

SERFF Tracking Number: RSLI-127025610 State: Arkansas
Filing Company: Reliance Standard Life Insurance Company State Tracking Number: 48043
Company Tracking Number:
TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
Product Name: Group Accident
Project Name/Number: /

Filing at a Glance

Company: Reliance Standard Life Insurance Company

Product Name: Group Accident

SERFF Tr Num: RSLI-127025610 State: Arkansas

TOI: H02G Group Health - Accident Only

SERFF Status: Closed-Approved-Closed
State Tr Num: 48043

Sub-TOI: H02G.000 Health - Accident Only

Co Tr Num: State Status: Approved-Closed

Filing Type: Form

Author: Patti Gerlach

Reviewer(s): Rosalind Minor

Date Submitted: 02/22/2011

Disposition Date: 03/01/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Employer

Overall Rate Impact:

Filing Status Changed: 03/01/2011

State Status Changed: 03/01/2011

Deemer Date:

Created By: Patti Gerlach

Submitted By: Patti Gerlach

Corresponding Filing Tracking Number:

Filing Description:

We are filing the enclosed forms for the Department's review and approval. These forms are new and do not replace any forms currently on file with your Department.

This policy provides limited benefits to an insured for injuries sustained in a Covered Accident. All benefits are payable in fixed amounts only. This policy is not medical insurance and does not pay any benefits on an expense incurred basis.

The Schedule of Benefits is illustrative and completed on a John Do, Co. basis.

Company and Contact

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Filing Contact Information

Patti Gerlach, Compliance Consultant patti.gerlach@rsli.com
 2001 Market Street 800-351-7500 [Phone] 3625 [Ext]
 Suite 1500 267-256-3546 [FAX]
 Philadelphia, PA 19103-7090

Filing Company Information

Reliance Standard Life Insurance Company CoCode: 68381 State of Domicile: Illinois
 2001 Market Street Group Code: Company Type:
 Suite 1500 Group Name: State ID Number:
 Philadelphia, PA 19103-7090 FEIN Number: 36-0883760
 (800) 351-7500 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation: \$50 per form x 2 = \$100
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Reliance Standard Life Insurance Company	\$100.00	02/22/2011	44920505

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	03/01/2011	03/01/2011

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Disposition

Disposition Date: 03/01/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	Group Accident Policy	Approved-Closed	Yes
Form	Group Accident Certificate	Approved-Closed	Yes

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Form Schedule

Lead Form Number: LRS-9453-0111

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 03/01/2011	LRS-9453-0111	Policy/Cont ract/Fratern al Certificate	Group Accident	Initial		51.800	LRS-9453-0111.pdf
Approved-Closed 03/01/2011	LRS-9454-0111	Certificate	Group Accident Certificate	Initial		51.800	LRS-9454-0111.pdf

RELIANCE STANDARD

Life Insurance Company

Home Office: Chicago, Illinois • Administrative Office: Philadelphia, Pennsylvania

POLICYHOLDER: [ABC COMPANY]

POLICY NUMBER: [123]

EFFECTIVE DATE: [January 15, 2011]

ANNIVERSARY DATES: [January 15, 2011] and each [January 15th] thereafter.

PREMIUM DUE DATES: The first premium is due on the Effective Date. Further premiums are due [monthly, in advance,] on the [first] day of each [month.]

This Policy is delivered in [State] and is governed by its laws[, and/or the Employee Retirement Income Security Act of 1974 ("ERISA") as amended, where applicable.]

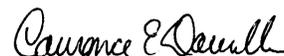
This insurance Policy is a contract between you, the Policyholder named above, and us, Reliance Standard Life Insurance Company. We agree to provide insurance to you in exchange for the payment of premium and the signed Application. This Policy insures against certain accidental losses as described herein. It will cover the Eligible Persons for whom the proper premium has been paid for the Benefit Amounts shown on the Schedule of Benefits. Coverage is subject to the terms and conditions of this Policy. In the event of a conflict between this Policy and the Certificate, the terms of this Policy control.

The Effective Date of this Policy is shown above. Insurance starts and ends at 12:01 A.M., local time, at your address. It stays in force in accordance with the provisions set forth in this Policy. The "POLICY TERMINATION" section of the GENERAL PROVISIONS explains when this Policy can be ended.

This Policy is signed by our President and Secretary.



Secretary



President

READ THIS POLICY CAREFULLY. THIS POLICY PROVIDES LIMITED BENEFITS. THIS POLICY IS NOT A MEDICAL INSURANCE POLICY.

[THIS POLICY IS OPTIONALLY RENEWABLE.]

Countersigned by _____
Licensed Resident Agent

**GROUP ACCIDENT POLICY
NON-PARTICIPATING**

APPLICATION FOR GROUP ACCIDENT POLICY
RELIANCE STANDARD LIFE INSURANCE COMPANY
PHILADELPHIA, PENNSYLVANIA

GROUP POLICY NUMBER: [123]
POLICY DELIVERED IN: [State]

POLICY EFFECTIVE DATE: [January 15, 2011]
ANNIVERSARY DATE: [January 15]

APPLICATION IS MADE TO US BY: [ABC Company]

This Application is completed in duplicate, one copy is attached to your Policy and the other is to be returned to us.

It is agreed that this Application takes the place of any previous application for your Policy.

Signed at: _____ This: _____ Day of: _____

Policyholder: _____ Agent: _____

Federal Employer Identification Number: _____

By: _____
(Signature)

(Licensed Resident Agent)

(Title)

[PLEASE SIGN AND RETURN]

TABLE OF CONTENTS

	PAGE
SCHEDULE OF BENEFITS	[1.0]
DEFINITIONS	[2.0]
[PROVISIONS APPLICABLE TO PARTICIPATING UNITS	3.0]
CERTAIN RESPONSIBILITIES OF THE [POLICYHOLDER/PARTICIPATING UNIT]	[4.0]
GENERAL PROVISIONS: Entire Contract, Changes, Incontestability, Assignment, Records Maintained, Clerical Error, Misstatement of Age, Not in Lieu of Worker's Compensation, Conformity with State Laws, Certificate of Insurance, Policy Termination	[5.0]
INDIVIDUAL ELIGIBILITY, EFFECTIVE DATE AND TERMINATION General Group, Eligible Classes, Eligibility Requirements, [Service Waiting Period], Effective Date of Individual Insurance, Termination of Individual Insurance, [Continuation of Individual Insurance, Individual Reinstatement]	[6.0]
BENEFIT PROVISIONS Emergency Care Benefits, General Treatment Benefits, Specified Covered Injury and Treatment Benefits, Paralysis Benefits, Surgery Benefits, Transitional Benefits, [Accidental Death [and Dismemberment] Benefits]	[7.0]
[WELLNESS BENEFIT	8.0]
[DEPENDENT INSURANCE Eligibility, Effective Date of Dependent Insurance, Termination of Dependent Insurance, [Newlywed Provision,] [Domestic Partner Provision], [Newborn Children]]	[9.0]
EXTENSION OF COVERAGE UNDER THE [FAMILY AND MEDICAL LEAVE ACT AND] UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT (USERRA)	[10.0]
PREMIUMS Premium Payment, Premium Rate, Grace Period	[11.0]
BENEFICIARY AND FACILITY OF PAYMENT	[12.0]
CLAIMS PROVISIONS	[13.0]
[PORTABILITY	14.0]
EXCLUSIONS	[15.0]

SCHEDULE OF BENEFITS

[NAME OF SUBSIDIARIES, DIVISIONS OR AFFILIATES TO BE COVERED: XYZ Co., ABC Corp.]

ELIGIBILITY: [Each active, Full-time or Part-time employee, except any person employed on a temporary or seasonal basis according to the following classifications:

- Class 1:Officer
- Class 2:Salaried Employees not in Class 1
- Class 3:Hourly Employees]

[SERVICE WAITING PERIOD: Present Employees: None
Future Employees: Three Months]

INDIVIDUAL EFFECTIVE DATE: [The next day immediately following completion of the Service Waiting Period.]

[INDIVIDUAL REINSTATEMENT: Six Months]

MINIMUM PARTICIPATION REQUIREMENTS: Number of Insureds: [10]

COVERAGE TYPE: [On and] Off-the-Job (24 hour coverage [and Non-occupational])

BENEFIT AMOUNTS: [Class 1 – Eligible for Plan A; Class 2 – Eligible for Plan B or C; Class 3 – Eligible for Plan C]

[MAXIMUM BENEFIT PER COVERED ACCIDENT: [\$100,000]]

PLAN [A]

EMERGENCY CARE BENEFITS:

<u>Type of Benefit</u>	<u>Benefit Amount</u>
Air Ambulance Transportation	[\$500]
Ambulance Transportation	[\$100]
Emergency Treatment	[\$150]
Diagnostic Examination	[\$100]
Initial Physician Office Visit	[\$50]

GENERAL TREATMENT BENEFITS:

<u>Type of Benefit</u>	<u>Benefit Amount</u>
Initial Hospital Admission	[\$500]
Initial Intensive Care Unit (ICU) Hospital Admission	[\$1,000]
Hospital Confinement	[\$200 per day]
Intensive Care Unit (ICU Confinement	[\$400 per day]
Rehabilitation Facility Confinement	[\$50 per day]
Follow-up Physician Office Visit	[\$50]
Transportation	[\$300]
Lodging	[\$100 per day]

SCHEDULE OF BENEFITS, (Continued)

SPECIFIED COVERED INJURY AND TREATMENT BENEFITS:

<u>Type of Benefit</u>	<u>Benefit Amount</u>	
	<u>Surgical</u>	<u>Non-Surgical</u>
Fractures:		
Ankle	\$[600]	\$[300]
Arm	\$[600]	\$[300]
Bones of Face	\$[300]	\$[150]
Coccyx	\$[300]	\$[150]
Collarbone	\$[600]	\$[300]
Elbow	\$[600]	\$[300]
Finger	\$[100]	\$[50]
Foot	\$[600]	\$[300]
Hand	\$[600]	\$[300]
Hip	\$[3,200]	\$[1,600]
Kneecap	\$[600]	\$[300]
Leg	\$[1,600]	\$[800]
Jaw	\$[600]	\$[300]
Nose	\$[300]	\$[150]
Pelvis	\$[1,600]	\$[800]
Rib	\$[300]	\$[150]
Shoulder Blade	\$[600]	\$[300]
Skull (Except bones of face or nose – Depressed)	\$[5,000]	\$[2,500]
Skull (Simple)	\$[1,500]	\$[750]
Sternum	\$[600]	\$[300]
Toe	\$[100]	\$[50]
Vertebrae	\$[600]	\$[300]
Vertebral Column	\$[1,600]	\$[800]
Wrist	\$[600]	\$[300]
Chip Fractures	[25% of benefit for [non-surgical] full fracture]	
Multiple Fractures	[100% of the highest benefit for any one fracture among all fractures sustained]	
Dislocations:		
Ankle	\$[1,200]	\$[600]
Collarbone	\$[1,200]	\$[600]
Elbow	\$[600]	\$[300]
Finger	\$[200]	\$[100]
Foot	\$[1,200]	\$[600]
Hand	\$[600]	\$[300]
Hip	\$[3,200]	\$[1,600]
Knee	\$[2,000]	\$[1,000]
Lower Jaw	\$[600]	\$[300]
Shoulder	\$[600]	\$[300]
Toe	\$[200]	\$[100]
Wrist	\$[600]	\$[300]

SCHEDULE OF BENEFITS, (Continued)

SPECIFIED COVERED INJURY AND TREATMENT BENEFITS, Continued

<u>Type of Benefit</u>	<u>Benefit Amount</u>
Partial Dislocation	[25% of benefit for [non-surgical] full dislocation]
Multiple Dislocations	[100% of the highest benefit for any one dislocation among all dislocations sustained]
 Blood, Plasma and Platelets	 \$[200]
Burns:	
<u>2nd Degree Burns</u>	
Covering less than 10% of the body	\$[100]
Covering 10% but less than 25% of the body	\$[200]
Covering 25% but less than 35% of the body	\$[400]
Covering 35% (or greater) of the body	\$[800]
 <u>3rd Degree Burns</u>	
Covering less than 10% of the body	\$[800]
Covering 10% but less than 25% of the body	\$[1,600]
Covering 25% but less than 35% of the body	\$[3,200]
Covering 35% (or greater) of the body	\$[6,400]
 <u>Skin Grafts (due to Burns)</u>	 [25% of the benefit payable for Burns]
 Coma:	 \$[5,000]
 Concussion:	 \$[100]
 Dental Injury:	
Extraction	\$[50]
Crown	\$[150]
 Eye Injury:	
Removal of Foreign Object	\$[100]
Surgical Repair	\$[200]
 Lacerations:	
 <u>No Sutures Required:</u>	 \$[25]
 <u>Sutures Required (Total length of all sutured Lacerations):</u>	
Less than 2" long	\$[50]
2" but less than 6" long	\$[200]
6" long or greater	\$[400]

SCHEDULE OF BENEFITS, (Continued)

<u>Type of Benefit</u>	<u>Benefit Amount</u>
PARALYSIS BENEFITS:	
Paraplegia [or Hemiplegia]	\$[5,000]
Quadriplegia	\$[10,000]
SURGERY BENEFITS:	
Exploratory Surgery (No Repair)	\$[100]
Knee Cartilage (Surgically Repaired)	\$[300]
Abdominal or Thoracic Surgery (Surgically Repaired)	\$[1,000]
Ruptured Disc (Surgically Repaired)	\$[500]
Tendon, Ligament or Rotator Cuff (Surgically Repaired):	
One Repair:	\$[300]
Two or more Repairs:	\$[600]
TRANSITIONAL BENEFITS:	
Medical Appliance	\$[100]
Prosthesis:	
One:	\$[500]
Two or more:	\$[1,000]
Physical Therapy	\$[25 per session]
[[ACCIDENTAL DEATH [AND DISMEMBERMENT] BENEFITS]:	
<u>Type of Benefit</u>	<u>Benefit Amount</u>
Loss of Life	
Employee	\$[25,000]
[Spouse	\$[12,500]]
[Child(ren)	\$[5,000 per child]]
Loss of Life on a Common Carrier	[100%] of Loss of Life]

SCHEDULE OF BENEFITS, (Continued)

[ACCIDENTAL DEATH [AND DISMEMBERMENT] BENEFITS, Continued]

Type of Benefit

Benefit Amount

[Loss of one of the following:

[50% of Loss of Life]

- Hand
- Foot
- Arm
- Leg
- Sight in One Eye
- Hearing in One Ear

Loss of finger, thumb or toe:

- One Loss
- Two or more Losses

[\$250]
[\$750]

[Catastrophic Loss as follows:

[100% of Loss of Life]

- Speech
- Two or more Losses, except the Loss of fingers, thumbs or toes]]

[For Insureds age [seventy (70)] and over, the Benefit Amount for Accidental Death [and Dismemberment Benefits, Common Carrier and Catastrophic Loss Benefits] is subject to automatic reduction. Upon the Insured's attainment of the specified age below, the Benefit Amount will be reduced to the applicable percentage. This reduction also applies to Insureds who are age [seventy (70)] or over on their Individual Effective Date.

Age	Percentage of available or in force amount at age [69]
70+	[50%]

[The Dependent spouse Benefit Amount for [Accidental Death [and Dismemberment Benefits,] Common Carrier and Catastrophic Loss Benefits] will reduce in the same manner as the Insured's Benefit Amount upon the Dependent spouse's attainment of age [seventy (70)].]

[Child Benefit Amounts will not reduce.]

[WELLNESS BENEFIT

[\$25]]

[We will pay the Insured [\$25] for [one (1)] health screening test performed in a [twelve (12) month] period as listed in the Wellness Benefit [for each person insured][, except that only [one (1)] benefit is payable for all Insured Dependent children as a group.]]

CHANGES IN BENEFIT AMOUNTS: Increases in the Benefit Amounts for any reason are effective on the date of the change, provided the Insured is Actively at Work on the effective date of the change. If the Insured is not Actively at Work when the change would otherwise take effect, the change will take effect on the day after the Insured has returned to Active Work for one (1) full day.

Decreases in the Benefit Amounts are effective on the date of the change.

[CONTRIBUTIONS:

- Each Eligible Person: [100%]
- [Each Eligible Person and Dependent spouse: [100%]]
- [Each Eligible Person and Dependent child[ren]: [100%]]
- [Each Eligible Person and Dependents: [100%]]
- [Policyholder: [0%]]

DEFINITIONS

["Actively at Work" and "Active Work" means [the Insured is actually performing on a Full-time or Part-time basis each and every duty pertaining to his job working for you in the place where and the manner in which the job is normally performed. This includes approved time off for vacation, jury duty and funeral leave, but does not include time off as a result of injury or sickness.]]

"Burns" means:

- (1) 2nd degree burns, which are those that have burned through the first layer of skin as well as the second layer of skin (dermis); and
- (2) 3rd degree burns, which are those that burn through all layers of the skin and causes permanent tissue damage; and

cover a specific percentage of the body as shown on the Schedule of Benefits.

