

SERFF Tracking Number: LSVX-G127329586 State: Arkansas  
 Filing Company: USAbLe Life State Tracking Number: 49377  
 Company Tracking Number: AR001180100004  
 TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only  
 Product Name: Accident Elite Policy, AEP-R  
 Project Name/Number: Accident Elite Policy, AEP-R/AR001180100004

## Filing at a Glance

Company: USAbLe Life

Product Name: Accident Elite Policy, AEP-R

SERFF Tr Num: LSVX-G127329586

State: Arkansas

TOI: H02I Individual Health - Accident Only

SERFF Status: Closed-Approved-Closed

State Tr Num: 49377

Sub-TOI: H02I.000 Health - Accident Only

Co Tr Num: AR001180100004

State Status: Approved-Closed

Filing Type: Form/Rate

Author: SPI Life and Specialty Ventures

Reviewer(s): Rosalind Minor

Disposition Date: 07/29/2011

Date Submitted: 07/22/2011

Disposition Status: Approved-Closed

Implementation Date Requested: 07/22/2011

Implementation Date:

State Filing Description:

## General Information

Project Name: Accident Elite Policy, AEP-R

Project Number: AR001180100004

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 07/29/2011

State Status Changed: 07/29/2011

Created By: SPI Life and Specialty Ventures

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: SPI Life and Specialty Ventures

Filing Description:

We are enclosing for your review and approval an individual accident policy and an application which will be used with this policy. These forms are new and do not replace any forms previously approved by your department. This policy will be marketed to individuals by contracted agents and brokers.

The forms have been tested for readability and the certification is enclosed for your review. We have also enclosed an actuarial memorandum prepared by an actuary.

Forms that are approved and will also be used with this product are:

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CONV-APP (12-01) - Conversion Application - 12/19/2001  
 END (9-96) - Endorsement for Accident & Health - 10/15/1996  
 IND-CHG (8-00) - Request for Change & Request for Duplicate Policy - 08/04/2000

USAbLe Life reserves the right to change the type style, paper size, and logo, or to issue the forms in electronic format. We also reserve the right to change our address or officers' signatures as necessary.

The applications may, at some time in the future, be converted to an electronic document. Such adaptation may slightly alter the appearance of the document, but we assure that its content will not change and its readability compliance will not be affected. Also, at some point, we anticipate utilizing electronic signatures in a form compliant with your state's laws and regulations.

## Company and Contact

### Filing Contact Information

Rae Lynn Boehm, Regulatory Resource Analyst rboehm@usablelife.com  
 PO Box 1650 501-375-7200 [Phone] 8932 [Ext]  
 Little Rock, AR 72203-1650 501-235-8484 [FAX]

### Filing Company Information

USAbLe Life CoCode: 94358 State of Domicile: Arkansas  
 PO Box 1650 Group Code: 876 Company Type: Life & Health  
 Little Rock, AR 72203-1650 Group Name: Life and Speciality State ID Number:  
 Ventures (LSV)  
 (501) 375-7200 ext. [Phone] FEIN Number: 71-0505232

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$200.00  
 Retaliatory? No  
 Fee Explanation: \$50.00 per form x 3 forms. \$50.00 per rate x 1 rate.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
USAbLe Life	\$200.00	07/22/2011	50021294

SERFF Tracking Number: LSVX-G127329586 State: Arkansas  
Filing Company: USABLE Life State Tracking Number: 49377  
Company Tracking Number: AR001180100004  
TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only  
Product Name: Accident Elite Policy, AEP-R  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/29/2011	07/29/2011

SERFF Tracking Number: LSVX-G127329586 State: Arkansas  
 Filing Company: USable Life State Tracking Number: 49377  
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 Product Name: Accident Elite Policy, AEP-R  
 Project Name/Number: Accident Elite Policy, AEP-R/AR001180100004

## Disposition

Disposition Date: 07/29/2011

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):
USable Life	%	%	\$		\$	%	%

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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
Supporting Document	Statement of Variability	Approved-Closed	Yes
Form	Accident Policy	Approved-Closed	Yes
Form	Accident Policy Application & Change Form	Approved-Closed	Yes
Form	Accident Elite Outline of Coverage	Approved-Closed	Yes
Rate	Actuarial Justification of Premium Rates	Approved-Closed	Yes

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## Form Schedule

### Lead Form Number: AEP-R (9-05)

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 07/29/2011	AEP-R (9-05)	Policy/Cont ract/Fratern al Certificate	Accident Policy	Initial		47.400	AR AEP-R.PDF
Approved-Closed 07/29/2011	AEP-RAPP (2-11)	Application/ Enrollment Form	Accident Policy Application & Change Form	Initial		47.400	AEP-RAPP (2-11).PDF
Approved-Closed 07/29/2011	AEP-R-SOC (2-11)	Outline of Coverage	Accident Elite Outline of Coverage	Initial		47.400	AEP-R-SOC (2-11)_doc.PDF



[320 West Capitol] • P.O. Box 1650 • Little Rock, AR 72203-1650  
[(501) 375-7200 • (800) 648-0271]

**Policy Number:** [AEP1CIS01]  
**Primary Insured:** [ADAM ADAMS]  
**Effective Date:** [JULY 01, 2005]

We agree, subject to all policy provisions, to pay the benefits of this policy and to provide the owner with all other rights of this policy.

The premium you paid and the application you completed place this policy in force as of the effective date. The effective date is shown in the Policy Schedule. A copy of your application is attached.

**PART A IMPORTANT PLEASE READ**

Your application is a part of this policy. PLEASE READ the copy of your application that is attached to this policy. Your policy was issued on the basis that all information in the application is correct and complete. If not, your policy may not be valid. If anything in your application is not correct, you should write to us within 30 days of the date you received this policy and let us know. Incorrect information could result in the denial of a claim or termination of this policy.

**PART B 30-DAY RIGHT TO EXAMINE AND CANCEL POLICY**

It is important to us that you are satisfied with this policy and that it meets your insurance needs. If you are not satisfied, you may return this policy to us within 30 days of the date you received it. The premium you paid will be promptly refunded. Then, the policy was never in force.

**PART C RENEWAL AGREEMENT – GUARANTEED RENEWABLE FOR LIFE**

We will renew your policy when you timely pay the premium. It must be paid on or before the date it is due or during the 31 days that follow. Your policy stays in force during this time.

You may cancel this policy at any time. The cancellation will be effective on the first day of the policy month following the date we receive your written cancellation notice, or on a later date if you so specify. Upon cancellation, we shall promptly return any unearned premium.

This policy is a legal contract between you and us. PLEASE READ THIS POLICY CAREFULLY.

Signed for us at our Home Office on the effective date.

Secretary

President

**This is an accident only policy. It does not pay benefits for loss from sickness.  
This is a limited policy – Read It Carefully!**

**ACCIDENT POLICY – 24-Hour Coverage**

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## POLICY SCHEDULE

This page shows specific information about this policy and is referred to throughout this policy.

**Type of Coverage:** [Individual/Spouse]

<b>Policy Module or Rider</b>	<b>Number of Units or Amount of Coverage:</b>	<b>Monthly Premiums:</b>
<b>Accident Policy:</b>		
Module 1 – AD&D	[4 units	\$2.88]
Module 2 – Hospital Admission	[4 units	\$1.12]
Module 3 – Hospital Confinement	[4 units	\$5.92]
Module 4 – Intensive Care	[4 units	\$2.40]
Module 5 – Emergency & Exams	[4 units	\$8.00]
Module 6 – Ambulance & Ancillary	[4 units	\$1.76]
Module 7 – Specified Loss	[4 units	\$8.48]
Module 8 – Wellness	[4 units	\$5.12]

<b>Premium Schedule</b>	<b>Annual</b>	<b>Semiannual</b>	<b>Quarterly</b>	<b>Monthly</b>
Total Premiums	[\$624.48	\$312.24	\$156.12	\$52.04]

**Premium Frequency Selected By You:** [Monthly]

The [monthly] premium is available [only by bank draft].

**Policy Number:** [AEP1CIS01]  
**Primary Insured:** [ADAM ADAMS]  
**Effective Date:** [JULY 01, 2005]

## PART D

## PREMIUM CHANGE

We may change the premium rates for this policy. We can only change the premium if we change it for all policies of this form number and premium classification in your state of issue that are then in force. We will not change the premium more than once in a 12-month period.

We will notify you in writing of any change in premium 31 days or more before the change is effective. Notice will be mailed to you at the address shown on our records. Please notify us of any change in address.

## PART E

## DEFINITIONS

When we use the following words, this is what we mean:

**“Calendar Year”** means the period of time from the policy effective date until December 31 of that year, and from January 1 to December 31 of the same year, thereafter.

**“Charges Incurred”** means charges the insured person is legally required to pay.

**“Common Carrier Accident”** means the insured person is injured in a covered accident while a fare-paying passenger on a common carrier. Common carrier vehicles are limited to commercial airplanes, trains, buses, trolleys, subways, ferries, and boats that operate on a regularly scheduled basis between predetermined points or cities. Taxis and privately chartered vehicles are not considered common carrier vehicles.

**“Confined” or “Confinement”** means medically necessary care as a resident bed patient in a hospital because of a covered accident. It must be for at least 12 hours in the same facility. A physician must recommend and supervise the confinement. Confinement does not mean care as an outpatient or in an emergency or observation room.

**“Covered Accident”** means only accidental bodily injury which:

- (1) is sustained on or after the effective date of coverage; and
- (2) is the direct cause of the loss independent of sickness, disease, bodily infirmity, or any other cause; and
- (3) occurs while the policy is in force; and
- (4) is not excluded by name or specific description in this policy.

All injuries sustained in any one accident and all complications and recurrence of complications are considered to be a single “covered accident.”

**“Covered Person”** means a person, in addition to you, insured under this policy.

**“Effective Date”** means the date shown on the Policy Schedule for all insured persons accepted for coverage at the time of issue provided the application has been accepted and approved by us, the policy is issued and the full first premium has been paid; or the date shown by endorsement for all insured persons added to coverage after the policy has been issued. The effective date is assigned

by us in accordance with our policy dating rules in effect at the time this policy is issued. The coverage provided by this policy will not be effective unless there has been no change since the date of the application and the effective date of the policy in the health of any proposed insured person listed on the application.

