

SERFF Tracking Number: AMLC-127160768 State: Arkansas  
Filing Company: United American Insurance Company State Tracking Number: 48722  
Company Tracking Number: UAINADP  
TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only  
Product Name: Accidental Death Policy  
Project Name/Number: Accidental Death Policy/UAINADP

## Filing at a Glance

Company: United American Insurance Company

Product Name: Accidental Death Policy

SERFF Tr Num: AMLC-127160768 State: Arkansas

TOI: H02I Individual Health - Accident Only

SERFF Status: Closed-Approved-  
Closed State Tr Num: 48722

Sub-TOI: H02I.000 Health - Accident Only

Co Tr Num: UAINADP

State Status: Approved-Closed

Filing Type: Form

Author: Mary Johnson

Reviewer(s): Rosalind Minor

Date Submitted: 05/09/2011

Disposition Date: 05/12/2011

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Accidental Death Policy

Status of Filing in Domicile: Pending

Project Number: UAINADP

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 05/12/2011

State Status Changed: 05/12/2011

Deemer Date:

Created By: Mary Johnson

Submitted By: Mary Johnson

Corresponding Filing Tracking Number:

Filing Description:

NAIC # 290-92916

FEIN: #73-1128555

RE: Accidental Death Policy - Form- UAINADP

Actuarial Memorandum

Readability Certification

Dear: Mr. Joe Musgrove

We are submitting the Individual Accidental Death Policy and related forms for your review and approval. The captioned forms are being submitted as a new filing and do not replace any previously approved forms.

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These forms have been completed in John Doe fashion. The forms do not contain any unusual or unorthodox provisions or wording. Copies of the Actuarial Memorandum are being submitted with this filing submission. The readability scores are shown on the enclosed readability certification form. This coverage will be agent sold.

Up to \$20,000 of coverage is available under the Accidental Death Insurance Policy form UAINADP, with premium being due on the first anniversary of the policy if the insured decides to continue the insurance.

## Company and Contact

### Filing Contact Information

Mary Johnson, Compliance Analyst mjohanson@torchmarkcorp.com  
 3700 S. Stonebridge Drive 214-544-5335 [Phone]  
 McKinney, TX 75070 972-569-3728 [FAX]

### Filing Company Information

United American Insurance Company CoCode: 92916 State of Domicile: Nebraska  
 P.O. Box 8080 Group Code: 290 Company Type: Life and Health  
 McKinney, TX 75070-8080 Group Name: Liberty National State ID Number:  
 (972) 529-5085 ext. [Phone] FEIN Number: 73-1128555

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50.00 per submission.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United American Insurance Company	\$50.00	05/09/2011	47398902

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/12/2011	05/12/2011

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	05/12/2011	05/12/2011	Mary Johnson	05/12/2011	05/12/2011

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Statement of Variability	Mary Johnson	05/10/2011	05/10/2011
Supporting Document	Outline of Coverage	Mary Johnson	05/10/2011	05/10/2011

*SERFF Tracking Number:*      *AMLC-127160768*                      *State:*                      *Arkansas*  
*Filing Company:*              *United American Insurance Company*              *State Tracking Number:*      *48722*  
*Company Tracking Number:*      *UAINADP*  
*TOI:*                      *H02I Individual Health - Accident Only*              *Sub-TOI:*                      *H02I.000 Health - Accident Only*  
*Product Name:*              *Accidental Death Policy*  
*Project Name/Number:*      *Accidental Death Policy/UAINADP*

## **Disposition**

Disposition Date: 05/12/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMLC-127160768 State: Arkansas  
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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	No
<b>Supporting Document (revised)</b>	Outline of Coverage	Approved-Closed	Yes
<b>Supporting Document</b>	Statement of Variability	Approved-Closed	Yes
<b>Supporting Document</b>	Outline of Coverage	Replaced	Yes
<b>Form (revised)</b>	Accidental Death Policy	Approved-Closed	Yes
<b>Form</b>	Accidental Death Policy	Replaced	Yes
<b>Form</b>	Accidental Death Policy Application	Approved-Closed	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 05/12/2011

Submitted Date 05/12/2011

Respond By Date

Dear Mary Johnson,

This will acknowledge receipt of the captioned filing.

