

SERFF Tracking Number: AMLC-127162295 State: Arkansas  
Filing Company: Liberty National Life Insurance Company State Tracking Number: 48744  
Company Tracking Number: HAJ, HAK, HAL  
TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only  
Product Name: Accident Protector Plus - HAJ, HAK, HAL  
Project Name/Number: Accident Protector Plus - HAJ, HAK, HAL/HAJ, HAK, HAL

## Filing at a Glance

Company: Liberty National Life Insurance Company

Product Name: Accident Protector Plus - HAJ, HAK, HAL SERFF Tr Num: AMLC-127162295 State: Arkansas

TOI: H02I Individual Health - Accident Only SERFF Status: Closed-Approved- Closed State Tr Num: 48744

Sub-TOI: H02I.000 Health - Accident Only Co Tr Num: HAJ, HAK, HAL State Status: Approved-Closed  
Filing Type: Form/Rate Reviewer(s): Rosalind Minor

Authors: Pattie Church, Donna Kennedy Disposition Date: 05/12/2011

Date Submitted: 05/11/2011 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Accident Protector Plus - HAJ, HAK, HAL

Project Number: HAJ, HAK, HAL

Requested Filing Mode:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: We are filing these forms simultaneously in Nebraska, our state of domicile.

Explanation for Combination/Other:

Market Type: Individual

Submission Type:

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 05/12/2011

State Status Changed: 05/12/2011

Deemer Date:

Created By: Donna Kennedy

Submitted By: Donna Kennedy

Corresponding Filing Tracking Number:

Filing Description:

RE: Form HAJ – Hospital Accident Policy

Form HAK – Single Parent Hospital Accident Policy

Form HAL – Family Hospital Accident Policy

A478AR – Application for Hospital Accident Policy

H174AR – Outline of Coverage for Hospital Accident and Accident Policy

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Enclosed for your review and approval are copies of the above referenced forms. These forms are new and will not replace any forms previously approved in your state. These forms are being filed simultaneously in Nebraska, our state of domicile.

Policy Forms HAJ, HAK and HAL are Hospital Accident Policies that are guaranteed renewable to age 65 and will provide benefits for covered losses due to hospital and intensive care unit confinement, accidental death, emergency treatment and other specified losses resulting from accidental bodily injury. The policy will be offered as an individual, single parent or family plan to applicants age 03 to 60.

Application A478AR will be used to apply for the Hospital Accident Policy and Outline of Coverage Form H174AR will be used with these plans. Policy Forms HAJ, HAK and HAL will be marketed through our Branch Agency distribution system.

The Flesch score for HAJ, HAK and HAL is 50 and the Flesch score for A478AR is 53 To the best of our knowledge and belief these forms comply with the laws and regulations of your state. These forms do not contain any language that is unusual in terms of normal company or industry standards.

Included with this filing are actuarial memorandums, premium rates, transmittal documents, or other documents required by your state.

Should you require additional information or if you should have any questions, please do not hesitate to contact me at 1-800-288-2722, extension 4919 or by email at regulatory@libnat.com.

## Company and Contact

### Filing Contact Information

Pattie Church, Compliance Analyst regulatory@libnat.com  
100 Concourse Parkway 205-325-4919 [Phone]  
Suite 350 205-325-2720 [FAX]  
Hoover, AL 35244

### Filing Company Information

Liberty National Life Insurance Company CoCode: 65331 State of Domicile: Nebraska  
P.O. Box 2612 Group Code: 290 Company Type: Life and Health  
Birmingham, AL 35202 Group Name: Liberty National Life State ID Number:  
(205) 325-4307 ext. [Phone] FEIN Number: 63-0124600

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$250.00  
Retaliatory? No  
Fee Explanation: We are filing five forms at \$50 per form for a total of \$250.  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Liberty National Life Insurance Company	\$250.00	05/11/2011	47460547

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## Correspondence Summary

### Dispositions

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

SERFF Tracking Number: AMLC-127162295 State: Arkansas  
 Filing Company: Liberty National Life Insurance Company State Tracking Number: 48744  
 Company Tracking Number: HAJ, HAK, HAL  
 TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only  
 Product Name: Accident Protector Plus - HAJ, HAK, HAL  
 Project Name/Number: Accident Protector Plus - HAJ, HAK, HAL/HAJ, HAK, HAL

## Disposition

Disposition Date: 05/12/2011

Implementation Date:

Status: Approved-Closed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Liberty National Life Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Hospital Accident Policy	Approved-Closed	Yes
Form	Single Parent Hospital Accident Policy	Approved-Closed	Yes
Form	Family Hospital Accident Policy	Approved-Closed	Yes
Form	Application for Individual, Single & Family Accident Policy	Approved-Closed	Yes
Form	Outline of Coverage	Approved-Closed	Yes
Rate	LNL HAJ IND Rate Page - 50%	Approved-Closed	Yes
Rate	LNL HAK SPF Rate Page - 50%	Approved-Closed	Yes
Rate	LNL HAL FAM Rate Page - 50%	Approved-Closed	Yes

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## Form Schedule

### Lead Form Number: HAJ, HAK, HAL

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 05/12/2011	HAJ	Policy/Cont ract/Fratern al	Hospital Accident Policy Certificate	Initial		50.000	HAJ - AR.pdf
Approved-Closed 05/12/2011	HAK	Policy/Cont ract/Fratern al	Single Parent Hospital Accident Policy Certificate	Initial		50.000	HAK - AR.pdf
Approved-Closed 05/12/2011	HAL	Policy/Cont ract/Fratern al	Family Hospital Accident Policy Certificate	Initial		50.000	HAL - AR.pdf
Approved-Closed 05/12/2011	A478AR	Application/ Enrollment Form	Application for Individual, Single & Family Accident Policy	Initial		53.000	A478AR.pdf
Approved-Closed 05/12/2011	H174AR	Outline of Coverage	Outline of Coverage	Initial		0.000	H174AR HAJ_HAK_H AL Outline 0511.pdf

**LIBERTY NATIONAL LIFE INSURANCE COMPANY**  
**Administrative Office: P. O. Box 2612, Birmingham, Alabama 35202**  
**HOSPITAL ACCIDENT POLICY**

Policy Number	Name of Insured	Beneficiary	Plan	Agency	Branch
1234567	JOHN DOE	JANE DOE	HAJ	XXX	XX
06/01/2011	35 Male	\$XX.XX BB	\$25,000	\$200	1
Month/Day/Year Effective Date	Age and Sex	Premium and Frequency	Accidental Death Benefit	Specified Injuries Benefit	Emergency Treatment Benefit Units

Daily Hospital Benefit	Years Policy in Force at Date of Accident			
	Less Than 1	1 But Less Than 2	2 But Less Than 3	3 or More
\$150	\$250	\$350	\$500	

**INSURING CLAUSE** - We insure you against losses due to hospital confinement, accidental death and other specified loss resulting from accidental bodily injury occurring while this policy is in force. Subject to the conditions and limitations of this policy, we will pay the benefits specified in this policy. Your coverage begins at 12:01 a.m. on the effective date of this policy shown in the schedule above and continues while this policy is in force. Your coverage will cease at 12:00 midnight on the date of termination.

**RIGHT TO EXAMINE POLICY** - Please examine your policy carefully. Within twenty days after this policy is first received, it may be returned to us or to the agent through whom it was purchased. If returned, the policy will be as though it had never been issued. Any premiums paid will be returned.

**THIS IS A LEGAL CONTRACT - READ YOUR POLICY CAREFULLY.**

**CAUTION: THIS IS A LIMITED POLICY**

**GUARANTEED RENEWABLE; PREMIUMS SUBJECT TO CHANGE** - Your policy is guaranteed renewable until the policy anniversary immediately following your 65th birthday. Until such date and subject to the conditions of this policy, we cannot cancel or refuse to renew your policy. On such date this policy will terminate and cease to be in force. You may renew this contract before such date by paying each renewal premium as it falls due or during the grace period. Should we accept a premium for any period after this policy is to terminate, coverage will continue until the end of the period for which the premium has been accepted. We reserve the right to change premium rates. A change in the rates will apply to all policies having this form issued by us and in force in your state. If we change the rates, your premium will be determined by your age on the effective date of this policy and the year of issue of this policy. If we change the rates, we will write you 31 days or more before the change at the address shown in our records. Subject to the terms and conditions of this policy, we will not restrict or limit your policy in any other way while it is in force.

Signed for Liberty National Life Insurance Company as of the effective date.

*Sarry Hutchison*  
Secretary

*Anthony L. McWhorter*  
Chief Executive Officer

**PLEASE READ:** This is an accident-only policy which does not pay benefits for a loss from sickness. The basis for issuing this policy is the information on the application. Incorrect information in the application could void the policy or cause an otherwise valid claim to be denied. Advise us immediately if any information on the application is wrong or if any past medical history has been left out. No agent may change this policy or waive any of its provisions.

**HOSPITAL ACCIDENT POLICY**

Benefits for Accidental Death and Dismemberment

Initial and Daily Benefits for Hospital and Intensive Care Unit Confinement Due to Accidental Bodily Injury  
 Benefits for Emergency Treatment; Specified Injuries; Blood and Plasma; Ambulance; Transportation; Waiver of Premiums  
 Guaranteed Renewable with Premiums Payable to Policy Anniversary Immediately Following Insured's 65th Birthday  
 Premium Rates Subject to Change -- Initial Premiums as Shown Above

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### DEFINITIONS

**Accidental Bodily Injury** - Injury sustained by the insured which is the direct result of an accident, occurring independently of disease, bodily infirmity, or any other cause while this policy is in force.

**Accidental Death** - Accidental death means the death of the insured resulting directly and independently of all other causes, from an accidental bodily injury; and occurring within ninety days of such injury.

**Chip Fracture** - A fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached. It must be diagnosed by a physician through the use of an X-ray.

**Death by Automobile Accident** - Accidental death which results from injuries sustained while you are riding in an automobile which is involved in a collision or upset on a street or public highway.

An automobile is defined as any four or more wheeled, self-propelled vehicle which is licensed for use on a public street or highway such as a car, van, or truck.

**Death by Travel Accident** - Accidental death which results from injuries sustained while you are a fare-paying passenger traveling by means of a public conveyer; or as a passenger in a school bus which is being operated during the regular session of a public or private school for transporting students to or from school or any organized activities of such school.

A public conveyer is any taxicab, bus, train, airplane, ship, or other vehicle which is a licensed common carrier for the transportation of passengers.

**Dislocation** - A completely separated joint. It must be diagnosed as a dislocation by a physician within 48 hours after the date of the accident. The dislocation must require treatment by a physician.

**Emergency Treatment** - Necessary medical treatment resulting from accidental bodily injury and which is received from: an emergency room; a hospital as an outpatient or as an inpatient for a period of twelve hours or less; a clinic; an ambulatory surgical center; or the office of a physician or surgeon. Such treatments must be received within forty-eight (48) hours of the injury.

**Fractures** - A break in a bone that can be seen by X-ray. It must be diagnosed as a fracture by a physician within 14 days after the date of the accident. The fracture must require treatment by a physician.

**Hospital** - A hospital is a facility which is licensed and operated pursuant to law; operates primarily for the care and treatment of sick or injured persons as inpatients for a charge; provides 24-hour nursing service under the supervision of a registered nurse; is supervised by a staff of licensed physicians; and has medical, diagnostic, and major surgical facilities or has access to such facilities.

The term "hospital" does not include: convalescent, rest, or nursing facilities; facilities for the aged, alcoholics or drug addicts; any hospital contracted for or run by any government except for services rendered where a legal liability exists for charges made to the individual.

**Hospital Confinement** - Continuous confinement for more than 12 hours upon the advice of a licensed practicing physician.

**Intensive Care Unit (ICU)** - Those special intensive care areas of a hospital which at the time of your admission to the hospital are also separate and apart from the surgical recovery room and from the rooms, beds, and wards customarily used for patient confinement. The term "intensive care unit" does not include lesser treatment units such as: progressive, intermediate or step down care units; private monitored rooms; isolation units; observation or telemetry units. In addition, such ICU must have 24-hour nursing attendance by nurses assigned on a full-time basis exclusively to such unit, and must contain special apparatus used in the treatment of the critically ill. Further, such intensive care facilities or units must be under the direct professional supervision and/or direction of a full-time physician director or a standing intensive care committee of the medical staff of the hospital.