**“He” or “His”** The use of the male pronoun also includes the female.

**“Home Office”** means the principal office of US Able Life in Little Rock, Arkansas.

**“Hospital”** means a primary care institution operated pursuant to law, which is licensed or approved as a hospital by the responsible state agency. It must have organized facilities on its premises to provide first level treatment of sick and injured persons on an inpatient basis for which a charge is made. Organized facilities include emergency services, admission services, clinical laboratory, diagnostic X-ray and surgical services. Treatment facilities for emergency, medical and surgical services must be provided within the institution. The institution must provide 24 hour nursing services by or under the supervision of a licensed graduate registered nurse on duty or call, and be supervised by a staff of one or more physicians. It must maintain on its premises the patient's written history and medical records.

Not included in the term hospital is an institution or part of an institution which is licensed or used principally: (a) for the treatment or care of drug addicts or alcoholics; or (b) as a clinic, continued or extended care hospital or rehabilitation facility, convalescent home, rest home, skilled nursing facility or home for the aged; or (c) as a stand-alone psychiatric facility.

**“Hospital Intensive Care Unit”** means a place which (a) is a specifically designated area of the hospital that provides the highest level of medical care and is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care; (b) is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement; (c) is permanently equipped with special lifesaving equipment for the care of the critically ill or injured; (d) is under constant and continuous observation by a specially trained nursing staff assigned exclusively to the unit on a twenty-four hour basis; and (e) has a physician assigned to the unit on a full-time basis.

Notwithstanding the above, an intensive care unit is not any of the following step down units: (a) a progressive care unit, (b) an intermediate care unit, (c) a private monitored room, (d) sub-acute intensive care unit, (e) an observation unit, (f) a telemetry unit, or (g) any facility not meeting the definition of a hospital intensive care unit as defined above.

**“Hospital Sub-Acute Intensive Care Unit”** means a place which (a) is a specifically designated area of the hospital that provides a level of medical care below intensive care but above a regular private or semi-private room or ward; (b) is separate and apart from the surgical recovery room and from rooms, beds, and wards customarily used for patient confinement, (c) is permanently equipped with special lifesaving equipment for the care of the critically ill and injured, (d) and is under constant and continuous observation by specially trained nursing staff.

A hospital sub-acute intensive care unit may be referred to by other names such as progressive care, intermediate care, or a step-down unit, but it is not a regular private or semi-private room, or a ward with or without monitoring equipment.

**“Immediate Family”** means anyone related to an insured person in the following manner: spouse, daughter, son, stepchild, father, mother, stepparent, sister, brother, stepsister, stepbrother, grandchild, grandparent, father-in-law, mother-in-law, or spouses of any of these.

**“Injury”** means only accidental bodily injury which:

- (1) is sustained on or after the effective date of coverage; and
- (2) is the direct cause of the loss independent of sickness, disease, bodily infirmity, or any other cause; and
- (3) occurs while the policy is in force.

All injuries sustained in any one accident and all complications and recurrence of complications are considered to be a single “injury.”

**“Insured Person”** means you or any other covered person insured under this policy.

There are [four] types of coverage under this policy:

- (1) “Individual” coverage;
- (2) “Individual and Spouse” coverage[;
- (3) “One-Parent Family” coverage; or
- (4) “Full Family” coverage].

If this policy is issued as an “Individual” policy, the word “Applicant” as shown on the application shall mean that we insure only you.

If this policy is issued as an “Individual and Spouse” policy, the words “Applicant and Spouse” as shown on the application shall mean that we insure you and your spouse.

[If this policy is issued as a “One-Parent Family” policy, the words “Applicant and Children” as shown on the application shall mean that we insure you and all your dependent children who are eligible for coverage as stated in the Dependent provisions of this policy.]

[If this policy is issued as a “Full Family” policy, the words “Applicant, Spouse and Children” as shown on the application shall mean that we insure you, your spouse and all dependent children (of yours or your spouse) who are eligible for coverage as stated in the Dependent provisions of this policy.]

**“Medically Necessary”** means the treatment, services or supplies necessary and appropriate for the treatment of the covered accident during confinement based upon generally accepted medical practice. The fact that a physician may prescribe, authorize, or direct a service does not of itself make it medically necessary or covered by the policy.

**“Non-local”** means a one-way trip in excess of 100 map miles from your residence to the facility in which any insured person is to be admitted.

**“Period of Confinement”** means a period of time that begins on the first day the insured person is confined in a hospital.

**“Physical Therapist”** means a person, other than yourself or an immediate family member, who (a) is licensed by the state to practice physical therapy, (b) performs services which are allowed by his/her license, (c) performs services for which benefits are provided by this policy, and (d) practices according to the Code of Ethics of the American Physical Therapy Association.

**“Physician”** means a person who is providing services within the scope of his license, and is either: (a) licensed to practice medicine and prescribe and administer drugs or to perform surgery; or is (b) legally qualified and licensed as a medical practitioner and is required to be recognized, according to the insurance statutes or the insurance regulations of the governing jurisdiction. Such person must not be an immediate family member of any insured person. Practitioners of homeopathic, naturopathic and related medicines are not considered eligible physicians under this policy.

**“Policy”** means this document, any riders, endorsements, or amendments to it, and the application.

**“Primary Insured”** means the person named on the Policy Schedule on page 3.

**“Prosthetic Device/Artificial Limb”** is an artificial device designed to replace a missing limb. It must be prescribed by a physician for functional use.

**“Renewal Date”** means the date your next premium payment is due.

**“Sickness”** means any illness, infection, disease, or any other abnormal physical condition that is not caused by an injury.

**“We,” “Our,” or “Us”** means USAble Life.

**“You” or “Your”** means the person named as the primary insured on the Policy Schedule on page 3. You are insured for the benefits of the policy as of the effective date.

## **PART F DEPENDENT PROVISIONS**

### **ELIGIBLE DEPENDENTS:**

**IF THIS IS AN “INDIVIDUAL” PLAN THE FOLLOWING APPLIES:** If this is an individual plan, it means that we insure only you. [However, your dependents may become eligible for coverage. Dependents eligible for coverage include: (1) your spouse, if not legally separated from you; (2) your unmarried natural or step children under the age of 23 who are primarily dependent upon you for more than 50% of their support; and (3) newborn children, adopted children and children placed for adoption.]

Eligible dependents not insured on the effective date may become insured persons, subject to acceptance by us of your written application and the payment of any required premium. [Any child that you file a petition to adopt, and is under the age of 19, and primarily dependent upon you for more than 50% of his support, is eligible for the same coverage as any other eligible dependent. Such coverage will begin on the date of the filing of the petition for adoption if you apply for coverage within 60 days after the filing of the petition for adoption. However, coverage will begin from the moment of birth if the petition for adoption and application for coverage is filed within 60 days after the birth of such child.]

**IF THIS IS AN “INDIVIDUAL AND SPOUSE” PLAN THE FOLLOWING APPLIES:** If this is an “Individual and Spouse” policy, it means that we insure you and your spouse if not legally separated from you. [However, your dependent children may become eligible for coverage. Dependent children eligible for coverage include: (1) your unmarried natural or step children under

the age of 23 who are primarily dependent upon you for more than 50% of their support; and (2) newborn children, adopted children and children placed for adoption.]

Eligible dependents not insured on the effective date may become insured persons, subject to acceptance by us of your written application and the payment of any required premium. Any child that you file a petition to adopt, and is under the age of 19, and primarily dependent upon you for more than 50% of his support, is eligible for the same coverage as any other eligible dependent. Such coverage will begin on the date of the filing of the petition for adoption if you apply for coverage within 60 days after the filing of the petition for adoption. However, coverage will begin from the moment of birth if the petition for adoption and application for coverage is filed within 60 days after the birth of such child.]

**Newborn Children (“Individual” and “Individual and Spouse” Plans):** Any child of yours born while this policy is in force as an “Individual” or an “Individual and Spouse” plan will be immediately covered as an insured person from the moment of birth for as long as the later of these periods: (1) 90 days from the moment of birth; or (2) the next renewal date following birth.

[In order for coverage to continue beyond such date, we must receive: (1) written notice of the birth of the newborn child; and (2) the required premium within 31 days of our notifying you of the amount.

Please include the child’s name and date of birth with your notice. This notice must be received by us before the later of these dates: (1) 90 days from the date of birth; or (2) the next renewal date following birth.

If the required notice is not received by us during this period, a newborn child may be covered after this date only if the following conditions are met: (1) your written application for coverage is approved by us; and (2) the payment of any required premium is made. Additional premium, if any, will begin on the first renewal date following the date of birth.]

Coverage for such newborn child will be the same as we provide for you.

**[IF THIS IS A “FAMILY” PLAN THE FOLLOWING APPLIES:** If this is a “Full Family” policy, it means that we insure you, your spouse if not legally separated from you, and all dependent children (of yours or your spouse) listed on the application. If this is a “One-Parent Family” policy it means that we insure you and all your dependent children listed on the application. The term “Dependent children” includes your unmarried natural or step children and legal wards under age 23 who:

- (1) either reside with you or are full-time students in an accredited school, and
- (2) are dependent upon you for more than 50% of their support.

Any child whom you have filed a petition to adopt, and is under the age of 19, and is primarily dependent upon you for more than 50% of his support, will be eligible for the same coverage as any other eligible dependent. Such coverage will begin on the date of the filing of the petition for adoption if you apply for coverage within 60 days after the filing of the petition for adoption. However, coverage will begin from the moment of birth if the petition for adoption and application for coverage is filed within 60 days after the birth of such child.



**CLAIM FORMS:** We will send a claim form for filing proof of loss after we receive the notice of claim. If these forms are not sent to the claimant within 15 days after giving such notice, the claimant will meet the proof of loss requirement by giving us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss provision.

**PROOF OF LOSS:** Written proof of loss must be given to us as follows:

- (1) In case of claim for loss for which this policy provides any periodic payment contingent upon continuing loss, within 90 days after the termination of the period for which we are liable; and
- (2) In case of any other loss, within 90 days after such loss.

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 reasonably possible. In any event, the proof required must be given no later than one year from the time specified unless the claimant was legally incapacitated.

## **PART H CLAIMS INFORMATION**

**TIME OF PAYMENT OF CLAIMS:** Benefits for any loss covered by this policy will be paid as soon as we receive proper written proof.