"Catastrophic Loss" means two or more Losses, as defined, excluding the Loss of a finger, thumb or toe or any combination thereof. Loss of speech is considered catastrophic without an accompanying Loss.

"Coma" means a state of profound unconsciousness from which one cannot be aroused that lasts continuously for at least a period of [one hundred sixty-eight (168) hours] requiring confinement in a Hospital under the care of a Physician board certified as a neurologist. The Physician's diagnosis must be supported by a Glasgow Coma Scale score of no greater than [seven (7)] or a score of [Level V or less] on the Rancho Los Amigos Scale throughout the [one hundred sixty-eight (168) hour] period and an abnormal Electroencephalogram (EEG).

["Common Carrier" means any:

- (1) aircraft operated under a license for hire for the transportation of passengers; or
- (2) land [and water] conveyance licensed for hire for the transportation of passengers.]

"Concussion" means a blow to the head that results in loss of consciousness, confusion, loss of memory or generally being dazed.

"Covered Accident" means an accident or event that:

- (1) could not have been foreseen, anticipated or expected;
- (2) occurs while the Insured's [or Insured Dependent's] coverage is in force under this Policy;
- (3) occurs [on the job or] off-the-job;
- (4) results in Injury for which benefits may be payable; and
- (5) is not excluded under the terms of this Policy.

"Dentist" means a licensed doctor of dentistry, operating within the scope of his or her license, in the state in which such license was issued.

["Dependents" means:[

- (1) the Insured's legal spouse; and
- (2) the Insured's child(ren), [live birth to 26 years], including natural children, legally adopted children, children who are dependent on the Insured during the waiting period before adoption, stepchildren, and foster children. Foster children must be in the Insured's custody to be considered a Dependent; [and
- (3) the Insured's child(ren) beyond the limiting age who is incapable of self-sustaining employment by reason of intellectual disability or physical handicap and who is chiefly dependent on the Insured for support and maintenance.
- (4) the Insured's unmarried grandchild(ren), [from age 14 days/live birth to 20 years], who are financially dependent upon and in the custody of the Insured; and
- (5) the Insured's unmarried grandchild(ren), attending a college or other school on a full-time basis, who are financially dependent upon the Insured for support, up to age [twenty-six (26)].]

DEFINITIONS, (Continued)

- [(1) the Insured's legal spouse; and
- (2) the Insured's unmarried child(ren)[, age 14 days/live birth to 20 years], who is financially dependent upon the Insured for support. Adoptive, foster and step-children are considered Dependents if they are in the Insured's custody; and
- (3) the Insured's unmarried child(ren), attending a college or other school on a full-time basis, who is financially dependent upon the Insured for support, up to age [26]. [;and
- (4) the Insured's unmarried child(ren) who is both incapable of self-sustaining employment by reason of intellectual disability or physical handicap and who is chiefly dependent on the Insured for support and maintenance.
- (5) the Insured's unmarried grandchild(ren), [from age 14 days/ live birth to 20 years], who are financially dependent upon and in the custody of the Insured; and
- (6) the Insured's unmarried grandchild(ren), attending a college or other school on a full-time basis, who are financially dependent upon the Insured for support, up to age [twenty-six (26)].]

[Additionally, with respect to an Insured for whom an [Affidavit of Domestic Partnership] is on file with you and is in effect, such Insured's:

- (1) domestic partner; and
- (2) child(ren), provided he/she otherwise meets the definition of Dependent,

named on such [Affidavit] will be considered a "Dependent" of such Insured. When the Insured's domestic partner is covered under this Policy, the word "spouse" as it appears in this Policy will be deemed to mean "domestic partner", unless the context indicates otherwise.]

"Dislocation" means complete displacement of a bone from its normal articulation with a joint, also called luxation. Partial Dislocation is an incomplete displacement of a bone from its normal articulation with a joint, also called subluxation.

"Eligible Person" means a person who meets the Eligibility Requirements of this Policy.

"Fracture" means a bone that is broken which is diagnosed by a Physician. A Chip Fracture means that a fragment of bone has been broken off.

["Full-time" means working for you for a minimum of [thirty (30)] hours during a person's regularly scheduled workweek.]

"Glasgow Coma Scale" means a system for assessing the severity of brain impairment in an individual with a brain injury that uses the sum of scores given for eye-opening, verbal, and motor responses. A high score of [fifteen (15)] indicates no impairment and a score of [seven (7)] or less indicates severe impairment.

"Hospital" means a legally operated, accredited facility licensed to provide full-time care and treatment for the condition for which benefits are payable under this Policy. It is operated with a full-time staff of Physicians and registered nurses. It does not include facilities that primarily provide custodial or rehabilitative care, education, or long-term institutional care on a residential basis.

"Hospital Confinement/Confined" means that the Insured [or Insured Dependent] has been formally admitted to a Hospital on the advice of a Physician and remains in the Hospital more than [twenty-three (23) hours].

"Immediate Family" means the [parents, siblings, spouse or children] of the Insured [or Insured Dependent].

"Injury" means bodily injury to the Insured [or Insured Dependent] resulting directly from an accident independent of all other causes, which occurs while such Insured's [or Insured Dependent's] coverage under this Policy is in force.

"Inpatient" means that the Insured [or Insured Dependent] has been admitted to a Hospital on the advice of a Physician and remains in the Hospital more than [twenty-three (23)] hours.

"Insured" means a person employed by the [Policyholder/Participating Unit] who meets the Eligibility Requirements of this Policy and is enrolled for this insurance.

["Insured Dependent" means a "Dependent," as defined, whose insurance under this Policy is in effect.]

DEFINITIONS, (Continued)

"Intensive Care Unit (ICU)" means a specific area of the Hospital, set apart from the surgical recovery room and other rooms used for confinement of patients, providing:

- (1) intensive medical care and treatment to only those patients who are in critical condition;
- (2) continuous observation of and care to patients by a specially trained nursing staff that is dedicated exclusively to the ICU on a twenty-four (24) basis;
- (3) a Physician assigned exclusively to the ICU on a full-time basis; and
- (4) life-saving equipment required to treat patients in critical condition which is permanently located in the ICU.

["Loss" as used in the Dismemberment and Catastrophic Loss benefits, means severance or total and irrecoverable loss of:

- (1) the hand or foot through or above the wrist or ankle joint;
- (2) the arm above the elbow;
- (3) the leg above the knee;
- (4) a finger, thumb or toe, including at least one joint, which is either partially or completely severed;
- (5) sight in an eye in which the corrective visual acuity is worse than 20/200 or the field of vision is 20 degrees or less;
- (6) hearing that cannot be corrected to any degree by any procedure or device; or
- (7) speech which cannot be corrected to any degree by any procedure or device,

which results directly and independently from an Injury with no other contributing cause.]

"Medical Appliance" means an appliance that assists the Insured [or the Insured Dependent] with mobility such as crutches, wheel chairs, or walkers.

"Medical Professional" means a person, other than a Physician, that provides medical care and services within the scope of his or her license such as physician's assistants, nurse practitioners and registered nurses.

"Outpatient" means an Insured [or Insured Dependent] who receives medical care, treatment and services when not confined in a Hospital on an Inpatient basis.

"Paralysis" means Paraplegia [,or] Quadriplegia [or Hemiplegia] diagnosed by a Physician and as defined below:

- (1) "Paraplegia" means complete and permanent loss of motor function of both lower limbs.
- (2) "Quadriplegia" means complete and permanent loss of motor function of both the upper and lower limbs.[
- (3) "Hemiplegia" means complete and permanent loss of motor function of the upper and lower limbs of the same side of the body.]

["Part-time" means working for you for a minimum of [twenty (20)] hours during a person's regularly scheduled work week.]

"Physician" means a duly licensed medical or osteopathic doctor who is recognized by the law of the state in which treatment is provided as qualified to treat the type of Injury for which claim is made. The Physician may not be the Insured or a member of his/her Immediate Family.

"Rancho Los Amigos Scale" means a system used by the medical profession for measuring levels of awareness, cognition, behavior and interaction with the environment. A score of [Level VII] means no impairment and a [Level V] or less indicates severe impairment.

"Rehabilitation Facility" means any facility or Hospital that is licensed in the state in which it is operating to provide rehabilitation services, therapy or retraining to the Insured [or Insured Dependent] to enable him or her to walk, communicate, and/or function as a member of society.

"Therapist" means an individual:

- (1) licensed to practice physical or occupational therapy in the state in which therapy is provided; and
- (2) providing services within the scope of his or her license.

"We," "us," and "our" means Reliance Standard Life Insurance Company.

"You," "your," and "yours" means the Policyholder.

[PROVISIONS APPLICABLE TO PARTICIPATING UNITS

The following provisions apply to a Unit which becomes a Participating Unit under this Policy. All other Policy terms not in conflict with this section apply to this section as well.

DEFINITIONS:

"Unit" means: any group eligible to participate in the [ABC Trust.]

"Participating Unit" means a Unit that has joined the trust and has elected to provide this insurance to its eligible employees by completing an application to participate in the [ABC Trust.]

"You", "your", and "yours", when referring to: premium payment; Active Work; Full-time or Part-time work; or Earnings, shall mean a Participating Unit instead of the group Policyholder.

ENTIRE CONTRACT:

The Entire Contract provision as set forth in the GENERAL PROVISIONS, shall also include any signed application which we have accepted.

INCONTESTABILITY:

The Incontestability provision, set forth in the GENERAL PROVISIONS, shall include the following: Any statements made by, or on behalf of the Participating Unit, will be deemed a representation, not a warranty.

EFFECTIVE DATE OF PARTICIPATING UNIT:

Upon receipt of an acceptable application, any Unit will become a Participating Unit under this Policy on the later of:

- (1) the effective date of this Policy, if eligible on that date and approved by us; or
- (2) the effective date stated in the application as approved by us.

TERMINATION OF A PARTICIPATING UNIT:

Any Participating Unit will be terminated under this Policy on the earliest of the following dates:

- (1) the date it no longer meets the requirements set out under the definition of Unit;
- (2) the date it stops or suspends active business operations or is placed in bankruptcy or receivership;
- (3) the date it no longer is an entity by means of dissolution, merger or otherwise;
- (4) the date a Participating Unit is terminated under this Policy in accordance with the provisions stated below;
- (5) the date this Policy ends; or
- (6) the end of the period for which the last premium payment has been made.

All insurance then in force on any person in any such Participating Unit will cease at once, except if otherwise stated in the participation agreement.

Termination of a Participating Unit will not affect a valid claim incurred prior to such termination.

Upon notice to us, the Participating Unit may end its participation under this Policy at any time. The notice must be in writing and sent to our authorized representative or to us at our Administrative Office. Such termination will be effective on the date we receive the notice, or on a later date, if one is specified in the notice.

PROVISIONS APPLICABLE TO PARTICIPATING UNITS, (Continued)

Upon notice, we may terminate the insurance of a Participating Unit under this Policy after [twelve (12)] months from its effective date or at any later time. Our notice must be written and must state when the termination will be effective. The termination date must be [thirty-one (31)] days or more after the date of our notice. The notice will be sent to the Participating Unit at the last address shown on our records.

We may end the insurance of a Participating Unit if payment of premium on a premium due date is not received within the grace period provided by this Policy. We must give the Participating Unit written notice. We will send this notice to the Participating Unit's last address shown on our records. Our notice will state when the termination will be effective; it may not take effect before expiration of the grace period. Termination under this section will be effective only with respect to the insurance for which premium was due.

A Unit which ceases to be a Participating Unit under this Policy may again become a Participating Unit only if agreed to in writing between the Participating Unit and us.

PREMIUMS:

Premiums that apply to the coverage outlined are payable on or before the premium due date.

The premium for this insurance is based on the coverage requested by the Participating Unit. We reserve the right to adjust the premium rate on any premium due date:

- (1) after coverage has been in force [twelve (12)] months; or
- (2) if the coverage is changed by amendment.

We will not change the premium rate more than once in any [twelve (12) month] period unless the coverage is changed. We will notify the Participating Unit in writing at least thirty-one (31) days before a premium change is made due to (1) above.

CERTAIN RESPONSIBILITIES OF THE [POLICYHOLDER/PARTICIPATING UNIT]

For the purposes of this Policy, you as the [Policyholder/Participating Unit], act on your behalf or as the employee's agent. Under no circumstances will you be deemed our agent.

[Annual Enrollment Periods]

It is your responsibility to provide us with written notice and obtain our written approval at least [thirty (31) days] prior to conducting an annual enrollment period.]

[Compliance with Americans With Disabilities Act (ADA)]

It is your responsibility to establish and maintain procedures which comply with the employer responsibilities of the Americans With Disabilities Act of 1990, as amended.]

[Compliance with the Employee Retirement Income Security Act (ERISA)]

It is your responsibility to establish and maintain procedures which comply with the employer and/or Plan Administrator responsibilities of ERISA and the accompanying regulations, where applicable.]

Distribution Of Certificates Of Insurance

Certificates of Insurance will be provided to you for Insureds covered under this Policy. The Certificate will outline the insurance coverage, and explain the provisions, benefits and limitations of this [Policy/Participation Agreement]. It is your responsibility to distribute the appropriate Certificates and any updates or other notices from us to each Insured.

Maintenance Of Records

It is your responsibility to maintain sufficient records of each Insured's insurance, including additions, terminations and changes. We reserve the right to examine these records at the place where they are kept during normal business hours or at a place mutually agreeable to you and us. Such records must be maintained by you for at least [3 years] after this [Policy/Participation Agreement] terminates.

Reporting Of Eligibility And Coverage Amounts

It is your responsibility to notify us on a timely basis of all individuals eligible for coverage under this [Policy/Participation Agreement], of all individuals whose eligibility for coverage ends and of all changes in individual coverage amounts.

It is your responsibility to provide accurate census information on all Insureds on or before each Anniversary Date, if we request such information.

Timely Payment of Premiums

It is your responsibility to pay all premiums required under this [Policy/Participation Agreement] when due. Any change in the premium contribution basis must be approved by us.

Premium Rate Changes

It is your responsibility to provide advance notice to Insureds in the event of any applicable rate change that would impact their premium contribution.

GENERAL PROVISIONS

ENTIRE CONTRACT:

The entire contract between you and us is this Policy, your signed application for this Policy (a copy of which is attached at issue), and any endorsements or amendments.

CHANGES:

No agent has authority to change or waive any part of this Policy. To be valid, any change or waiver must be in writing, signed by a President, Vice President or Secretary and attached to this Policy.

INCONTESTABILITY:

Any statement made in your application [or a Participating Unit's application] will be deemed a representation, not a warranty. We cannot contest this Policy [or a Participating Unit's insurance] after it has been in force for two (2) years from the date of issue, except for non-payment of premium.

Any statements made by you, [the Participating Unit,] any Insured [or any Insured Dependent], or on behalf of any Insured [or any Insured Dependent] to persuade us to provide coverage, will be deemed a representation, not a warranty. This provision limits our use of these statements in contesting the Benefit Amount for which an Insured [or any Insured Dependent] is covered. The following rules apply to each statement:

1. No statement will be used in a contest unless:
 - a. it is in a written form signed by the Insured [or any Insured Dependent], or on behalf of the Insured [or any Insured Dependent]; and
 - b. a copy of such written instrument is or has been furnished to the Insured [or any Insured Dependent], the Insured's [or any Insured Dependent's] beneficiary or legal representative.
2. If the statement relates to an Insured's [or any Insured Dependent's] insurability, it will not be used to contest the validity of insurance which has been in force, before the contest, for at least two (2) years during the lifetime of the Insured [or any Insured Dependent]. Also, we will not use such statements to contest a benefit increase after such benefit increase has been in force for two (2) years during the Insured's [or any Insured Dependent's] lifetime.

ASSIGNMENT:

The benefits under this Policy may not be assigned, except as required by law.

RECORDS MAINTAINED:

[You or an authorized Plan Administrator] must maintain records of all Insureds. Such records must show the essential data of the insurance, including new persons, terminations, changes, etc. This information must be reported to us regularly. We reserve the right to examine the insurance records maintained at the place where they are kept. This review will only take place during normal business hours.

CLERICAL ERROR:

Clerical errors in connection with this Policy or delays in keeping records for this Policy, whether by you, us, or the Plan Administrator:

1. will not terminate insurance that would otherwise have been effective; and
2. will not continue insurance that would otherwise have ceased or should not have been in effect.

If appropriate, a fair adjustment of premium will be made to correct a clerical error.

GENERAL PROVISIONS, (Continued)

[MISSTATEMENT OF AGE:

If an Insured's [or Insured Dependent spouse's] age has been misstated, benefits will be those that apply to his/her correct age.]

NOT IN LIEU OF WORKERS' COMPENSATION:

This Policy is not a Workers' Compensation Policy. It does not provide Workers' Compensation benefits.

CONFORMITY WITH STATE LAWS:

Any provision in this Policy which, on its Effective Date, is in conflict with the laws in the state where it is issued or in a state that otherwise has jurisdiction over such provision, is amended to conform with the minimum requirements of such laws of that state.

CERTIFICATE OF INSURANCE:

Certificates of insurance will be provided to you for Insureds covered under this Policy. The certificate will outline the insurance coverage and to whom benefits are payable.

