit to one visit per day; option to remove limitation to match competitor offerings; standard limits per injury with option for calendar year or policy term max
[Inpatient Rehabilitative Services, including Skilled Nursing and Sub-Acute Facility Care	Provided such care commences within [2-10] days of a Hospital Confinement of [5-10] days or more]	standard to exclude limitation; option to include; 1 day increments
[Prescription Drugs	Maximum \$[50-5,000]]	\$5 increments to \$100, in \$25 increments to 500, in \$250 increments to \$5000

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[Home Health Care]	Maximum [\$10-500] per visit] [up to] [\$100-250,000] [per [calendar year, Policy Term]]] [for a maximum of [5-50] visits]]	Per visit max in \$5 increments; visit limit in 5 visit increments; max benefit in \$25 increments from 100 to 500, 500 increments from 500 to 25K, 25K increments from 25K to 250K; standard limits per injury with option for calendar year or policy term max
[Motor Vehicle Accidents]	Maximum \$[100-50,000]]	max in \$25 increments from 100 to 500, 500 increments from 500 to 25K, \$5K increments from 25K to 50K
[Expenses for the following are not covered:	[Orthopedic Braces and Appliances], [Prosthetic Devices], [Ground Ambulance Services], [Air Ambulance Services], [Mental and Nervous Disorders], [Prescription Drugs], [Home Health Care], [Registered Nurse Services], [Injections], [Consulting Physician]]]]	Standard to include; Option to not cover.

[CATASTROPHIC ACCIDENT MEDICAL EXPENSE BENEFIT		Description of Variables
Maximum Benefit Amount:	[\$25,000 to 15,000,000] per Insured per [policy term, Injury, lifetime]	25,000-100,000 in \$5,000 increments; 100,000-1,000,000 in \$50,000 increments; 1MM-15MM in \$500K increments
Deductible:	[\$15,000 to 75,000] per Insured per [policy term, Injury]	\$5K increments
Deductible Incurral Period:	[1-5] years	2 standard
Benefit Percentage:	[[50-100]% of U&C] or [[50-100]% of U&C up to \$[50,000 – 5,000,000], then [80-100]%]	5% increments for percentages; 50K-1MM in \$50,000 increments; 1MM-5MM in \$500K increments
Loss Period:	[30, 60, 90, 120, 180, 356] days	
Benefit Period:	[[1, 2, 3, 4, 5, 10, 15, 20] years] or [Lifetime]	

Covered Expenses: {the following table only applicable to the extent that benefit sub-limits apply}

[Note: This benefit is subject to the Exclusions and other provisions of the Policy. [Benefits for Covered Expenses shown below are subject to the Maximum Benefit Amount, Deductible, [Deductible Incurral Period,] Benefit Percentage, Loss Period, and Benefit Period shown above, unless otherwise specified. [Benefits sub-limits shown below are per Insured Person per Injury, unless otherwise specified.]		
[Inpatient Hospital Services		
[Room & Board – Semi-Private or Private]	[Maximum \$[100-2,000] per day] [[50-100]% of average semi-private room rate] [for a maximum of 30 days]]	\$ max in \$25 increments; in 5% increments; option to limit number of days
[Room & Board – Intensive Care or Critical Care Units]	[[Up to 2 times the] average semi-private room rate] [for a maximum of 30 days]] [[50-100]% of [R&C] [average semi-private room rate]]]	Standard is up to 2x; option to pay based upon semi-private room rate (in 5% increments); option to limit number of days or to pay a % of R&C (in 5% increments)
[Air Ambulance Services]	Maximum \$[500-10,000]]	in \$50 increments to \$500, in \$250 increments to \$5000, in \$500 increments to \$10K; standard to