As soon as we receive proper written proof, benefits for any loss providing for periodic payments will be paid monthly, and any balance remaining unpaid at the end of our liability will be paid immediately upon receipt of proper written proof.

**PAYMENT OF CLAIMS:** All benefits will be paid to you. Any benefits unpaid at your death will be paid to the designated beneficiary. If the beneficiary dies on the same day the primary insured dies, benefits will be paid as if that beneficiary had died before the primary insured. If there is no named beneficiary living at your death, we may pay, at our discretion, any amount due to one of the following classes of survivors: (1) your spouse; (2) your surviving children in equal shares; (3) your mother and/or father; (4) your brother and/or sister; or (5) your estate. At our option, an amount up to the maximum allowable by the state laws of the insured person's state of residence may be paid to any person who incurred funeral or other expenses related to the last illness or death of the insured person.

**BENEFICIARY:** The beneficiary is the person(s) you name in writing on your application to receive any amount of insurance payable due to your death. The beneficiary's name is on record in our Home Office. If you name more than one beneficiary, those who survive will share equally unless you specify otherwise.

**CHANGE OF BENEFICIARY:** You may change a beneficiary by giving us written notice at our Home Office on a form acceptable to us. When we receive the notice, it will be effective on the date made, subject to any payment we may have made before we receive it. The consent of the beneficiary or beneficiaries is not required to surrender, assign, or change beneficiaries, or to make any other changes in this policy.

**TERMINATION OF BENEFITS:** No benefits are payable after the termination of this policy except for covered charges incurred prior to such termination. Provided, if the insured person is



change in this policy will be effective until approved by one of our officers. This approval can only be in writing and must be noted on or attached to this policy. No agent has authority to change this policy or to waive any of its provisions.

**TIME LIMIT ON CERTAIN DEFENSES:** After two years from the date an insured person becomes covered under this policy, we cannot use misstatements, except fraudulent misstatements, in your application to void coverage or deny a claim for loss that occurs after the two-year period.

Except for fraud, no claim for loss incurred after two years from the date an insured person becomes covered under this policy shall be reduced or denied on the grounds that a disease or physical condition not excluded from coverage by name or specific description existed prior to the effective date of such insured person's coverage.

The above provisions also apply to any riders, endorsements, or amendments attached to this policy. In applying them, the words "rider," "endorsement," or "amendment" will be used for the word "policy."

**GRACE PERIOD:** A grace period will apply to payment of premiums (except the initial premium). During the grace period, your policy will stay in force. This grace period means that if you pay your premiums within 31 days after they are due, your policy remains continuously in force. If you do not, your policy is terminated at the end of the 31-day grace period.

**MISSTATEMENT OF AGE:** This policy is only available for issue at ages 64 and below. If the age of an insured person has been misstated in the application and if, based on the correct age, we would not have issued the policy or extended coverage to that person, then we will refund any applicable premium, and no benefits will be payable.

**REINSTATEMENT:** If any renewal premium is not paid within the time allowed for payment and we accept a premium without requiring an application for reinstatement, that payment shall reinstate this policy. If we require an application, this policy will be reinstated when we approve it. If we do not approve the application, this policy will be reinstated on the 45th day after the date of the application unless we notify you in writing of its disapproval. The reinstated policy only covers loss due to injury that takes place after the date of reinstatement. If the reinstated policy contains a Sickness Disability Rider, the rider will only cover loss due to sickness that is first diagnosed or treated more than ten days after the date of reinstatement.

In all other respects you and we have the same rights under this policy as we both had before it lapsed, unless special conditions are added to this policy in connection with the reinstatement. Any premium accepted in connection with this provision will be used for a period for which payment has not been made, but not to any period more than 60 days before the date of reinstatement.

**OTHER INSURANCE WITH US:** If you are covered under more than one policy of this form or like form with us, only one policy, chosen by you or your estate, will be effective (this includes coverage for any insured person). We will refund all premiums paid for all other policies from the date of duplication less any benefits paid under these policies from such date.

**NON-PARTICIPATING:** This policy is non-participating. Its premiums do not include a charge for participation in surplus.



## PART K

## BENEFITS

We will pay the following benefits as applicable if, while coverage is in force, a covered person's death, dismemberment or injury is caused by a covered accident (not applicable to the Wellness Benefit). All benefits are limited to one benefit per covered accident and are paid independently of one another unless specifically noted otherwise. **The benefits described below are for one unit of coverage. See the Policy Schedule for the number of units of coverage you have in force for each module.**

### **MODULE 1 – Accidental Death & Dismemberment**

**A. ACCIDENTAL DEATH:** We will pay the benefit shown below per unit of coverage if the insured person is in a covered accident, and the injury causes the insured person to die within 90 days after the accident.

<b>Loss</b>	<b>Primary Insured</b>	<b>Spouse</b>	<b>[Child]</b>
Common Carrier Accidents	\$37,500	\$37,500	[\$6,500]
Other Covered Accidents	\$10,000	\$10,000	[\$3,250]

**B. ACCIDENTAL DISMEMBERMENT:** We will pay the benefit shown below per unit of coverage if the insured person is in a covered accident, and the injury causes dismemberment as shown below within 90 days after the accident.

Only the highest single benefit per covered person will be paid for Accidental Dismemberment. Benefits will be paid only once for any covered accident. If death and dismemberment result from the same accident, only the Accidental Death Benefit will be paid.

#### **Dismemberment or complete loss of, with or without reattachment:**

<b>Loss</b>	<b>Primary Insured</b>	<b>Spouse</b>	<b>[Child]</b>
Two members	\$10,000	\$10,000	[\$3,250]
One member	\$2,500	\$2,500	[\$950]
One or more fingers and/or one or more toes	\$500	\$500	[\$150]

“Member” means arm, leg, foot, hand, or eye (including sight).

Dismemberment or Loss of (with or without reattachment) means: (1) Arm – actual severance above the elbow; (2) Leg – actual severance above the knee; (3) Hand – actual severance through or above the wrist joint; (4) Foot – actual severance through or above the ankle joint; (5) Sight of an eye – at least eighty percent of vision is totally, irrecoverably, and permanently lost; (6) Finger – actual severance at the joint (proximate to the first interphalangeal joint) where it is attached to the hand; (7) Toe – actual severance at the joint (proximate to the first interphalangeal joint) where it is attached to the foot.

**C. PARALYSIS:** We will pay the indemnity benefit shown below per unit of coverage for spinal cord injuries received in a covered accident that result in complete and total loss of use of two or more limbs for a minimum of three (3) months and confirmed by a physician. This benefit will be payable once per covered person.

<u>Loss</u>	<u>Primary Insured</u>	<u>Spouse</u>	<u>[Child]</u>
Quadriplegia (paralysis of four limbs)	\$3,250	\$3,250	[\$3,250]
Paraplegia (paralysis of lower limbs)	\$1,625	\$1,625	[\$1,625]

**D. COMA:** We will pay \$3,250 per unit of coverage if a covered person, as the result of a covered accident, is in a coma for a duration of at least 30 consecutive days. A person is considered in a coma if he is in a profound stupor or state of complete and total unconsciousness.

## **MODULE 2 – Hospital Admission**

**HOSPITAL ADMISSION:** We will pay **\$250 per unit of coverage** if the insured person is admitted to a hospital and confined because of injuries received in a covered accident. The insured person must become confined as a resident bed patient to a hospital within 30 days after the accident. This benefit is payable once per Hospital Confinement and only once per calendar year per covered person.

We will not pay this benefit for confinement to an observation unit, for emergency room treatment or outpatient treatment.

## **MODULE 3 – Hospital Confinement**

**HOSPITAL CONFINEMENT:** We will pay **\$65 a day per unit of coverage** if the insured person is confined in a hospital or a sub-acute intensive care unit because of injuries received in a covered accident. The insured person must become confined as a resident bed patient in a hospital or a sub-acute intensive care unit within 30 days after the accident. Benefits are also payable for confinement in hospitals operated by or for the United States government. We will pay benefits for only one hospital confinement at a time even if is caused by more than one accident.

We will pay this amount per day up to 365 days per covered accident.

If the insured person is confined in a hospital or a sub-acute intensive care unit, and is confined again within 90 days for the same accident or related condition, we will treat this confinement as a continuation of the prior confinement. If more than 90 days have passed between the periods of hospital confinement, we will treat this confinement as a new confinement.

We will not pay this benefit for confinement to an observation unit, for emergency room treatment or for outpatient treatment. We will not pay the Hospital Confinement benefit and the Hospital Intensive Care Unit Confinement benefit concurrently; the larger benefit will be paid.

If the insured person is confined in a hospital intensive care unit for more than 15 days, the Hospital Confinement benefit will begin on the 16th day. The total amount payable per covered accident will not exceed 365 days for Hospital Confinement and 15 days for Hospital Intensive Care Unit Confinement.

## **MODULE 4 – Intensive Care**

**HOSPITAL INTENSIVE CARE:** We will pay **\$100 a day per unit of coverage** if the insured person is confined to a hospital intensive care unit because of injuries received in a covered accident. The confinement in a hospital intensive care unit must begin within 30 days after the accident. We will pay this amount per day up to 15 days per covered accident.

If the insured person is confined in a hospital intensive care unit, and becomes confined to a hospital intensive care unit again within 90 days for the same accident or related condition, we will treat this confinement as a continuation of the prior confinement. If more than 90 days have passed between the periods of confinement in a hospital intensive care unit, we will treat this confinement as a new confinement.

If the insured person is confined to a hospital intensive care unit that does not meet the definition in this policy of a hospital intensive care unit, we will pay the Hospital Confinement benefit. We will not pay the Hospital Intensive Care Unit Confinement benefit and the Hospital Confinement benefit concurrently; the larger benefit will be paid.

## **MODULE 5 – Emergency and Exams**

**A. EMERGENCY TREATMENT:** We will pay the charges incurred, not to exceed \$35 per unit of coverage for the primary insured or spouse [and \$20 per unit of coverage for a dependent child], if the insured person is injured in a covered accident and receives treatment in a hospital emergency room, physician's office, or standalone emergency center within 72 hours after the accident. This benefit is payable once per 24-hour period and only once per covered accident per covered person.

If the insured person has been treated in an emergency room, physician's office, or standalone emergency center for a laceration that is repaired without stitches, staples, or glue, or for the removal of a foreign object from the eye; we will pay a maximum of \$15 per unit of coverage under this benefit and the Follow-up Physician Visit benefit combined.