POLICY TERMINATION:

You may cancel this Policy at any time. This Policy will be cancelled on the date we receive your letter or, if later, the date requested in your letter.

We may cancel this Policy:

- (1) if the premium is not paid at the end of the grace period; or
- (2) if the number of Insureds [(excluding Dependents)] covered is less than the Minimum Participation Number on the Schedule of Benefits[, or
- (3) on any Policy Anniversary [after coverage has been in force for [twelve (12)] months.]

If we cancel because of (1) above, this Policy will be cancelled at the end of the grace period. If we cancel because of (2) [or (3)] we will give you [thirty-one (31) days] written notice prior to the date of cancellation.

You will still owe us any premium that is not paid up to the date this Policy is cancelled. We will return any part of the premium paid beyond the date this Policy is cancelled.

INDIVIDUAL ELIGIBILITY, EFFECTIVE DATE AND TERMINATION

GENERAL GROUP:

The general group will be [your employees and employees of any subsidiaries, divisions or affiliates named on the Schedule of Benefits].

ELIGIBLE CLASSES:

The eligible classes will be those persons described on the Schedule of Benefits.

ELIGIBILITY REQUIREMENTS:

A person is eligible for insurance under this Policy if he/she[:

- (1)] is a member of an Eligible Class, as shown on the Schedule of Benefits page [;and
- (2) has completed the Service Waiting Period, as shown on the Schedule of Benefits page.]

[SERVICE WAITING PERIOD:

A person who is continuously employed on a Full-time or Part-time basis with you for the period specified on the Schedule of Benefits has satisfied the Service Waiting Period. The Service Waiting Period for Present Employees applies to members of the eligible classes on the Policy Effective Date. The Service Waiting Period for Future Employees applies to persons who become members of the eligible classes after this Policy's Effective Date.]

EFFECTIVE DATE OF INDIVIDUAL INSURANCE:

[If you pay the entire premium, the insurance of an Eligible Person will go into effect on the date stated on the Schedule of Benefits. If an Eligible Person pays a part of the premium, he/she must apply in writing for the insurance to go into effect. He/she will become insured on the later of:

- (1) the Individual Effective Date as shown on the Schedule of Benefits; or
- (2) the [date he/she applies][, if he/she applies within [thirty-one (31)] days from the date he/she first met the Eligibility Requirements; or]
- (3) the date premium is remitted.

Changes in the Insured's Benefit Amount are effective as shown on the Schedule of Benefits.

If the Eligible Person is not Actively at Work on the day his/her insurance is to go into effect, the insurance will go into effect on the day he/she returns to Active Work for one full day].]

TERMINATION OF INDIVIDUAL INSURANCE:

An Insured's coverage will terminate on the first of the following to occur:

- (1) [the date] this Policy terminates;
- (2) [the date] the Insured ceases to be in a class eligible for this insurance;
- (3) [the end of the period] for which premium has been paid ; or
- (4) [the date] the Insured enters military service (not including Reserves or National Guard).

Any Loss which occurs prior to the termination of this insurance coverage will not be affected.

[CONTINUATION OF INDIVIDUAL INSURANCE:

The insurance of the Insured [and any Insured Dependents] may be continued, by payment of premium, beyond the date the Insured ceases to be eligible for this insurance, but not longer than:

- (1) [twelve (12) months], if due to sickness or Injury; or
- (2) [one (1) month], if due to [temporary lay-off or approved leave of absence].]

INDIVIDUAL ELIGIBILITY, EFFECTIVE DATE AND TERMINATION, (Continued)

[INDIVIDUAL REINSTATEMENT:

Insurance may be reinstated if a former Insured has been:

- (1) on an approved leave of absence; or
- (2) on temporary lay-off [; or
- (3) rehired after employment had been terminated]

The former Insured must return to Active Work with you within the period of time shown on the Schedule of Benefits. He/she must also be a member of a class eligible for this insurance.

The former Insured will not be required to fulfill the Eligibility Requirements of this Policy again. The insurance will go into effect on the day he/she returns to Active Work [However, if the former Insured returns after having resigned or having been discharged, he/she will be required to fulfill the Eligibility Requirements of this Policy again.]

BENEFIT PROVISIONS

We will pay [one or more of] the following benefits as listed under Emergency Care Benefits, General Treatment Benefits, Specified Covered Injury and Treatment Benefits, Paralysis Benefits, Surgery Benefits, Transitional Benefits and [Accidental Death [and Dismemberment] Benefits] if the Insured [or Insured Dependent] sustains an Injury due to a Covered Accident and meets all of the requirements defined for payment under a specific benefit. Please refer to the Schedule of Benefits for benefit amounts payable.

EMERGENCY CARE BENEFITS:

Air Ambulance Transportation: An Air Ambulance Transportation benefit will be payable should the Insured [or Insured Dependent] sustain an Injury as a result of a Covered Accident if :

- (1) a licensed ambulance company provides air transport:
 - (a) to or from a Hospital; or
 - (b) between medical facilities; and
- (2) the air ambulance transportation is provided within [forty-eight (48) hours] of the Covered Accident.

Only [one (1)] benefit will be paid for each person insured per Covered Accident. This benefit may be payable in addition to an Ambulance Transportation benefit.

Ambulance Transportation: An Ambulance Transportation benefit will be payable should the Insured [or Insured Dependent] sustain an Injury as a result of a Covered Accident if:

- (1) a licensed ambulance company provides ground transport:
 - (a) to or from a Hospital; or
 - (b) between medical facilities; and
- (2) ground transportation is provided within [ninety (90) days] of the Covered Accident.

Only [one (1)] benefit will be paid for each person insured per Covered Accident. This benefit may be payable in addition to an Air Transportation benefit.

Emergency Treatment: An Emergency Treatment benefit will be payable should the Insured [or Insured Dependent] sustain an Injury as a result of a Covered Accident if:

- (1) he or she is examined or treated in a Hospital emergency room or urgent care facility; and
- (2) emergency treatment is received within [seventy-two (72) hours] of the Covered Accident.

Only [one (1)] benefit will be paid for each person insured per Covered Accident.

Diagnostic Examination: A Diagnostic Examination benefit will be payable if the Insured [or Insured Dependent] must undergo one of the following diagnostic examinations as prescribed by a Physician due to Injury sustained as a result of a Covered Accident:

- (1) Computed Tomography (CT or CAT) scan;
- (2) Magnetic Resonance Imaging (MRI); [
- (3) Positron Emission Tomography (PET) scan;
- (4) Single Photon Emission Computed Tomography (SPECT) scan[.]; or
- (5) other similar tests.]]

Such examination must be performed within [sixty (60) days] of the Covered Accident.

Only [one (1)] benefit will be paid for each person insured per Covered Accident.

Initial Physician Office Visit: An Initial Physician Office Visit benefit will be payable if the Insured [or Insured Dependent] sustains an Injury as a result of a Covered Accident and is examined or treated by a Physician or Medical Professional in such individual's office. Examination or treatment must be provided within [sixty (60) days] of the Covered Accident.

This benefit is not payable if the Insured [or Insured Dependent] is eligible to receive a benefit under Emergency Treatment.

Only [one (1)] benefit will be paid for each person insured per Covered Accident.

BENEFIT PROVISIONS, (Continued)

GENERAL TREATMENT BENEFITS:

Initial Hospital Admission: An Initial Hospital Admission lump sum benefit will be payable if the Insured [or Insured Dependent] sustains an Injury due to a Covered Accident and requires admission to a Hospital if:

- (1) admission occurs within [one hundred eighty (180) days] of the Covered Accident; and
- (2) the Hospital stay is more than [twenty-three (23) hours]; and
- (3) it is the first Hospital admission for such Covered Accident.

Only [one (1)] benefit will be paid for each person insured per Covered Accident.

This benefit will not be payable if:

- (1) treatment is given in the emergency room; or
- (2) treatment is provided on an Outpatient basis.

If a benefit is payable under the Initial Hospital Admission benefit as well as under the Initial Intensive Care Unit (ICU) Hospital Admission benefit, only [one (1)] benefit will be paid which is the highest.

The Insured [or Insured Dependent] may also be eligible for a Hospital Confinement benefit.

Initial Intensive Care Unit (ICU) Hospital Admission. An Initial ICU Hospital Admission lump sum benefit will be payable if the Insured [or Insured Dependent] sustains an Injury due to a Covered Accident and requires admission to the ICU of a Hospital if:

- (1) admission occurs within [one hundred eighty (180) days] of the Covered Accident;
- (2) the ICU stay is more than [twenty-three (23) hours]; and
- (3) it is the first ICU admission for such Covered Accident.

Only [one (1)] benefit will be paid for each person insured per Covered Accident.

If a benefit is payable under the Initial Intensive Care Unit (ICU) Hospital Admission benefit as well as under the Initial Hospital Admission benefit, only [one (1)] benefit will be paid which is the highest.

The Insured [or Insured Dependent] may also be eligible for an Intensive Care Unit (ICU) Confinement benefit.

Hospital Confinement: A Hospital Confinement benefit will be payable for each day the Insured [or Insured Dependent] is confined in a Hospital because an Injury is sustained due to a Covered Accident if the initial confinement begins within [one hundred eighty (180) days] of the Covered Accident.

This benefit is payable per day for up to [three hundred sixty-five (365) days] for each person insured per Covered Accident over the course of [three hundred sixty-five (365) days] from the date of initial Hospital Confinement.

Only one (1) Hospital Confinement benefit is payable regardless of whether more than one Covered Accident caused such confinement.

If a Hospital Confinement benefit and an Intensive Care Unit (ICU) Confinement benefit are both payable on the same day, only the ICU Confinement benefit will be paid for that day. A Hospital Confinement benefit and an Intensive Care Unit (ICU) Confinement benefit may both be payable for one Hospital stay but are payable based on where the Insured [or Insured Dependent] is on any given day.

Intensive Care Unit (ICU) Confinement : An ICU Confinement benefit will be payable for each day the Insured [or Insured Dependent] is confined in the ICU of a Hospital because of an Injury sustained due to a Covered Accident if confinement begins within [thirty (30) days] of the Covered Accident.

This benefit will be payable for up to [thirty (30) days] for each person insured per Covered Accident over the course of [three hundred sixty-five (365) days] from the date of initial ICU confinement.

BENEFIT PROVISIONS, (Continued)

Only one (1) ICU Confinement benefit is payable regardless of whether more than one Covered Accident caused such confinement. If an ICU Confinement benefit and a Hospital Confinement benefit are both payable on the same day, only the ICU Confinement benefit will be paid for that day. An ICU Confinement benefit and a Hospital Confinement benefit may both be payable for one Hospital stay but are payable based on where the Insured [or Insured Dependent] is on any given day. If the Insured [or Insured Dependent] exhausts the ICU Confinement benefit before such confinement is over, a Hospital Confinement benefit may be payable.

Rehabilitation Facility Confinement : A Rehabilitation Facility Confinement benefit will be payable for each day the Insured [or Insured Dependent] is confined in a Rehabilitation Facility because of Injury sustained due to a Covered Accident if confinement begins within [one hundred eighty (180) days] of the Covered Accident.

This benefit is payable per day for up to [thirty (30) days] for each person insured per Covered Accident over the course of [three hundred sixty-five (365) days] from the date of initial Rehabilitation Facility Confinement.

Only one (1) Rehabilitation Facility Confinement benefit is payable regardless of whether more than one Covered Accident caused such confinement. The Rehabilitation Facility Confinement benefit is not payable for any day that the Insured [or Insured Dependent] receives benefits under the Hospital Confinement or ICU Confinement benefits.

Follow-up Physician Office Visit: A Follow-up Physician Office Visit benefit will be payable for follow-up examination or treatment by a Physician or Medical Professional in such individual's office if the Insured [or Insured Dependent] has sustained an Injury as a result of a Covered Accident. Examination or treatment must be provided within [sixty (60) days] of the Covered Accident.

This benefit is not payable while the Insured [or Insured Dependent] is confined in a Hospital, ICU or Rehabilitative Facility.

Only [one (1)] benefit will be paid for each person insured per Covered Accident.

Transportation: A Transportation benefit will be payable should the Insured [or Insured Dependent] sustain an Injury due to a Covered Accident if:

- (1) he or she must travel more than [one hundred (100)] miles one way for treatment at a Hospital or other medical facility;
- (2) the treatment is prescribed by a Physician;
- (3) the treatment is not available locally[.]; and
- (4) transportation is by [bus, train, airplane or medical transportation vehicle.]

This benefit is payable for up to [three (3)] round trips for treatment for each person insured per Covered Accident.

The Transportation benefit is not payable if transport is provided by ambulance or air ambulance.

Lodging: A Lodging benefit is payable for each day a friend, caregiver or family member travels more than [one hundred (100)] miles away from his or her home to support the Insured [or Insured Dependent] who is Hospital confined because of an Injury sustained due to a Covered Accident. The friend, caregiver or family member must temporarily reside in a hotel, motel or hospital-sponsored lodging. Lodging benefits will be payable for [one (1)] [person].

This benefit is payable for up to [thirty (30) days] within [three hundred sixty-five (365) days] of the Covered Accident.

SPECIFIED COVERED INJURY AND TREATMENT BENEFITS:

Fracture: A Fracture benefit will be payable if the Insured [or Insured Dependent] sustains a Fracture or Chip Fracture as a result of a Covered Accident provided it is diagnosed by a Physician within [ninety (90) days] of the Covered Accident.

If the Insured [or Insured Dependent] sustains more than one (1) fracture as a result of such Covered Accident, we will pay one (1) benefit which is the highest.

BENEFIT PROVISIONS, (Continued)

Dislocation: A Dislocation benefit will be payable if the Insured [or Insured Dependent] sustains a dislocation or partial dislocation as a result of a Covered Accident provided it is diagnosed by a Physician within [ninety (90) days] of the Covered Accident.

If the Insured [or Insured Dependent] sustains more than one (1) dislocation as a result of such Covered Accident, we will pay one (1) benefit which is the highest.

Blood, Plasma and Platelets: A Blood, Plasma and Platelet benefit will be payable if the Insured [or Insured Dependent] sustains an Injury as a result of a Covered Accident requiring a transfusion of blood, plasma or platelets provided such transfusion is administered within [ninety (90) days] of the Covered Accident.

Only [one (1)] benefit will be paid for each person insured per Covered Accident.

Burns: A Burn benefit will be payable if the Insured [or Insured Dependent] sustains a 2nd or 3rd degree burn as a result of a Covered Accident provided treatment is received from a Physician within [seventy-two (72) hours] of the Covered Accident.

If the Insured [or Insured Dependent] sustains Burns in more than one (1) classification as shown on the Schedule of Benefits, only one (1) Burn benefit, which is the highest, will be paid for each person insured per Covered Accident.

Skin Graft (due to Burns): A Skin Graft benefit will be payable if the Insured [or Insured Dependent] requires skin grafting as a result of a Burn sustained in a Covered Accident and was paid a benefit under the Burn benefit.

Only [one (1)] benefit will be paid for each person insured per Covered Accident.

Coma: A Coma benefit will be payable if the Insured [or Insured Dependent] is in a Coma, as diagnosed by a Physician, for [one hundred sixty-eight (168) hours] as a result of a Covered Accident. However, benefits will not be paid when a Coma has been medically induced.

Only [one (1)] benefit will be paid for each person insured per Covered Accident.

Concussion: A Concussion benefit will be payable if the Insured [or Insured Dependent] sustains a Concussion as a result of a Covered Accident provided it is diagnosed by a Physician within [seventy-two (72) hours] of the Covered Accident.

Only [one (1)] benefit will be paid for each person insured per Covered Accident.

Dental Injury: A Dental Injury benefit will be payable if the Insured [or Insured Dependent] sustains an Injury as a result of a Covered Accident to his or her natural teeth which requires:

- (1) extraction; or
- (2) repair by insertion of a crown.

Initial treatment must be provided by a Dentist within [seven (7) days] of the Covered Accident.

Only [one (1)] benefit for extraction and [one (1)] benefit for a crown will be paid for each person insured per Covered Accident.

Eye Injury: An Eye Injury benefit will be payable if the Insured [or Insured Dependent] sustains an Injury to his or her eye or eyes as a result of a Covered Accident provided a Physician:

- (1) performs surgical repair on the eye or eyes within [ninety (90) days] of a Covered Accident; or
- (2) removes a foreign object from the eye or eyes within [ninety (90) days] of the Covered Accident.

Only [one (1)] benefit will be paid for each eye for each person insured per Covered Accident.

BENEFIT PROVISIONS, (Continued)

Lacerations: A Laceration benefit will be payable if the Insured [or Insured Dependent] is Injured as a result of a Covered Accident and sustains a laceration (cut) provided it is treated by a Physician or Medical Professional within [seventy-two (72) hours] of the Covered Accident.

This benefit is payable:

- (1) once for the total number of lacerations received not requiring sutures (stitches); and
- (2) once for the total length of all lacerations received requiring sutures,

for each person insured as a result of any one (1) Covered Accident.