Objection 1

- Accidental Death Policy, UAINADP (Form)

Comment:

The definition of Accidental Bodily Injury is not in compliance with Rule and Regulation 18, Section 5D which states that...it may be defined to employ "result" language and shall not include words which establish an accidental means test or use words such as "external, violent, visible wounds" or similar words of description or characterization.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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## Response Letter

Response Letter Status Submitted to State  
 Response Letter Date 05/12/2011  
 Submitted Date 05/12/2011

Dear Rosalind Minor,

### Comments:

Thank you for review of the above referenced filing submission. This response comes to address the objection outlined in correspondence received from your department on 5/11/11.

### Response 1

Comments: To bring the policy in compliance with Rule and Regulation 18, 5D, the following language has been deleted from the definition of "Accidental Bodily Injury: "of external origin."

### Related Objection 1

Applies To:

- Accidental Death Policy, UAINADP (Form)

Comment:

The definition of Accidental Bodily Injury is not in compliance with Rule and Regulation 18, Section 5D which states that...it may be defined to employ "result" language and shall not include words which establish an accidental means test or use words such as "external, violent, visible wounds" or similar words of description or characterization.

### Changed Items:

No Supporting Documents changed.

### Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Accidental Death Policy	UAINADP		Policy/Contract/Fraternal Certificate	Initial		57.600	UAINADP_AR.doc

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.pdf

**Previous Version**

Accidental Death Policy UAINADP	Policy/Contract/Fraternal Initial Certificate	57.600	UAINADP.pdf
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No Rate/Rule Schedule items changed.

Thanking you in advance for your assistance.

Sincerely,  
Mary Johnson

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Project Name/Number: Accidental Death Policy/UAINADP

**Amendment Letter**

Submitted Date: 05/10/2011

**Comments:**

Inadvertently did not include the statement of variability

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**User Added -Name: Statement of Variability**

Comment:

SOV.pdf

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Product Name: Accidental Death Policy  
Project Name/Number: Accidental Death Policy/UAINADP

**Amendment Letter**

Submitted Date: 05/10/2011

**Comments:**

Outline of Coverage has been revised.

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**Satisfied -Name: Outline of Coverage**

Comment:

DS-UAINADP.pdf

SERFF Tracking Number: AMLC-127160768 State: Arkansas  
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 Product Name: Accidental Death Policy  
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## Form Schedule

### Lead Form Number: UAINADP

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 05/12/2011	UAINADP	Policy/Cont ract/Fratern al Certificate	Accidental Death Policy	Initial		57.600	UAINADP_A R.doc .pdf
Approved-Closed 05/12/2011	UAIN-AP	Application/ Enrollment Form	Accidental Death Policy Application	Initial			UAIN-AP.pdf

# UNITED AMERICAN INSURANCE COMPANY

P. O. BOX 8080, MCKINNEY, TEXAS 75070 \* (972) 529-5085

A Legal Reserve Stock Company \* Administrative Offices: McKinney, Texas

## ACCIDENTAL DEATH INSURANCE POLICY

### 30 DAY RIGHT TO EXAMINE POLICY

If the Insured does not want this coverage, the Policy may be returned within 30 days after receiving it. We will then refund any premium paid and the Policy will never have been in effect.

### ACCIDENTAL DEATH BENEFIT

Upon receipt of due proof of the accidental death of the Insured while coverage on such Insured is in force, We will pay the Accidental Death Benefit shown in the Schedule of Benefits and Premiums. The Accidental Death Benefit Terminates on the Policy Anniversary following the Insured's [70<sup>th</sup>] birthday.

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### SCHEDULE OF BENEFITS AND PREMIUMS

POLICY NUMBER: [123]  
POLICY EFFECTIVE DATE: [May 01, 2011]  
INSURED: [JOHN DOE]  
ISSUE AGE AND SEX: [35/M]  
ACCIDENTAL DEATH BENEFIT [\$3,000]

### PREMIUMS:

ANNUALLY	SEMI-ANNUALLY	QUARTERLY	MONTHLY
[\$10.00]	[\$5.20]	[\$2.65]	[\$0.90]

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### DEFINITIONS

**ACCIDENT:** A fortuitous event, unforeseen and unintended.

**ACCIDENTAL BODILY INJURY:** Unexpected traumatic damage to the Insured's body.

**ACCIDENTAL DEATH:** Death due to Accidental Bodily Injury caused by an Accident occurring while the insurance is in force; the death must occur within 180 days after the date of the Accident, directly and independently of all other causes.