**B. PHYSICAL THERAPY:** We will pay **\$10 per visit per unit of coverage** if the insured person requires physical therapy as a result of a covered accident. We will pay this amount per visit with a maximum of five visits per covered accident. All services must be prescribed by a physician and rendered by a licensed Physical Therapist and performed in an office or in a hospital on an inpatient or outpatient basis. This benefit is not payable for the same visit that the Follow-up Physician Visit is paid.

**C. MAJOR DIAGNOSTIC EXAMS:** We will pay **\$50 per unit of coverage** if the insured person requires one of the following exams within 180 days after a covered accident due to injuries sustained in the covered accident and a charge is incurred: CT (computerized tomography) scan, MRI (magnetic resonance imaging), or EEG (electroencephalogram). These exams must be performed in a hospital, a physician's office, or an ambulatory surgical center. This benefit is limited to one payment per covered person per covered accident.

**D. FOLLOW-UP PHYSICIAN VISIT:** We will pay the charges incurred not to exceed **\$10 a visit per unit of coverage** for follow-up treatment received for injuries sustained in a covered accident. This benefit is limited to one visit per day and a maximum of six visits per covered accident per covered person.

Treatment must be over and above emergency treatment administered in the first 72 hours following the accident and must begin within 30 days of the covered accident or discharge from the hospital. Treatment must be furnished by a physician in a physician's office or in a hospital on an outpatient basis. This benefit is not payable for the same visit that the Physical Therapy Benefit is paid.

## **MODULE 6 – Ambulance and Ancillary**

**A. APPLIANCE:** We will pay **\$35 per unit of coverage** if the insured person is injured in a covered accident and a physician prescribes the use of a medical appliance as an aid in personal locomotion or mobility. Crutches and wheelchairs are examples of medical appliances. We will pay this amount once per covered accident.

**B. PROSTHETIC DEVICE/ARTIFICIAL LIMB:** We will pay the benefit shown below per unit of coverage for a prosthetic device/artificial limb that is prescribed by a physician to restore functional use as a result of injuries sustained in a covered accident. The prosthetic device/artificial limb must be received within one year of the covered accident. We will pay this benefit once per covered accident. This benefit is not payable for hearing aids, dental aids, including false teeth, or for cosmetic prosthesis, for example, hair wigs. We will not pay for joint replacement, for example, an artificial hip or knee.

	<b>Amount</b>
One prosthetic device or artificial limb	\$175
More than one device or artificial limb	\$350

**C. TRANSPORTATION:** If, for injuries sustained in a covered accident, the covered person requires special treatment in a hospital located more than 100 map miles from the covered person's residence or site of the accident, we will pay **\$150 per unit of coverage** per roundtrip to and/or from the hospital that provides the prescribed treatment. This benefit will be paid only for [(a)] the covered person for whom the treatment is prescribed[; and (b) if the treatment is for a dependent child and commercial travel is necessary, the dependent child's parent or legal guardian who travels with the child. Only one person will be paid to travel with the dependent child]. The local attending physician must prescribe the treatment, and the treatment must not be available locally.

This benefit is payable for up to three trips per calendar year per covered person. This benefit is not payable for transportation by ambulance or air ambulance to the hospital.

**D. FAMILY LODGING:** For an immediate family member to be near a covered person confined in a non-local hospital for treatment of injuries sustained in a covered accident, we will pay the charges incurred not to exceed **\$35 a night per unit of coverage** for a single room in a motel, hotel, or other accommodations acceptable to us. This benefit is limited to 30 days per accident and only during the time the injured covered person is confined in the hospital. The hospital and the motel/hotel must be more than 100 map miles from the residence of the covered person.

**E. BLOOD and BLOOD PLASMA:** We will pay **\$50 per unit of coverage** if the insured person is injured in a covered accident and requires any of the following within 30 days after the accident as a result of the injury: transfusions of whole blood and blood products which are limited to red blood cells, platelets, fresh frozen plasma, cryoprecipitate and leukocytes including the processing, typing, cross-matching, and administration of the blood or blood products. We will pay this amount once per covered accident.

**F. AMBULANCE:** We will pay **\$50 per unit of coverage** if a licensed professional ambulance company transports the insured person to or from a hospital or between medical facilities, by ground transportation, where treatment is received for injuries as a result of a covered accident. The ambulance transportation must be within 30 days after the accident. We will pay this amount once per covered accident.

**G. AIR AMBULANCE:** We will pay **\$375 per unit of coverage** if a licensed professional air ambulance company transports the insured person to or from a hospital or between medical facilities where treatment is received for injuries as a result of a covered accident. The air ambulance transportation must be within 72 hours after the accident. We will pay this amount once per covered accident.

**H. EMERGENCY DENTAL WORK:** We will pay the indemnity benefit shown below per unit of coverage if the insured person receives treatment for injuries sustained in a covered accident. Treatment must begin within 30 days after the covered accident. Payment is limited to one dental benefit per covered person per covered accident.

	<u>Amount</u>
Broken tooth repaired with crown	\$50
Broken tooth resulting in extraction	\$15

## **MODULE 7 – Specified Loss**

**A. BURN:** We will pay **\$375 per unit of coverage** if the insured person receives burns that require medical treatment due to a covered accident. The burns must be second degree burns that cover at least thirty-six percent (36%) of the body surface or third degree burns, which cover at least nine square inches of the body surface. They must be treated by a physician within 72 hours after the accident. We will pay this amount once for each covered accident.

**B. TENDON/LIGAMENT:** We will pay **\$150 per unit of coverage** for each covered accident if the insured person receives one or more injured tendons or ligaments in a covered accident. The tendon or ligament must be torn, ruptured or severed. A physician must repair it through surgery within one year after the accident.

If the insured person is in an accident and receives a fracture or a dislocation and tears, ruptures, or severs a tendon or ligament, we will pay only one benefit. We will pay the larger of either the Tendon/Ligament benefit, the Fracture benefit, or the Dislocation benefit. If exploratory arthroscopic surgery is performed and no repair is done, we will only pay \$25 per unit of coverage.

**C. DISLOCATION (SEPARATED JOINT):** We will pay the benefit shown below per unit of coverage for the treatment listed if the insured person receives treatment for a dislocation sustained in a covered accident. A dislocation is a completely separated joint. It must be diagnosed as a

dislocation by a physician within 30 days after the accident. It can be corrected by open (surgical) or closed (non-surgical) reduction. If the dislocation requires reduction without anesthesia by a physician, we will pay the amount shown for the joint involved under Without Anesthesia.

If the insured person receives more than one dislocation in a covered accident, we will pay for all dislocations. However, we will pay no more than 150% of the amount for the joint involved that has the highest benefit amount.

If the insured person receives a fracture and a dislocation in the same accident, we will pay for both. However, we will pay no more than 150% of the amount for the bone or joint involved which has the highest benefit amount.

If a physician diagnoses the dislocation as an incomplete dislocation, we will pay 25% of the amount shown for the joint involved. An incomplete dislocation is a dislocation in which the joint is not completely separated.

We will pay this benefit only for the first dislocation of a joint after the policy effective date. Subsequent dislocations of the same joint after the effective date will not be covered.

<b>Dislocations</b>	<b>Open Reduction</b>	<b>Closed Reduction</b>	<b>Without Anesthesia</b>
Hip	\$625	\$155	\$40
Knee	\$155	\$60	\$15
Shoulder	\$155	\$60	\$15
Collarbone	\$250	\$50	\$15
Ankle or Foot (other than Toes)	\$155	\$50	\$15
Lower Jaw	\$155	\$80	\$20
Wrist	\$125	\$60	\$15
Elbow	\$125	\$60	\$15
One Toe or Finger	\$30	\$15	\$5

**D. EYE INJURY:** We will pay the benefit shown below per unit of coverage for the treatment listed if the insured person receives treatment for an eye injury sustained in a covered accident. The eye injury must require surgery or the removal of a foreign object by a physician within 30 days after the accident. We will pay this amount for each covered accident. An examination with anesthesia will not be considered surgery.

	<b>Amount</b>
With surgical repair	\$75
Removal of foreign body by Physician	\$15

**E. FRACTURE (BROKEN BONE):** We will pay the benefit shown below per unit of coverage for the treatment listed if the insured person receives treatment for a fracture sustained in a covered accident. A fracture is a break in a bone, which can be seen by X-ray. It must be diagnosed as a fracture by a physician within 14 days after the accident. The fracture must require open (surgical) or closed (non-surgical) reduction by a physician.

If the insured person receives more than one fracture in a covered accident, and they require open or closed reduction, we will pay for all fractures. However, we will pay no more than 150% of the amount for the bone involved, which has the highest benefit amount.

If a physician diagnoses the fracture as a chip fracture, we will pay the amount shown for the bone involved. A chip fracture is a fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached.

If the insured person receives a fracture and a dislocation in the same accident, we will pay for both. However, we will pay no more than 150% of the amount for the bone or joint involved that has the highest benefit amount.

<b>Fractures</b>	<b>Open Reduction</b>	<b>Closed Reduction</b>	<b>Chip Fractures</b>
Hip	\$625	\$315	\$40
Leg	\$315	\$160	\$20
Hand (excluding fingers)	\$155	\$80	\$10
Foot (excluding toes/heel)	\$155	\$80	\$10
Wrist	\$155	\$80	\$10
Elbow	\$155	\$80	\$10
Shoulder Blade	\$155	\$80	\$10
Forearm	\$155	\$80	\$10
Ankle or Kneecap	\$155	\$80	\$10
Sternum or lower jaw	\$155	\$80	\$10
Vertebrae (body of)	\$315	\$160	\$20
Pelvis (excluding coccyx)	\$315	\$160	\$20
Upper Jaw	\$185	\$90	\$12
Upper Arm	\$185	\$90	\$12
Face (excluding nose)	\$185	\$90	\$12
Rib or Ribs	\$315	\$35	\$20
Nose, Heel, or Fingers	\$155	\$35	\$10
Coccyx	\$65	\$35	\$4
Toes	\$65	\$35	\$4
Vertebral Processes	\$315	\$50	\$20
Skull			
Depressed	\$470	\$470	\$470
Simple	\$155	\$155	\$155

**F. KNEE CARTILAGE – TORN:** We will pay the benefit shown below per unit of coverage for the treatment listed if the insured person receives treatment for a torn knee cartilage sustained in a covered accident. It must be treated by a physician within 60 days after the covered accident. A physician must repair it through surgery within one year after the accident. Only one payment amount under this benefit will be paid.