If a laceration would normally require sutures but the Physician or Medical Professional chooses to repair the laceration by some other medically accepted method, the benefit will still be payable as if the repair was made with sutures.

PARALYSIS BENEFITS:

Paralysis: A Paralysis benefit will be payable if the Insured [or Insured Dependent] sustains an Injury due to a Covered Accident that results in Paralysis if:

- (1) the Insured [or Insured Dependent] loses the function of two or more limbs for an uninterrupted period of [sixty (60) days]; and
- (2) such Paralysis is confirmed by a Physician.

The uninterrupted [sixty (60) day] period of Paralysis is waived if clinical and radiological evidence shows that the spinal cord has been transected with no possibility of returned functionality.

SURGERY BENEFITS:

Exploratory Surgery: An Exploratory Surgery benefit will be payable for exploratory surgery for the procedures listed under Surgery Benefits if such surgery is performed and no repair is done.

Only [one (1)] benefit will be payable for each person insured per Covered Accident.

Knee Cartilage: A Knee Cartilage benefit will be payable if the Insured [or Insured Dependent] sustains torn cartilage in the knee due to a Covered Accident if the Injury is:

- (1) treated by a Physician within [seventy-two (72) hours] of the Covered Accident; and
- (2) repaired or removed through surgery by a Physician within [one (1) year] of the Covered Accident.

Only one (1) benefit will be payable per knee for each person insured per Covered Accident.

Abdominal or Thoracic Surgery. An Abdominal or Thoracic Surgery benefit will be payable if the Insured [or Insured Dependent] sustains an Injury as a result of a Covered Accident that is diagnosed as requiring abdominal or thoracic surgery and is, indeed, surgically treated by a Physician within [seventy-two (72) hours] of the Covered Accident.

Only [one (1)] benefit will be payable for each person insured per Covered Accident.

Ruptured Disc: A Ruptured Disc benefit will be payable if the Insured [or Insured Dependent] sustains a ruptured disc in the spine as a result of a Covered Accident requiring surgical repair if the Injury is:

- (1) treated by a Physician within [sixty (60) days] of the Covered Accident; and
- (2) repaired surgically by a Physician within [three hundred sixty-five (365) days] of the Covered Accident.

Only [one (1)] benefit will be payable for each person insured per Covered Accident.

BENEFIT PROVISIONS, (Continued)

Tendon, Ligament, Rotator Cuff: A Tendon, Ligament, Rotator Cuff benefit will be payable if the Insured [or Insured Dependent] sustains an Injury to tendons, ligaments or rotator cuffs as a result of a Covered Accident requiring surgical repair if the Injury is:

- (1) treated by a Physician within [sixty (60) days] of the Covered Accident; and
- (2) repaired surgically by a Physician within [one hundred eighty (180) days] of the Covered Accident.

This benefit will be payable for up to [two (2)] surgically repaired tendons, ligaments or rotator cuffs, or any combination thereof, for each person insured per Covered Accident.

TRANSITIONAL BENEFITS:

Medical Appliance: A Medical Appliance benefit will be payable if the Insured [or Insured Dependent] sustains an Injury as a result of a Covered Accident which requires a Medical Appliance to assist him or her with mobility provided such appliance is prescribed by a Physician or Medical Professional and received by the Insured [or Insured Dependent] within [three hundred sixty-five (365) days] of the Covered Accident.

If the Injury sustained is considered a Catastrophic Loss as defined, the Medical Appliance must be prescribed by a Physician or Medical Professional and received by the Insured [or Insured Dependent] within [two (2) years] of the Covered Accident.

Only [one (1)] benefit is payable for each person insured per Covered Accident.

Prosthesis: A Prosthesis benefit will be payable if the Insured [or Insured Dependent] requires a prosthetic limb as a result of Injury sustained due to a Covered Accident if such prosthesis is prescribed by a Physician and received by the Insured [or Insured Dependent] within [three hundred sixty-five (365) days] of the Covered Accident.

If the Injury sustained is considered a Catastrophic Loss as defined, a Physician must prescribe the prosthesis and the Insured [or Insured Dependent] must receive it within [two (2) years] of the Covered Accident.

Only one (1) benefit is payable per limb up to [two (2)] limbs for each person insured per Covered Accident.

Physical Therapy: A Physical Therapy benefit will be payable should the Insured [or Insured Dependent] sustain an Injury as a result of a Covered Accident which requires therapy if it:

- (1) is prescribed by a Physician;
- (2) is provided by a Therapist;
- (3) is performed in an office, Hospital or Rehabilitation Facility on an Inpatient or Outpatient basis;
- (4) begins within [ninety (90) days] of the Covered Accident; and
- (5) is completed within [three hundred sixty-five (365) days] of the Covered Accident.

This benefit is payable for up to [six (6)] therapy sessions for each person insured per Covered Accident.

[ACCIDENTAL DEATH [AND DISMEMBERMENT] BENEFITS:]

Accidental Death [and Dismemberment]: An Accidental Death [and/or Dismemberment] benefit will be payable in accordance with the Schedule of Benefits if the Insured [or Insured Dependent] sustains an Injury due to a Covered Accident that results in death [or dismemberment Loss] if death [or the dismemberment Loss] occurs within [three hundred sixty-five (365) days] of the Covered Accident.

[A Dismemberment benefit will be payable if a body part listed on the Schedule of Benefits as a Loss is surgically re-attached.]

[If a Catastrophic Loss benefit is payable for a Covered Accident, no benefit will be payable under this benefit for the same Loss.]

[Common Carrier: A Common Carrier benefit will be payable in addition to the Accidental Death Benefit if the Insured [or Insured Dependent] sustains an Injury due to a Covered Accident on a Common Carrier, as defined, which results in death within [three hundred sixty-five (365) days] of the Covered Accident.]

BENEFIT PROVISIONS, (Continued)

[Catastrophic Loss: A Catastrophic Loss benefit will be payable if the Insured [or Insured Dependent] sustains an Injury due to a Covered Accident that results in a Catastrophic Loss if such Loss occurs within [three hundred sixty-five (365) days] of the Covered Accident. The benefit payable is shown on the Schedule of Benefits.

If a Catastrophic Loss benefit is payable for a Covered Accident no benefit will be payable under the Accidental Dismemberment benefit for the same Loss. The total benefit payable under this benefit cannot exceed that of the Accidental Death benefit.]

[WELLNESS BENEFIT

We will pay the Insured the amount shown on the Schedule of Benefits for [one (1)] health screening test performed during a [twelve (12) month] period for the Insured [and his/her Insured Dependents][*] provided he/she:

- (1) supplies written proof satisfactory to us that such a health screening test has been performed; and
- (2) was covered under this Policy at the time the test was performed; and
- (3) has not already had one of the following health screening tests performed at any time during the same [twelve (12) month] period.

Health screening tests covered under this Policy are:

- (1) [Stress test on a bicycle or treadmill;
- (2) Fasting blood glucose test;
- (3) Blood test for triglycerides;
- (4) Serum cholesterol test to determine level of HDL and LDL;
- (5) Bone marrow testing;
- (6) Breast ultrasound;
- (7) CA 15-3 (blood test for breast cancer);
- (8) CA 125 (blood test for ovarian cancer);
- (9) CEA;
- (10)Chest X-ray;
- (11)Colonoscopy;
- (12)Flexible sigmoidoscopy;
- (13)Hemoccult stool analysis;
- (14)Mammography;
- (15)Pap smear;
- (16)PSA (blood test for prostate cancer); and
- (17)Serum Protein Electrophoresis (blood test for myeloma)]

[*Only [one (1)] Wellness Benefit will be paid in a [twelve (12) month] period for all Insured Dependent children as a group.] The Wellness Benefit is paid in addition to any other payments the Insured [or Insured Dependent] may receive under this Policy.

[DEPENDENT INSURANCE

Nothing in this section will change or affect any of the terms of this Policy other than as specifically set out in this section. All the Policy provisions not in conflict with these provisions shall apply to this section.

When an Insured Dependent sustains an Injury due to a Covered Accident we will pay the applicable benefit shown on the Schedule of Benefits. Only dependents that meet the definition of Dependent can be insured for this benefit.

Any benefit payable for an Insured Dependent will be paid to the Insured unless another individual has been designated as beneficiary.

[A person may not have coverage under this Policy both as an Insured and as an Insured Dependent.] [Only one eligible spouse may cover the eligible children as Insured Dependents.] [Dependents may be covered as Insured Dependents if not covered as an Insured.] [If insurance is in force for an Insured Dependent child, any newly eligible Dependent child(ren) will be automatically covered.]]

ELIGIBILITY: An Eligible Person is eligible to enroll his/her eligible Dependents on the date he/she becomes an Insured.

EFFECTIVE DATE OF DEPENDENT INSURANCE:

If you pay the entire premium for Dependents, an Insured Dependent's insurance will become effective on the later of:

- (1) the [date] the Insured becomes eligible for Dependent Insurance; or
- (2) the [date] the dependent meets the definition of Dependent.

If you require an Insured to pay a portion of the Dependent premium for Dependent insurance, he/she may insure his/her Dependents by making written application. In this case, the insurance for Dependents will take effect on the later of:

- (1) the [date] the Insured becomes eligible for Dependent insurance; or
- (2) the [date] the dependent meets the definition of Dependent, if application is made on or before that date; or
- (3) the [date of application] [if application is made within [thirty-one (31)] days from the date the Dependent first becomes eligible for this insurance]; or
- (4) the date the premium applicable to the coverage selected is remitted.]

Changes in the Insured Dependent's Benefit Amount are effective as shown on the Schedule of Benefits.

TERMINATION OF DEPENDENT INSURANCE:

The insurance for an Insured Dependent will terminate on the first of the following dates:

- (1) the date this Section terminates;
- (2) the end of the period for which premium for Dependent insurance has been paid;
- (3) the date the Insured's insurance terminates; or
- (4) the date the dependent is no longer a Dependent as defined.

[NEWLYWED PROVISION:

At the marriage of an Insured who had not previously elected Dependent spouse coverage, his/her new spouse shall automatically become an Insured Dependent spouse.

Such spouse shall be an Insured Dependent spouse for thirty-one (31) days. He/she shall then cease to be an Insured Dependent spouse unless:

- (1) the Insured requests, in writing and within such thirty-one (31) day period, continuation of such Dependent spouse coverage; and
- (2) the additional premium is paid for such coverage.]

DEPENDENT INSURANCE, (Continued)

[DOMESTIC PARTNER PROVISION:

With respect to an Insured who had not previously elected Dependent spouse coverage, his/her domestic partner shall automatically become an Insured Dependent spouse as of the date such Insured's [Affidavit of Domestic Partnership] is placed on file with you.

Such domestic partner shall be an Insured Dependent spouse for thirty-one (31) days. He/she shall then cease to be an Insured Dependent spouse unless:

- (1) the Insured requests, in writing and within such thirty-one (31) day period, continuation of such Dependent spouse coverage; and
- (2) the additional premium is paid for such coverage.]

[NEWBORN CHILDREN:

If a child is born to an Insured who has not elected Dependent child(ren) coverage, such child shall be an Insured Dependent child from the moment of birth.

The newborn child shall be an Insured Dependent child for thirty-one (31) days. He/she shall then cease to be an Insured Dependent child unless:

- (1) the Insured requests, in writing and within such thirty-one (31) day period, continuation of such Dependent child(ren) coverage; and
- (2) the additional premium is paid for such coverage.

The above coverage will also be extended to newly adoptive, foster or step children, as of the date they become financially dependent on an Insured for support, provided they otherwise meet the definition of Dependent.]

[The above coverage will also be extended to any children named on an Insured's Affidavit of Domestic Partnership as of the date such affidavit is placed on file with you, provided they otherwise meet the definition of a Dependent child.]

EXTENSION OF COVERAGE UNDER THE [FAMILY AND MEDICAL LEAVE ACT AND] UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT (USERRA)

[Family and Medical Leave of Absence:

We will continue the Insured's coverage and that of any Insured Dependent, if applicable, in accordance with your policies regarding leave under the Family and Medical Leave Act of 1993, as amended or any similar state law, as amended, if:

- (1) the premium for such Insured and his/her Dependents, if applicable, continues to be paid during the leave; and
- (2) you have approved the Insured's leave in writing and provide a copy of such approval within [thirty-one (31) days] of our request.

As long as the above requirements are satisfied, we will continue coverage until the later of:

- (1) the end of the leave period required by the Family and Medical Leave Act of 1993, as amended; or
- (2) the end of the leave period required by any similar state law, as amended].

Military Services Leave of Absence:

We will continue the Insured's coverage and that of any Insured Dependents, if applicable, in accordance with your policies regarding Military Services Leave of Absence under USERRA if the premium for such Insured and his or her Dependents, if applicable, continues to be paid during the leave.

As long as the above requirement is satisfied, we will continue coverage until the end of the period required by USERRA.

[This Policy, while coverage is being continued under this Military Services Leave of Absence extension, does not cover any loss which occurs while on active duty in the military if such loss is caused by or arises out of such military service, including but not limited to war or any act of war, whether declared or undeclared.]

While the Insured is on a [Family and Medical Leave of Absence for any reason other than his or her own illness or injury or] Military Services Leave of Absence he or she will be considered Actively at Work. Any changes such as revisions to coverage due to change in class will apply during the leave except that increases in the Benefit Amount, whether automatic or subject to election, will not be effective for an Insured who is not considered Actively at Work until the Insured has returned to Active Work for one (1) full day.

A leave of absence taken in accordance with [the Family and Medical Leave Act of 1993 or] USERRA will run concurrently with any other applicable continuation of insurance provision in this Policy.

The Insured's coverage and that of any Insured Dependent's, if applicable, will cease under this extension on the earliest of:

- (1) the date this Policy terminates; or
- (2) the end of the period for which premium has been paid for the Insured and Insured Dependent, if applicable; or
- (3) the date such leave should end in accordance with your policies regarding [Family and Medical Leave of Absence and] Military Services Leave of Absence in compliance with [the Family and Medical Leave Act of 1993, as amended and] USERRA.

Should you choose not to continue the Insured's coverage during a [Family and Medical Leave of Absence and/or] Military Services Leave of Absence, the Insured's coverage as well as any Dependent coverage, if applicable, will be reinstated in accordance with [the Family and Medical Leave Act and] USERRA.

PREMIUMS

PREMIUM PAYMENT:

All premiums are to be paid by you to us, or to an authorized agent, on or before the due date. The premium due dates are stated on the face page of this Policy.

PREMIUM RATE:

The premium for this insurance is based on the [plan and] coverage selected:

- (1) Eligible Person Only
- (2) Eligible Person and Dependent spouse
- (3) Eligible Person and Dependent child[ren]
- (4) Eligible Person and Dependents

We reserve the right to adjust the premium rate on any premium due date:

- (1) after coverage has been in force for [twelve (12) months]; or
- (2) if the coverage is changed by amendment.

We will not change the premium rate more than once in any [twelve (12) month] period unless the coverage is changed. We will notify you in writing at least [thirty-one (31)] days before a premium change is made due to (1) above.]

GRACE PERIOD:

You may pay the premium up to [thirty (30) days] after the date it is due. This Policy stays in force during this time. If the premium is not paid during the grace period, this Policy will be cancelled at the end of the grace period. You will still owe us the premium up to the date this Policy is cancelled.

BENEFICIARY AND FACILITY OF PAYMENT

BENEFICIARY:

If the Insured dies, any death benefit payable and any other accrued benefits will be paid to the beneficiary named in records maintained by you. A beneficiary designation will be effective as of the date the Insured signed it. Any payment made by us before receiving the designation shall fully discharge us to the extent of that payment.

The Insured will be the beneficiary of any benefit payable at the death of an Insured Dependent, unless another beneficiary has been named and placed on file as required.

The Insured can change the beneficiary by telling us in writing on our form. The consent of a revocable beneficiary is not needed. The change will take effect only when it is received and approved by us [or an authorized Plan Administrator]. We cannot attest to the validity of such a change.

If an Insured's beneficiary dies at the same time as the Insured, or within fifteen (15) days after his death but before we receive written proof of the Insured's death, payment will be made as if the Insured survived the beneficiary, unless noted otherwise in another provision of this Policy.

[If the Insured has not named a beneficiary, or an Insured's named beneficiary is not surviving at the Insured's death, any benefits due shall be paid to the first of the following classes to survive the Insured:

- (1) the Insured's [legal] spouse;
- (2) the Insured's surviving children (including legally adopted children), in equal shares;
- (3) the Insured's surviving parents, in equal shares;
- (4) the Insured's surviving siblings, in equal shares; or, if none of the above,
- (5) the Insured's estate.]

We will not be liable for any payment we have made in good faith.

FACILITY OF PAYMENT:

If a beneficiary, in our opinion, cannot give a valid release (and no guardian has been appointed), we may pay the benefit to the person who has custody or is the main support of the beneficiary. Payment to a minor shall not exceed [\$1,000].

If the Insured has not named a beneficiary or the beneficiary is not surviving at the Insured's death, we may pay up to [\$2,500] of the benefit to the person(s) who, in our opinion, have incurred expenses in connection with the Insured's last illness, death or burial. Payment may also be made to the executor or administrator of the Insured's estate, or to any relative of the Insured by blood or marriage.