**Loss of Eyesight or Limb** - Loss of eyesight is the total and permanent loss of sight of both eyes as a result of accidental bodily injury. Loss of a limb is the loss of a hand or foot by severance due to accidental bodily injury. You must survive the loss by at least thirty days.

**We, Our, Us** - Liberty National Life Insurance Company.

**You, Your** - The person named as the insured under this policy.

## BENEFITS

**Accidental Death and Dismemberment Benefits.** We will pay the benefits specified in the schedule below for your accidental death or dismemberment covered under this policy.

		INSURED
Accidental Death Benefits	If death is Accidental	\$ 25,000
	If death is by Automobile Accident	\$ 50,000
	If death is by Travel Accident	\$250,000
Dismemberment Benefits	For Loss of Eyesight	\$ 20,000
	For Loss of One Limb	\$ 10,000
	For Loss of Two or More Limbs	\$ 20,000

**Limitations:**

- (1) No benefit for accidental death will be payable if a benefit is payable for death by automobile accident or for death by travel accident.
- (2) No benefit for death by automobile accident will be payable if such death occurs while the automobile is being used for stunt driving or in racing or speed contests, any of which are organized or for profit, or if a benefit is payable for death by travel accident.
- (3) The maximum cumulative benefit for loss of limb is \$20,000.
- (4) The benefit payable per accident for multiple losses due to accidental death and dismemberment will be the largest benefit for any loss.

**Initial Hospitalization Benefit.** After the first 24 hours of your hospital confinement as a result of accidental bodily injury, we will pay you a \$1,000 lump sum benefit. The Initial Hospitalization Benefit is payable only one time per calendar year.

**Daily Hospital Benefit.** We will pay you the Daily Hospital Benefit shown in the schedule on page one for each day of your hospital confinement as a result of accidental bodily injury. The Daily Hospital Benefit amount is determined by the years the policy has been in force at the date of the accident. Your initial confinement must occur within ninety days of such injury. A day of hospital confinement is any day that you are confined in a hospital in excess of twelve hours.

**Limitations:**

- (1) Hospital benefits will be payable for a maximum of twenty-six weeks of hospital confinement due to any one accident.
- (2) Hospital benefits for all confinements will not be payable for more than twenty-six weeks during any period of fifty-two consecutive weeks.

**Intensive Care Unit (ICU) Benefit.** For each day you are confined in an ICU of a hospital as a result of accidental bodily injury upon the recommendation of a licensed physician, we will pay you two times the Daily Hospital Benefit up to a maximum of 30 days. The Daily Hospital Benefit amount is determined by the years the policy has been in force at the date of the accident. The ICU Benefit is in addition to the Daily Hospital Benefit. A day of ICU confinement is any day that you are confined in an ICU of a hospital in excess of twelve hours. The term "intensive care unit" does not include lesser treatment units such as: progressive, intermediate or step down care units; private monitored rooms; isolation units; observation or telemetry units.

**Emergency Treatment Benefit.** We will pay your actual expenses, up to a maximum amount of \$500 for each unit of coverage shown on page one, for emergency treatment as a result of accidental bodily injury. No benefits will be paid in excess of the usual and customary charges made by the provider of services or treatments. Such treatments must be received within forty-eight (48) hours of the injury.

**Specified Injuries Benefit.** We will pay a benefit for the treatment of joint dislocations and bone fractures as specified below in the Dislocation Benefit and Fracture Benefit. The maximum cumulative benefit payable per accident is one and one-half (1 1/2) times the Specified Injuries Benefit as shown on page one.

**Dislocation Benefit.** We will pay the Specified Injuries Benefit as shown in the schedule on page one for dislocations which are repaired under general anesthesia. If the dislocation is repaired with local anesthesia or no anesthesia by a physician, we will pay 25% of the Specified Injuries Benefit. Benefits are payable for the dislocation of the following joints:

Ankle	Knee
Collar bone	Lower Jaw
Elbow	Shoulder
Foot (excluding toes)	Wrist
Hip	

**Fracture Benefit.** We will pay the Specified Injuries Benefit as shown in the schedule on page one for fractures. If the fracture is a chip fracture, we will pay 25% of the Specified Injuries Benefit. Benefits are payable for the following fractures:

Ankle	Kneecap
Arm	Leg
Elbow	Rib
Face (excluding nose)	Shoulder Blade
Foot (excluding toes/heel)	Skull
Hand (excluding fingers)	Sternum
Hip	Wrist
Jaw	

**Limitations:**

- (1) If you dislocate the same joint more than once, we will only pay for the first dislocation.
- (2) If you fracture multiple ribs, we will pay only one Fracture Benefit amount as defined above.
- (3) If you receive multiple joint dislocations and/or bone fractures resulting from accidental bodily injury, we will pay for each accident a maximum benefit of one and one-half (1 1/2) times the Specified Injuries Benefit.

**Blood and Plasma Benefit.** We will pay a benefit of \$200 if whole blood or blood components are administered during the hospital confinement resulting from an accidental bodily injury. This benefit is payable only one time per accident.

**Ambulance Benefit.** We will pay a benefit of \$300 if a professional ambulance or air ambulance is used to transport you to a hospital or emergency center within 100 miles from the site of the accident which resulted in accidental bodily injury. This benefit is limited to one trip per accident.

**Transportation Benefit.** We will pay a benefit of \$300 for transportation to and from any hospital located more than 100 miles from the site of the accident or your residence for special treatment and hospital confinement as the result of accidental bodily injury. This Transportation Benefit is payable only if your attending physician prescribes treatments which are not locally available. This benefit is limited to one trip per accident.

**Waiver of Premiums.** If you have received benefits for continuous hospital confinement of thirty days or more, we will waive the payment of each premium which becomes due while hospital benefits continue. Any portion of premiums paid by you and attributable to this benefit period will be refunded. Premiums will become due and payable on the first premium due date following the end of the benefit period. In no event will this provision continue this policy in force after the termination date of this policy.

**EXCEPTIONS**

This policy does not cover death, injury, or other loss caused or contributed to by:

- (1) any disease, illness or infirmity or medical or surgical treatment therefor, unless the accidental injury aggravates, renders active, or sets in motion a latent or dormant disease or bodily infirmity leading to death;
- (2) participation in an assault, felony, riot, or insurrection;
- (3) mental or emotional disorders;
- (4) self-destruction or any attempt thereat whether sane or insane or intentionally self-inflicted injuries upon yourself whether sane or insane;
- (5) operating or riding or descending from any kind of aircraft of which you are an officer, pilot or member of the crew; or in which you are receiving training or giving instructions or have any duty;
- (6) war or act of war (declared or undeclared) whether or not you are in military service; or
- (7) your being under the influence of alcohol or other intoxicant, or under the influence of any drug or narcotic unless taken on the advice of a physician. Being under the influence of alcohol is determined and defined by the laws of the geographical area in which the loss or cause of loss was incurred.

## GENERAL PROVISIONS

**Consideration.** The application and the payment of the required premiums are the consideration for the policy.

### Premium Payments.

**When Payable.** Premiums are payable in advance beginning on the effective date.

**Frequency and Mode of Payment.** The frequency or mode of premium payments as shown in the schedule on page one, may be changed with our consent by filing a written request on a form satisfactory to and accepted by us. The change in the frequency of premiums will then become effective on the next premium due date. The payment of any premium will not continue this policy in force beyond the date when the next premium becomes due.

**Entire Contract; Changes.** This policy, endorsements and riders, if any, and the application is the entire contract between you and the Company. No change in this policy will be effective until approved by an officer of the Company. This approval must be noted on or attached to this policy. No agent may change this policy or waive any of its provisions.

**Age Limits.** Coverage under this policy is provided to you only if you are age sixty or younger on the effective date. In the event your coverage would not have become effective our liability will be limited to a refund of premiums. Such refund must be requested by you and will be equal to all premiums paid for this policy.

**Time Limit on Certain Defenses.** After two years from the effective date, no misstatements in the application may be used to void the policy or deny any claim for losses incurred after such two-year period.

**Grace Period.** This policy has a thirty day grace period. This means that if a renewal premium is not paid on or before the due date, it may be paid during the grace period. During the grace period, the policy will stay in force.

**Reinstatement.** If the renewal premium is not paid before the grace period ends, the policy will lapse. Later acceptance of the premium by us or by our agent without requiring an application for reinstatement will reinstate the policy. If an application is required, you will be given a conditional receipt for the premium. If the application is approved, the policy will be reinstated as of the approval date. Lacking such approval, the policy will be reinstated on the forty-

fifth day after the date of the conditional receipt unless we have previously written you of its disapproval. The reinstated policy will cover only death or loss resulting from accidental bodily injury which occurs after the date of reinstatement. In all other respects your rights and our rights will remain the same, subject to any provision noted or attached to the reinstated policy.

**Notice of Claim.** Written notice of claim must be given within thirty days after the commencement or occurrence of any loss covered by this policy or as soon as reasonably possible. The notice can be given to us at our home office or to one of our agents. Notice should include your name and policy number.

**Claim Forms.** When we receive a notice of claim, we will send you forms for filing proof of loss. If you do not receive these forms within fifteen days, you will meet the proof of loss requirements by giving us a statement from the provider of services that describes the nature and extent of the loss within the time limit stated in "Proofs of Loss."

**Proofs of Loss.** Written proof of loss must be given to us within ninety days after the date of each loss covered by this policy. If it was not reasonably possible to give written proof in the time required, we will not reduce or deny the claim for this reason if the proof is filed as soon as possible. However, the proof required must be given no later than one year from the time specified unless you were legally incapacitated.

**Time of Payment of Claims.** Benefits provided by this policy will be paid as soon as we receive proper written proof of loss.

**Payment of Claims.** Any death benefits will be paid to the beneficiary. If the beneficiary does not survive you or cannot give a valid release, then the benefits of this policy may be paid to your estate. If you are 16 years of age or older, all other benefits will be paid to you, unless you direct otherwise in writing. If you are less than 16 years of age, such benefits will be paid to the person having control of this policy. If the benefits are payable to your estate or if you cannot execute a valid release, we can pay benefits up to \$1,000 to someone related to you by blood or marriage whom we consider to be entitled to such benefits. We will be discharged to the extent of any such payments made in good faith.

**Beneficiary.** The beneficiary of this policy is named in the schedule on page one. You may change the beneficiary at any time by giving us written notice on a form acceptable to us. When it is acknowledged by one of our officers, the change will take effect on the date of the request.

**Policy Control.** If you are 16 years of age or older, you may exercise all privileges granted to you under this policy. If you are under 16 years old, the beneficiary has the right to exercise all privileges granted to you under this policy. If the beneficiary dies or ceases to have custody and control over you prior to your 16th birthday, the parent, legal guardian, or other adult having custody and control over you shall have these rights under the policy until your 16th birthday.

**Physical Examination.** We may examine you when reasonably necessary for our consideration of your pending claim. This will be done at our expense.

**Legal Action.** No legal action may be brought to recover on this policy within sixty days after written proof of loss has been given as required by this policy. No such action may be brought after three years from the time written proof of loss is required to be given.

**Misstatement of Age.** If your age has been misstated the benefits provided by this policy will be those the premium would have purchased at the correct age. If the correct age

is over sixty years of age on the date of issue of this policy, such benefits will not become effective. If your correct age is such that this policy would not have become effective or would have terminated, then our liability will be limited to a refund. Such refund must be requested by you and will be equal to the portion of the premiums paid for the period not covered by this policy.

**Conformity with State Statutes.** Any provision of this policy which, on its effective date, is in conflict with the laws of the state in which you reside on that date, is amended to conform to the minimum requirements of such laws.

**Assignment.** You may assign this policy. However, we will not be bound by any assignment unless it is in writing and acknowledged by us at our home office. We will not be responsible for the validity of any assignment. The interest of the beneficiary will be subject to the interest of any assignee. We will pay the benefits of this policy to a state agency (such as Medicaid) when required by state law.