	<b>Amount</b>
Exploratory surgery without repair or if the cartilage is shaved (debridement)	\$75
Surgical Repair	\$155

**G. RUPTURED DISC:** We will pay **\$155 per unit of coverage** if the insured person receives treatment for a ruptured disc sustained in a covered accident. A ruptured disc is a herniated, ruptured or prolapsed intervertebral disc that is diagnosed by myelography, computed tomography (CT) or magnetic resonance imaging (MRI). A physician must treat it within 60 days after the accident. It must be repaired through surgery by a physician within one year after the accident.

**H. TORN ROTATOR CUFF:** We will pay **\$155 per unit of coverage** if the insured person receives treatment for one or two torn rotator cuffs sustained in a covered accident. A physician must repair the torn rotator cuff through surgery within 90 days after the accident.

**I. INTERNAL INJURIES:** We will pay **\$315 per unit of coverage** if the insured person receives treatment for internal injuries sustained in a covered accident. “Internal Injuries” are injuries that result in open abdominal, hernia or thoracic surgery within 30 days after the accident.

**J. CONCUSSION:** We will pay **\$15 per unit of coverage** if the insured person receives treatment for a concussion sustained in a covered accident. Concussion must result in electroencephalogram abnormality within 30 days after the accident.

**K. LACERATION:** We will pay the benefit shown below per unit of coverage for the treatment listed if the insured person receives treatment for a laceration sustained in a covered accident. A laceration is a cut. A physician must repair the laceration within 72 hours after the accident.

<b>Length of Lacerations</b>	<b>Amount</b>
Single laceration less than 2 inches (less than 5.08 centimeters)	\$15
Total of all lacerations:	
At least 2 but not more than 6 inches (5.08 – 15.24 centimeters)	\$65
Over 6 inches (greater than 15.24 centimeters)	\$125
Lacerations(s) not requiring stitches, staples or glue	\$8

## **MODULE 8 – Wellness**

**WELLNESS BENEFIT:** We will pay **\$15 per unit of coverage** for any insured person to undergo routine examination or other preventive testing. However, this benefit is not payable until 90 days following the insured person’s effective date. This benefit is payable only once per policy per calendar year. Benefits include and are payable for: annual physical exams, mammograms, Pap smears, eye examinations, immunizations, flexible sigmoidoscopy, prostatic specific antigen (PSA), ultrasounds and blood screenings.

## **Important Notice**

The following information is provided to assist you in answering any questions you might have:

### **Soliciting Agent**

The name, address and telephone number of our soliciting agent is available to you, if needed, by calling our Customer Service Department at [501-375-7200].

### **USable Life**

USable Life  
P. O. Box 1650  
Little Rock, AR 72203-1650  
Phone [(501) 375-7200 or  
Toll Free (800) 648-0271]

If we fail to provide you with reasonable and adequate service, you may contact:

### **Arkansas Insurance Department**

Arkansas Insurance Department  
Consumer Services Division  
1200 West Third Street  
Little Rock, AR 72201-1904  
Phone (501) 371-2640 or  
Toll Free 1-800-852-5494

We appreciate the opportunity to serve your insurance needs.



P.O. Box 1650  
Little Rock, Arkansas 72203

Please Print Using Dark Ink

# ACCIDENT POLICY APPLICATION & CHANGE FORM

Office Use Only	
Policy Number	
Group Number	
Effective Date	
Dept./Loc.	

New Application       Change Form       Reinstatement Policy       Replaces Policy No. \_\_\_\_\_

## SECTION 1 - PERSONAL IDENTIFICATION

Name (First, MI, Last)		For Name Change, Give Prior Last Name		Social Security No.	
Home Address		City	State	Zip	County
Date of Birth	Age	Birth State or Country	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Home Phone ( ) ( )	Other Phone ( ) ( )
Occupation			Applicant's email address (if any)		
Name of Employer			Type of Business		
1. Are you a US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		2. If no to question 1, have you been issued a permanent residency VISA? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. If yes to question 2, have you lived continuously in the US or Canada for the last 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No					

## SPOUSE [& CHILDREN] INFORMATION - Complete if Applying for Dependent's Coverage

Full Name (First, Middle, Last)	Occupation	Gender	Date of Birth (month/day/year)	Birth State or Country
Spouse				
[Child]				
[Child]				
[Child]				

## SECTION 2 - PLAN SELECTION New Applicant Application for Change

**CHECK COVERAGE DESIRED:**

Applicant       Applicant & Spouse       Applicant & Children       Applicant, Spouse & Children

**Applying for Accident Policy Plan**      **PREMIUM**

Basic       Select

\$ \_\_\_\_\_

## SECTION 3 - PERSONAL INFORMATION

1. Within the past five years, has any person to be insured had their driver's license suspended or revoked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Is any person to be insured currently disabled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## SECTION 4 - BENEFICIARY Name Beneficiary Change of Beneficiary

I hereby revoke the appointment of any existing beneficiary and designate the following beneficiary (ies) under this policy.

Name	Birthdate	Relationship	Primary or Contingent	Indicate Percentage
			<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	
			<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	
<b>Total must equal 100% =</b>				





## ACCIDENT ELITE POLICY

### Limited Benefit Insurance

### Accident Only Policy – Outline of Coverage

Policy Form AEP-R (9-05)

**READ YOUR POLICY CAREFULLY** – This outline of coverage provides a 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!**

**Accident Only** – Policies of this category are designed to provide to persons insured, restricted coverage paying benefits **ONLY** when certain losses occur as a result of accident only. Coverage is not provided for basic hospital, basic medical-surgical, or major medical or comprehensive expenses.

### BENEFITS

The following benefits are payable for losses resulting from injuries sustained in a covered accident only, as defined in the policy. The loss must occur or injury must be diagnosed or treated within the time periods stated below. Benefits for some losses may vary depending upon the severity of the accident. See the policy for specific amounts payable.

<input type="checkbox"/> Basic			<input type="checkbox"/> Select		
<b>ACCIDENTAL DEATH</b>					
<i>Accidental Death must occur within 90 days after a covered accident.</i>					
INSURED	SPOUSE	[CHILD]	INSURED	SPOUSE	[CHILD]
<b>Covered Accidents</b>					
\$30,000	\$30,000	[\$9,750]	\$40,000	\$40,000	[\$13,000]
<b>Common Carrier Accidents</b>					
\$112,500	\$112,500	[\$19,500]	\$150,000	\$150,000	[\$26,000]
<b>ACCIDENTAL DISMEMBERMENT</b>					
<i>Accidental Dismemberment must occur within 90 days after a covered accident.</i>					
INSURED	SPOUSE	[CHILD]	INSURED	SPOUSE	[CHILD]
<b>Loss of two members*</b>					
\$30,000	\$30,000	[\$9,750]	\$40,000	\$40,000	[\$13,000]
<b>Loss of one member*</b>					
\$7,500	\$7,500	[\$2,850]	\$10,000	\$10,000	[\$3,800]
<b>Loss of one or more fingers or toes*</b>					
\$1,500	\$1,500	[\$450]	\$2,000	\$2,000	[\$600]

\*see policy for details

Basic	Select	LOSS OR TREATMENT
Charges up to		<p style="text-align: center;"><b>EMERGENCY TREATMENT</b></p> <p>Treatment must be in an emergency room, physician’s office, or stand alone emergency center, within 72 hours. If treatment is received for the removal of a foreign body from the eye or a laceration, which is not repaired with stitches, staples, or glue, the maximum benefit paid will be <b>\$45 for Basic or \$60 for Select</b> for this benefit and the Follow-Up Physician Visit benefit combined.</p>
INSURED		
\$105	\$140	
SPOUSE		
\$105	\$140	<p style="text-align: center;"><b>MAJOR DIAGNOSTIC EXAM</b></p> <p>Exam must be performed within 180 days and a charge incurred for: CT (computerized tomography) scan, MR (magnetic resonance imaging), or EEG (electroencephalogram). Payable once per accident.</p>
[CHILD]		
[\$60]	\$60]	
\$150	\$200	<p style="text-align: center;"><b>MEDICAL APPLIANCE</b></p> <p>Prescribed by a Physician to aid in personal locomotion or mobility, such as crutches or a wheelchair. Payable once per accident.</p>
\$105	\$140	