The balance of the benefit, if any, will be held by us, until an individual or representative:

- (1) is validly named; or
- (2) is appointed to receive the proceeds; and
- (3) can give valid release to us.

With respect to the Facility of Payment provision, the benefit will be held with interest at a rate set by us.

We will not be liable for any payment we have made in good faith.

CLAIMS PROVISIONS

NOTICE OF CLAIM:

Written notice must be given to us within [thirty-one (31)] days after the service or event occurs for which claim may be made, or as soon as reasonably possible. The notice should be sent to us at our Administrative Offices or to our authorized agent. The notice should include the Insured's [or Insured Dependent's] name and the Policy Number [Participating Unit Number].

CLAIM FORMS:

When we receive written notice of a claim, we will send claim forms to the claimant within fifteen (15) days. If we do not, the claimant will satisfy the requirements of written proof of claim by sending us written proof as shown below. The proof must describe the occurrence, extent and nature of the claim.

PROOF OF CLAIM:

We must be given written proof of claim within [ninety (90)] days after the date of services or the occurrence of an event, or as soon as reasonably possible thereafter. In any event, proof must be given within one (1) year, unless the claimant is legally incapable of doing so.

Proof of claim must include:

- (1) the nature and date of the claim and reason claim is being made;
- (2) a description of the event and/or services provided; and
- (3) proof that the services or event occurred. Such proof may take the form of a receipt for services or some other official documentation supporting the claim and which is acceptable to us.

Within fifteen (15) days after receiving the first proof of claim, we may send a written acknowledgment. Such acknowledgment may request any missing information or other items we need in order to adjudicate the Insured's [or Insured Dependent's] claim. Such information or items we may request may include, but are not limited to:

- (1) copies of x-rays or any other diagnostic tests performed;
- (2) copies of medical records or charts; or
- (3) any other information we may reasonably require.

TIME OF PAYMENT OF CLAIMS:

When we receive written proof of claim, we will pay any benefits due. Benefits that provide for periodic payment will be paid accordingly.

PAYMENT OF CLAIMS:

If an Insured dies, we will pay any death benefit and any other accrued benefits in accordance with the Beneficiary and Facility of Payment provisions. All other benefits will be paid to the Insured.

[Reliance Standard Life Insurance Company shall serve as the claims review fiduciary with respect to the insurance policy and the Plan. The claims review fiduciary has the discretionary authority to interpret the Plan and the insurance policy and to determine eligibility for benefits. Decisions by the claims review fiduciary shall be complete, final and binding on all parties.]

PHYSICAL EXAMINATION AND AUTOPSY:

At our own expense, we will have the right to have the Insured [or Insured Dependent] examined as often as reasonably necessary when a claim is pending. We can also have an autopsy performed unless prohibited by law.

LEGAL ACTION:

No legal action may be brought against us to recover on this Policy within sixty (60) days after written proof of claim has been given as required by this Policy. No action may be brought after three (3) years (Kansas, five (5) years; South Carolina, six (6) years) from the time written proof of claim is required to be submitted.

[PORTABILITY

The Insured may continue the Group Accident insurance coverage under this Policy [and that of his/her Insured Dependent[s][spouse]] if coverage would otherwise terminate because he/she ceases to be an Eligible Person [, for reasons other than the termination of this [Policy/Participating Unit] [or the Insured's retirement]] provided he/she:

- (1) notifies us in writing within [thirty-one (31)] days from the date he/she ceases to be eligible; and
- (2) remits the necessary premiums when due ; and
- (3) has been covered for [twelve (12) months] under this Policy [and/or the prior group accident insurance policy.]

[Such coverage may be continued [for a period of one (1) year] beginning on the date he/she is no longer an Eligible Person.]

The Benefit Amount available under the Portability provision will be the current Benefit Amount the Insured [and Insured Dependent[s] [spouse]] is insured for under this Policy on the last day the Insured was Actively at Work.

[The premium charged to continue coverage will be based on the prevailing rate charged to insureds who choose to continue coverage under the Portability provision. Such premium will be billed directly to the Insured on a [monthly via credit card, quarterly, semi-annual or annual] basis.]

[If an Insured's [and Insured Dependent[s]'[spouse's] Group Accident coverage under this Policy includes [the Wellness Benefit] then such benefits may be continued under this Policy.]

Insurance coverage continued under this provision for the Insured [or his/her Insured Dependent[s] [spouse]] will terminate on the first of the following to occur:

- (1) the end of the period for which premium has been paid; [or
- (2) at the end of the [one (1)] year period; or
- (3) the date the Insured reaches age [sixty-five (65);] or
- (4) the date this Policy terminates; or]
- (5) at any time coverage would normally terminate according to the terms of this Policy had the Insured continued to be an Eligible Person.

In addition, coverage will reduce at any time it would normally reduce according to the terms of this Policy had the Insured [and Insured Dependent spouse] continued to be eligible.

[If this Policy terminates subsequent to the Insured's election to continue his/her coverage, [and that of his/her Insured Dependent[s] [spouse]] in accordance with the Portability provision, such coverage will be continued in accordance with the provisions of the Insured's certificate.]

EXCLUSIONS

This Policy does not cover any loss:

- (1) to which sickness, disease, or myocardial infarction, including medical or surgical treatment thereof, is a contributing factor; or
- (2) caused by committing or attempting to commit suicide, while sane or insane, or intentionally self-inflicted injuries; or
- (3) caused by or resulting from war or any act of war, declared or undeclared; or [
- (4) caused by or resulting from riding in, getting into or out of any aircraft unless:
 - (a) the Insured is [a passenger (not a pilot or crew member)] in a tested and approved civilian aircraft being operated as passenger transport in compliance with the then current rules of the authority having jurisdiction over its operation; and
 - (b) the aircraft is not owned, leased or operated by or on behalf of [you, the Insured, or any other employer of the Insured, unless a specific written agreement has been obtained from us]; or]
- (6) sustained during the Insured's [or Insured Dependent's] commission or attempted commission of an assault or felony; or [
- (7) to which the Insured's [or Insured Dependent's] acute or chronic alcoholic intoxication is a contributing factor; or
- (8) to which the Insured's [or Insured Dependent's] voluntary consumption of an illegal or controlled substance or a non-prescribed narcotic or drug is a contributing factor; or
- (9) caused by Injury arising out of or in the course of employment for wage or profit.]

WHERE TO FIND:	Page
[SCHEDULE OF BENEFITS	[1]
DEFINITIONS	[2]
GENERAL PROVISIONS	[3]
INDIVIDUAL ELIGIBILITY, EFFECTIVE DATE AND TERMINATION	[4]
BENEFIT PROVISIONS	[5]
[WELLNESS BENEFIT	[6]
[DEPENDENT INSURANCE	[7]
EXTENSION OF COVERAGE UNDER THE [FAMILY AND MEDICAL LEAVE ACT AND] UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT (USERRA)	[8]
PREMIUMS	[9]
BENEFICIARY AND FACILITY OF PAYMENT	[10]
CLAIMS PROVISIONS	[11]
[PORTABILITY	[12]
EXCLUSIONS	[13]

CERTIFICATE OF INSURANCE

We certify that [you, provided you belong to a class described on the Schedule of Benefits, are insured for the benefits which apply to your class] under Group Policy No. [VAI XXXXXX] issued to [ABC Company], the Policyholder.

This Certificate is not a contract of insurance. It contains only the major terms of insurance coverage and payment of benefits under the Policy. Coverage is subject to the terms and conditions of the Policy. In the event of a conflict between the Policy and this Certificate, the terms of the Policy control.

This Certificate is signed by the President and Secretary.



Secretary



President

READ THIS CERTIFICATE CAREFULLY. THE POLICY PROVIDES LIMITED BENEFITS. THE POLICY IS NOT A MEDICAL INSURANCE POLICY.

[THE POLICY IS OPTIONALLY RENEWABLE.]

GROUP ACCIDENT CERTIFICATE

SCHEDULE OF BENEFITS

[NAME OF SUBSIDIARIES, DIVISIONS OR AFFILIATES TO BE COVERED: XYZ Co., ABC Corp.]

ELIGIBILITY: [Each active, Full-time or Part-time employee, except any person employed on a temporary or seasonal basis according to the following classifications:

- Class 1: Officer
- Class 2: Salaried Employees not in Class 1
- Class 3: Hourly Employees]

[SERVICE WAITING PERIOD: Present Employees: None
Future Employees: Three Months]

INDIVIDUAL EFFECTIVE DATE: [The next day immediately following completion of the Service Waiting Period.]

[INDIVIDUAL REINSTATEMENT: Six Months]

MINIMUM PARTICIPATION REQUIREMENTS: Number of Insureds: [10]

COVERAGE TYPE: [On and] Off-the-Job (24 hour coverage [and Non-occupational])

BENEFIT AMOUNTS: [Class 1 – Eligible for Plan A; Class 2 – Eligible for Plan B or C; Class 3 – Eligible for Plan C]

[MAXIMUM BENEFIT PER COVERED ACCIDENT: [\$100,000]]

PLAN [A]

EMERGENCY CARE BENEFITS:

<u>Type of Benefit</u>	<u>Benefit Amount</u>
Air Ambulance Transportation	[\$500]
Ambulance Transportation	[\$100]
Emergency Treatment	[\$150]
Diagnostic Examination	[\$100]
Initial Physician Office Visit	[\$50]

GENERAL TREATMENT BENEFITS:

<u>Type of Benefit</u>	<u>Benefit Amount</u>
Initial Hospital Admission	[\$500]
Initial Intensive Care Unit (ICU) Hospital Admission	[\$1,000]
Hospital Confinement	[\$200 per day]
Intensive Care Unit (ICU) Confinement	[\$400 per day]
Rehabilitation Facility Confinement	[\$50 per day]
Follow-up Physician Office Visit	[\$50]
Transportation	[\$300]
Lodging	[\$100 per day]

SCHEDULE OF BENEFITS, (Continued)

SPECIFIED COVERED INJURY AND TREATMENT BENEFITS:

<u>Type of Benefit</u>	<u>Benefit Amount</u>	
	<u>Surgical</u>	<u>Non-Surgical</u>
Fractures:		
Ankle	\$[600]	\$[300]
Arm	\$[600]	\$[300]
Bones of Face	\$[300]	\$[150]
Coccyx	\$[300]	\$[150]
Collarbone	\$[600]	\$[300]
Elbow	\$[600]	\$[300]
Finger	\$[100]	\$[50]
Foot	\$[600]	\$[300]
Hand	\$[600]	\$[300]
Hip	\$[3,200]	\$[1,600]
Kneecap	\$[600]	\$[300]
Leg	\$[1,600]	\$[800]
Jaw	\$[600]	\$[300]
Nose	\$[300]	\$[150]
Pelvis	\$[1,600]	\$[800]
Rib	\$[300]	\$[150]
Shoulder Blade	\$[600]	\$[300]
Skull (Except bones of face or nose – Depressed)	\$[5,000]	\$[2,500]
Skull (Simple)	\$[1,500]	\$[750]
Sternum	\$[600]	\$[300]
Toe	\$[100]	\$[50]
Vertebrae	\$[600]	\$[300]
Vertebral Column	\$[1,600]	\$[800]
Wrist	\$[600]	\$[300]
Chip Fractures	[25% of benefit for [non-surgical] full fracture]	
Multiple Fractures	[100% of the highest benefit for any one fracture among all fractures sustained]	
Dislocations:		
Ankle	\$[1,200]	\$[600]
Collarbone	\$[1,200]	\$[600]
Elbow	\$[600]	\$[300]
Finger	\$[200]	\$[100]
Foot	\$[1,200]	\$[600]
Hand	\$[600]	\$[300]
Hip	\$[3,200]	\$[1,600]
Knee	\$[2,000]	\$[1,000]
Lower Jaw	\$[600]	\$[300]
Shoulder	\$[600]	\$[300]
Toe	\$[200]	\$[100]
Wrist	\$[600]	\$[300]

SCHEDULE OF BENEFITS, (Continued)

SPECIFIED COVERED INJURY AND TREATMENT BENEFITS, Continued

<u>Type of Benefit</u>	<u>Benefit Amount</u>
Partial Dislocation	[25% of benefit for [non-surgical] full dislocation]
Multiple Dislocations	[100% of the highest benefit for any one dislocation among all dislocations sustained]
Blood, Plasma and Platelets	[\$200]
Burns:	
<u>2nd Degree Burns</u>	
Covering less than 10% of the body	[\$100]
Covering 10% but less than 25% of the body	[\$200]
Covering 25% but less than 35% of the body	[\$400]
Covering 35% (or greater) of the body	[\$800]
<u>3rd Degree Burns</u>	
Covering less than 10% of the body	[\$800]
Covering 10% but less than 25% of the body	[\$1,600]
Covering 25% but less than 35% of the body	[\$3,200]
Covering 35% (or greater) of the body	[\$6,400]
<u>Skin Grafts (due to Burns)</u>	[25% of the benefit payable for Burns]
Coma:	[\$5,000]
Concussion:	[\$100]
Dental Injury:	
Extraction	[\$50]
Crown	[\$150]
Eye Injury:	
Removal of Foreign Object	[\$100]
Surgical Repair	[\$200]
Lacerations:	
<u>No Sutures Required:</u>	[\$ 25]
<u>Sutures Required (Total length of all sutured Lacerations):</u>	
Less than 2" long	[\$50]
2" but less than 6" long	[\$200]
6" long or greater	[\$400]

SCHEDULE OF BENEFITS, (Continued)

<u>Type of Benefit</u>	<u>Benefit Amount</u>
PARALYSIS BENEFITS:	
Paraplegia [or Hemiplegia]	[\$5,000]
Quadriplegia	[\$10,000]
SURGERY BENEFITS:	
Exploratory Surgery (No Repair)	[\$100]
Knee Cartilage (Surgically Repaired)	[\$300]
Abdominal or Thoracic Surgery (Surgically Repaired)	[\$1,000]
Ruptured Disc (Surgically Repaired)	[\$500]
Tendon, Ligament or Rotator Cuff (Surgically Repaired):	
One Repair:	[\$300]
Two or more Repairs:	[\$600]
TRANSITIONAL BENEFITS:	
Medical Appliance	[\$100]
Prosthesis:	
One:	[\$500]
Two or more:	[\$1,000]
Physical Therapy	[\$25 per session]
[[ACCIDENTAL DEATH [AND DISMEMBERMENT] BENEFITS]:	
<u>Type of Benefit</u>	<u>Benefit Amount</u>
Loss of Life	
Employee	[\$25,000]
[Spouse	[\$12,500]]
[Child(ren)	[\$5,000 per child]]
Loss of Life on a Common Carrier	[100%] of Loss of Life]

SCHEDULE OF BENEFITS, (Continued)

[ACCIDENTAL DEATH [AND DISMEMBERMENT] BENEFITS, Continued]

Type of Benefit

Benefit Amount

[Loss of one of the following:

[50% of Loss of Life]

- Hand
- Foot
- Arm
- Leg
- Sight in One Eye
- Hearing in One Ear

Loss of finger, thumb or toe:

- One Loss
- Two or more Losses

[\$250]
[\$750]

[Catastrophic Loss as follows:

[100% of Loss of Life]

- Speech
- Two or more Losses, except the Loss of fingers, thumbs or toes]]

[For Insureds age [seventy (70)] and over, the Benefit Amount for Accidental Death [and Dismemberment Benefits, Common Carrier and Catastrophic Loss Benefits] is subject to automatic reduction. Upon the Insured's attainment of the specified age below, the Benefit Amount will be reduced to the applicable percentage. This reduction also applies to Insureds who are age [seventy (70)] or over on their Individual Effective Date.

Age	Percentage of available or in force amount at age [69]
70+	[50%]

[The Dependent spouse Benefit Amount for [Accidental Death [and Dismemberment Benefits,] Common Carrier and Catastrophic Loss Benefits] will reduce in the same manner as the Insured's Benefit Amount upon the Dependent spouse's attainment of age [seventy (70)].]

[Child Benefit Amounts will not reduce.]

[WELLNESS BENEFIT

[\$25]

[We will pay the Insured [\$25] for [one (1)] health screening test performed in a [twelve (12) month] period as listed in the Wellness Benefit [for each person insured][, except that only [one (1)] benefit is payable for all Insured Dependent children as a group.]]

CHANGES IN BENEFIT AMOUNTS: Increases in the Benefit Amounts for any reason are effective on the date of the change, provided the Insured is Actively at Work on the effective date of the change. If the Insured is not Actively at Work when the change would otherwise take effect, the change will take effect on the day after the Insured has returned to Active Work for one (1) full day.

Decreases in the Benefit Amounts are effective on the date of the change.

[CONTRIBUTIONS:

- Each Eligible Person: [100%]
- [Each Eligible Person and Dependent spouse: [100%]]
- [Each Eligible Person and Dependent child[ren]: [100%]]
- [Each Eligible Person and Dependents: [100%]]
- [Policyholder: [0%]]

DEFINITIONS

["Actively at Work" and "Active Work" means [the Insured is actually performing on a Full-time or Part-time basis each and every duty pertaining to his job working for you in the place where and the manner in which the job is normally performed. This includes approved time off for vacation, jury duty and funeral leave, but does not include time off as a result of injury or sickness.]]