**AGE:** The age last birthday of the Insured.

**BENEFICIARY:** A person or entity named, on a form and in a manner approved by Us, to receive insurance benefits.

**BENEFIT:** We will pay the Accidental Death Benefit shown in the schedule on page one of the policy when We receive due proof of the accidental death of the Insured while the policy is in force. The benefit for Your spouse, if any, will be the Accidental Death Benefit shown in the schedule on page one of the policy. The benefit payable for the death of each of Your children, if any, will be one-third the Accidental Death Benefit shown in the schedule on page one of the policy.

**EVIDENCE OF INSURABILITY:** Satisfactory proof, as determined by Us, that a person is acceptable for insurance.

**INSURED:** An eligible person who is named in the Schedule of Benefits and Premiums. The Insured's spouse and children, legally adopted children, and step-children who are less than 26 years of age; are unmarried; and either live with the Insured or are primarily dependent on the Insured for their support if any, are covered if listed on the original application which is on file at the home office of United American Insurance Company. Dependent children's coverage terminates at age 25 or on termination of the policy whichever occurs first.

**POLICY ANNIVERSARY:** Shall be determined from the effective date of the Insured's policy.

**YOU, YOUR, or YOURS:** The person to whom this policy is issued. (Also referred to as the Policyholder.)

**WE, OUR, US, or COMPANY:** United American Insurance Company at Our Administrative Office in McKinney, Texas

## EXCLUSIONS

The Policy does not cover death caused by:

1. Disease, sickness, infection, bodily or mental infirmity, or medical or surgical treatment of same;
2. Suicide or intentionally self-inflicted bodily injury, or any attempt thereat, while sane or insane (reference to insane not applicable in Colorado, or Missouri);
3. Being under the influence of any drug, narcotic, controlled substance unless taken on the advice of a physician;
4. Voluntary, gas inhalation, or poison voluntarily taken, absorbed, inhaled or injected;
5. Service in the military, naval or air services of any country (combat or training exercises);
6. Participation in any contest of speed or endurance (driving or riding in any race);
7. Operating any motor vehicle for recreational purposes other than on paved roads or surfaces constructed for public use (i.e. off road);
8. Being under the influence of alcohol or other intoxicants, or under the influence of any drug or narcotic unless taken on the advice of a physician. Being under the influence of alcohol is that which is determined and defined by the by the laws of the geographical area in which the Accident occurred.
9. Air travel except as a fare paying passenger on a regularly scheduled flight;
10. Committing or attempting to commit an assault, felony, or any other illegal act;
11. Taking part in a riot, insurrection or terrorist act;
12. Skydiving, scuba diving, hang gliding or hot air ballooning;
13. War, or act of war, whether declared or not;
14. Injury intentionally inflicted by another due to participation in gang related activity unless You are an innocent bystander not involved in such activity.

## PREMIUMS AND REINSTATEMENT

**PREMIUMS:** Premiums are payable beginning on the first policy anniversary. The frequency or mode of premium payments as shown in the schedule on page one may be changed with Our consent. The change in frequency payments will then become effective on the next premium due date.

**DEFAULT:** If a premium remains unpaid at the end of the grace period, the Insured's insurance will terminate.

**GRACE PERIOD:** A grace period of 31 days will be allowed each Insured for the payment of each premium after the first, during which period his or her insurance shall continue in force.

**REINSTATEMENT:** Coverage may be reinstated at any time within one year after default in premium payment, if:

- a) The Insured provides evidence of insurability satisfactory to Us; and
- b) All overdue premiums are paid.

## POLICYHOLDER AND BENEFICIARY PROVISIONS

**POLICYHOLDER:** Unless provided otherwise:

- a. The person who completes the enrollment form applying for insurance coverage on an Insured is the Policyholder. The Policyholder has the right to receive every benefit and exercise every right regarding the insurance under his or her Policy.
- b. If the Policyholder dies, all rights will be vested in the Insured.