Basic	Select	LOSS OR TREATMENT
Broken tooth repaired with crown		<b>EMERGENCY DENTAL WORK</b> Treatment to correct injuries begun within 30 days. Payable once per person per accident.
\$150	\$200	
Broken tooth resulting in extraction		
\$45	\$60	
		<b>SPECIFIED LOSS</b>
\$1,125	\$1,500	<b>Burns</b> treated within 72 hours. Payable once per accident.
\$450	\$600	<b>Tendon / Ligament</b> surgically repaired within 1 year.*
Up to \$1,875	Up to \$2,500	<b>Dislocation (separated joint)</b> diagnosed within 30 days.* Payable only for the first dislocation of a joint. Subsequent dislocation of the same joint will not be covered.
Up to \$225	Up to \$300	<b>Eye Injury</b> requiring surgery or removal of a foreign object within 30 days. Payable once per accident.
Up to \$1,875	Up to \$2,500	<b>Fractures</b> diagnosed within 14 days and requiring open or closed reduction by a physician.*
Up to \$465	Up to \$620	<b>Torn Knee Cartilage</b> and <b>Ruptured Disc</b> treated within 60 days and surgically repaired within 1 year. Payable once per accident.
\$465	\$620	<b>Torn Rotator Cuff</b> surgically repaired within 90 days.
\$945	\$1,260	<b>Internal Injuries</b> resulting in open abdominal, hernia, or thoracic surgery within 30 days.
\$45	\$60	<b>Concussion</b> resulting in EEG abnormality within 30 days.
Up to \$375	Up to \$500	<b>Lacerations</b> repaired within 72 hours.
Charges up to		<b>FOLLOW UP PHYSICIAN VISIT</b>
\$30/visit	\$40/visit	Treatment received must be over and above emergency treatment administered in the first 72 hours following the accident. Follow-up visits must begin within 30 days of the accident or discharge from the hospital. Limited to 6 visits per accident. Not payable for the same visit as the Physical Therapy benefit.
\$30/visit	\$40/visit	<b>PHYSICAL THERAPY</b> Therapy must be prescribed by a physician and provided by a licensed physical therapist. Payable for up to five visits. Not payable for the same visit that the Follow-up Physician Visit benefit is paid.
Ground Ambulance		<b>AMBULANCE</b>
\$150	\$200	Ground ambulance (within 30 days) or air ambulance (within 72 hours) to or from a hospital or between medical facilities. Each benefit is payable only once per accident
Air Ambulance		
\$1,125	\$1,500	
\$1,000	\$1,000	<b>HOSPITAL ADMISSION</b> Admitted to a hospital as a resident bed patient and confined within 30 days after the accident. Payable once per confinement and only once per person per calendar year.
\$195/day	\$260/day	<b>HOSPITAL CONFINEMENT</b> Confined in a hospital as a resident bed patient within 30 days. Paid per day for up to 365 days per covered accident.
\$400/day	\$400/day	<b>HOSPITAL INTENSIVE CARE UNIT CONFINEMENT</b> Confinement must begin within 30 days. Payable up to 15 days. Only one payment under this benefit or the Hospital Confinement benefit will be paid per day.
\$9,750	\$13,000	<b>COMA</b> Coma duration must be at least 30 days.
Quadriplegia		<b>PARALYSIS</b> Paralysis must be for a minimum of three (3) months.
\$9,750	\$13,000	
Paraplegia		
\$4,875	\$6,500	
One device or limb		<b>PROSTHETIC DEVICE/ARTIFICIAL LIMB</b> Prosthetic device or artificial limb must be prescribed by a physician for functional use and received within one year of the covered accident. Payable only once per accident.
\$525	\$700	
More than one device or limb		
\$1,050	\$1,400	

*\*If the insured receives a fracture or a dislocation and tears, ruptures, or severs a tendon or ligament, we will pay only one benefit, whichever is the largest. If the insured receives a fracture and a dislocation in the same accident, we will pay for both, but not more than 150% of the bone or joint with the highest amount.*

Basic	Select	LOSS OR TREATMENT
\$150	\$200	<b>BLOOD/PLASMA</b> Transfusions, within 30 days, of whole blood and blood products, which are limited to red blood cells, platelets, fresh frozen plasma, cryoprecipitate and leukocytes; including the processing, typing, cross-matching, and administration of the blood or blood products. Payable only once per accident.
\$450	\$600	<b>TRANSPORTATION</b> For roundtrip to and from hospital, when treatment is required in a hospital more than 100 map miles from the person's residence or site of accident. Paid for person prescribed treatment. Not payable for ambulance or air ambulance. Payable up to 3 trips per calendar year per person.
Charges up to		<b>FAMILY LODGING</b>
\$105/night	\$140/night	Pays for a single hotel room for an immediate family member to be near a covered person confined in hospital more than 100 miles from the person's residence. Limited to 30 days per accident, and only while the injured person is confined.
\$60	\$60	<b>WELLNESS BENEFIT</b> We will pay for a covered person ( <i>coverage must be effective for 90 days</i> ) to undergo a routine physical examination or other preventative testing such as: Annual Physical Examination, Mammogram, Pap Smear, Eye Examination, Immunization, Flexible Sigmoidoscopy, Prostatic Specific Antigen (PSA) Test, Ultrasound, & Blood Screening. Payable only once per policy per calendar year. <i>When premiums are included in a Section 125 Cafeteria Plan, wellness benefits are payable for tests 30 days after the effective date.</i>

## RENEWABILITY AND CONTINUATION

This policy is guaranteed renewable during your lifetime. The company may change the established premium rate, but only if the rate is changed for all policies like yours in your state. This policy will not be issued to anyone 65 years of age or over. If you purchase the policy prior to your 65th birthday, you may continue coverage after age 65. A covered dependent who no longer meets eligibility requirements, may convert to a comparable individual policy without evidence of insurability. A spouse can continue coverage under this policy upon your death.

## EXCEPTIONS AND LIMITATIONS FOR ACCIDENT ELITE POLICY

The policy pays only for loss resulting from a covered accident as defined in the policy. It DOES NOT cover injuries incurred as a result of a covered person:

1. Being exposed to war or any act of war, declared or undeclared, or serving in any of the armed forces.
2. Intentionally self-inflicting bodily injury or attempting suicide, while sane or insane.
3. Participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed/ passenger-carrying aircraft.
4. Participating in, or attempting to participate in, an illegal activity that is defined as a felony as defined by the law of the jurisdiction in which the activity takes place.
5. Participating in any activity or event, including the operation of a vehicle, while under the influence of a narcotic (unless administered by a physician and taken according to the physician's instructions) or while intoxicated. "Intoxicated" means that condition as defined by the laws of the jurisdiction in which the accident occurred. Conviction is not necessary for a determination of being intoxicated.
6. Driving any commercial passenger-carrying or cargo vehicle, except school buses, for wage, compensation, or profit.
7. Mountaineering using ropes and/or other equipment, parachuting or hang gliding.
8. Having cosmetic surgery or other elective procedures that are not medically necessary, or having dental treatment except as a result of injury.
9. Participating in any sport or activity for wage, compensation or profit; or racing any type vehicle in an organized event.
10. Having any sickness or declining process caused by sickness, including physical or mental infirmity or infection (except bacterial infection from a covered accidental injury).

## COVERAGE EFFECTIVE DATE

Effective date means the date shown on the Policy Schedule page for all persons accepted for coverage at the time of issue, provided the application has been accepted and approved by us; the policy is issued; and the first premium has been paid; or the date shown by endorsement for all persons added to coverage after the policy has been issued. The effective date is assigned by the Company in accordance with our policy dating rules in effect at the time your policy is issued. The coverage provided by the policy will not be effective unless there has been no change since the date of the application and the effective date of the policy in the health of any proposed insured person listed on the application.

SERFF Tracking Number: LSVX-G127329586 State: Arkansas  
 Filing Company: USAbLe Life State Tracking Number: 49377  
 Company Tracking Number: AR001180100004  
 TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only  
 Product Name: Accident Elite Policy, AEP-R  
 Project Name/Number: Accident Elite Policy, AEP-R/AR001180100004

**Rate Information**

Rate data applies to filing.

**Filing Method:** Prior Approval  
**Rate Change Type:** %  
**Overall Percentage of Last Rate Revision:** %  
**Effective Date of Last Rate Revision:**  
**Filing Method of Last Filing:**

**Company Rate Information**

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):
USAbLe Life	%	%				%	%

SERFF Tracking Number: LSVX-G127329586 State: Arkansas  
 Filing Company: US Able Life State Tracking Number: 49377  
 Company Tracking Number: AR001180100004  
 TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only  
 Product Name: Accident Elite Policy, AEP-R  
 Project Name/Number: Accident Elite Policy, AEP-R/AR001180100004

## Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 07/29/2011	Actuarial Justification of AEP-R (9-05) Premium Rates		New		Retail Accident AJ (AR) rev.PDF

**USable Life**

**Individual Accident Policy Form AEP-R (9-05)**

**ACTUARIAL JUSTIFICATION OF PREMIUM RATES**

**1. SCOPE AND PURPOSE OF FILING**

The purpose of this filing is to demonstrate that the anticipated loss ratio for this form meets the minimum requirements of this state and to certify that benefits are reasonable in relationship to the premiums charged. This filing is not intended to be used for any other purposes.

**2. DESCRIPTION OF BENEFITS**

*The following is intended to be a general description of the benefits provided by this policy. For a detailed description of the benefits, limitations, and exclusions please refer to the policy form.*

<u>AD&amp;D Module (Per Unit)</u>	<u>Insured</u>	<u>Spouse</u>	<u>Child</u>
A.) Accidental Death Benefit: pays an accidental death benefit for death caused by Common-Carrier, while a fare paying passenger on a common carrier vehicle (excludes taxis and privately chartered vehicles), or Other Accidents as shown below:			
Common-Carrier Accidents	\$37,500	\$37,500	\$6,500
Other Accidents	\$10,000	\$10,000	\$3,250
B.) Accidental Dismemberment: pays an accidental dismemberment benefit for dismemberment caused by a covered accident as shown below:			
Both arms and both legs	\$10,000	\$10,000	\$3,250
Two eyes, feet, hands or legs	\$10,000	\$10,000	\$3,250
One eye, foot, hand or leg	\$2,500	\$2,500	\$950
One or more finger or toe	\$500	\$500	\$150
C.) Paralysis: If a covered person suffers paralysis as a result of a covered accident, we will pay the applicable benefit indicated below. The duration of the paralysis must be a minimum of three (3) months.			
Quadriplegia (paralysis of 4 limbs)	\$3,250	\$3,250	\$3,250
Paraplegia (paralysis of lower limbs)	\$1,625	\$1,625	\$1,625
D.) Coma duration at least 30 days:	\$3,250	\$3,250	\$3,250
<u>Hospital Admission Module (Per Unit)</u>			
Hospital Admission: pays for admission to a hospital and confinement as an overnight resident bed patient.	\$250	\$250	\$250
<u>Hospital Confinement Module (Per Unit)</u>			
This benefit pays for up to 365 days of confinement as an overnight resident bed patient in a hospital including a sub-acute intensive care unit. This benefit will also pay for confinement in an intensive care unit once the benefit period under the Hospital Intensive Care Unit Confinement benefit has expired, but will not be paid in addition to the Hospital Intensive Care Unit Benefit.	\$65	\$65	\$65
<u>Intensive Care Unit Module (Per Unit)</u>			
This benefit pays for up to 15 days of confinement in a Hospital Intensive Care Unit. Only one payment amount under this benefit or the Hospital Confinement benefit will be paid per day of confinement.	\$100	\$100	\$100

**USable Life**

**Individual Accident Policy Form AEP-R (9-05)**

**ACTUARIAL JUSTIFICATION OF PREMIUM RATES**

Wellness Module (Per Unit)

This benefit will pay an indemnity for routine examinations or other preventative testing after premiums have been Paid for 12 months. This benefit is payable once per policy per 12 month period.	\$15	\$15	\$15
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Emergency and Exams Module (Per Unit)

Emergency Room Treatment: pays actual charges for treatment in an emergency room, for insured or spouse and for a dependent child. If the treatment received is for either the removal of a foreign body from the eye or for a laceration which is not repaired with stitches, staples or glue, a maximum benefit amount will be paid under this benefit and the Physician Visit benefit combined.