"Burns" means:

- (1) 2nd degree burns, which are those that have burned through the first layer of skin as well as the second layer of skin (dermis); and
- (2) 3rd degree burns, which are those that burn through all layers of the skin and causes permanent tissue damage; and

cover a specific percentage of the body as shown on the Schedule of Benefits.

"Catastrophic Loss" means two or more Losses, as defined, excluding the Loss of a finger, thumb or toe or any combination thereof. Loss of speech is considered catastrophic without an accompanying Loss.

"Coma" means a state of profound unconsciousness from which one cannot be aroused that lasts continuously for at least a period of [one hundred sixty-eight (168) hours] requiring confinement in a Hospital under the care of a Physician board certified as a neurologist. The Physician's diagnosis must be supported by a Glasgow Coma Scale score of no greater than [seven (7)] or a score of [Level V or less] on the Rancho Los Amigos Scale throughout the [one hundred sixty-eight (168) hour] period and an abnormal Electroencephalogram (EEG).

["Common Carrier" means any:

- (1) aircraft operated under a license for hire for the transportation of passengers; or
- (2) land [and water] conveyance licensed for hire for the transportation of passengers.]

"Concussion" means a blow to the head that results in loss of consciousness, confusion, loss of memory or generally being dazed.

"Covered Accident" means an accident or event that:

- (1) could not have been foreseen, anticipated or expected;
- (2) occurs while the Insured's [or Insured Dependent's] coverage is in force under this Policy;
- (3) occurs [on the job or] off-the-job;
- (4) results in Injury for which benefits may be payable; and
- (5) is not excluded under the terms of this Policy.

"Dentist" means a licensed doctor of dentistry, operating within the scope of his or her license, in the state in which such license was issued.

["Dependents" means:[

- (1) the Insured's legal spouse; and
- (2) the Insured's child(ren), [live birth to 26 years], including natural children, legally adopted children, children who are dependent on the Insured during the waiting period before adoption, stepchildren, and foster children. Foster children must be in the Insured's custody to be considered a Dependent; [and
- (3) the Insured's child(ren) beyond the limiting age who is incapable of self-sustaining employment by reason of intellectual disability or physical handicap and who is chiefly dependent on the Insured for support and maintenance.
- (4) the Insured's unmarried grandchild(ren), [from age 14 days/live birth to 20 years], who are financially dependent upon and in the custody of the Insured; and
- (5) the Insured's unmarried grandchild(ren), attending a college or other school on a full-time basis, who are financially dependent upon the Insured for support, up to age [twenty-six (26)].]

DEFINITIONS, (Continued)

- [(1) the Insured's legal spouse; and
- (2) the Insured's unmarried child(ren)[, age 14 days/live birth to 20 years], who is financially dependent upon the Insured for support. Adoptive, foster and step-children are considered Dependents if they are in the Insured's custody; and
- (3) the Insured's unmarried child(ren), attending a college or other school on a full-time basis, who is financially dependent upon the Insured for support, up to age [26]. [;and
- (4) the Insured's unmarried child(ren) who is both incapable of self-sustaining employment by reason of intellectual disability or physical handicap and who is chiefly dependent on the Insured for support and maintenance.
- (5) the Insured's unmarried grandchild(ren), [from age 14 days/ live birth to 20 years], who are financially dependent upon and in the custody of the Insured; and
- (6) the Insured's unmarried grandchild(ren), attending a college or other school on a full-time basis, who are financially dependent upon the Insured for support, up to age [twenty-six (26)].]

[Additionally, with respect to an Insured for whom an [Affidavit of Domestic Partnership] is on file with you and is in effect, such Insured's:

- (1) domestic partner; and
- (2) child(ren), provided he/she otherwise meets the definition of Dependent,

named on such [Affidavit] will be considered a "Dependent" of such Insured. When the Insured's domestic partner is covered under this Policy, the word "spouse" as it appears in this Policy will be deemed to mean "domestic partner", unless the context indicates otherwise.]

"Dislocation" means complete displacement of a bone from its normal articulation with a joint, also called luxation. Partial Dislocation is an incomplete displacement of a bone from its normal articulation with a joint, also called subluxation.

"Eligible Person" means a person who meets the Eligibility Requirements of this Policy.

"Fracture" means a bone that is broken which is diagnosed by a Physician. A Chip Fracture means that a fragment of bone has been broken off.

["Full-time" means working for you for a minimum of [thirty (30)] hours during a person's regularly scheduled workweek.]

"Glasgow Coma Scale" means a system for assessing the severity of brain impairment in an individual with a brain injury that uses the sum of scores given for eye-opening, verbal, and motor responses. A high score of [fifteen (15)] indicates no impairment and a score of [seven (7)] or less indicates severe impairment.

"Hospital" means a legally operated, accredited facility licensed to provide full-time care and treatment for the condition for which benefits are payable under this Policy. It is operated with a full-time staff of Physicians and registered nurses. It does not include facilities that primarily provide custodial or rehabilitative care, education, or long-term institutional care on a residential basis.

"Hospital Confinement/Confined" means that the Insured [or Insured Dependent] has been formally admitted to a Hospital on the advice of a Physician and remains in the Hospital more than [twenty-three (23) hours].

"Immediate Family" means the [parents, siblings, spouse or children] of the Insured [or Insured Dependent].

"Injury" means bodily injury to the Insured [or Insured Dependent] resulting directly from an accident independent of all other causes, which occurs while such Insured's [or Insured Dependent's] coverage under this Policy is in force.

"Inpatient" means that the Insured [or Insured Dependent] has been admitted to a Hospital on the advice of a Physician and remains in the Hospital more than [twenty-three (23)] hours.

"Insured" means a person employed by the [Policyholder/Participating Unit] who meets the Eligibility Requirements of this Policy and is enrolled for this insurance.

["Insured Dependent" means a "Dependent," as defined, whose insurance under this Policy is in effect.]

DEFINITIONS, (Continued)

"Intensive Care Unit (ICU)" means a specific area of the Hospital, set apart from the surgical recovery room and other rooms used for confinement of patients, providing:

- (1) intensive medical care and treatment to only those patients who are in critical condition;
- (2) continuous observation of and care to patients by a specially trained nursing staff that is dedicated exclusively to the ICU on a twenty-four (24) basis;
- (3) a Physician assigned exclusively to the ICU on a full-time basis; and
- (4) life-saving equipment required to treat patients in critical condition which is permanently located in the ICU.

["Loss" as used in the Dismemberment and Catastrophic Loss benefits, means severance or total and irrecoverable loss of:

- (1) the hand or foot through or above the wrist or ankle joint;
- (2) the arm above the elbow;
- (3) the leg above the knee;
- (4) a finger, thumb or toe, including at least one joint, which is either partially or completely severed;
- (5) sight in an eye in which the corrective visual acuity is worse than 20/200 or the field of vision is 20 degrees or less;
- (6) hearing that cannot be corrected to any degree by any procedure or device; or
- (7) speech which cannot be corrected to any degree by any procedure or device,

which results directly and independently from an Injury with no other contributing cause.]

"Medical Appliance" means an appliance that assists the Insured [or the Insured Dependent] with mobility such as crutches, wheel chairs, or walkers.

"Medical Professional" means a person, other than a Physician, that provides medical care and services within the scope of his or her license such as physician's assistants, nurse practitioners and registered nurses.

"Outpatient" means an Insured [or Insured Dependent] who receives medical care, treatment and services when not confined in a Hospital on an Inpatient basis.

"Paralysis" means Paraplegia [,or] Quadriplegia [or Hemiplegia] diagnosed by a Physician and as defined below:

- (1) "Paraplegia" means complete and permanent loss of motor function of both lower limbs.
- (2) "Quadriplegia" means complete and permanent loss of motor function of both the upper and lower limbs.[
- (3) "Hemiplegia" means complete and permanent loss of motor function of the upper and lower limbs of the same side of the body.]

["Part-time" means working for you for a minimum of [twenty (20)] hours during a person's regularly scheduled work week.]

"Physician" means a duly licensed medical or osteopathic doctor who is recognized by the law of the state in which treatment is provided as qualified to treat the type of Injury for which claim is made. The Physician may not be the Insured or a member of his/her Immediate Family.

"Rancho Los Amigos Scale" means a system used by the medical profession for measuring levels of awareness, cognition, behavior and interaction with the environment. A score of [Level VII] means no impairment and a [Level V] or less indicates severe impairment.

"Rehabilitation Facility" means any facility or Hospital that is licensed in the state in which it is operating to provide rehabilitation services, therapy or retraining to the Insured [or Insured Dependent] to enable him or her to walk, communicate, and/or function as a member of society.

"Therapist" means an individual:

- (1) licensed to practice physical or occupational therapy in the state in which therapy is provided; and
- (2) providing services within the scope of his or her license.

"We," "us," and "our" means Reliance Standard Life Insurance Company.

"You," "your," and "yours" means the Policyholder.

GENERAL PROVISIONS

INCONTESTABILITY:

Any statements made by you [or any Insured Dependent], or on your behalf [or any Insured Dependent's] to persuade us to provide coverage, will be deemed a representation, not a warranty. This provision limits our use of these statements in contesting the Benefit Amount for which you are [or any Insured Dependent] is covered. The following rules apply to each statement:

1. No statement will be used in a contest unless:
 - a. it is in a written form signed by you [or any Insured Dependent], or on your behalf [or any Insured Dependent's behalf]; and
 - b. a copy of such written instrument is or has been furnished to you [or any Insured Dependent] or your [or any Insured Dependent's] beneficiary or legal representative.
2. If the statement relates to your [or any Insured Dependent's] insurability, it will not be used to contest the validity of insurance which has been in force, before the contest, for at least two (2) years during your [or any Insured Dependent's] lifetime. Also, we will not use such statements to contest a benefit increase after such benefit increase has been in force for two (2) years during your [or any Insured Dependent's] lifetime.

ASSIGNMENT:

The benefits under the Policy may not be assigned, except as required by law.

CLERICAL ERROR:

Clerical errors in connection with the Policy or delays in keeping records for the Policy, whether by the [Policyholder/Participating Unit], us, or the Plan Administrator:

1. will not terminate insurance that would otherwise have been effective; and
2. will not continue insurance that would otherwise have ceased or should not have been in effect.

If appropriate, a fair adjustment of premium will be made to correct a clerical error.

[MISSTATEMENT OF AGE:

If your [or your Insured Dependent spouse's] age has been misstated, benefits will be those that apply to your [or your Insured Dependent spouse's] correct age.]

NOT IN LIEU OF WORKERS' COMPENSATION:

The Policy is not a Workers' Compensation Policy. It does not provide Workers' Compensation benefits.

INDIVIDUAL ELIGIBILITY, EFFECTIVE DATE AND TERMINATION

GENERAL GROUP:

The general group will be [employees and employees of any subsidiaries, divisions or affiliates named on the Schedule of Benefits].

ELIGIBLE CLASSES:

The eligible classes will be those persons described on the Schedule of Benefits.

ELIGIBILITY REQUIREMENTS:

You are eligible for insurance under the Policy if you[:

- (1)] are a member of an Eligible Class, as shown on the Schedule of Benefits page [;and
- (2) you have completed the Service Waiting Period, as shown on the Schedule of Benefits page.]

[SERVICE WAITING PERIOD:

A person who is continuously employed on a Full-time or Part-time basis with the [Policyholder/Participating Unit] for the period specified on the Schedule of Benefits has satisfied the Service Waiting Period. The Service Waiting Period for Present Employees applies to members of the eligible classes on the Policy Effective Date. The Service Waiting Period for Future Employees applies to persons who become members of the Eligible Classes after the Policy's Effective Date.]

EFFECTIVE DATE OF INDIVIDUAL INSURANCE:

[If the [Policyholder/Participating Unit] pays the entire premium, the insurance of an Eligible Person will go into effect on the date stated on the Schedule of Benefits. If you, as an Eligible Person, pay a part of the premium, you must apply in writing for the insurance to go into effect. You will become insured on the later of:

- (1) the Individual Effective Date as shown on the Schedule of Benefits; or
- (2) the [date you apply][, if you apply within [thirty-one (31)] days from the date you first meet the Eligibility Requirements; or]
- (3) the date premium is remitted.

Changes in your Benefit Amount are effective as shown on the Schedule of Benefits.

If you, as an Eligible Person, are not Actively at Work on the day your insurance is to go into effect, the insurance will go into effect on the day you return to Active Work for one (1) full day.]

TERMINATION OF INDIVIDUAL INSURANCE:

Your coverage will terminate on the first of the following to occur:

- (1) [the date] the Policy terminates;
- (2) [the date] you cease to be in a class eligible for this insurance;
- (3) [the end of the period] for which premium has been paid ; or
- (4) [the date] you enter military service (not including Reserves or National Guard).

Any Loss which occurs prior to the termination of this insurance coverage will not be affected.

[CONTINUATION OF INDIVIDUAL INSURANCE:

Your insurance [and that of any Insured Dependents] may be continued, by payment of premium, beyond the date you cease to be eligible for this insurance, but not longer than:

- (1) [twelve (12) months], if due to sickness or Injury; or
- (2) [one (1) month], if due to [temporary lay-off or approved leave of absence].]

INDIVIDUAL ELIGIBILITY, EFFECTIVE DATE AND TERMINATION, (Continued)

[INDIVIDUAL REINSTATEMENT:

Insurance may be reinstated if you, as a former Insured have been:

- (1) on an approved leave of absence; or
- (2) on temporary lay-off [; or
- (3) rehired after employment had been terminated]

You, as the former Insured, must return to Active Work with the [Policyholder/Participating Unit] within the period of time shown on the Schedule of Benefits. You must also be a member of a class eligible for this insurance.

You, as the former Insured, will not be required to fulfill the Eligibility Requirements of the Policy again. The insurance will go into effect on the day you return to Active Work. [However, if you return after having resigned or having been discharged, you will be required to fulfill the Eligibility Requirements of the Policy again.]

BENEFIT PROVISIONS

We will pay [one or more of] the following benefits as listed under Emergency Care Benefits, General Treatment Benefits, Specified Covered Injury and Treatment Benefits, Paralysis Benefits, Surgery Benefits, Transitional Benefits and [Accidental Death [and Dismemberment] Benefits] if the Insured [or Insured Dependent] sustains an Injury due to a Covered Accident and meets all of the requirements defined for payment under a specific benefit. Please refer to the Schedule of Benefits for benefit amounts payable.

EMERGENCY CARE BENEFITS:

Air Ambulance Transportation: An Air Ambulance Transportation benefit will be payable should you [or your Insured Dependent] sustain an Injury as a result of a Covered Accident if :

- (1) a licensed ambulance company provides air transport:
 - (a) to or from a Hospital; or
 - (b) between medical facilities; and
- (2) the air ambulance transportation is provided within [forty-eight (48) hours] of the Covered Accident.

Only [one (1)] benefit will be paid for each person insured per Covered Accident. This benefit may be payable in addition to an Ambulance Transportation benefit.

Ambulance Transportation: An Ambulance Transportation benefit will be payable should you [or your Insured Dependent] sustain an Injury as a result of a Covered Accident if:

- (1) a licensed ambulance company provides ground transport:
 - (a) to or from a Hospital; or
 - (b) between medical facilities; and
- (2) ground transportation is provided within [ninety (90) days] of the Covered Accident.

Only [one (1)] benefit will be paid for each person insured per Covered Accident. This benefit may be payable in addition to an Air Transportation benefit.

Emergency Treatment: An Emergency Treatment benefit will be payable should you [or your Insured Dependent] sustain an Injury as a result of a Covered Accident if:

- (1) you [or your Insured Dependent] is examined or treated in a Hospital emergency room or urgent care facility; and
- (2) emergency treatment is received within [seventy-two (72) hours] of the Covered Accident.

Only [one (1)] benefit will be paid for each person insured per Covered Accident.

Diagnostic Examination: A Diagnostic Examination benefit will be payable if you [or your Insured Dependent] must undergo one of the following diagnostic examinations as prescribed by a Physician due to Injury sustained as a result of a Covered Accident:

- (1) Computed Tomography (CT or CAT) scan;
- (2) Magnetic Resonance Imaging (MRI); [
- (3) Positron Emission Tomography (PET) scan;
- (4) Single Photon Emission Computed Tomography (SPECT) scan[.]; or
- (5) other similar tests.]

Such examination must be performed within [sixty (60) days] of the Covered Accident.

Only [one (1)] benefit will be paid for each person insured per Covered Accident.

Initial Physician Office Visit: An Initial Physician Office Visit benefit will be payable if you [or your Insured Dependent] sustains an Injury as a result of a Covered Accident and is examined or treated by a Physician or Medical Professional in such individual's office. Examination or treatment must be provided within [sixty (60) days] of the Covered Accident.

This benefit is not payable if you [or your Insured Dependent] is eligible to receive a benefit under Emergency Treatment.