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		exclude since this is cat coverage
[Prosthetic Devices	Maximum [[\$50,000-100,000]] <i>or</i> [[\$100,000 during the first 2 years after a Covered Accident and \$100,000 (\$200,000 if amputation of the leg is above the knee) for each consecutive 10 year period immediately thereafter] [up to a lifetime maximum of \$500,000 (\$750,000 if amputation of the leg is above the knee)]]	in 10K increments; either/or
[Outpatient Physical [Occupational] [and] [Speech] Therapy	Maximum [[\$10-500] per visit] [up to] [[\$10,000-250,000] [per [calendar year, Policy Term]]] [including Chiropractic Services] [limited to one visit per day]]	Per visit max in \$5 increments to \$50, \$25 increments to \$500; max of 5 visits standard; overall max in \$5K increments to 100K, 10K increments to \$250K; standard to limit to one visit per day w/ option to remove limitation. standard limits per injury with option for calendar year or policy term max; option to include chiro in limit
[Chiropractic Services	Maximum [[\$10-500] per visit] [up to] [[\$10,000-250,000] [per [calendar year, Policy Term]]] [limited to one visit per day]]	Per visit max in \$5 increments to \$50, \$25 increments to \$500; max of 5 visits standard; overall max in \$5K increments to 100K, 10K increments to \$250K; standard to limit to one visit per day w/ option to remove limitation. standard limits per injury with option for calendar year or policy term max
[Inpatient Rehabilitation Services, including Skilled Nursing and Sub-Acute Facility Care	Maximum [[\$250,000-500,000] [limited to one visit per day]]	In \$5K increments; standard \$365K; option to limit to one visit per day
[Mental/Nervous Disorders	-	-
[Physician Fees	Maximum [[\$50-200] per visit [for a maximum of [30-60] visits] [limited to one visit per day]]	\$5 increments per visit; 5 visit increments; option to limit to one visit per day Standard \$70 per visit, 50 visits
[Inpatient Hospital	Maximum of [40, 45, 50] days]]	standard 45 days
[Prescription Drugs	Maximum [[\$1,000 - 10,000]]	option not to cover or to impose a max limit; limit in \$500 increments
[Home Health Care Services	Maximum [[\$100,000-250,000]]	in \$25K increments
[Custodial Care Services	Maximum [[\$100,000-250,000]]	in \$25K increments
[Combined Home Health Care and Custodial Services	Maximum [[\$100,000-250,000]]]	in \$25K increments
[Expenses for the following are not covered:]	[Air Ambulance Services], [Prescription Drugs]]]	Standard to include; Option to not cover.

[ACCIDENTAL DEATH [AND SPECIFIC LOSS] BENEFIT	Description of Variables
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**STATEMENT OF VARIABILITY
POLICY, CERTIFICATE (If applicable), SCHEDULE OF BENEFIT AND RIDERS**

Aggregate Limit of Liability	[\$25,000 to \$25,000,000] or [5-10] times the Principal Sum]]	Variable of \$1000; including 25,000, 250,000, 500,000, 1MM, 5MM, 10MM, & 25 MM
Accidental Death (Principal Sum):	[\$1,000 to \$5,000,000]	Variable of \$1000; including 1500, 2500, 7500, 12500 & 17500.
[Specific Loss (Principal Sum):	[\$1,000 to \$5,000,000]]]	Variable of \$1000; including 1500, 2500, 7500, 12500 & 17500

The following additional benefits will only appear in the schedule if selected and applicable as defined in the policy.

[ARTIFICIAL LIMB OR PROSTHETIC DEVICE BENEFIT		Description of Variables
Lifetime Max	[\$50,000-100,000]]	In \$5K increments
Maximum Benefit Amount (for each covered Loss):		-
One arm or hand	[\$10,000-20,000]	in \$500 increments
One leg or foot	[\$5,000-10,000]	in \$500 increments
One or both eyes	[\$2,000-4,000]	in \$500 increments
Both arms or hands	[\$15,000-40,000]	in \$500 increments
Both legs or feet	[\$8,000-20,000]]	in \$500 increments