Actual charges for treatment	\$35	\$35	\$20
Maximum without repairs	\$15	\$15	\$15

Physical Therapy: pays for up to 5 visits to a physical therapist.	\$10	\$10	\$10
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Major Diagnostic Exams	\$50	\$50	\$50
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Follow-up Physician Visit: This benefit will pay actual charges for up to a maximum of six treatments per covered accident per covered person for follow-up treatment received for injuries sustained in a covered accident. Treatment must be over an above emergency treatment administered in the first 72 hours following the accident and must begin within 30 days of the covered accident or discharge from the hospital. Treatment must be furnished by a physician in a physician's office or in a hospital on an outpatient basis. This benefit is not payable for the same visit that the Physical Therapy Benefit is paid.	\$10	\$10	\$10
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Ambulance and Ancillary Module (Per Unit)

Appliance: pays for medical appliances (e.g. crutches and wheelchairs) prescribed by a doctor as an aid in personal locomotion.	\$35	\$35	\$35
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Prosthetic Device/Artificial Limb: pays for the purchase of a prescribed prosthetic device or artificial limb for functional use as a result of a covered accident or double if more than one device is prescribed. Only one payment amount under this benefit will be paid.

One prescribed prosthetic device/artificial limb	\$175	\$175	\$175
Two plus prosthetic devices	\$350	\$350	\$350

Transportation: pays per trip to the hospital if a covered person requires special treatment and confinement in a hospital located more than 100 miles from the covered person's residence or site of the accident for injuries sustained in a covered accident. This benefit will be paid only for the covered person for whom the treatment is prescribed, or, if the treatment is for a dependent child and commercial travel is necessary, the dependent child's parent or legal guardian who travels with the child will also receive this benefit. Only one person will be paid to travel with the dependent child. The local attending physician must prescribe the treatment, and the treatment must not be available locally. This benefit is not payable for transportation by ambulance or air ambulance to the hospital.	\$150	\$150	\$150
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Family Lodging: pays actual charges for one motel/hotel room for a member of the immediate family to accompany the covered person if treatment of injuries sustained in a covered accident requires hospital confinement and if the hospital and motel/hotel are more than 100 miles from the residence of the covered person. This benefit is payable up to 30 days per accident and only during the time the injured covered person is confined in the hospital.	\$35	\$35	\$35
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**USable Life**

**Individual Accident Policy Form AEP-R (9-05)**

**ACTUARIAL JUSTIFICATION OF PREMIUM RATES**

Blood/Plasma/Platelets: pays for the transfusion, administration, cross matching, typing and processing of blood, plasma or platelets.	\$50	\$50	\$50
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Ambulance: pays for ground ambulance transportation to or from a hospital or between medical facilities. Pays for air ambulance transportation to or from a hospital or between medical facilities.

Ground ambulance transportation	\$50	\$50	\$50
Air ambulance transportation	\$375	\$375	\$375

Emergency dental work performed while hospital confined:

Broken teeth repaired with crown(s)	\$50	\$50	\$50
Broken teeth resulting in extractions	\$15	\$15	\$15

Specified Loss Module (Per Unit)

Burn: pays for a second degree burn which covers at least 36% of the body surface or for a third degree burn which covers at least nine square inches of the body surface.	\$375	\$375	\$375
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Tendon/ligament: This benefit will pay for the surgical repair of a torn, ruptured, or severed tendon or ligament; if more than one is repaired; or for exploratory surgery to help the diagnosis of a torn, ruptured, or severed tendon or ligament, which does not result in a torn, ruptured, or severed tendon or ligament. Only one payment amount under this benefit will be paid. If there is both a tear, rupture, or severance in a tendon, ligament of rotator cuff and a dislocation and/or fracture, only one payment amount under either this benefit or under the Dislocation (Separated Joint) benefit and/or the Fracture (Broken Bone) benefit will be paid.

Surgical repair of one tendon/ligament	\$150	\$150	\$150
Surgical Repair of more than one	\$150	\$150	\$150
Exploratory surgery to help diagnosis	\$25	\$25	\$25

	<u>Open Reduction</u>	<u>Closed Reduction</u>	<u>Without Anesthesia</u>
Dislocations:			
Hip	\$625	\$155	\$40
Knee	\$155	\$60	\$15
Shoulder	\$155	\$60	\$15
Collar Bone	\$250	\$50	\$15
Ankle or Foot	\$155	\$50	\$15
Lower Jaw	\$155	\$80	\$20
Wrist	\$125	\$60	\$15
Elbow	\$125	\$60	\$15
Toe or Finger	\$30	\$15	\$5

If there is more than one dislocation, this benefit will pay for all dislocations individually, but the total payment under this benefit cannot exceed 150% of the HIGHEST individual joint amount.

Eye Injury

With Surgical Repair	\$75	\$75	\$75
Removal of Foreign Body	\$15	\$15	\$15

**USable Life**

**Individual Accident Policy Form AEP-R (9-05)**

**ACTUARIAL JUSTIFICATION OF PREMIUM RATES**

		<u>Open</u>	<u>Closed</u>	<u>Chip</u>
		<u>Reduction</u>	<u>Reduction</u>	<u>Fracture</u>
Fractures				
	Hip	\$625	\$315	\$40
	Leg	\$315	\$160	\$20
	Hand (excluding fingers)	\$155	\$80	\$10
	Foot (excluding toes/heel)	\$155	\$80	\$10
	Wrist	\$155	\$80	\$10
	Elbow	\$155	\$80	\$10
	Shoulder Blade	\$155	\$80	\$10
	Forearm	\$155	\$80	\$10
	Ankle or Kneecap	\$155	\$80	\$10
	Sternum or lower jaw	\$155	\$80	\$10
	Vertebrae (body of)	\$315	\$160	\$20
	Pelvis (excluding coccyx)	\$315	\$160	\$20
	Upper Jaw	\$185	\$90	\$12
	Upper Arm	\$185	\$90	\$12
	Face (excluding nose)	\$185	\$90	\$12
	Rib or Ribs	\$315	\$35	\$20
	Nose, Heel or Fingers	\$155	\$35	\$10
	Coccyx	\$65	\$35	\$4
	Toes	\$65	\$35	\$4
	Vertebral Process	\$315	\$50	\$20
	Skull			
	Depressed	\$470	\$470	\$470
	Simple	\$155	\$155	\$155
<p>If there is more than one fracture, this benefit will pay for all fractures individually, but the total payment under this benefit cannot exceed 150% of the HIGHEST individual bone amount. If there is both a dislocation and a fracture, this benefit and the Dislocation benefit will pay individually, but the total payment amount under these benefits cannot exceed 150% of the HIGHEST individual benefit amount.</p>				
Knee Cartilage - Torn				
	Exploratory surgery without repair	\$75	\$75	\$75
	Surgical Repair	\$155	\$155	\$155
Ruptured Disk		\$155	\$155	\$155
Rotator Cuff				
	One	\$155	\$155	\$155
	More than one	\$155	\$155	\$155
Internal injuries resulting in open abdominal, hernia or thoracic				
	Benefit	\$315	\$315	\$315
Concussion resulting in electroencephalogram				
	Benefit	\$15	\$15	\$15
Lacerations				
	Single laceration less than 2 inches	\$15	\$15	\$15
	At least 2 inches but not more than 6 inches (total of all)	\$65	\$65	\$65
	Over 6 inches (total of all lacerations)	\$125	\$125	\$125
	Laceration(s) not requiring stitches, staples or glue	\$8	\$8	\$8

USAbLe Life

Individual Accident Policy Form AEP-R (9-05)

ACTUARIAL JUSTIFICATION OF PREMIUM RATES

3. **RENEWABILITY PROVISION**

Coverage provided by the policy is guaranteed renewable for life subject of the company's right to change premium rates by class.

4. **UNDERWRITING**

This policy is underwritten on a simplified issue basis.

5. **MARKETING METHOD**

This policy will be marketed to individuals by contracted agents and brokers.

6. **MORBIDITY**

a. Claim costs were derived from Wakely Actuarial Services, Inc. client company experience, general U.S. population data, National Vital Statistics reports, Health and Injury Chart Book, National Burn Repository, Hospitalization for Injury report, and National Hospital Ambulatory Medical Care Survey.

b. The following factors were applied to the claim costs in order to account for the effects of underwriting:

<u>Policy Duration</u>	<u>Accident Factor</u>
1	1.20
2+	1.00

7. **MORTALITY & LAPSE RATES**

Mortality

100% of the 1989-91 US Life Population Table (unisex).

Lapse Rates

90% of the worksite lapse rates shown below:

<u>Policy Year</u>	<u>Lapse Rates</u>				
	<u>18-29</u>	<u>30-39</u>	<u>40-49</u>	<u>50+</u>	<u>Composite *</u>
1	44.4%	38.6%	38.6%	34.7%	38.6%
2	29.2%	25.4%	25.4%	22.9%	25.4%
3	28.3%	24.6%	24.6%	22.1%	24.6%
4	27.5%	23.9%	23.9%	21.5%	23.9%
5	26.7%	23.2%	23.2%	20.9%	23.2%
6	25.9%	22.5%	22.5%	20.3%	22.5%
7	25.2%	21.9%	21.9%	19.7%	21.9%
8	24.4%	21.2%	21.2%	19.1%	21.2%
9	23.7%	20.6%	20.6%	18.5%	20.6%
10+	23.0%	20.0%	20.0%	18.0%	20.0%
* % of Business	19.0%	28.3%	27.7%	25.0%	100%

8. **INTEREST**

5.0% all years.

USAbLe Life

Individual Accident Policy Form AEP-R (9-05)

ACTUARIAL JUSTIFICATION OF PREMIUM RATES

9. **RESERVES**

Gross unearned premiums plus the tabular reserves will be held. Tabular reserves are calculated using 2YPT, 2001 CSO Mortality and 4.0% interest. Voluntary lapse rates will not be used in the calculation the tabular reserve.

10. **PREMIUMS**

The expected nationwide average annual premium per policy is \$387.

Gross premiums are shown in Exhibit A.