**BENEFICIARY:** The Beneficiary shall be as designated in the enrollment form to receive any accidental death benefits payable. If there is no Beneficiary living or named, accidental death benefits will be payable to the Policyholder, if living; otherwise to the Policyholder's estate. Any payment made by Us in good faith will fully discharge Us to the extent of such payment.

**CHANGE OF BENEFICIARY:** Unless You provide otherwise in writing to Us, You may change the Beneficiary during the lifetime of the Insured. Changes must be made by written request filed with Us. The change will take effect on the date the request was received, but it will not apply to payments made by Us before We accept the request in writing. We will have no liability for any action taken by Us before that acceptance.

**TERMINATION OF COVERAGE:** The coverage of any Insured shall terminate at the end of the Grace Period following any premium due date for which the Insured's required premium has not been paid. Any premium paid for any period after the date coverage terminates will not continue the Insured's coverage in force and will be returned, unless accepted by Us under the Reinstatement provision in the policy.

## GENERAL PROVISIONS

**PAYMENTS BY THE COMPANY:** Payments by the Company are payable from Our Administrative Office.

**PROOF OF DEATH:** Written proof of Accidental Death must be given within 180 days after the Accidental Death of the Insured. If it was not reasonably possible to give written proof in the time required, We may not deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the time specified unless the claimant was legally incapable of doing so.

**PHYSICAL EXAM OR AUTOPSY:** We may examine each covered person when reasonably necessary for that person's pending claim. We may also ask for an autopsy unless prohibited by law. These will be done at Our expense.

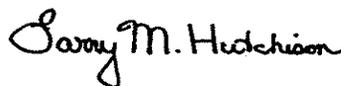
**LEGAL ACTION:** You cannot sue Us for benefits under the policy sooner than 60 days after We have been provided with written proof of death as required. No such action may be brought after 3 years from the time written proof of death is required.

**MISSTATEMENT OF AGE OR SEX:** If there is a misstatement of age We will adjust the benefit to reflect the correct age of the Insured. If the Insured's sex is misstated in the enrollment form We will adjust the benefit as a result of any premiums unpaid or refund any excess premiums paid.

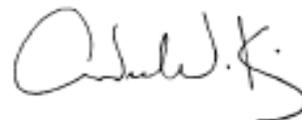
**NONPARTICIPATING:** This policy is nonparticipating and does not share in the profits or surplus of the Company.

**NO EFFECT ON WORKER'S COMPENSATION:** This policy does not alter any requirement for coverage by Worker's Compensation Insurance.

This policy is signed for Us by Our Secretary and President.



Secretary



President



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 TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only  
 Product Name: Accidental Death Policy  
 Project Name/Number: Accidental Death Policy/UAINADP

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> Readability Cert UAINADP.pdf	Approved-Closed	05/12/2011
<b>Satisfied - Item:</b> Application <b>Comments:</b> <b>Attachment:</b> UAIN-AP.pdf	Approved-Closed	05/12/2011
<b>Satisfied - Item:</b> Outline of Coverage <b>Comments:</b> <b>Attachment:</b> DS-UAINADP.pdf	Approved-Closed	05/12/2011
<b>Satisfied - Item:</b> Statement of Variability <b>Comments:</b> <b>Attachment:</b> SOV.pdf	Approved-Closed	05/12/2011

# UNITED AMERICAN INSURANCE COMPANY

P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085  
A LEGAL RESERVE STOCK COMPANY \* ADMINISTRATIVE OFFICES: MCKINNEY, TEXAS

## READABILITY CERTIFICATION

We hereby certify we have carefully reviewed the form(s) listed below and to the best of our knowledge and ability determine the Flesch scale analysis readability test score to be as shown:

<u>FORM</u>	<u>SCORE</u>
Individual Accidental Death Policy	57.6

May 9, 2011  
Date

  
Michael J. Gaisbauer, Vice President



UNITED AMERICAN INSURANCE COMPANY  
P. O. BOX 8080, MCKINNEY, TEXAS 75070 \* (972) 529-5085  
**A Legal Reserve Stock Company \* Administrative Offices: McKinney, Texas**

OUTLINE OF COVERAGE FOR ACCIDENTAL DEATH INSURANCE  
For Policy Form Number UAINADP

BENEFITS

**PART 1 ACCIDENTAL DEATH**

Death must occur within 180 days after the date of the accident.