Only [one (1)] benefit will be paid for each person insured per Covered Accident.

BENEFIT PROVISIONS, (Continued)

GENERAL TREATMENT BENEFITS:

Initial Hospital Admission: An Initial Hospital Admission lump sum benefit will be payable if you [or your Insured Dependent] sustains an Injury due to a Covered Accident and requires admission to a Hospital if:

- (1) admission occurs within [one hundred eighty (180) days] of the Covered Accident; and
- (2) the Hospital stay is more than [twenty-three (23) hours]; and
- (3) it is the first Hospital admission for such Covered Accident.

Only [one (1)] benefit will be paid for each person insured per Covered Accident.

This benefit will not be payable if:

- (1) treatment is given in the emergency room; or
- (2) treatment is provided on an Outpatient basis.

If a benefit is payable under the Initial Hospital Admission benefit as well as under the Initial Intensive Care Unit (ICU) Hospital Admission benefit, only [one (1)] benefit will be paid which is the highest.

You [or your Insured Dependent] may also be eligible for a Hospital Confinement benefit.

Initial Intensive Care Unit (ICU) Hospital Admission. An Initial ICU Hospital Admission lump sum benefit will be payable if you [or your Insured Dependent] sustains an Injury due to a Covered Accident and requires admission to the ICU of a Hospital if:

- (1) admission occurs within [one hundred eighty (180) days] of the Covered Accident;
- (2) the ICU stay is more than [twenty-three (23) hours]; and
- (3) it is the first ICU admission for such Covered Accident.

Only [one (1)] benefit will be paid for each person insured per Covered Accident.

If a benefit is payable under the Initial Intensive Care Unit (ICU) Hospital Admission benefit as well as under the Initial Hospital Admission benefit, only [one (1)] benefit will be paid which is the highest.

You [or your Insured Dependent] may also be eligible for an Intensive Care Unit (ICU) Confinement benefit.

Hospital Confinement: A Hospital Confinement benefit will be payable for each day you [or your Insured Dependent] is confined in a Hospital because an Injury is sustained due to a Covered Accident if the initial confinement begins within [one hundred eighty (180) days] of the Covered Accident.

This benefit is payable per day for up to [three hundred sixty-five (365) days] for each person insured per Covered Accident over the course of [three hundred sixty-five (365) days] from the date of initial Hospital Confinement.

Only one (1) Hospital Confinement benefit is payable regardless of whether more than one Covered Accident caused such confinement.

If a Hospital Confinement benefit and an Intensive Care Unit (ICU) Confinement benefit are both payable on the same day, only the ICU Confinement benefit will be paid for that day. A Hospital Confinement benefit and an Intensive Care Unit (ICU) Confinement benefit may both be payable for one Hospital stay but are payable based on where you [or your Insured Dependent] are on any given day.

Intensive Care Unit (ICU) Confinement : An ICU Confinement benefit will be payable for each day you [or your Insured Dependent] is confined in the ICU of a Hospital because of an Injury sustained due to a Covered Accident if confinement begins within [thirty (30) days] of the Covered Accident.

This benefit will be payable for up to [thirty (30) days] for each person insured per Covered Accident over the course of [three hundred sixty-five (365) days] from the date of initial ICU confinement.

BENEFIT PROVISIONS, (Continued)

Only one (1) ICU Confinement benefit is payable regardless of whether more than one Covered Accident caused such confinement. If an ICU Confinement benefit and a Hospital Confinement benefit are both payable on the same day, only the ICU Confinement benefit will be paid for that day. An ICU Confinement benefit and a Hospital Confinement benefit may both be payable for one Hospital stay but are payable based on where you [or your Insured Dependent] are on any given day. If you [or your Insured Dependent] exhausts the ICU Confinement benefit before such confinement is over, a Hospital Confinement benefit may be payable.

Rehabilitation Facility Confinement : A Rehabilitation Facility Confinement benefit will be payable for each day you [or your Insured Dependent] is confined in a Rehabilitation Facility because of Injury sustained due to a Covered Accident if confinement begins within [one hundred eighty (180) days] of the Covered Accident.

This benefit is payable per day for up to [thirty (30) days] for each person insured per Covered Accident over the course of [three hundred sixty-five (365) days] from the date of initial Rehabilitation Facility Confinement.

Only one (1) Rehabilitation Facility Confinement benefit is payable regardless of whether more than one Covered Accident caused such confinement. The Rehabilitation Facility Confinement benefit is not payable for any day that you [or your Insured Dependent] receive benefits under the Hospital Confinement or ICU Confinement benefits.

Follow-up Physician Office Visit: A Follow-up Physician Office Visit benefit will be payable for follow-up examination or treatment by a Physician or Medical Professional in such individual's office if you [or your Insured Dependent] have sustained an Injury as a result of a Covered Accident. Examination or treatment must be provided within [sixty (60) days] of the Covered Accident.

This benefit is not payable while you [or your Insured Dependent] are confined in a Hospital, ICU or Rehabilitative Facility.

Only [one (1)] benefit will be paid for each person insured per Covered Accident.

Transportation: A Transportation benefit will be payable should you [or your Insured Dependent] sustain an Injury due to a Covered Accident if:

- (1) you [or your Insured Dependent] must travel more than [one hundred (100)] miles one way for treatment at a Hospital or other medical facility;
- (2) the treatment is prescribed by a Physician;
- (3) the treatment is not available locally[.]; and
- (4) transportation is by [bus, train, airplane or medical transportation vehicle.]

This benefit is payable for up to [three (3)] round trips for treatment for each person insured per Covered Accident.

The Transportation benefit is not payable if transport is provided by ambulance or air ambulance.

Lodging: A Lodging benefit is payable for each day a friend, caregiver or family member travels more than [one hundred (100)] miles away from his or her home to support you [or your Insured Dependent] while Hospital confined because of an Injury sustained due to a Covered Accident. The friend, caregiver or family member must temporarily reside in a hotel, motel or hospital-sponsored lodging. Lodging benefits will be payable for [one (1)] [person].

This benefit is payable for up to [thirty (30) days] within [three hundred sixty-five (365) days] of the Covered Accident.

SPECIFIED COVERED INJURY AND TREATMENT BENEFITS:

Fracture: A Fracture benefit will be payable if you [or your Insured Dependent] sustains a Fracture or Chip Fracture as a result of a Covered Accident provided it is diagnosed by a Physician within [ninety (90) days] of the Covered Accident.

If you [or your Insured Dependent] sustains more than one (1) fracture as a result of such Covered Accident, we will pay one (1) benefit which is the highest.

BENEFIT PROVISIONS, (Continued)

Dislocation: A Dislocation benefit will be payable if you [or your Insured Dependent] sustains a dislocation or partial dislocation as a result of a Covered Accident provided it is diagnosed by a Physician within [ninety (90) days] of the Covered Accident.

If you [or your Insured Dependent] sustains more than one (1) dislocation as a result of such Covered Accident, we will pay one (1) benefit which is the highest.

Blood, Plasma and Platelets: A Blood, Plasma and Platelet benefit will be payable if you [or your Insured Dependent] sustains an Injury as a result of a Covered Accident requiring a transfusion of blood, plasma or platelets provided such transfusion is administered within [ninety (90) days] of the Covered Accident.

Only [one (1)] benefit will be paid for each person insured per Covered Accident.

Burns: A Burn benefit will be payable if you [or your Insured Dependent] sustains a 2nd or 3rd degree burn as a result of a Covered Accident provided treatment is received from a Physician within [seventy-two (72) hours] of the Covered Accident.

If you [or your Insured Dependent] sustains Burns in more than one (1) classification as shown on the Schedule of Benefits, only one (1) Burn benefit, which is the highest, will be paid for each person insured per Covered Accident.

Skin Graft (due to Burns): A Skin Graft benefit will be payable if you [or your Insured Dependent] requires skin grafting as a result of a Burn sustained in a Covered Accident and was paid a benefit under the Burn benefit.

Only [one (1)] benefit will be paid for each person insured per Covered Accident.

Coma: A Coma benefit will be payable if you [or your Insured Dependent] is in a Coma, as diagnosed by a Physician, for [one hundred sixty-eight (168) hours] as a result of a Covered Accident. However, benefits will not be paid when a Coma has been medically induced.

Only [one (1)] benefit will be paid for each person insured per Covered Accident.

Concussion: A Concussion benefit will be payable if you [or your Insured Dependent] sustains a Concussion as a result of a Covered Accident provided it is diagnosed by a Physician within [seventy-two (72) hours] of the Covered Accident.

Only [one (1)] benefit will be paid for each person insured per Covered Accident.

Dental Injury: A Dental Injury benefit will be payable if you [or your Insured Dependent] sustain an Injury as a result of a Covered Accident to your [or your Insured Dependent's] natural teeth which requires:

- (1) extraction; or
- (2) repair by insertion of a crown.

Initial treatment must be provided by a Dentist within [seven (7) days] of the Covered Accident.

Only [one (1)] benefit for extraction and [one (1)] benefit for a crown will be paid for each person insured per Covered Accident.

Eye Injury: An Eye Injury benefit will be payable if you [or your Insured Dependent] sustain an Injury to your [or your Insured Dependent's] eye or eyes as a result of a Covered Accident provided a Physician:

- (1) performs surgical repair on the eye or eyes within [ninety (90) days] of a Covered Accident; or
- (2) removes a foreign object from the eye or eyes within [ninety (90) days] of the Covered Accident.

Only [one (1)] benefit will be paid for each eye for each person insured per Covered Accident.

BENEFIT PROVISIONS, (Continued)

Lacerations: A Laceration benefit will be payable if you [or your Insured Dependent] is Injured as a result of a Covered Accident and sustains a laceration (cut) provided it is treated by a Physician or Medical Professional within [seventy-two (72) hours] of the Covered Accident.

This benefit is payable:

- (1) once for the total number of lacerations received not requiring sutures (stitches); and
- (2) once for the total length of all lacerations received requiring sutures,

for each person insured as a result of any one (1) Covered Accident.

If a laceration would normally require sutures but the Physician or Medical Professional chooses to repair the laceration by some other medically accepted method, the benefit will still be payable as if the repair was made with sutures.

PARALYSIS BENEFITS:

Paralysis: A Paralysis benefit will be payable if you [or your Insured Dependent] sustains an Injury due to a Covered Accident that results in Paralysis if:

- (1) you [or your Insured Dependent] lose the function of two or more limbs for an uninterrupted period of [sixty (60) days]; and
- (2) such Paralysis is confirmed by a Physician.

The uninterrupted [sixty (60) day] period of Paralysis is waived if clinical and radiological evidence shows that the spinal cord has been transected with no possibility of returned functionality.

SURGERY BENEFITS:

Exploratory Surgery: An Exploratory Surgery benefit will be payable for exploratory surgery for the procedures listed under Surgery Benefits if such surgery is performed and no repair is done.

Only [one (1)] benefit will be payable for each person insured per Covered Accident.

Knee Cartilage: A Knee Cartilage benefit will be payable if you [or your Insured Dependent] sustain torn cartilage in the knee due to a Covered Accident if the Injury is:

- (1) treated by a Physician within [seventy-two (72) hours] of the Covered Accident; and
- (2) repaired or removed through surgery by a Physician within [one (1) year] of the Covered Accident.

Only one (1) benefit will be payable per knee for each person insured per Covered Accident.

Abdominal or Thoracic Surgery. An Abdominal or Thoracic Surgery benefit will be payable if you [or your Insured Dependent] sustain an Injury as a result of a Covered Accident that is diagnosed as requiring abdominal or thoracic surgery and is, indeed, surgically treated by a Physician within [seventy-two (72) hours] of the Covered Accident.

Only [one (1)] benefit will be payable for each person insured per Covered Accident.

Ruptured Disc: A Ruptured Disc benefit will be payable if you [or your Insured Dependent] sustain a ruptured disc in the spine as a result of a Covered Accident requiring surgical repair if the Injury is:

- (1) treated by a Physician within [sixty (60) days] of the Covered Accident; and
- (2) repaired surgically by a Physician within [three hundred sixty-five (365) days] of the Covered Accident.

Only [one (1)] benefit will be payable for each person insured per Covered Accident.

BENEFIT PROVISIONS, (Continued)

Tendon, Ligament, Rotator Cuff: A Tendon, Ligament, Rotator Cuff benefit will be payable if you [or your Insured Dependent] sustain an Injury to tendons, ligaments or rotator cuffs as a result of a Covered Accident requiring surgical repair if the Injury is:

- (1) treated by a Physician within [sixty (60) days] of the Covered Accident; and
- (2) repaired surgically by a Physician within [one hundred eighty (180) days] of the Covered Accident.

This benefit will be payable for up to [two (2)] surgically repaired tendons, ligaments or rotator cuffs, or any combination thereof, for each person insured per Covered Accident.

TRANSITIONAL BENEFITS:

Medical Appliance: A Medical Appliance benefit will be payable if you [or your Insured Dependent] sustain an Injury as a result of a Covered Accident which requires a Medical Appliance to assist with mobility provided such appliance is prescribed by a Physician or Medical Professional and received by you [or your Insured Dependent] within [three hundred sixty-five (365) days] of the Covered Accident.

If the Injury sustained is considered a Catastrophic Loss as defined, the Medical Appliance must be prescribed by a Physician or Medical Professional and received by you [or your Insured Dependent] within [two (2) years] of the Covered Accident.

Only [one (1)] benefit is payable for each person insured per Covered Accident.

Prosthesis: A Prosthesis benefit will be payable if you [or your Insured Dependent] requires a prosthetic limb as a result of Injury sustained due to a Covered Accident if such prosthesis is prescribed by a Physician and received by you [or your Insured Dependent] within [three hundred sixty-five (365) days] of the Covered Accident.

If the Injury sustained is considered a Catastrophic Loss as defined, a Physician must prescribe the prosthesis and you [or your Insured Dependent] must receive it within [two (2) years] of the Covered Accident.

Only one (1) benefit is payable per limb up to [two (2)] limbs for each person insured per Covered Accident.

Physical Therapy: A Physical Therapy benefit will be payable should you [or your Insured Dependent] sustain an Injury as a result of a Covered Accident which requires therapy if it:

- (1) is prescribed by a Physician;
- (2) is provided by a Therapist;
- (3) is performed in an office, Hospital or Rehabilitation Facility on an Inpatient or Outpatient basis;
- (4) begins within [ninety (90) days] of the Covered Accident; and
- (5) is completed within [three hundred sixty-five (365) days] of the Covered Accident.

This benefit is payable for up to [six (6)] therapy sessions for each person insured per Covered Accident.

[ACCIDENTAL DEATH [AND DISMEMBERMENT] BENEFITS:]

Accidental Death [and Dismemberment]: An Accidental Death [and/or Dismemberment] benefit will be payable in accordance with the Schedule of Benefits if you [or your Insured Dependent] sustain an Injury due to a Covered Accident that results in death [or dismemberment Loss] if death [or the dismemberment Loss] occurs within [three hundred sixty-five (365) days] of the Covered Accident.

[A Dismemberment benefit will be payable if a body part listed on the Schedule of Benefits as a Loss is surgically re-attached.]

[If a Catastrophic Loss benefit is payable for a Covered Accident, no benefit will be payable under this benefit for the same Loss.]]

[Common Carrier: A Common Carrier benefit will be payable in addition to the Accidental Death Benefit if you you're your Insured Dependent] sustains an Injury due to a Covered Accident on a Common Carrier, as defined, which results in death within [three hundred sixty-five (365) days] of the Covered Accident.]

BENEFIT PROVISIONS, (Continued)

[Catastrophic Loss: A Catastrophic Loss benefit will be payable if you [or your Insured Dependent] sustain an Injury due to a Covered Accident that results in a Catastrophic Loss if such Loss occurs within [three hundred sixty-five (365) days] of the Covered Accident. The benefit payable is shown on the Schedule of Benefits.

If a Catastrophic Loss benefit is payable for a Covered Accident no benefit will be payable under the Accidental Dismemberment benefit for the same Loss. The total benefit payable under this benefit cannot exceed that of the Accidental Death benefit.]

[WELLNESS BENEFIT

We will pay you the amount shown on the Schedule of Benefits for [one (1)] health screening test performed during a [twelve (12) month] period for you [and your Insured Dependents][*] provided you:

- (1) supply written proof satisfactory to us that such a health screening test has been performed; and
- (2) was covered under the Policy at the time the test was performed; and
- (3) have not already had one of the following health screening tests performed at any time during the same [twelve (12) month] period.

Health screening tests covered under this Policy are:

- (1) [Stress test on a bicycle or treadmill;
- (2) Fasting blood glucose test;
- (3) Blood test for triglycerides;
- (4) Serum cholesterol test to determine level of HDL and LDL;
- (5) Bone marrow testing;
- (6) Breast ultrasound;
- (7) CA 15-3 (blood test for breast cancer);
- (8) CA 125 (blood test for ovarian cancer);
- (9) CEA;
- (10) Chest X-ray;
- (11) Colonoscopy;
- (12) Flexible sigmoidoscopy;
- (13) Hemoccult stool analysis;
- (14) Mammography;
- (15) Pap smear;
- (16) PSA (blood test for prostate cancer); and
- (17) Serum Protein Electrophoresis (blood test for myeloma)]

[*Only [one (1)] Wellness Benefit will be paid in a [twelve (12) month] period for all Insured Dependent children as a group.]