**Refund of Unearned Premiums on Death.** Upon the death of a Family Member insured under this policy, We will refund any premiums paid in behalf of the member, for any period beyond the ending of the policy month the death occurred, within 30 days after We receive proof of death.

**LIBERTY NATIONAL LIFE INSURANCE COMPANY**  
**Administrative Office: P. O. Box 2612, Birmingham, Alabama 35202**  
**SINGLE PARENT HOSPITAL ACCIDENT POLICY**

Policy Number	Name of Insured	Beneficiary	Plan	Agency	Branch
1234567	JOHN DOE	JANE DOE	HAK	XXX	XX
06/01/2011	35 Male	\$XX.XX BB	\$25,000	\$200	1
Month/Day/Year Effective Date	Age and Sex	Premium and Frequency	Accidental Death Benefit	Specified Injuries Benefit	Emergency Treatment Benefit Units

Daily Hospital Benefit	Years Policy in Force at Date of Accident			
	Less Than 1	1 But Less Than 2	2 But Less Than 3	3 or More
	\$150	\$250	\$350	\$500

**INSURING CLAUSE** - We insure each covered person against losses due to hospital confinement, accidental death and other specified loss resulting from accidental bodily injury occurring while this policy is in force. Subject to the conditions and limitations of this policy, we will pay the benefits specified in this policy. The coverage on each covered person begins at 12:01 a.m. on the effective date of this policy shown in the schedule above and continues while this policy is in force. The coverage on each covered person will cease at 12:00 midnight on the date of termination.

**RIGHT TO EXAMINE POLICY** - Please examine your policy carefully. Within twenty days after this policy is first received, it may be returned to us or to the agent through whom it was purchased. If returned, the policy will be as though it had never been issued. Any premiums paid will be returned.

**THIS IS A LEGAL CONTRACT - READ YOUR POLICY CAREFULLY.**

**CAUTION: THIS IS A LIMITED POLICY**

**GUARANTEED RENEWABLE; PREMIUMS SUBJECT TO CHANGE** - Your policy is guaranteed renewable until the policy anniversary immediately following your 65th birthday. Until such date and subject to the conditions of this policy, we cannot cancel or refuse to renew your policy. On such date this policy will terminate and cease to be in force. You may renew this contract before such date by paying each renewal premium as it falls due or during the grace period. Should we accept a premium for any period after this policy is to terminate, coverage will continue until the end of the period for which the premium has been accepted. We reserve the right to change premium rates. A change in the rates will apply to all policies having this form issued by us and in force in your state. If we change the rates, your premium will be determined by your age on the effective date of this policy and the year of issue of this policy. If we change the rates, we will write you 31 days or more before the change at the address shown in our records. Subject to the terms and conditions of this policy, we will not restrict or limit your policy in any other way while it is in force.

Signed for Liberty National Life Insurance Company as of the effective date.

*Garry Hutchison*  
Secretary

*Anthony L. McWhorter*  
Chief Executive Officer

**PLEASE READ:** This is an accident-only policy which does not pay benefits for a loss from sickness. The basis for issuing this policy is the information on the application. Incorrect information in the application could void the policy or cause an otherwise valid claim to be denied. Advise us immediately if any information on the application is wrong or if any past medical history has been left out. No agent may change this policy or waive any of its provisions.

**SINGLE PARENT HOSPITAL ACCIDENT POLICY**

Benefits for Accidental Death and Dismemberment - Reduced Benefits for Children

Initial and Daily Benefits for Hospital and Intensive Care Unit Confinement Due to Accidental Bodily Injury  
 Benefits for Emergency Treatment; Specified Injuries; Blood and Plasma; Ambulance; Transportation; Waiver of Premiums  
 Guaranteed Renewable with Premiums Payable to Policy Anniversary Immediately Following Insured's 65th Birthday  
 Premium Rates Subject to Change -- Initial Premiums as Shown Above

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### DEFINITIONS

**Accidental Bodily Injury** - Injury sustained by a covered person which is the direct result of an accident, occurring independently of disease, bodily infirmity, or any other cause while this policy is in force.

**Accidental Death** - Accidental death means the death of a covered person resulting, directly and independently of all other causes, from an accidental bodily injury; and occurring within ninety days of such injury.

**Chip Fracture** - A fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached. It must be diagnosed by a physician through the use of an X-ray.

**Covered Person** - You, your children, legally adopted children and step-children who: are less than twenty-one years of age; are unmarried; and either live with you or are primarily dependent upon you for their support. Any newborn or newly adopted children of the Primary Insured will automatically be a Covered Person from the moment of birth or adoption if such birth or adoption occurs after the Effective Date of the policy. This will also cover children You have filed a petition to adopt.

The insurance on any child covered under this policy will terminate on the date of termination of the policy or:

- (1) At the earliest of: the child's marriage; the date the child no longer lives in your home or ceases to be primarily dependent upon you for his or her support if not living with you; or the child's twenty-first birthday; or
- (2) At the earliest of: the child's marriage; the date the child no longer lives in your home or ceases to be primarily dependent upon you for his or her support if not living with you; or the child's twenty-fifth birthday.

day. This paragraph will be effective only under the following conditions: the child has been enrolled as a full-time student in a college or university for five or more months each year since age twenty-one; and the policy remains in force. The condition of enrollment will be met if a dependent child was eligible for enrollment but was prevented from enrollment due to injury or sickness. Otherwise, such child's coverage will terminate in accordance with paragraphs one or three; or

- (3) At the earliest of: the child's marriage; or the date the child no longer lives in your home or ceases to be primarily dependent upon you for his or her support. This paragraph will be effective only for mentally or physically incapacitated dependent children under the following conditions: the policy remains in force; and due proof of such incapacity and dependency is received by us within 31 days of the termination date. If a dependent child is incapable of self-sustaining employment by reason of mental retardation or physical handicap, and if such disability occurred prior to the first policy anniversary following the child's 25th birthday, then the child will continue to be a Covered Person for as long as such disability continues. Proof of such incapacity or disability must be furnished upon Our request, but not more often than annually.

Upon your death, all coverage provided by this policy will terminate.

**Death by Automobile Accident** - Accidental death which results from injuries sustained while a covered person is riding in an automobile which is involved in a collision or upset on a street or public highway.

An automobile is defined as any four or more wheeled, self-propelled vehicle which is licensed for use on a public street or highway such as a car, van, or truck.

**Death by Travel Accident** - Accidental death which results from injuries sustained while a covered person is a fare-paying passenger traveling by means of a public conveyer; or as a passenger in a school bus which is being operated during the regular session of a public or private school for transporting students to or from school or any organized activities of such school.

A public conveyer is any taxicab, bus, train, airplane, ship, or other vehicle which is a licensed common carrier for the transportation of passengers.

**Dislocation** - A completely separated joint. It must be diagnosed as a dislocation by a physician within 48 hours after the date of the accident. The dislocation must require treatment by a physician.

**Emergency Treatment** - Necessary medical treatment resulting from accidental bodily injury and which is received from: an emergency room; a hospital as an outpatient or as an inpatient for a period of twelve hours or less; a clinic; an ambulatory surgical center; or the office of a physician or surgeon. Such treatments must be received within forty-eight (48) hours of the injury.

**Fractures** - A break in a bone that can be seen by X-ray. It must be diagnosed as a fracture by a physician within 14 days after the date of the accident. The fracture must require treatment by a physician.

**Hospital** - A hospital is a facility which is licensed and operated pursuant to law; operates primarily for the care and treatment of sick or injured persons as inpatients for a charge; provides 24-hour nursing service under the supervision of a registered nurse; is supervised by a staff of licensed physicians; and has medical, diagnostic, and major surgical facilities or has access to such facilities.

The term "hospital" does not include: convalescent, rest, or nursing facilities; facilities for the aged, alcoholics or drug addicts; any hospital contracted for or run by any government except for services rendered where a legal liability exists for charges made to the individual.

**Hospital Confinement** - Continuous confinement for more than 12 hours upon the advice of a licensed practicing physician.

**Intensive Care Unit (ICU)** - Those special intensive care areas of a hospital which at the time of your admission to the hospital are also separate and apart from the surgical recovery room and from the rooms, beds, and wards customarily used for patient confinement. The term "intensive care unit" does not include lesser treatment units such as: progressive, intermediate or step down care units; private monitored rooms; isolation units; observation or telemetry units. In addition, such ICU must have 24-hour nursing attendance by nurses assigned on a full-time basis exclusively to such unit, and must contain special apparatus used in the treatment of the critically ill. Further, such intensive care facilities or units must be under the direct professional supervision and/or direction of a full-time physician director or a standing intensive care committee of the medical staff of the hospital.

**Loss of Eyesight or Limb** - Loss of eyesight is the total and permanent loss of sight of both eyes as a result of accidental bodily injury. Loss of a limb is the loss of a hand or foot by severance due to accidental bodily injury. The covered person must survive the loss by at least thirty days.

**We, Our, Us** - Liberty National Life Insurance Company.

**You, Your** - The person named as the insured on the face page of this policy.

## BENEFITS

**Accidental Death and Dismemberment Benefits.** We will pay the benefits specified in the schedule below for you and your covered children's accidental death or dismemberment covered under this policy.

		INSURED	COVERED CHILD
Accidental Death Benefits	If death is Accidental	\$ 25,000	\$1,000
	If death is by Automobile Accident	\$ 50,000	\$2,000
	If death is by Travel Accident	\$250,000	\$4,000
Dismemberment Benefits	For Loss of Eyesight	\$ 20,000	\$2,000
	For Loss of One Limb	\$ 10,000	\$1,000
	For Loss of Two or More Limbs	\$ 20,000	\$2,000

**Limitations:**

- (1) No benefit for accidental death will be payable if a benefit is payable for death by automobile accident or for death by travel accident.
- (2) No benefit for death by automobile accident will be payable if such death occurs while the automobile is being used for stunt driving or in racing or speed contests, any of which are organized or for profit, or if a benefit is payable for death by travel accident.
- (3) The maximum cumulative benefit for loss of limb is \$20,000 for you and \$2,000 for each covered child.
- (4) The benefit payable per accident for multiple losses due to accidental death and dismemberment will be the largest benefit for any loss.
- (5) No benefit for accidental death and dismemberment will be payable for a covered child less than one year old.

**Initial Hospitalization Benefit.** After the first 24 hours of a covered person's hospital confinement as a result of accidental bodily injury, we will pay you a \$1,000 lump sum benefit. The Initial Hospitalization Benefit is payable only one time per covered person per calendar year.

**Daily Hospital Benefit.** We will pay the Daily Hospital Benefit shown in the schedule on page one for each day of a covered person's hospital confinement as a result of accidental bodily injury. The Daily Hospital Benefit amount is determined by the years the policy has been in force at the date of the accident. The initial confinement of a covered person must occur within ninety days of such injury. A day of hospital confinement is any day that a covered person is confined in a hospital in excess of twelve hours.

**Limitations:**

- (1) Hospital benefits will be payable for a maximum of twenty-six weeks of hospital confinement due to any one accident.
- (2) Hospital benefits for all confinements will not be payable for more than twenty-six weeks during any period of fifty-two consecutive weeks.

**Intensive Care Unit (ICU) Benefit.** For each day a covered person is confined in an ICU of a hospital as a result of accidental bodily injury upon the recommendation of a licensed physician, we will pay you two times the Daily Hospital Benefit up to a maximum of 30 days. The Daily Hospital Benefit amount is determined by the years the policy has been in force at the date of the accident. The ICU Benefit is in addition to the Daily Hospital Benefit. A day of ICU confinement is any day that a covered person is confined in an ICU of a hospital in excess of twelve hours. The term "intensive care unit" does not include lesser treatment units such as: progressive, intermediate or step down care units; private monitored rooms; isolation units; observation or telemetry units.

**Emergency Treatment Benefit.** We will pay the actual expenses of a covered person, up to a maximum amount of \$500 for each unit of coverage shown on page one, for emergency treatment as a result of accidental bodily injury. No benefits will be paid in excess of the usual and customary charges made by the provider of services or treatments. Such treatments must be received within forty-eight (48) hours of the injury.