**PART 2 EXCLUSIONS**

This policy does not cover death caused by:

1. Disease, sickness, bodily or mental infirmity, or medical or surgical treatment of same;
2. Suicide or intentionally self-inflicted bodily injury, or any attempt thereat, while sane or insane (reference to insane not applicable in Missouri);
3. Being under the influence of any drug, narcotic, poison or gas unless taken on the advice of a physician;
4. Voluntary gas inhalation, or poison voluntarily taken, absorbed, inhaled or injected;
5. Service in the military, naval or air services of any country (combat or training exercises);
6. Participation in any contest of speed endurance (driving or riding in any race);
7. Operating any motor vehicle for recreational purposes other than on paved roads or surfaces constructed for public use (i.e. off the road);
8. Being under the influence of alcohol or other intoxicants, or under the influence of any drug or narcotic unless taken under the advice of a physician. Being under the influence on alcohol is that which is determined by the laws of the geographical area in which the Accident occurred;
9. Air travel except as a fare paying passenger on a regularly scheduled flight;
10. Committing or attempting to commit an assault, or felony or any other illegal act;
11. Taking part in a riot, insurrection or terrorist act;
12. Skydiving, scuba diving, hang gliding or hot air ballooning;
13. War or act of war, whether declared or not; or
14. Injury intentionally inflicted by another due to participation in gang related activity unless You are an innocent bystander not involved in such activity.

Benefits will terminate on the Policy Anniversary following the Primary Insured's 70th birthday.

This is a brief outline of the policy applied for and is not the contract of insurance. The policy or contract itself sets forth the rights and obligations of the Insured and insurer.

# Statement of Variability United American Form UAINADP

## Available Values for bracketed/variable sections of the form:

### Page 1

Age range of termination of benefits: 50 to 121

### Policy Specifications - Page 1

#### Policy Number

Policy number of insured

#### Policy Effective Date

Date coverage begins

#### Insured

Name of the primary insured

#### Issue Age and Sex

Issue age of the primary insured.

Minimum Issue Age is 0

Maximum Issue Age is smaller of (a) 90 and (b) one age less than the termination age

Sex: M or F

#### Accidental Death Benefit

Amount of accidental death coverage for the primary insured.

Range: \$500 - \$20,000

#### Premiums

Premium amounts required to keep coverage in force

Annual, Semi-annual, Quarterly, Monthly

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## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/09/2011	Form	Accidental Death Policy	05/12/2011	UAINADP.pdf (Superceded)
05/09/2011		Supporting Outline of Coverage Document	05/10/2011	DS-UAINADP.pdf (Superceded)

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## ACCIDENTAL DEATH INSURANCE POLICY

### 30 DAY RIGHT TO EXAMINE POLICY

If the Insured does not want this coverage, the Policy may be returned within 30 days after receiving it. We will then refund any premium paid and the Policy will never have been in effect.

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Upon receipt of due proof of the accidental death of the Insured while coverage on such Insured is in force, We will pay the Accidental Death Benefit shown in the Schedule of Benefits and Premiums. The Accidental Death Benefit Terminates on the Policy Anniversary following the Insured's [70<sup>th</sup>] birthday.

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### SCHEDULE OF BENEFITS AND PREMIUMS

POLICY NUMBER: [123]  
POLICY EFFECTIVE DATE: [May 01, 2011]  
INSURED: [JOHN DOE]  
ISSUE AGE AND SEX: [35/M]  
ACCIDENTAL DEATH BENEFIT [\$3,000]

#### PREMIUMS:

ANNUALLY	SEMI-ANNUALLY	QUARTERLY	MONTHLY
[\$10.00]	[\$5.20]	[\$2.65]	[\$0.90]

---

### DEFINITIONS

**ACCIDENT:** A fortuitous event, unforeseen and unintended.

**ACCIDENTAL BODILY INJURY:** Unexpected traumatic damage to the Insured's body, of external origin.

**ACCIDENTAL DEATH:** Death due to Accidental Bodily Injury caused by an Accident occurring while the insurance is in force; the death must occur within 180 days after the date of the Accident, directly and independently of all other causes.