The Wellness Benefit is paid in addition to any other payments you [or your Insured Dependents] may receive under the Policy.

[DEPENDENT INSURANCE

Nothing in this section will change or affect any of the terms of the Policy other than as specifically set out in this section. All the policy provisions not in conflict with these provisions shall apply to this section.

When an Insured Dependent sustains an Injury due to a Covered Accident we will pay the applicable benefit shown on the Schedule of Benefits. Only dependents that meet the definition of Dependent can be insured for this benefit.

Any benefit payable for an Insured Dependent will be paid to you unless another individual has been designated as beneficiary.

[A person may not have coverage under the Policy both as an Insured and as an Insured Dependent.] [Only one eligible spouse may cover the eligible children as Insured Dependents.] [Dependents may be covered as Insured Dependents if not covered as an Insured.] [If insurance is in force for an Insured Dependent child, any newly eligible Dependent child(ren) will be automatically covered.]

ELIGIBILITY: You, as an Eligible Person are eligible to enroll your eligible Dependents on the date you become an Insured.

EFFECTIVE DATE OF DEPENDENT INSURANCE:

[If the [Policyholder/Participating Unit] pays the entire premium for Dependents, an Insured Dependent's insurance will become effective on the later of:

- (1) the [date] you become eligible for Dependent Insurance; or
- (2) the [date] the dependent meets the definition of Dependent.

If you are required to pay a portion of the Dependent premium for Dependent insurance, you may insure your Dependents by making written application. In this case, the insurance for Dependents will take effect on the later of:

- (1) the [date] you become eligible for Dependent insurance; or
- (2) the [date] the dependent meets the definition of Dependent, if application is made on or before that date; or
- (3) the [date of application] [if application is made within [thirty-one (31)] days from the date the Dependent first becomes eligible for this insurance]; or
- (4) the date the premium applicable to the coverage selected is remitted.]

Changes in the Insured Dependent's Benefit Amount are effective as shown on the Schedule of Benefits.

TERMINATION OF DEPENDENT INSURANCE:

The insurance for an Insured Dependent will terminate on the first of the following dates:

- (1) the date this Section terminates;
- (2) the end of the period for which premium for Dependent insurance has been paid;
- (3) the date your insurance terminates; or
- (4) the date the dependent is no longer a Dependent as defined.

[NEWLYWED PROVISION:

At your marriage, if you did not previously elect Dependent spouse coverage, your new spouse shall automatically become an Insured Dependent spouse.

Such spouse shall be an Insured Dependent spouse for thirty-one (31) days. He/she shall then cease to be an Insured Dependent spouse unless:

- (1) you request, in writing and within such thirty-one (31) day period, continuation of such Dependent spouse coverage; and
- (2) the additional premium is paid for such coverage.]

DEPENDENT INSURANCE, (Continued)

[DOMESTIC PARTNER PROVISION:

With respect to an Insured who had not previously elected Dependent spouse coverage, his/her domestic partner shall automatically become an Insured Dependent spouse as of the date such Insured's [Affidavit of Domestic Partnership] is placed on file with the [Policyholder/Participating Unit].

Such domestic partner shall be an Insured Dependent spouse for thirty-one (31) days. He/she shall then cease to be an Insured Dependent spouse unless:

- (1) the Insured requests, in writing and within such thirty-one (31) day period, continuation of such Dependent spouse coverage; and
- (2) the additional premium is paid for such coverage.]

[NEWBORN CHILDREN:

If a child is born to you and you have not previously elected Dependent child(ren) coverage, such child shall be an Insured Dependent child from the moment of birth.

The newborn child shall be an Insured Dependent child for thirty-one (31) days. He/she shall then cease to be an Insured Dependent child unless:

- (1) you request, in writing and within such thirty-one (31) day period, continuation of such Dependent child(ren) coverage; and
- (2) the additional premium is paid for such coverage.

The above coverage will also be extended to newly adoptive, foster or step children, as of the date they become financially dependent on you for support, provided they otherwise meet the definition of Dependent.]

[The above coverage will also be extended to any children named on an Insured's Affidavit of Domestic Partnership as of the date such affidavit is placed on file with you, provided they otherwise meet the definition of a Dependent child.]

EXTENSION OF COVERAGE UNDER THE [FAMILY AND MEDICAL LEAVE ACT AND] UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT (USERRA)

[Family and Medical Leave of Absence:

We will continue your coverage and that of any Insured Dependent, if applicable, in accordance with the [Policyholder's/Participating Unit's] policies regarding leave under the Family and Medical Leave Act of 1993, as amended or any similar state law, as amended, if:

- (1) the premium for you and your Dependents, if applicable, continues to be paid during the leave; and
- (2) the [Policyholder/Participating Unit] has approved your leave in writing and provides a copy of such approval within [thirty-one (31) days] of our request.

As long as the above requirements are satisfied, we will continue coverage until the later of:

- (1) the end of the leave period required by the Family and Medical Leave Act of 1993, as amended; or
- (2) the end of the leave period required by any similar state law, as amended].

Military Services Leave of Absence:

We will continue your coverage and that of any Insured Dependents, if applicable, in accordance with the [Policyholder's/Participating Unit's] policies regarding Military Services Leave of Absence under USERRA if the premium for you and your Dependents, if applicable, continues to be paid during the leave.

As long as the above requirement is satisfied, we will continue coverage until the end of the period required by USERRA.

[The Policy, while coverage is being continued under the Military Services Leave of Absence extension, does not cover any loss which occurs while on active duty in the military if such loss is caused by or arises out of such military service, including but not limited to war or any act of war, whether declared or undeclared.]

While you are on a [Family and Medical Leave of Absence for any reason other than your own illness or injury, or] Military Services Leave of Absence you will be considered Actively at Work. Any changes such as revisions to coverage due to change in class will apply during the leave except that increases in the Benefit Amount, whether automatic or subject to election, will not be effective for you if you are not considered Actively at Work until you have returned to Active Work for one (1) full day.

A leave of absence taken in accordance with [the Family and Medical Leave Act of 1993 or] USERRA will run concurrently with any other applicable continuation of insurance provision in the Policy.

Your coverage and that of any Insured Dependent's, if applicable, will cease under this extension on the earliest of:

- (1) the date the Policy terminates; or
- (2) the end of the period for which premium has been paid for you and your Insured Dependent, if applicable; or
- (3) the date such leave should end in accordance with the [Policyholder's/Participating Unit's] policies regarding [Family and Medical Leave of Absence and] Military Services Leave of Absence in compliance with [the Family and Medical Leave Act of 1993, as amended and] USERRA.

Should the [Policyholder/Participating Unit] choose not to continue your coverage during a [Family and Medical Leave of Absence and/or] Military Services Leave of Absence, your coverage as well as any Dependent coverage, if applicable, will be reinstated in accordance with [the Family and Medical Leave Act and] USERRA.

PREMIUMS

PREMIUM RATE:

The premium for this insurance is based on the [plan and] coverage selected:

- (1) Eligible Person Only
- (2) Eligible Person and Dependent spouse
- (3) Eligible Person and Dependent child[ren]
- (4) Eligible Person and Dependents

We reserve the right to adjust the premium rates. We will notify the [Policyholder/Participating Unit] in writing at least [thirty-one (31)] days before a premium change is made.

BENEFICIARY AND FACILITY OF PAYMENT

BENEFICIARY:

If you die, any death benefit payable and any other accrued benefits will be paid to the beneficiary named in records maintained by the [Policyholder/Participating Unit]. A beneficiary designation will be effective as of the date you signed it. Any payment made by us before receiving the designation shall fully discharge us to the extent of that payment.

You will be the beneficiary of any benefit payable at the death of an Insured Dependent, unless another beneficiary has been named and placed on file as required.

You can change the beneficiary by telling us in writing on our form. The consent of a revocable beneficiary is not needed. The change will take effect only when it is received and approved by us [or an authorized Plan Administrator]. We cannot attest to the validity of such a change.

If your beneficiary dies at the same time that you do, or within fifteen (15) days after your death but before we receive written proof of your death, payment will be made as if you survived the beneficiary, unless noted otherwise in another provision of the Policy.

[If you have not named a beneficiary, or your named beneficiary is not surviving at your death, any benefits due shall be paid to the first of the following classes to survive you:

- (1) your [legal] spouse;
- (2) your surviving children (including legally adopted children), in equal shares;
- (3) your surviving parents, in equal shares;
- (4) your surviving siblings, in equal shares; or, if none of the above,
- (5) your estate.]

We will not be liable for any payment we have made in good faith.

FACILITY OF PAYMENT:

If a beneficiary, in our opinion, cannot give a valid release (and no guardian has been appointed), we may pay the benefit to the person who has custody or is the main support of the beneficiary. Payment to a minor shall not exceed [\$1,000].

If you have not named a beneficiary or the beneficiary is not surviving at your death, we may pay up to [\$2,500] of the benefit to the person(s) who, in our opinion, have incurred expenses in connection with your last illness, death or burial. Payment may also be made to the executor or administrator of your estate, or to any relative of yours by blood or marriage.

The balance of the benefit, if any, will be held by us, until an individual or representative:

- (1) is validly named; or
- (2) is appointed to receive the proceeds; and
- (3) can give valid release to us.

With respect to the Facility of Payment provision, the benefit will be held with interest at a rate set by us.

We will not be liable for any payment we have made in good faith.

CLAIMS PROVISIONS

NOTICE OF CLAIM:

Written notice must be given to us within [thirty-one (31)] days after the service or event occurs for which claim may be made, or as soon as reasonably possible. The notice should be sent to us at our Administrative Offices or to our authorized agent. The notice should include your [or your Insured Dependent's] name and the Policy Number [Participating Unit Number].

CLAIM FORMS:

When we receive written notice of a claim, we will send claim forms to the claimant within fifteen (15) days. If we do not, the claimant will satisfy the requirements of written proof of claim by sending us written proof as shown below. The proof must describe the occurrence, extent and nature of the claim.

PROOF OF CLAIM:

We must be given written proof of claim within [ninety (90)] days after the date of services or the occurrence of an event, or as soon as reasonably possible thereafter. In any event, proof must be given within one (1) year, unless the claimant is legally incapable of doing so.

Proof of claim must include:

- (1) the nature and date of the claim and reason claim is being made;
- (2) a description of the event and/or services provided; and
- (3) proof that the services or event occurred. Such proof may take the form of a receipt for services or some other official documentation supporting the claim and which is acceptable to us.

Within fifteen (15) days after receiving the first proof of claim, we may send a written acknowledgment. Such acknowledgment may request any missing information or other items we need in order to adjudicate your [or Insured Dependent's] claim. Such information or items we may request may include, but are not limited to:

- (1) copies of x-rays or any other diagnostic tests performed;
- (2) copies of medical records or charts; or
- (3) any other information we may reasonably require.

TIME OF PAYMENT OF CLAIMS:

When we receive written proof of claim, we will pay any benefits due. Benefits that provide for periodic payment will be paid accordingly.

PAYMENT OF CLAIMS:

If you die, we will pay any death benefit and any other accrued benefits in accordance with the Beneficiary and Facility of Payment provisions. All other benefits will be paid to you.

[Reliance Standard Life Insurance Company shall serve as the claims review fiduciary with respect to the insurance policy and the Plan. The claims review fiduciary has the discretionary authority to interpret the Plan and the insurance policy and to determine eligibility for benefits. Decisions by the claims review fiduciary shall be complete, final and binding on all parties.]

PHYSICAL EXAMINATION AND AUTOPSY:

At our own expense, we will have the right to have you [or your Insured Dependent] examined as often as reasonably necessary when a claim is pending. We can also have an autopsy performed unless prohibited by law.

LEGAL ACTION:

No legal action may be brought against us to recover on this Policy within sixty (60) days after written proof of claim has been given as required by this Policy. No action may be brought after three (3) years (Kansas, five (5) years; South Carolina, six (6) years) from the time written proof of claim is required to be submitted.

[PORTABILITY

You may continue the Group Accident insurance coverage under the Policy [and that of your Insured Dependent[s][spouse]] if coverage would otherwise terminate because you cease to be an Eligible Person [, for reasons other than the termination of this [Policy/Participating Unit] [or the Insured's retirement]] provided you:

- (1) notify us in writing within [thirty-one (31)] days from the date you cease to be eligible; and
- (2) remit the necessary premiums when due [; and
- (3) have been covered for [twelve (12) months] under the Policy [and/or the prior group accident insurance policy.]

[Such coverage may be continued [for a period of one (1) year] beginning on the date you are no longer an Eligible Person.]

The Benefit Amount available under the Portability provision will be the current Benefit Amount you [and your Insured Dependent[s] [spouse]] are insured for under the Policy on the last day you were Actively at Work.

[The premium charged to continue coverage will be based on the prevailing rate charged to insureds who choose to continue coverage under the Portability provision. Such premium will be billed directly to you on a [monthly via credit card, quarterly, semi-annual or annual] basis.]

[If your [and your Insured Dependent[s]][spouse's] Group Accident coverage under the Policy includes [the Wellness Benefit] then such benefits may be continued under the Policy.]

Insurance coverage continued under this provision for you [or your Insured Dependent[s] [spouse]] will terminate on the first of the following to occur:

- (1) the end of the period for which premium has been paid; [or
- (2) at the end of the [one (1)] year period; or
- (3) the date you reach age [sixty-five (65)]; or
- (4) the date the Policy terminates; or]
- (5) at any time coverage would normally terminate according to the terms of the Policy had you continued to be an Eligible Person.

In addition, coverage will reduce at any time it would normally reduce according to the terms of the Policy had you [and your Insured Dependent[s] [spouse]] continued to be eligible.

[If this Policy terminates subsequent to your election to continue your coverage, [and that of your Insured Dependent[s] [spouse]] in accordance with the Portability provision, such coverage will be continued in accordance with the provisions of your certificate.]

EXCLUSIONS

This Policy does not cover any loss:

- (1) to which sickness, disease, or myocardial infarction, including medical or surgical treatment thereof, is a contributing factor; or
- (2) caused by committing or attempting to commit suicide, while sane or insane, or intentionally self-inflicted injuries; or
- (3) caused by or resulting from war or any act of war, declared or undeclared; or [
- (4) caused by or resulting from riding in, getting into or out of any aircraft unless:
 - (a) the Insured is [a passenger (not a pilot or crew member)] in a tested and approved civilian aircraft being operated as passenger transport in compliance with the then current rules of the authority having jurisdiction over its operation; and
 - (b) the aircraft is not owned, leased or operated by or on behalf of [you, the Insured, or any other employer of the Insured, unless a specific written agreement has been obtained from us]; or]
- (6) sustained during your [or your Insured Dependent's] commission or attempted commission of an assault or felony; or [
- (7) to which your [or your Insured Dependent's] acute or chronic alcoholic intoxication is a contributing factor; or
- (8) to which your [or your Insured Dependent's] voluntary consumption of an illegal or controlled substance or a non-prescribed narcotic or drug is a contributing factor; or
- (9) caused by Injury arising out of or in the course of employment for wage or profit.]

SERFF Tracking Number: RSLI-127025610 State: Arkansas
 Filing Company: Reliance Standard Life Insurance Company State Tracking Number: 48043
 Company Tracking Number:
 TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
 Product Name: Group Accident
 Project Name/Number: /

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	03/01/2011
Comments:			
Attachment:			
FGILH.687.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	03/01/2011
Comments:			
Application previously approved. Form number LRS-8209-0111-AR. SERFF # RSLI-127001320			

Name of Company: RELIANCE STANDARD LIFE INSURANCE COMPANY

This is to certify that the forms on the attached list (or as described in submission letter) have obtained the score indicated by the Flesch reading ease method.

A. Option Selected

1. Policy and its related forms are scored for the Flesch reading ease test as one unit and the combined score is 51.8.
2. Policy and its related forms are scored separately for the Flesch reading ease test. Scores for the policy and each form are:

<u>Form Number</u>	<u>Form</u>	<u>Flesch Score</u>
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B. Test Option Selected

1. Test was applied to entire policy form(s).
2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

C. Standards of Certification

A Checked block indicates the standard has been achieved.

1. The policy text achieves a minimum score of 45 on the Flesch reading ease test in accordance with the option chosen in Section A above.
2. It is printed in not less than ten point type, one point leaded. (This does not apply to specifications pages, schedules and tables.)
3. The layout and spacing of the policy separates the paragraphs from each other and from the border of the paper.
4. The section titles are captioned in bold face or otherwise stand out, significantly from the text.
5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the policy.
6. The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.
7. A table of contents or an index of the principal sections is included in the policy. (This applies only if the policy has more than 3,000 words or consists of more than 3 pages.)

Charles Denaro

Officer's Name
Charles Denaro

Vice President, Secretary and Deputy General Counsel
Officer's Title

Date: 2/14/11

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