**Specified Injuries Benefit.** We will pay a benefit for the treatment of joint dislocations and bone fractures as specified below in the Dislocation Benefit and Fracture Benefit. The maximum cumulative benefit payable per accident per covered person is one and one-half (1 1/2) times the Specified Injuries Benefit as shown on page one.

**Dislocation Benefit.** We will pay the Specified Injuries Benefit as shown in the schedule on page one for dislocations which are repaired under general anesthesia. If the dislocation is repaired with local anesthesia or no anesthesia by a physician, we will pay 25% of the Specified Injuries Benefit. Benefits are payable for the dislocation of the following joints:

Ankle	Knee
Collar bone	Lower Jaw
Elbow	Shoulder
Foot (excluding toes)	Wrist
Hip	

**Fracture Benefit.** We will pay the Specified Injuries Benefit as shown in the schedule on page one for fractures. If the fracture is a chip fracture, we will pay 25% of the Specified Injuries Benefit. Benefits are payable for the following fractures:

Ankle	Kneecap
Arm	Leg
Elbow	Rib
Face (excluding nose)	Shoulder Blade
Foot (excluding toes/heel)	Skull
Hand (excluding fingers)	Sternum
Hip	Wrist
Jaw	

**Limitations:**

- (1) If a covered person dislocates the same joint more than once, we will only pay for the first dislocation.
- (2) If a covered person fractures multiple ribs, we will pay only one Fracture Benefit amount as defined above.
- (3) If a covered person receives multiple joint dislocations and/or bone fractures resulting from accidental bodily injury, we will pay for each accident a maximum benefit of one and one-half (1 1/2) times the Specified Injuries Benefit.

**Blood and Plasma Benefit.** We will pay a benefit of \$200 if whole blood or blood components are administered during the hospital confinement resulting from an accidental bodily injury. This benefit is payable only one time per accident.

**Ambulance Benefit.** We will pay a benefit of \$300 if a professional ambulance or air ambulance is used to transport a covered person to a hospital or emergency center within 100 miles from the site of the accident which resulted in accidental bodily injury. This benefit is limited to one trip per accident.

**Transportation Benefit.** We will pay a benefit of \$300 for transportation to and from any hospital located more than 100 miles from the site of the accident or the residence of the covered person for special treatment and hospital confinement as the result of accidental bodily injury. This Transportation Benefit is payable only if your attending physician prescribes treatments which are not locally available. This benefit is limited to one trip per accident.

**Waiver of Premiums.** If you have received benefits for continuous hospital confinement of thirty days or more, we will waive the payment of each premium which becomes due while hospital benefits continue. Any portion of premiums paid by you and attributable to this benefit period will be refunded. Premiums will become due and payable on the first premium due date following the end of the benefit period. In no event will this provision continue this policy in force after the termination date of this policy.

**EXCEPTIONS**

This policy does not cover death, injury, or other loss caused or contributed to by:

- (1) any disease, illness or infirmity or medical or surgical treatment therefor, unless the accidental injury aggravates, renders active, or sets in motion a latent or dormant disease or bodily infirmity leading to death;
- (2) participation in an assault, felony, riot, or insurrection;
- (3) mental or emotional disorders;
- (4) self-destruction or any attempt thereat whether sane or insane or intentionally self-inflicted injuries upon yourself whether sane or insane;
- (5) operating or riding or descending from any kind of aircraft of which a covered person is an officer, pilot or member of the crew; or in which a covered person is receiving training or giving instructions or has any duty;
- (6) war or act of war (declared or undeclared) whether or not the covered person is in military service; or
- (7) any covered person being under the influence of alcohol or other intoxicant, or under the influence of any drug or narcotic unless taken on the advice of a physician. Being under the influence of alcohol is determined and defined by the laws of the geographical area in which the loss or cause of loss was incurred.

## GENERAL PROVISIONS

**Conversion.** In the event that coverage with respect to any insured person terminates in accordance with the definition of a covered person, or expires for reasons other than reaching age 65 or failure to pay premiums when due, such covered person will be entitled to have issued to him or her an individual policy. The converted policy will: be issued at the attained age of the covered person; be issued without evidence of insurability; be the most similar to this policy then issued by the Company; and waive any probationary periods or time limits on certain defenses to the extent they have been fulfilled under this policy. Written application for such policy and payment of the first premium must be made within thirty days after termination of insurance under this policy. The converted policy, if issued, will take effect on the day following termination of coverage under this policy. Any special exclusion applicable to such covered person under this policy will also apply to such person under any converted policy.

**Consideration.** The application and the payment of the required premiums are the consideration for the policy.

### **Premium Payments.**

**When Payable.** Premiums are payable in advance beginning on the effective date.

**Frequency and Mode of Payment.** The frequency or mode of premium payments as shown in the schedule on page one, may be changed with our consent by filing a written request on a form satisfactory to and accepted by us. The change in the frequency of premiums will then become effective on the next premium due date. The payment of any premium will not continue this policy in force beyond the date when the next premium becomes due.

**Entire Contract; Changes.** This policy, endorsements and riders, if any, and the application is the entire contract between you and the Company. No change in this policy will be effective until approved by an officer of the Company. This approval must be noted on or attached to this policy. No agent may change this policy or waive any of its provisions.

**Age Limits.** Coverage under this policy is provided to you only if you are age sixty or younger on the effective date. In the event your coverage would not have become effective our liability will be limited to a refund of premiums. Such refund must be requested by you and will be equal to all premiums paid for this policy.

**Time Limit on Certain Defenses.** After two years from the effective date, no misstatements in the application may be used to void the policy or deny any claim for losses incurred after such two-year period.

**Grace Period.** This policy has a thirty day grace period. This means that if a renewal premium is not paid on or before the due date, it may be paid during the grace period. During the grace period, the policy will stay in force.

**Reinstatement.** If the renewal premium is not paid before the grace period ends, the policy will lapse. Later acceptance of the premium by us or by our agent without requiring an application for reinstatement will reinstate the policy. If an application is required, you will be given a conditional receipt for the premium. If the application is approved, the policy will be reinstated as of the approval date. Lacking such approval, the policy will be reinstated on the forty-fifth day after the date of the conditional receipt unless we have previously written you of its disapproval. The reinstated policy will cover only death or loss resulting from accidental bodily injury which occurs after the date of reinstatement. In all other respects your rights and our rights will remain the same, subject to any provision noted or attached to the reinstated policy.

**Notice of Claim.** Written notice of claim must be given within thirty days after the commencement or occurrence of any loss covered by this policy or as soon as reasonably possible. The notice can be given to us at our home office or to one of our agents. Notice should include your name and policy number.

**Claim Forms.** When we receive a notice of claim, we will send you forms for filing proof of loss. If you do not receive these forms within fifteen days, you will meet the proof of loss requirements by giving us a statement from the provider of services that describes the nature and extent of the loss within the time limit stated in "Proofs of Loss."

**Proofs of Loss.** Written proof of loss must be given to us within ninety days after the date of each loss covered by this policy. If it was not reasonably possible to give written proof in the time required, we will not reduce or deny the claim for this reason if the proof is filed as soon as possible. However, the proof required must be given no later than one year from the time specified unless you were legally incapacitated.

**Time of Payment of Claims.** Benefits provided by this policy will be paid as soon as we receive proper written proof of loss.

**Payment of Claims.** Any sum payable as a death claim on the life of a covered person other than you shall be paid to you. Any sum payable as a death claim on you shall be paid to the beneficiary. If the beneficiary does not survive you or cannot give a valid release, then the benefits of this policy may be paid to your estate. If you are 16 years of age or older, all other benefits will be paid to you, unless you direct otherwise in writing. If you are less than 16 years of age, such benefits will be paid to the person having control of this policy. If the benefits are payable to your estate or if you cannot execute a valid release, we can pay benefits up to \$1,000 to someone related to you by blood or marriage whom we consider to be entitled to such benefits. We will be discharged to the extent of any such payments made in good faith.

**Beneficiary.** The beneficiary of this policy is named in the schedule on page one. You may change the beneficiary at any time by giving us written notice on a form acceptable to us. When it is acknowledged by one of our officers, the change will take effect on the date of the request.

**Policy Control.** If you are 16 years of age or older, you may exercise all privileges granted to you under this policy. If you are under 16 years old, the beneficiary has the right to exercise all privileges granted to you under this policy. If the beneficiary dies or ceases to have custody and control over you prior to your 16th birthday, the parent, legal guardian, or other adult having custody and control over you shall have these rights under the policy until your 16th birthday.

**Physical Examination.** We may examine the covered person when reasonably necessary for our consideration of the pending claim. This will be done at our expense.

**Legal Action.** No legal action may be brought to recover on this policy within sixty days after written proof of loss has been given as required by this policy. No such action may be brought after three years from the time written proof of loss is required to be given.

**Misstatement of Age.** If your age has been misstated the benefits provided by this policy will be those the premium would have purchased at the correct age. If the correct age is over sixty years of age on the date of issue of this policy, such benefits will not become effective. If your correct age is such that this policy would not have become effective or would have terminated, then our liability will be limited to a refund. Such refund must be requested by you and will be equal to the portion of the premiums paid for the period not covered by this policy.

**Conformity with State Statutes.** Any provision of this policy which, on its effective date, is in conflict with the laws of the state in which you reside on that date, is amended to conform to the minimum requirements of such laws.

**Assignment.** You may assign this policy. However, we will not be bound by any assignment unless it is in writing and acknowledged by us at our home office. We will not be responsible for the validity of any assignment. The interest of the beneficiary will be subject to the interest of any assignee. We will pay the benefits of this policy to a state agency (such as Medicaid) when required by state law.

**Refund of Unearned Premiums on Death.** Upon the death of a Family Member insured under this policy, We will refund any premiums paid in behalf of the member, for any period beyond the ending of the policy month the death occurred, within 30 days after We receive proof of death.

**LIBERTY NATIONAL LIFE INSURANCE COMPANY**  
**Administrative Office: P. O. Box 2612, Birmingham, Alabama 35202**  
**FAMILY HOSPITAL ACCIDENT POLICY**

Policy Number	Name of Insured	Beneficiary	Plan	Agency	Branch
1234567	JOHN DOE	JANE DOE	HAL	XXX	XX
06/01/2011	35 Male	\$XX.XX BB	\$25,000	\$200	1
Month/Day/Year Effective Date	Age and Sex	Premium and Frequency	Accidental Death Benefit	Specified Injuries Benefit	Emergency Treatment Benefit Units

Daily Hospital Benefit	Years Policy in Force at Date of Accident			
	Less Than 1	1 But Less Than 2	2 But Less Than 3	3 or More
	\$150	\$250	\$350	\$500

**INSURING CLAUSE** - We insure each covered person against losses due to hospital confinement, accidental death and other specified loss resulting from accidental bodily injury occurring while this policy is in force. Subject to the conditions and limitations of this policy, we will pay the benefits specified in this policy. The coverage on each covered person begins at 12:01 a.m. on the effective date of this policy shown in the schedule above and continues while this policy is in force. The coverage on each covered person will cease at 12:00 midnight on the date of termination.

**RIGHT TO EXAMINE POLICY** - Please examine your policy carefully. Within twenty days after this policy is first received, it may be returned to us or to the agent through whom it was purchased. If returned, the policy will be as though it had never been issued. Any premiums paid will be returned.

**THIS IS A LEGAL CONTRACT - READ YOUR POLICY CAREFULLY.**

**CAUTION: THIS IS A LIMITED POLICY**

**GUARANTEED RENEWABLE; PREMIUMS SUBJECT TO CHANGE** - Your policy is guaranteed renewable until the policy anniversary immediately following your 65th birthday. Until such date and subject to the conditions of this policy, we cannot cancel or refuse to renew your policy. On such date this policy will terminate and cease to be in force. You may renew this contract before such date by paying each renewal premium as it falls due or during the grace period. Should we accept a premium for any period after this policy is to terminate, coverage will continue until the end of the period for which the premium has been accepted. We reserve the right to change premium rates. A change in the rates will apply to all policies having this form issued by us and in force in your state. If we change the rates, your premium will be determined by your age on the effective date of this policy and the year of issue of this policy. If we change the rates, we will write you 31 days or more before the change at the address shown in our records. Subject to the terms and conditions of this policy, we will not restrict or limit your policy in any other way while it is in force.