**AGE:** The age last birthday of the Insured.

**BENEFICIARY:** A person or entity named, on a form and in a manner approved by Us, to receive insurance benefits.

**BENEFIT:** We will pay the Accidental Death Benefit shown in the schedule on page one of the policy when We receive due proof of the accidental death of the Insured while the policy is in force. The benefit for Your spouse, if any, will be the Accidental Death Benefit shown in the schedule on page one of the policy. The benefit payable for the death of each of Your children, if any, will be one-third the Accidental Death Benefit shown in the schedule on page one of the policy.

**EVIDENCE OF INSURABILITY:** Satisfactory proof, as determined by Us, that a person is acceptable for insurance.

**INSURED:** An eligible person who is named in the Schedule of Benefits and Premiums. The Insured's spouse and children, legally adopted children, and step-children who are less than 26 years of age; are unmarried; and either live with the Insured or are primarily dependent on the Insured for their support if any, are covered if listed on the original application which is on file at the home office of United American Insurance Company. Dependent children's coverage terminates at age 25 or on termination of the policy whichever occurs first.

**POLICY ANNIVERSARY:** Shall be determined from the effective date of the Insured's policy.

**YOU, YOUR, or YOURS:** The person to whom this policy is issued. (Also referred to as the Policyholder.)

**WE, OUR, US, or COMPANY:** United American Insurance Company at Our Administrative Office in McKinney, Texas.

## EXCLUSIONS

The Policy does not cover death caused by:

1. Disease, sickness, infection, bodily or mental infirmity, or medical or surgical treatment of same;
2. Suicide or intentionally self-inflicted bodily injury, or any attempt thereat, while sane or insane (reference to insane not applicable in Colorado, or Missouri);
3. Being under the influence of any drug, narcotic, controlled substance unless taken on the advice of a physician;
4. Voluntary, gas inhalation, or poison voluntarily taken, absorbed, inhaled or injected;
5. Service in the military, naval or air services of any country (combat or training exercises);
6. Participation in any contest of speed or endurance (driving or riding in any race);
7. Operating any motor vehicle for recreational purposes other than on paved roads or surfaces constructed for public use (i.e. off road);
8. Being under the influence of alcohol or other intoxicants, or under the influence of any drug or narcotic unless taken on the advice of a physician. Being under the influence of alcohol is that which is determined and defined by the laws of the geographical area in which the Accident occurred.
9. Air travel except as a fare paying passenger on a regularly scheduled flight;
10. Committing or attempting to commit an assault, felony, or any other illegal act;
11. Taking part in a riot, insurrection or terrorist act;
12. Skydiving, scuba diving, hang gliding or hot air ballooning;
13. War, or act of war, whether declared or not; or
14. Injury intentionally inflicted by another due to participation in gang related activity unless You are an innocent bystander not involved in such activity.

## PREMIUMS AND REINSTATEMENT

**PREMIUMS:** Premiums are payable beginning on the first policy anniversary. The frequency or mode of premium payments as shown in the schedule on page one may be changed with Our consent. The change in frequency payments will then become effective on the next premium due date.

**DEFAULT:** If a premium remains unpaid at the end of the grace period, the Insured's insurance will terminate.

**GRACE PERIOD:** A grace period of 31 days will be allowed each Insured for the payment of each premium after the first, during which period his or her insurance shall continue in force.

**REINSTATEMENT:** Coverage may be reinstated at any time within one year after default in premium payment, if:

- a) The Insured provides evidence of insurability satisfactory to Us; and
- b) All overdue premiums are paid.

**POLICYHOLDER AND BENEFICIARY PROVISIONS**

**POLICYHOLDER:** Unless provided otherwise:

- a. The person who completes the application applying for insurance coverage on an Insured is the Policyholder. The Policyholder has the right to receive every benefit and exercise every right regarding the insurance under his or her Policy.
- b. If the Policyholder dies, all rights will be vested in the Insured.

**BENEFICIARY:** The Beneficiary shall be as designated in the application to receive any accidental death benefits payable. If there is no Beneficiary living or named, accidental death benefits will be payable to the Policyholder, if living; otherwise to the Policyholder's estate. Any payment made by Us in good faith will fully discharge Us to the extent of such payment.