[COMMON CARRIER BENEFIT		Description of Variables
Benefit Percentage:	[1, 2, 3, 4, 5, 10, 15, 20, 25, 30, 35, 40, 45, 50, 75, 100, 125, 150, 175, 200]% of the amount otherwise payable for the covered Loss]	50% standard

[FELONIOUS ASSAULT BENEFIT		Description of Variables
Benefit Percentage:	[1, 2, 3, 4, 5, 10, 15, 20, 25, 30, 35, 40, 45, 50, 75, 100]% of the amount otherwise payable for the covered Loss]	25% standard
[Maximum Benefit Amount:	[\$1000-2,000,000]]]	1) Standard to include a max benefit amount, w/ option to remove 2) in \$500 increments to 10K; \$5,000 increments from 10K to 100K; \$25,000 increments from 100K to 200K; standard 50K

[REPATRIATION BENEFIT		Description of Variables
Maximum Benefit Amount:	[\$1,000-200,000]	in \$500 increments to 10K; \$5,000 increments from 10K to 100K; \$25,000 increments from 100K to 200K

[SEAT BELT [AND AIR BAG] BENEFIT		Description of Variables
Seat Belt	[[5-50]% of the Accidental Death Principal Sum] [up to] [\$500 – 500,000]	5% increments; standard to specify max dollar limit; \$500 increments to 25K, \$5K increments to 50K, \$25K increments to 500K
[Air Bag	[[5-50]% of the Accidental Death Principal Sum] [up to] [\$500 – 500,000]]]	

**STATEMENT OF VARIABILITY
POLICY, CERTIFICATE (If applicable), SCHEDULE OF BENEFIT AND RIDERS**

[SURGICAL REATTACHMENT BENEFIT		Description of Variables
[Benefit Percentage:	[1, 2, 3, 4, 5, 10, 15, 20, 25, 30, 35, 40, 45, 50, 75, 100]% of the amount otherwise payable for the covered Loss]	50% standard; either benefit percentage of max benefit amount – not both
[Maximum Benefit Amount	[\$1,000-200,000]]	1) either benefit percentage or max benefit amount – not both 2) in \$500 increments to 10K; \$5,000 increments from 10K to 100K; \$25,000 increments from 100K to 200K

RIDERS ATTACHED AT ISSUANCE – section only included if riders are applicable; each rider only included if applicable based upon policyholder elections; will insert final state form numbers into the schedule of benefits (did not in filed version, because they may end up varying by state)

Basic Policyholder/Participating Organization Application

Blanket Accident Insurance [Policyholder, Participating Organization] Application –

Policyholder Information – section always applicable

[Previous] Policy Number – if policyholder app, include previous; if participating org app, do not include previous

The following are not applicable to the form if a Participating Organization app: mailing address, city, state, zip, county, phone, administrative contact, fax number, title, e-mail address

Participating Organization Information – only included if a participating organization app

[Previous Policy Number] – optional field

Premium Payment

(b) premium will be paid as follows:

Examples include: per player per class, per instructor per class, in quarterly installments

[Participating Organization Agreement – only applicable if participating organization app

The trust agreement and the Policy issued to the Trust are available for examination by the Participating Organization at the office of the Administrator, {insert address here}. – will insert TPA address as applicable

RIDERS: Each of the following riders are optional benefits or provisions. Benefit limits are defined within the rider. Rules for issuance are defined below, as are standards.

Bracketed Policyholder information will be filled in with the actual policyholder name, address, etc.

[NSHBA 2400 CRM B: CRISIS MANAGEMENT BENEFIT RIDER](#)

- Maximum Benefit Amount: [\$10,000 – 50,000] per Incident - in \$2500 increments

[NSHBA 2400 PSR A: PREMIUM ADJUSTMENT RIDER](#)

- Effective date will be either the effective date of the policy or month day/year.
- It applies to Accident only with option of adding sickness, if the sickness rider is selected