Signed for Liberty National Life Insurance Company as of the effective date.

*Jarvis Hutchison*  
Secretary

*Anthony L. McWhorter*  
Chief Executive Officer

**PLEASE READ:** This is an accident-only policy which does not pay benefits for a loss from sickness. The basis for issuing this policy is the information on the application. Incorrect information in the application could void the policy or cause an otherwise valid claim to be denied. Advise us immediately if any information on the application is wrong or if any past medical history has been left out. No agent may change this policy or waive any of its provisions.

**FAMILY HOSPITAL ACCIDENT POLICY**

Benefits for Accidental Death and Dismemberment - Reduced Benefits for Spouse and Children  
 Initial and Daily Benefits for Hospital and Intensive Care Unit Confinement Due to Accidental Bodily Injury  
 Benefits for Emergency Treatment; Specified Injuries; Blood and Plasma; Ambulance; Transportation; Waiver of Premiums  
 Guaranteed Renewable with Premiums Payable to Policy Anniversary Immediately Following Insured's 65th Birthday  
 Premium Rates Subject to Change -- Initial Premiums as Shown Above

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**DEFINITIONS**

**Accidental Bodily Injury** - Injury sustained by a covered person which is the direct result of an accident, occurring independently of disease, bodily infirmity, or any other cause while this policy is in force.

**Accidental Death** - Accidental death means the death of a covered person resulting, directly and independently of all other causes, from an accidental bodily injury; and occurring within ninety days of such injury.

**Chip Fracture** - A fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached. It must be diagnosed by a physician through the use of an X-ray.

**Covered Person** - You, your spouse, your children, legally adopted children and step-children who: are less than twenty-one years of age; are unmarried; and either live with you or are primarily dependent upon you for their support. Any newborn or newly adopted children of the Primary Insured will automatically be a Covered Person from the moment of birth or adoption if such birth or adoption occurs after the Effective Date of the policy. This will also cover children You have filed a petition to adopt.

The insurance on any child covered under this policy will terminate on the date of termination of the policy or:

- (1) At the earliest of: the child's marriage; the date the child no longer lives in your home or ceases to be primarily dependent upon you for his or her support if not living with you; or the child's twenty-first birthday; or
- (2) At the earliest of: the child's marriage; the date the child no longer lives in your home or ceases to be primarily dependent upon you for his or her support if not living with you; or the child's twenty-fifth birthday. This paragraph will be effective only under the following conditions: the child has been enrolled as a full-time student in a college or university for five or more months each year since age twenty-one; and the

policy remains in force. The condition of enrollment will be met if a dependent child was eligible for enrollment but was prevented from enrollment due to injury or sickness. Otherwise, such child's coverage will terminate in accordance with paragraphs one or three; or

- (3) At the earliest of: the child's marriage; or the date the child no longer lives in your home or ceases to be primarily dependent upon you for his or her support. This paragraph will be effective only for mentally or physically incapacitated dependent children under the following conditions: the policy remains in force; and due proof of such incapacity and dependency is received by us within 31 days of the termination date. If a dependent child is incapable of self-sustaining employment by reason of mental retardation or physical handicap, and if such disability occurred prior to the first policy anniversary following the child's 25th birthday, then the child will continue to be a Covered Person for as long as such disability continues. Proof of such incapacity or disability must be furnished upon Our request, but not more often than annually.

Should you and your spouse become divorced, the coverage on your spouse will cease. Upon written request to us, the premiums on this policy will be reduced. Should you remarry while this policy is in force, coverage on your new spouse may be added.

Upon your death, all coverage provided by this policy will terminate.

**Death by Automobile Accident** - Accidental death which results from injuries sustained while a covered person is riding in an automobile which is involved in a collision or upset on a street or public highway.

An automobile is defined as any four or more wheeled, self-propelled vehicle which is licensed for use on a public street or highway such as a car, van, or truck.

**Death by Travel Accident** - Accidental death which results from injuries sustained while a covered person is a fare-paying passenger traveling by means of a public conveyer; or as a passenger in a school bus which is being operated during the regular session of a public or private school for transporting students to or from school or any organized activities of such school.

A public conveyer is any taxicab, bus, train, airplane, ship, or other vehicle which is a licensed common carrier for the transportation of passengers.

**Dislocation** - A completely separated joint. It must be diagnosed as a dislocation by a physician within 48 hours after the date of the accident. The dislocation must require treatment by a physician.

**Emergency Treatment** - Necessary medical treatment resulting from accidental bodily injury and which is received from: an emergency room; a hospital as an outpatient or as an inpatient for a period of twelve hours or less; a clinic; an ambulatory surgical center; or the office of a physician or surgeon. Such treatments must be received within forty-eight (48) hours of the injury.

**Fractures** - A break in a bone that can be seen by X-ray. It must be diagnosed as a fracture by a physician within 14 days after the date of the accident. The fracture must require treatment by a physician.

**Hospital** - A hospital is a facility which is licensed and operated pursuant to law; operates primarily for the care and treatment of sick or injured persons as inpatients for a charge; provides 24-hour nursing service under the supervision of a registered nurse; is supervised by a staff of licensed physicians; and has medical, diagnostic, and major surgical facilities or has access to such facilities.

The term "hospital" does not include: convalescent, rest, or nursing facilities; facilities for the aged, alcoholics or drug addicts; any hospital contracted for or run by any government except for services rendered where a legal liability exists for charges made to the individual.

**Hospital Confinement** - Continuous confinement for more than 12 hours upon the advice of a licensed practicing physician.

**Intensive Care Unit (ICU)** - Those special intensive care areas of a hospital which at the time of your admission to the hospital are also separate and apart from the surgical recovery room and from the rooms, beds, and wards customarily used for patient confinement. The term "intensive care unit" does not include lesser treatment units such as: progressive, intermediate or step down care units; private monitored rooms; isolation units; observation or telemetry units. In addition, such ICU must have 24-hour nursing attendance by nurses assigned on a full-time basis exclusively to such unit, and must contain special apparatus used in the treatment of the critically ill. Further, such intensive care facilities or units must be under the direct professional supervision and/or direction of a full-time physician director or a standing intensive care committee of the medical staff of the hospital.

**Loss of Eyesight or Limb** - Loss of eyesight is the total and permanent loss of sight of both eyes as a result of accidental bodily injury. Loss of a limb is the loss of a hand or foot by severance due to accidental bodily injury. The covered person must survive the loss by at least thirty days.

**We, Our, Us** - Liberty National Life Insurance Company.

**You, Your** - The person named as the insured on the face page of this policy.

## BENEFITS

**Accidental Death and Dismemberment Benefits.** We will pay the benefits specified in the schedule below for your, your spouse, and your covered children's accidental death or dismemberment covered under this policy.

		INSURED	SPOUSE	COVERED CHILD
Accidental Death Benefits	If death is Accidental	\$ 25,000	\$ 10,000	\$1,000
	If death is by Automobile Accident	\$ 50,000	\$ 20,000	\$2,000
	If death is by Travel Accident	\$250,000	\$100,000	\$4,000
Dismemberment Benefits	For Loss of Eyesight	\$ 20,000	\$ 20,000	\$2,000
	For Loss of One Limb	\$ 10,000	\$ 10,000	\$1,000
	For Loss of Two or More Limbs	\$ 20,000	\$ 20,000	\$2,000

**Limitations:**

- (1) No benefit for accidental death will be payable if a benefit is payable for death by automobile accident or for death by travel accident.
- (2) No benefit for death by automobile accident will be payable if such death occurs while the automobile is being used for stunt driving or in racing or speed contests, any of which are organized or for profit, or if a benefit is payable for death by travel accident.
- (3) The maximum cumulative benefit for loss of limb is \$20,000 for you, \$20,000 for your spouse, and \$2,000 for each covered child.
- (4) The benefit payable per accident for multiple losses due to accidental death and dismemberment will be the largest benefit for any loss.
- (5) No benefit for accidental death and dismemberment will be payable for a covered child less than one year old.

**Initial Hospitalization Benefit.** After the first 24 hours of a covered person's hospital confinement as a result of accidental bodily injury, we will pay you a \$1,000 lump sum benefit. The Initial Hospitalization Benefit is payable only one time per covered person per calendar year.

**Daily Hospital Benefit.** We will pay the Daily Hospital Benefit shown in the schedule on page one for each day of a covered person's hospital confinement as a result of accidental bodily injury. The Daily Hospital Benefit amount is determined by the years the policy has been in force at the date of the accident. The initial confinement of a covered person must occur within ninety days of such injury. A day of hospital confinement is any day that a covered person is confined in a hospital in excess of twelve hours.

**Limitations:**

- (1) Hospital benefits will be payable for a maximum of twenty-six weeks of hospital confinement due to any one accident.
- (2) Hospital benefits for all confinements will not be payable for more than twenty-six weeks during any period of fifty-two consecutive weeks.

**Intensive Care Unit (ICU) Benefit.** For each day a covered person is confined in an ICU of a hospital as a result of accidental bodily injury upon the recommendation of a licensed physician, we will pay you two times the Daily Hospital Benefit up to a maximum of 30 days. The Daily Hospital Benefit amount is determined by the years the policy has been in force at the date of the accident. The ICU Benefit is in addition to the Daily Hospital Benefit. A day of ICU confinement is any day that a covered person is confined in an ICU of a hospital in excess of twelve hours. The term "intensive care unit" does not include lesser treatment units such as: progressive, intermediate or step down care units; private monitored rooms; isolation units; observation or telemetry units.

**Emergency Treatment Benefit.** We will pay the actual expenses of a covered person, up to a maximum amount of \$500 for each unit of coverage shown on page one, for emergency treatment as a result of accidental bodily injury. No benefits will be paid in excess of the usual and customary charges made by the provider of services or treatments. Such treatments must be received within forty-eight (48) hours of the injury.

**Specified Injuries Benefit.** We will pay a benefit for the treatment of joint dislocations and bone fractures as specified below in the Dislocation Benefit and Fracture Benefit. The maximum cumulative benefit payable per accident per covered person is one and one-half (1 1/2) times the Specified Injuries Benefit as shown on page one.

**Dislocation Benefit.** We will pay the Specified Injuries Benefit as shown in the schedule on page one for dislocations which are repaired under general anesthesia. If the dislocation is repaired with local anesthesia or no anesthesia by a physician, we will pay 25% of the Specified Injuries Benefit. Benefits are payable for the dislocation of the following joints:

Ankle	Knee
Collar bone	Lower Jaw
Elbow	Shoulder
Foot (excluding toes)	Wrist
Hip	

**Fracture Benefit.** We will pay the Specified Injuries Benefit as shown in the schedule on page one for fractures. If the fracture is a chip fracture, we will pay 25% of the Specified Injuries Benefit. Benefits are payable for the following fractures:

Ankle	Kneecap
Arm	Leg
Elbow	Rib
Face (excluding nose)	Shoulder Blade
Foot (excluding toes/heel)	Skull
Hand (excluding fingers)	Sternum
Hip	Wrist
Jaw	

**Limitations:**

- (1) If a covered person dislocates the same joint more than once, we will only pay for the first dislocation.
- (2) If a covered person fractures multiple ribs, we will pay only one Fracture Benefit amount as defined above.
- (3) If a covered person receives multiple joint dislocations and/or bone fractures resulting from accidental bodily injury, we will pay for each accident a maximum benefit of one and one-half (1 1/2) times the Specified Injuries Benefit.

**Blood and Plasma Benefit.** We will pay a benefit of \$200 if whole blood or blood components are administered during the hospital confinement resulting from an accidental bodily injury. This benefit is payable only one time per accident.

**Ambulance Benefit.** We will pay a benefit of \$300 if a professional ambulance or air ambulance is used to transport a covered person to a hospital or emergency center within 100 miles from the site of the accident which resulted in accidental bodily injury. This benefit is limited to one trip per accident.