**CHANGE OF BENEFICIARY:** Unless You provide otherwise in writing to Us, You may change the Beneficiary during the lifetime of the Insured. Changes must be made by written request filed with Us. The change will take effect on the date the request was received, but it will not apply to payments made by Us before We accept the request in writing. We will have no liability for any action taken by Us before that acceptance.

**TERMINATION OF COVERAGE:** The coverage of any Insured shall terminate at the end of the Grace Period following any premium due date for which the Insured's required premium has not been paid. Any premium paid for any period after the date coverage terminates will not continue the Insured's coverage in force and will be returned, unless accepted by Us under the Reinstatement provision in the policy.

**GENERAL PROVISIONS**

**PAYMENTS BY THE COMPANY:** Payments by the Company are payable from Our Administrative Office.

**PROOF OF DEATH:** Written proof of Accidental Death must be given within 180 days after the Accidental Death of the Insured. If it was not reasonably possible to give written proof in the time required, We may not deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the time specified unless the claimant was legally incapable of doing so.

**PHYSICAL EXAM OR AUTOPSY:** We may examine each covered person when reasonably necessary for that person's pending claim. We may also ask for an autopsy unless prohibited by law. These will be done at Our expense.

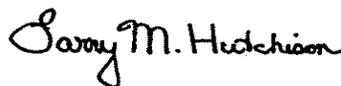
**LEGAL ACTION:** You cannot sue Us for benefits under the policy sooner than 60 days after We have been provided with written proof of death as required. No such action may be brought after 3 years from the time written proof of death is required.

**MISSTATEMENT OF AGE OR SEX:** If there is a misstatement of age, We will adjust the benefit to reflect the correct age of the Insured. If the Insured's sex is misstated in the application, We will adjust the benefit as a result of any premiums unpaid or refund any excess premiums paid.

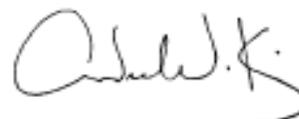
**NONPARTICIPATING:** This policy is nonparticipating and does not share in the profits or surplus of the Company.

**NO EFFECT ON WORKER'S COMPENSATION:** This policy does not alter any requirement for coverage by Worker's Compensation Insurance.

**This policy is signed for Us by Our Secretary and President.**



**Secretary**



**President**

UNITED AMERICAN INSURANCE COMPANY  
P. O. BOX 8080, MCKINNEY, TEXAS 75070 \* (972) 529-5085  
**A Legal Reserve Stock Company \* Administrative Offices: McKinney, Texas**

OUTLINE OF COVERAGE FOR ACCIDENTAL DEATH INSURANCE  
For Policy Form Number UAINADP

BENEFITS

PART 1 ACCIDENTAL DEATH

Death must occur within 90 days after the date of the accident.

PART 2 EXCLUSIONS

This policy does not cover death caused by:

1. Disease, sickness, bodily or mental infirmity, or medical or surgical treatment of same;
2. Suicide or intentionally self-inflicted bodily injury, or any attempt thereat, while sane or insane (reference to insane not applicable in Missouri);
3. Being under the influence of any drug, narcotic, poison or gas unless taken on the advice of a physician;
4. Voluntary gas inhalation, or poison voluntarily taken, absorbed, inhaled or injected;
5. Service in the military, naval or air services of any country (combat or training exercises);
6. Participation in any contest of speed endurance (driving or riding in any race);
7. Operating any motor vehicle for recreational purposes other than on paved roads or surfaces constructed for public use (i.e. off the road);
8. Being under the influence of alcohol or other intoxicants, or under the influence of any drug or narcotic unless taken under the advice of a physician. Being under the influence on alcohol is that which is determined by the laws of the geographical area in which the Accident occurred;
9. Air travel except as a fare paying passenger on a regularly scheduled flight;
10. Committing or attempting to commit an assault, or felony or any other illegal act;
11. Taking part in a riot, insurrection or terrorist act;
12. Skydiving, scuba diving, hang gliding or hot air ballooning;
13. War or act of war, whether declared or not; or
14. Injury intentionally inflicted by another due to participation in gang related activity unless You are an innocent bystander not involved in such activity.

Benefits will decrease by 50% on the Policy Anniversary following the Primary Insured's 70th birthday with no change in premium.

This is a brief outline of the policy applied for and is not the contract of insurance. The policy or contract itself sets forth the rights and obligations of the Insured and insurer.