**Transportation Benefit.** We will pay a benefit of \$300 for transportation to and from any hospital located more than 100 miles from the site of the accident or the residence of the covered person for special treatment and hospital confinement as the result of accidental bodily injury. This Transportation Benefit is payable only if your attending physician prescribes treatments which are not locally available. This benefit is limited to one trip per accident.

**Waiver of Premiums.** If you have received benefits for continuous hospital confinement of thirty days or more, we will waive the payment of each premium which becomes due while hospital benefits continue. Any portion of premiums paid by you and attributable to this benefit period will be refunded. Premiums will become due and payable on the first premium due date following the end of the benefit period. In no event will this provision continue this policy in force after the termination date of this policy.

**EXCEPTIONS**

This policy does not cover death, injury, or other loss caused or contributed to by:

- (1) any disease, illness or infirmity or medical or surgical treatment therefor, unless the accidental injury aggravates, renders active, or sets in motion a latent or dormant disease or bodily infirmity leading to death;
- (2) participation in an assault, felony, riot, or insurrection;
- (3) mental or emotional disorders;
- (4) self-destruction or any attempt thereat whether sane or insane or intentionally self-inflicted injuries upon yourself whether sane or insane;
- (5) operating or riding or descending from any kind of aircraft of which a covered person is an officer, pilot or member of the crew; or in which a covered person is receiving training or giving instructions or has any duty;
- (6) war or act of war (declared or undeclared) whether or not the covered person is in military service; or
- (7) any covered person being under the influence of alcohol or other intoxicant, or under the influence of any drug or narcotic unless taken on the advice of a physician. Being under the influence of alcohol is determined and defined by the laws of the geographical area in which the loss or cause of loss was incurred.

## GENERAL PROVISIONS

**Privilege of Exchange.** If either you or your spouse should die while this policy is in force, the survivor may exchange it for an individual or single parent policy with similar benefits. Written application for the exchange must be made within 30 days from the date of death of you or your spouse. The premium for the individual or single parent policy will be determined by: the age of the continuing insured on the effective date of this policy; and the premium rates in use at the time of the exchange for individual and single parent policies.

**Conversion.** In the event that coverage with respect to any insured person terminates in accordance with the definition of a covered person, or expires for reasons other than reaching age 65 or failure to pay premiums when due, such covered person will be entitled to have issued to him or her an individual policy. The converted policy will: be issued at the attained age of the covered person; be issued without evidence of insurability; be the most similar to this policy then issued by the Company; and waive any probationary periods or time limits on certain defenses to the extent they have been fulfilled under this policy. Written application for such policy and payment of the first premium must be made within thirty days after termination of insurance under this policy. The converted policy, if issued, will take effect on the day following termination of coverage under this policy. Any special exclusion applicable to such covered person under this policy will also apply to such person under any converted policy.

**Consideration.** The application and the payment of the required premiums are the consideration for the policy.

### Premium Payments.

**When Payable.** Premiums are payable in advance beginning on the effective date.

**Frequency and Mode of Payment.** The frequency or mode of premium payments as shown in the schedule on page one, may be changed with our consent by filing a written request on a form satisfactory to and accepted by us. The change in the frequency of premiums will then become effective on the next premium due date. The payment of any premium will not continue this policy in force beyond the date when the next premium becomes due.

**Entire Contract; Changes.** This policy, endorsements and riders, if any, and the application is the entire contract between you and the Company. No change in this policy will be effective until approved by an officer of the Company. This approval must be noted on or attached to this policy. No agent may change this policy or waive any of its provisions.

**Age Limits.** Coverage under this policy is provided to you only if you are age sixty or younger on the effective date. In the event your coverage would not have become effective our liability will be limited to a refund of premiums. Such refund must be requested by you and will be equal to all premiums paid for this policy.

**Time Limit on Certain Defenses.** After two years from the effective date, no misstatements in the application may be used to void the policy or deny any claim for losses incurred after such two-year period.

**Grace Period.** This policy has a thirty-day grace period. This means that if a renewal premium is not paid on or before the due date, it may be paid during the grace period. During the grace period, the policy will stay in force.

**Reinstatement.** If the renewal premium is not paid before the grace period ends, the policy will lapse. Later acceptance of the premium by us or by our agent without requiring an application for reinstatement will reinstate the policy. If an application is required, you will be given a conditional receipt for the premium. If the application is approved, the policy will be reinstated as of the approval date. Lacking such approval, the policy will be reinstated on the forty-fifth day after the date of the conditional receipt unless we have previously written you of its disapproval. The reinstated policy will cover only death or loss resulting from accidental bodily injury which occurs after the date of reinstatement. In all other respects your rights and our rights will remain the same, subject to any provision noted or attached to the reinstated policy.

**Notice of Claim.** Written notice of claim must be given within thirty days after the commencement or occurrence of any loss covered by this policy or as soon as reasonably possible. The notice can be given to us at our home office or to one of our agents. Notice should include your name and policy number.

**Claim Forms.** When we receive a notice of claim, we will send you forms for filing proof of loss. If you do not receive these forms within fifteen days, you will meet the proof of loss requirements by giving us a statement from the provider of services that describes the nature and extent of the loss within the time limit stated in "Proofs of Loss."

**Proofs of Loss.** Written proof of loss must be given to us within ninety days after the date of each loss covered by this policy. If it was not reasonably possible to give written proof in the time required, we will not reduce or deny the claim for this reason if the proof is filed as soon as possible. However, the proof required must be given no later than one year from the time specified unless you were legally incapacitated.

**Time of Payment of Claims.** Benefits provided by this policy will be paid as soon as we receive proper written proof of loss.

**Payment of Claims.** Any sum payable as a death claim on the life of a covered person other than you shall be paid to you. Any sum payable as a death claim on you shall be paid to the beneficiary. If the beneficiary does not survive you or cannot give a valid release, then the benefits of this policy may be paid to your estate. If you are 16 years of age or older, all other benefits will be paid to you, unless you direct otherwise in writing. If you are less than 16 years of age, such benefits will be paid to the person having control of this policy. If the benefits are payable to your estate or if you cannot execute a valid release, we can pay benefits up to \$1,000 to someone related to you by blood or marriage whom we consider to be entitled to such benefits. We will be discharged to the extent of any such payments made in good faith.

**Beneficiary.** The beneficiary of this policy is named in the schedule on page one. You may change the beneficiary at any time by giving us written notice on a form acceptable to us. When it is acknowledged by one of our officers, the change will take effect on the date of the request.

**Policy Control.** If you are 16 years of age or older, you may exercise all privileges granted to you under this policy. If you are under 16 years old, the beneficiary has the right to exercise all privileges granted to you under this policy. If

the beneficiary dies or ceases to have custody and control over you prior to your 16th birthday, the parent, legal guardian, or other adult having custody and control over you shall have these rights under the policy until your 16th birthday.

**Physical Examination.** We may examine the covered person when reasonably necessary for our consideration of the pending claim. This will be done at our expense.

**Legal Action.** No legal action may be brought to recover on this policy within sixty days after written proof of loss has been given as required by this policy. No such action may be brought after three years from the time written proof of loss is required to be given.

**Misstatement of Age.** If your or your spouse's age has been misstated the benefits provided by this policy will be those the premium would have purchased at the correct age. If the correct age is over sixty years of age on the date of issue of this policy, such benefits will not become effective. If the correct age is such that this policy would not have become effective or would have terminated, then our liability will be limited to a refund. Such refund must be requested by you and will be equal to the portion of the premiums paid for the period not covered by this policy.

**Conformity with State Statutes.** Any provision of this policy which, on its effective date, is in conflict with the laws of the state in which you reside on that date, is amended to conform to the minimum requirements of such laws.

**Assignment.** You may assign this policy. However, we will not be bound by any assignment unless it is in writing and acknowledged by us at our home office. We will not be responsible for the validity of any assignment. The interest of the beneficiary will be subject to the interest of any assignee. We will pay the benefits of this policy to a state agency (such as Medicaid) when required by state law.

**Refund of Unearned Premiums on Death.** Upon the death of a Family Member insured under this policy, We will refund any premiums paid in behalf of the member, for any period beyond the ending of the policy month the death occurred, within 30 days after We receive proof of death.

**LIBERTY NATIONAL LIFE INSURANCE COMPANY**

A Nebraska Stock Company

Application for:  Individual Hospital Accident Policy  
 Single Parent Hospital Accident Policy  
 Family Hospital Accident Policy

MODE:  A  SA  Q  GA  
 BB (Attach Authorization)  PD (Attach Authorization if required)  
 WD LNL Emp.# \_\_\_\_\_

IF PD MODE SELECTED, COMPLETE THIS SECTION:			
Franchise Number	Employment Date MM YY	Cafeteria Plan <input type="checkbox"/> Yes <input type="checkbox"/> No	Requested Effective Date MM DD YY
Payroll Deduction Frequency:		1. <input type="checkbox"/> Weekly 2. <input type="checkbox"/> Bi-Weekly	3. <input type="checkbox"/> Semi-Monthly 4. <input type="checkbox"/> Monthly

Client Number	Agency	Agent Number	Mailing Address	Apt. #	City
Branch	State	Zip	Email @		

Telephone Numbers: Home: ( ) Work: ( ) Cell: ( )

Proposed Insured A.	First	Middle	Last	Social Security No.	Plan	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Age	Date of Birth / /
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Beneficiary	Relationship	Age
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Spouse (Family Hospital Accident Only)	Spouse Date of Birth / /	Amount Collected with this Application for Proposed Insured A (Complete on all Modes) \$
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Proposed Insured B.	First	Middle	Last	Social Security No.	Plan	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Age	Date of Birth / /
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Beneficiary	Relationship	Age
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Emergency Treatment Benefit Amount <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000	Amount Collected with this Application for Proposed Insured B (Complete on all Modes) \$
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	Proposed Insured	
	A.	B.
	Yes	No
1. Is the insurance applied for intended to replace or change any coverage now in force with this or any other company? If "Yes," comply with the applicable Replacement Regulation or Rule. Old LNL Policy# _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Is any person to be insured employed in any of the following occupations: Handyman, yardman, lumberyard worker, sawmill worker, pulpwooder, oil well shooter, underground miner, migrant worker? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Any person for whom a yes answer applies in question 2 is not eligible for coverage as applied for in this application.</b>		
3. Are you covered under a State Medicaid Program? .....	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you covered under Medicare? .....	<input type="checkbox"/>	<input type="checkbox"/>
5. <b>A recorded phone interview may be necessary as part of the underwriting of this application.</b> The most convenient time and place for the phone interview is: Preferred Phone: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell Preferred Time: <input type="checkbox"/> 8AM-NOON <input type="checkbox"/> NOON-6PM <input type="checkbox"/> 6PM-9PM		

A478AR 0511

**RECEIPT (not to be detached unless premium collected)**

We have received from \_\_\_\_\_ the sum of \$ \_\_\_\_\_ as a deposit on an application (detached herefrom and bearing the same date as this receipt) for a policy of Hospital Accident insurance. This payment is made and accepted subject to the conditions set out on the back of this receipt.

**PLEASE READ THESE CONDITIONS CAREFULLY. ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO THE COMPANY. DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.**

**THE HOME OFFICE MAY CALL YOU TO VERIFY APPLICATION INFORMATION**

Branch No. \_\_\_\_\_ Agency No. \_\_\_\_\_ By (Agent) \_\_\_\_\_

Dated at \_\_\_\_\_, State of \_\_\_\_\_, Date \_\_\_\_\_, 20\_\_\_\_\_.

Unless you receive a policy or your money is refunded within 60 days from the date of this receipt, please notify the Company, (Liberty National Life, P.O. Box 2612, Birmingham, Alabama 35202) giving the amount paid, date of payment, and the name of the Agent shown above.

**DECLARATION AND AUTHORIZATION**

I hereby declare that the statements recorded herein are true and complete to the best of my knowledge and belief with respect to any proposed insured. I agree that: (1) subject to the terms of the conditional receipt, if applicable, no coverage will be effective until a policy is delivered to the Proposed Insured, and unless on the date of such delivery, each proposed insured is alive and his/her health remains as stated in the application; (2) no agent has authority to accept risks on behalf of the Company or make or change contracts or waive the Company's rights or requirements; (3) receipt of the outline of coverage, if required by my state, is hereby acknowledged; Except with respect to a minor child of mine, this application is made with the knowledge and consent of the proposed insured. I have paid to the agent the sum of \$ \_\_\_\_\_

**IMPORTANT NOTICE:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Date A478AR	Application State	Agent	Proposed Insured/Applicant	0511
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**AGENT'S STATEMENT**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Do you have any reason to believe that any response to the health questions is not accurate?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have any knowledge or reason to believe that the insurance applied for herein may be to replace or change existing insurance coverage with this or any other company?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Was the application signed in your presence?.....   | <input type="checkbox"/> | <input type="checkbox"/> |

\_\_\_\_\_  
Print or Type Agent's Name

Signed \_\_\_\_\_, Agent

If on the date of application the proposed insured(s) are alive and are risks acceptable to the Company under its rules, limits and standards for the plan applied for, then the insurance applied for will take effect on the date of the application. Unless the Company has declined to issue the insurance applied for, the insurance will continue in force until the earlier of: (a) the expiration of the period covered by the payments received for herein; or (b) the expiration of 60 days. If the application is accepted and a policy issued, this sum will be applied toward payment of the premium thereon. If the Company declines to issue any policy applied for, the amount of the application deposit for such policy will be returned to the applicant. No insurance will become effective unless the application to which this receipt is attached is received by the Company at its home office.

No agent has authority to accept risks or make or change contracts or waive the Company's rights or requirements.

This receipt is issued on the condition that any check, draft or other order for payment of money be good and collectable. This receipt is not transferable and will not be valid for any purpose if any erasures or alterations have been made in the printed form.

Only the information which the applicant has given in the answers to the questions on the application, or contained in the Company's records will be used to evaluate the eligibility for this insurance. This information will not be disclosed to any other company or person without written authorization.

**OUTLINE OF COVERAGE FOR HOSPITAL  
ACCIDENT POLICY FORMS HAJ, HAK, HAL  
ACCIDENT ONLY COVERAGE  
PLEASE RETAIN FOR YOUR RECORDS**



P.O. Box 2612  
Birmingham, AL 35202  
Telephone (205) 325-2722

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

**CAUTION: THIS IS A LIMITED POLICY.**

- FAMILY** – This policy covers the proposed insured, insured’s spouse named in the application for this policy and the insured’s eligible children.
- SINGLE PARENT** – This policy covers the proposed insured, and the insured’s eligible children.
- INDIVIDUAL** – This policy covers the proposed insured.

**ACCIDENT ONLY COVERAGE** – Policies of this category are designed to provide, to persons insured, coverage for certain losses resulting from a covered accident **ONLY**, subject to any limitations contained in the policy. Coverage is not provided for any loss from sickness.

**BENEFITS** – The benefits specified below cover losses due to hospital confinement, accidental death, and other specified loss resulting from accidental bodily injury. Such benefits will be subject to any conditions and limitations contained in the policy.

**ACCIDENTAL DEATH AND DISMEMBERMENT**

<b>Proposed Insured</b>		<b>Spouse (If Applicable)</b>		<b>Children (If Applicable)</b>	
Accidental Death	\$25,000	Accidental Death	\$10,000	Accidental Death	\$1,000
Death by Automobile Accident	\$50,000	Death by Automobile Accident	\$20,000	Death by Automobile Accident	\$2,000
Death by Travel Accident	\$250,000	Death by Travel Accident	\$100,000	Death by Travel Accident	\$4,000
Loss of Eyesight	\$20,000	Loss of Eyesight	\$20,000	Loss of Eyesight	\$2,000
Loss of One Limb	\$10,000	Loss of One Limb	\$10,000	Loss of One Limb	\$1,000
Loss of Two or More Limbs	\$20,000	Loss of Two or More Limbs	\$20,000	Loss of Two or More Limbs	\$2,000

**LIMITATIONS**

1. No benefit for accidental death will be payable if a benefit is payable for death by automobile accident or for death by travel accident;
2. No benefit for death by automobile accident will be payable if such death occurs while the automobile is being used for stunt driving or in racing or speed contests, any of which are organized or for profit, or if a benefit is payable for death by travel accident;
3. The maximum cumulative benefit for loss of limb is \$20,000 for you, \$20,000 for your spouse and \$2,000 for each covered child;
4. The benefit payable per accident for multiple losses due to accidental death and dismemberment will be the largest benefit for any loss;
5. No benefit for accidental death and dismemberment will be payable for a covered child less than one year old.

**DAILY HOSPITAL BENEFIT**

<b>Years Policy in Force at Date of Accident</b>	<b>Daily Hospital Benefit</b>
Less than 1 year	\$150
1 year but less than 2	\$250
2 years but less than 3	\$350
3 years or more	\$500

**INITIAL HOSPITALIZATION BENEFIT** – After the first 24 hours of your hospital confinement as a result of accidental bodily injury, we will pay you a \$1,000 lump sum benefit. The Initial Hospitalization Benefit is payable only one time per calendar year.

**DAILY HOSPITAL BENEFIT** – We will pay the Daily Hospital Benefit as defined above for each day of a covered persons hospital confinement as a result of accidental bodily injury. The Daily Hospital Benefit amount is determined by the years the policy has been in force at the date of the accident. The initial confinement of a covered person must occur within ninety days of such injury. A day of hospital confinement is any day that a covered person is confined in a hospital in excess of twelve hours.

**LIMITATIONS**

1. Hospital benefits will be payable for a maximum of twenty-six weeks of hospital confinement due to any one accident;

2. Hospital benefits for all confinements will not be payable for more than twenty-six weeks during any period of fifty-two consecutive weeks.

**INTENSIVE CARE UNIT (ICU) BENEFIT** – For each day a covered person is confined in an ICU of a hospital as a result of accidental bodily injury upon the recommendation of a licensed physician, we will pay you two times the Daily Hospital Benefit up to a maximum of 30 days. The Daily Hospital Benefit amount is determined by the years the policy has been in force at the date of the accident. The ICU Benefit is in addition to the Daily Hospital Benefit. A day of ICU confinement is any day that a covered person is confined in an ICU of a hospital in excess of twelve hours. The term “intensive care unit” does not include lesser treatment units such as: progressive, intermediate or step down care units; private monitored rooms; isolation units; observation or telemetry units.

**EMERGENCY TREATMENT BENEFIT** – We will pay the actual expenses of a covered person, up to a maximum amount of \$ 500 for each unit of coverage shown on page one of the policy, for emergency treatment as a result of accidental bodily injury. No benefits will be paid in excess of the usual and customary charges made by the provider of services or treatments. Such treatments must be received within forty-eight (48) hours of the injury.

**SPECIFIED INJURIES BENEFIT** – We will pay a benefit up to \$200 for the treatment of joint dislocations and bone fractures. The maximum cumulative benefit payable per accident is one and one-half (1½) times the Specified Injuries Benefit.

#### **LIMITATIONS**

1. If a covered person dislocates the same joint more than once, we will only pay for the first dislocation;
2. If a covered person fractures multiple ribs, we will pay only one fracture benefit amount;
3. If a covered person receives multiple joint dislocations and/or bone fractures resulting from accidental bodily injury, we will pay for each accident a maximum benefit of one and one-half (1½) times the Specified Injuries Benefit.

**BLOOD AND PLASMA BENEFIT** – We will pay a benefit of \$200 if whole blood or blood components are administered during the hospital confinement resulting from an accidental bodily injury. This benefit is payable only one time per accident.

**AMBULANCE BENEFIT** – We will pay a benefit of \$300 if a professional ambulance or air ambulance is used to transport a covered person to a hospital or emergency center within 100 miles from the site of the accident which resulted in accidental bodily injury. This benefit is limited to one trip per accident.

**TRANSPORTATION BENEFIT** – We will pay a benefit of \$300 for transportation to and from any hospital located more than 100 miles from the site of the accident or the residence of the covered person for special treatment and hospital confinement as the result of accidental bodily injury. This Transportation Benefit is payable only if your attending physician prescribes treatments which are not locally available. This benefit is limited to one trip per accident.

**WAIVER OF PREMIUMS** – If you have received benefits for continuous hospital confinement of thirty days or more, we will waive the payment of each premium which becomes due while hospital benefits continue. Any portion of premiums paid by you and attributable to this benefit period will be refunded. Premiums will become due and payable on the first premium due date following the end of the benefit period. In no event will this provision continue this policy in force after the termination date of this policy.

**EXCEPTIONS**– This policy does not cover death, injury, or other loss caused or contributed to by:

1. any disease, illness or infirmity or medical or surgical treatment therefor, unless the accidental injury aggravates, renders active, or sets in motion a latent or dormant disease or bodily infirmity leading to death;
2. participation in an assault, felony, riot, or insurrection;
3. mental or emotional disorders;
4. self-destruction or any attempt thereat whether sane or insane or injuries intentionally self-inflicted upon yourself whether sane or insane;
5. operating or riding or descending from any kind of aircraft of which a covered person is an officer, pilot or member of the crew; or in which a covered person is receiving training or giving instructions or has any duty;
6. war or act of war (declared or undeclared) whether or not the covered person is in military service;
7. any covered person being under the influence of alcohol or other intoxicant, or under the influence of any drug or narcotic unless taken on the advice of a physician. Being under the influence of alcohol is determined and defined by the laws of the geographical area in which the loss or cause of loss was incurred.

**GUARANTEED RENEWABLE; PREMIUMS SUBJECT TO CHANGE** – Your policy is guaranteed renewable until the policy anniversary immediately following your 65th birthday. Until such date and subject to the conditions of this policy, we cannot cancel or refuse to renew your policy. On such date this policy will terminate and cease to be in force. You may renew this contract before such date by paying each renewal premium as it falls due or during the grace period. Should we accept a premium for any period after this policy is to terminate, coverage will continue until the end of the period for which the premium has been accepted. We reserve the right to change premium rates. A change in the rates will apply to all policies having this form issued by us and in force in your state. If we change the rates, your premium will be determined by: your age on the effective date of this policy and the year of issue of this policy. Subject to the terms and conditions of this policy, we will not restrict or limit your policy in any other way while it is in force.

**This outline of coverage is only a brief summary and is not the contract of insurance. Please refer to the policy for further policy provision.**

SERFF Tracking Number: AMLC-127162295 State: Arkansas  
 Filing Company: Liberty National Life Insurance Company State Tracking Number: 48744  
 Company Tracking Number: HAJ, HAK, HAL  
 TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only  
 Product Name: Accident Protector Plus - HAJ, HAK, HAL  
 Project Name/Number: Accident Protector Plus - HAJ, HAK, HAL/HAJ, HAK, HAL

**Rate Information**

Rate data applies to filing.

**Filing Method:** SERFF  
**Rate Change Type:** Neutral  
**Overall Percentage of Last Rate Revision:** 0.000%  
**Effective Date of Last Rate Revision:** 05/10/2011  
**Filing Method of Last Filing:** SERFF

**Company Rate Information**

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Liberty National Life Insurance Company	N/A	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking Number: AMLC-127162295 State: Arkansas  
 Filing Company: Liberty National Life Insurance Company State Tracking Number: 48744  
 Company Tracking Number: HAJ, HAK, HAL  
 TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only  
 Product Name: Accident Protector Plus - HAJ, HAK, HAL  
 Project Name/Number: Accident Protector Plus - HAJ, HAK, HAL/HAJ, HAK, HAL

## Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 05/12/2011	LNL HAJ IND Rate Page - 50%	HAJ	New		LNL HAJ IND Rate Page - 50% LR.pdf
Approved-Closed 05/12/2011	LNL HAK SPF Rate Page - 50%	HAK	New		LNL HAK SPF Rate Page - 50% LR.pdf
Approved-Closed 05/12/2011	LNL HAL FAM Rate Page - 50%	HAL	New		LNL HAL FAM Rate Page - 50% LR.pdf

**LIBERTY NATIONAL LIFE INSURANCE COMPANY**

McKinney, Texas

**ACCIDENT PROTECTOR PLUS POLICY COVERING INDIVIDUALS  
POLICY FORM HAJ**

**Proposed Annual Premium Rates**

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	<b>Annual Premium</b>
<b>\$500 Emergency Room Benefit Amount</b>	
Individual	\$ 133.33
<b>\$1,000 Emergency Room Benefit Amount</b>	
Individual	\$ 166.67

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Modal Premium Factors:

Semi-Annual	=	Annual	*	0.525
Quarterly	=	Annual	*	0.265
Monthly	=	Annual	*	0.095
Bank Budget	=	Annual	*	0.090
Payroll Deduction	=	Annual	*	0.090
Government Allotment	=	Annual	*	0.090
Liberty National				
Weekly Deduction	=	Annual	*	0.01923

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For Company Use:

Plan Code HAJ; HAM

**LIBERTY NATIONAL LIFE INSURANCE COMPANY**  
McKinney, Texas

**ACCIDENT PROTECTOR PLUS POLICY COVERING SINGLE PARENT FAMILIES**  
**POLICY FORM HAK**

**Proposed Annual Premium Rates**

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	<b>Annual Premium</b>
<b>\$500 Emergency Room Benefit Amount</b>	
Single Parent Family	\$ 200.00
<b>\$1,000 Emergency Room Benefit Amount</b>	
Single Parent Family	\$ 288.89

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Modal Premium Factors:

Semi-Annual	=	Annual	*	0.525
Quarterly	=	Annual	*	0.265
Monthly	=	Annual	*	0.095
Bank Budget	=	Annual	*	0.090
Payroll Deduction	=	Annual	*	0.090
Government Allotment	=	Annual	*	0.090
Liberty National				
Weekly Deduction	=	Annual	*	0.01923

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For Company Use:

Plan Code HAK; HAN

**LIBERTY NATIONAL LIFE INSURANCE COMPANY**  
McKinney, Texas

**ACCIDENT PROTECTOR PLUS POLICY COVERING FAMILIES**  
**POLICY FORM HAL**

**Proposed Annual Premium Rates**

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	<b>Annual Premium</b>
<b>\$500 Emergency Room Benefit Amount</b>	
Family	\$ 300.00
<b>\$1,000 Emergency Room Benefit Amount</b>	
Family	\$ 422.22

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Modal Premium Factors:

Semi-Annual	=	Annual	*	0.525
Quarterly	=	Annual	*	0.265
Monthly	=	Annual	*	0.095
Bank Budget	=	Annual	*	0.090
Payroll Deduction	=	Annual	*	0.090
Government Allotment	=	Annual	*	0.090
Liberty National				
Weekly Deduction	=	Annual	*	0.01923

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For Company Use:

Plan Code HAL; HAO

SERFF Tracking Number: AMLC-127162295 State: Arkansas  
 Filing Company: Liberty National Life Insurance Company State Tracking Number: 48744  
 Company Tracking Number: HAJ, HAK, HAL  
 TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only  
 Product Name: Accident Protector Plus - HAJ, HAK, HAL  
 Project Name/Number: Accident Protector Plus - HAJ, HAK, HAL/HAJ, HAK, HAL

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	05/12/2011
<b>Comments:</b> See Attached		
<b>Attachment:</b> AR Readability Certification.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application	Approved-Closed	05/12/2011
<b>Bypass Reason:</b> We are filing the application to be used with the policies (see form schedule).		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Outline of Coverage	Approved-Closed	05/12/2011
<b>Comments:</b>		
<b>Attachment:</b> H174AR HAJ_HAK_HAL Outline 0511.pdf		

STATE OF ARKANSAS  
READABILITY CERTIFICATION

<u>FORM NO.</u>	<u>DESCRIPTION</u>	<u>SCORE</u>	<u>SCORED SEPARATELY</u>
HAJ	Hospital Accident Policy	50	X
HAK	Single Parent Hospital Accident Policy	50	X
HAL	Family Hospital Accident Policy	50	X
A478AR	Appliction for Hospital Accident Policy	53	X

This is to certify that the above listed forms have achieved the Flesch Ease Score indicated, and that to the best of my knowledge and belief comply with the requirements to **Ark. Stat. Ann. Sec. 66-3251** through **66.3258**, cited as the Life and Disability Insurance Policy Language Simplification Act.

  
\_\_\_\_\_  
Cathy C. Pilcher  
Second Vice President, Compliance  
Liberty National Life Insurance Company

5-10-11  
Date

**OUTLINE OF COVERAGE FOR HOSPITAL  
ACCIDENT POLICY FORMS HAJ, HAK, HAL  
ACCIDENT ONLY COVERAGE  
PLEASE RETAIN FOR YOUR RECORDS**



P.O. Box 2612  
Birmingham, AL 35202  
Telephone (205) 325-2722

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

**CAUTION: THIS IS A LIMITED POLICY.**

- FAMILY** – This policy covers the proposed insured, insured’s spouse named in the application for this policy and the insured’s eligible children.
- SINGLE PARENT** – This policy covers the proposed insured, and the insured’s eligible children.
- INDIVIDUAL** – This policy covers the proposed insured.

**ACCIDENT ONLY COVERAGE** – Policies of this category are designed to provide, to persons insured, coverage for certain losses resulting from a covered accident **ONLY**, subject to any limitations contained in the policy. Coverage is not provided for any loss from sickness.

**BENEFITS** – The benefits specified below cover losses due to hospital confinement, accidental death, and other specified loss resulting from accidental bodily injury. Such benefits will be subject to any conditions and limitations contained in the policy.

**ACCIDENTAL DEATH AND DISMEMBERMENT**

<b>Proposed Insured</b>		<b>Spouse (If Applicable)</b>		<b>Children (If Applicable)</b>	
Accidental Death	\$25,000	Accidental Death	\$10,000	Accidental Death	\$1,000
Death by Automobile Accident	\$50,000	Death by Automobile Accident	\$20,000	Death by Automobile Accident	\$2,000
Death by Travel Accident	\$250,000	Death by Travel Accident	\$100,000	Death by Travel Accident	\$4,000
Loss of Eyesight	\$20,000	Loss of Eyesight	\$20,000	Loss of Eyesight	\$2,000
Loss of One Limb	\$10,000	Loss of One Limb	\$10,000	Loss of One Limb	\$1,000
Loss of Two or More Limbs	\$20,000	Loss of Two or More Limbs	\$20,000	Loss of Two or More Limbs	\$2,000

**LIMITATIONS**

1. No benefit for accidental death will be payable if a benefit is payable for death by automobile accident or for death by travel accident;
2. No benefit for death by automobile accident will be payable if such death occurs while the automobile is being used for stunt driving or in racing or speed contests, any of which are organized or for profit, or if a benefit is payable for death by travel accident;
3. The maximum cumulative benefit for loss of limb is \$20,000 for you, \$20,000 for your spouse and \$2,000 for each covered child;
4. The benefit payable per accident for multiple losses due to accidental death and dismemberment will be the largest benefit for any loss;
5. No benefit for accidental death and dismemberment will be payable for a covered child less than one year old.

**DAILY HOSPITAL BENEFIT**

<b>Years Policy in Force at Date of Accident</b>	<b>Daily Hospital Benefit</b>
Less than 1 year	\$150
1 year but less than 2	\$250
2 years but less than 3	\$350
3 years or more	\$500

**INITIAL HOSPITALIZATION BENEFIT** – After the first 24 hours of your hospital confinement as a result of accidental bodily injury, we will pay you a \$1,000 lump sum benefit. The Initial Hospitalization Benefit is payable only one time per calendar year.

**DAILY HOSPITAL BENEFIT** – We will pay the Daily Hospital Benefit as defined above for each day of a covered persons hospital confinement as a result of accidental bodily injury. The Daily Hospital Benefit amount is determined by the years the policy has been in force at the date of the accident. The initial confinement of a covered person must occur within ninety days of such injury. A day of hospital confinement is any day that a covered person is confined in a hospital in excess of twelve hours.

**LIMITATIONS**

1. Hospital benefits will be payable for a maximum of twenty-six weeks of hospital confinement due to any one accident;

2. Hospital benefits for all confinements will not be payable for more than twenty-six weeks during any period of fifty-two consecutive weeks.

**INTENSIVE CARE UNIT (ICU) BENEFIT** – For each day a covered person is confined in an ICU of a hospital as a result of accidental bodily injury upon the recommendation of a licensed physician, we will pay you two times the Daily Hospital Benefit up to a maximum of 30 days. The Daily Hospital Benefit amount is determined by the years the policy has been in force at the date of the accident. The ICU Benefit is in addition to the Daily Hospital Benefit. A day of ICU confinement is any day that a covered person is confined in an ICU of a hospital in excess of twelve hours. The term “intensive care unit” does not include lesser treatment units such as: progressive, intermediate or step down care units; private monitored rooms; isolation units; observation or telemetry units.

**EMERGENCY TREATMENT BENEFIT** – We will pay the actual expenses of a covered person, up to a maximum amount of \$ 500 for each unit of coverage shown on page one of the policy, for emergency treatment as a result of accidental bodily injury. No benefits will be paid in excess of the usual and customary charges made by the provider of services or treatments. Such treatments must be received within forty-eight (48) hours of the injury.

**SPECIFIED INJURIES BENEFIT** – We will pay a benefit up to \$200 for the treatment of joint dislocations and bone fractures. The maximum cumulative benefit payable per accident is one and one-half (1½) times the Specified Injuries Benefit.

#### **LIMITATIONS**

1. If a covered person dislocates the same joint more than once, we will only pay for the first dislocation;
2. If a covered person fractures multiple ribs, we will pay only one fracture benefit amount;
3. If a covered person receives multiple joint dislocations and/or bone fractures resulting from accidental bodily injury, we will pay for each accident a maximum benefit of one and one-half (1½) times the Specified Injuries Benefit.

**BLOOD AND PLASMA BENEFIT** – We will pay a benefit of \$200 if whole blood or blood components are administered during the hospital confinement resulting from an accidental bodily injury. This benefit is payable only one time per accident.

**AMBULANCE BENEFIT** – We will pay a benefit of \$300 if a professional ambulance or air ambulance is used to transport a covered person to a hospital or emergency center within 100 miles from the site of the accident which resulted in accidental bodily injury. This benefit is limited to one trip per accident.

**TRANSPORTATION BENEFIT** – We will pay a benefit of \$300 for transportation to and from any hospital located more than 100 miles from the site of the accident or the residence of the covered person for special treatment and hospital confinement as the result of accidental bodily injury. This Transportation Benefit is payable only if your attending physician prescribes treatments which are not locally available. This benefit is limited to one trip per accident.

**WAIVER OF PREMIUMS** – If you have received benefits for continuous hospital confinement of thirty days or more, we will waive the payment of each premium which becomes due while hospital benefits continue. Any portion of premiums paid by you and attributable to this benefit period will be refunded. Premiums will become due and payable on the first premium due date following the end of the benefit period. In no event will this provision continue this policy in force after the termination date of this policy.

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1. any disease, illness or infirmity or medical or surgical treatment therefor, unless the accidental injury aggravates, renders active, or sets in motion a latent or dormant disease or bodily infirmity leading to death;
2. participation in an assault, felony, riot, or insurrection;
3. mental or emotional disorders;
4. self-destruction or any attempt thereat whether sane or insane or injuries intentionally self-inflicted upon yourself whether sane or insane;
5. operating or riding or descending from any kind of aircraft of which a covered person is an officer, pilot or member of the crew; or in which a covered person is receiving training or giving instructions or has any duty;
6. war or act of war (declared or undeclared) whether or not the covered person is in military service;
7. any covered person being under the influence of alcohol or other intoxicant, or under the influence of any drug or narcotic unless taken on the advice of a physician. Being under the influence of alcohol is determined and defined by the laws of the geographical area in which the loss or cause of loss was incurred.

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**This outline of coverage is only a brief summary and is not the contract of insurance. Please refer to the policy for further policy provision.**