11. **ANTICIPATED LOSS RATIO**

The lifetime anticipated loss ratio for this form is 50.9%. This ratio satisfies the minimum state loss ratio requirement for this type of coverage.

The lifetime anticipated loss ratio is calculated over a 30-year projection period as the Present Value of Incurred Claims divided by the Present Value of Earned Premiums discounted at the earned interest rate. Incurred Claims are equal to paid claims plus the change in claim reserves. Active life reserves are not used in the calculation of the lifetime anticipated loss ratio.

Expected loss ratios by duration for the first 20 policy years are as follows:

<u>Policy Year</u>	<u>Incurred Loss Ratio</u>	<u>Policy Year</u>	<u>Incurred Loss Ratio</u>
1	59.9%	11	47.00%
2	54.5%	12	47.18%
3	48.0%	13	47.38%
4	47.6%	14	47.59%
5	47.3%	15	47.90%
6	47.1%	16	48.24%
7	47.0%	17	48.52%
8	46.8%	18	48.79%
9	46.8%	19	49.08%
10	46.8%	20	49.56%

12. **MINIMUM REQUIRED LOSS RATIO**

This policy falls under the "Loss of Income and Other" section of the NAIC model regulation. The minimum required loss ratio for individual guaranteed renewable policies of this type is 50%.

USable Life

Individual Accident Policy Form AEP-R (9-05)

ACTUARIAL JUSTIFICATION OF PREMIUM RATES

13. ACTUARIAL CERTIFICATION

I, **Ashlee M. Borcan**, am a consulting actuary at Wakely Actuarial Services, Inc. of Palm Harbor, FL. I am a member of the American Academy of Actuaries, and I meet the Qualification Standards of the American Academy of Actuaries to render this statement of Actuarial Opinion.

I hereby certify that, to the best of my knowledge and belief, the rate filing submitted herein is prepared in accordance with the current standards of practice as promulgated by the Actuarial Standards Board, including the data quality standard of practice; and that the benefits of the policy form addressed in this rate filing are reasonable in relation to the premiums charged. The assumptions represent my best judgment as to the expected value for each assumption. The filed rates maintain the proper relationship between other policy forms which have a different rating methodology; and, in my opinion, the rates are not excessive, inadequate, or unfairly discriminatory.

Respectfully submitted,



Ashlee M. Borcan, F.S.A., M.A.A.A.  
Consulting Actuary  
Wakely Actuarial Services Inc.  
Phone: (727) 489-7112

June 8, 2011

Attachments:

Exhibit A: Gross Monthly Premiums  
Exhibit B: Pricing Assumptions  
Exhibit C: Loss Ratios by Duration

**Exhibit A**

**USable Life  
Individual Accident Policy Form AEP-R (9-05)**

**All Ages and Sexes**

**Gross Monthly Premiums per Module**

<b>Benefit Module</b>	<b>Individual</b>	<b>Individual and Spouse</b>	<b>Individual and Children</b>	<b>2 Parent Family</b>
Module 1 - AD&D	0.52	0.66	0.72	0.86
Module 2 - Hospital Admission	0.36	0.48	0.52	0.64
Module 3 - Hospital Confinement	1.00	1.34	1.42	1.76
Module 4 - Intensive Care	0.42	0.56	0.62	0.76
Module 8 - Wellness	0.88	1.16	1.24	1.52
Module 5 - Emergency and Exams	1.36	1.80	1.94	2.38
Module 6 - Ambulance and Ancillary	0.30	0.38	0.40	0.50
Module 7 - Specified Loss	1.44	1.90	2.04	2.48

**Retail Basic Plan \* - Gross Monthly Premiums**

<b>Benefit Module</b>	<b>No. of Units</b>	<b>Individual</b>	<b>Individual and Spouse</b>	<b>Individual and Children</b>	<b>2 Parent Family</b>
Module 1 - AD&D	3	1.56	1.98	2.16	2.58
Module 2 - Hospital Admission	4	1.44	1.92	2.08	2.56
Module 3 - Hospital Confinement	3	3.00	4.02	4.26	5.28
Module 4 - Intensive Care	4	1.68	2.24	2.48	3.04
Module 8 - Wellness	4	3.52	4.64	4.96	6.08
Module 5 - Emergency and Exams	3	4.08	5.40	5.82	7.14
Module 6 - Ambulance and Ancillary	3	0.90	1.14	1.20	1.50
Module 7 - Specified Loss	3	<u>4.32</u>	<u>5.70</u>	<u>6.12</u>	<u>7.44</u>
<b>Total - Select Plan</b>		<b>20.50</b>	<b>27.04</b>	<b>29.08</b>	<b>35.62</b>

\* Retail Basic Plan (3 units of Modules 1,3,5-7, 4 units of 2,4,8)

**Retail Select Plan \*\* - Gross Monthly Premiums**

<b>Benefit Module</b>	<b>No. of Units</b>	<b>Individual</b>	<b>Individual and Spouse</b>	<b>Individual and Children</b>	<b>2 Parent Family</b>
Module 1 - AD&D	4	2.08	2.64	2.88	3.44
Module 2 - Hospital Admission	4	1.44	1.92	2.08	2.56
Module 3 - Hospital Confinement	4	4.00	5.36	5.68	7.04
Module 4 - Intensive Care	4	1.68	2.24	2.48	3.04
Module 8 - Wellness	4	3.52	4.64	4.96	6.08
Module 5 - Emergency and Exams	4	5.44	7.20	7.76	9.52
Module 6 - Ambulance and Ancillary	4	1.20	1.52	1.60	2.00
Module 7 - Specified Loss	4	<u>5.76</u>	<u>7.60</u>	<u>8.16</u>	<u>9.92</u>
<b>Total - Select Plan</b>		<b>25.12</b>	<b>33.12</b>	<b>35.60</b>	<b>43.60</b>

\*\* Retail Select Plan (4 units of each Module)

**Exhibit B**

**USable Life  
Individual Accident Policy Form AEP-R (9-05)  
Pricing Assumptions**

**1) Plans**

	<u>Occ Class</u>	<u>No. of Policies</u>	<u>No. of Base Policy Units</u>	<u>Avg Units</u>	<u>Issued Annualized Premium</u>
a. <u>Base Plan (Module 1 - AD&amp;D)</u>					
Employee	One Class	457	1,828	4.000	137,615
Employee + Spouse	One Class	186	744	4.000	73,815
Employee + Children	One Class	116	463	4.000	49,490
2 Parent Family	One Class	241	964	4.000	126,070
Total		1,000	4,000	4.000	386,990
b. Premium Rates				<u>Premiums</u>	
	<u>Coverage</u>	<u>Employee</u>	<u>Employee &amp; Spouse</u>	<u>1 Parent Family</u>	<u>2 Parent Family</u>
Select Plan (4 units of each module)	Monthly	25.12	33.12	35.60	43.60
	Annual	301.44	397.44	427.20	523.20

**2) Mortality**

100% of the 1989-91 US Life Population Table (unisex).

**3) Interest**

5.00% in all years.

**4) Lapse Rates**

90% of the worksite lapse rates shown below:

<u>Policy Year</u>	<u>Lapse Rates</u>				
	<u>18-29</u>	<u>30-39</u>	<u>40-49</u>	<u>50+</u>	<u>Composite *</u>
1	44.4%	38.6%	38.6%	34.7%	38.6%
2	29.2%	25.4%	25.4%	22.9%	25.4%
3	28.3%	24.6%	24.6%	22.1%	24.6%
4	27.5%	23.9%	23.9%	21.5%	23.9%
5	26.7%	23.2%	23.2%	20.9%	23.2%
6	25.9%	22.5%	22.5%	20.3%	22.5%
7	25.2%	21.9%	21.9%	19.7%	21.9%
8	24.4%	21.2%	21.2%	19.1%	21.2%
9	23.7%	20.6%	20.6%	18.5%	20.6%
10+	23.0%	20.0%	20.0%	18.0%	20.0%
Multiple of Composite	115%	100%	100%	90%	100%
% of Business	19.0%	28.3%	27.7%	25.0%	100%

**Exhibit B**

**USable Life  
Individual Accident Policy Form AEP-R (9-05)  
Pricing Assumptions**

**5) Commissions**

	<u>Yr 1</u>	<u>Yr 2</u>	<u>Yr 3-5</u>	<u>Yr 6-10</u>	<u>Yr 11+</u>
Proposed -	65.0%	15.0%	15.0%	10.0%	5.0%

**6) Expenses**

<u>Function</u>	<u>Per Policy</u>	<u>% of Premium</u>	<u>% of Claims</u>
Sales and Marketing Costs		10.00%	
General Overhead		2.50%	
Issue Costs	\$8.00		
Policy Maintenance	\$15.00		
Claims Administration			6.26%
Taxes, Licenses, Fees		2.75%	

**7) Claim Costs**

Wakely Actuarial accident-only claim costs.

**8) Other Assumptions**

a) Reserves

Statutory- ALR Reserves: Gross unearned premiums plus no tabular reserves.

Claim Reserves: Based on following completion factors -

<u>Months since Inc Date</u>	<u>Comp Factor</u>	<u>Months since Inc Date</u>	<u>Comp Factor</u>	<u>Months since Inc Date</u>	<u>Comp Factor</u>
1	0.04872	7	0.88414	13	0.98035
2	0.29106	8	0.91205	14	0.98733
3	0.53289	9	0.93144	15	0.98920
4	0.67713	10	0.95353	16	0.99103
5	0.79174	11	0.96333	17	0.99500
6	0.84773	12	0.97426	18+	1.00000

Tax Reserves = Statutory Reserves

b) Modal Assumption 100% monthly

**Exhibit C**

**USable Life  
Individual Accident Policy Form AEP-R (9-05)**

**Anticipated Loss Ratios**

<b>Calendar Year</b>	<b>Expected Earned Premiums</b>	<b>Expected Incurred Claims</b>	<b>Expected Incurred Loss Ratio</b>
1	177,146	106,148	59.9%
2	261,660	142,677	54.5%
3	195,821	93,903	48.0%
4	151,749	72,158	47.6%
5	118,569	56,049	47.3%
6	93,379	43,990	47.1%
7	74,104	34,802	47.0%
8	59,205	27,733	46.8%
9	47,641	22,276	46.8%
10	38,581	18,061	46.8%
11	31,414	14,764	47.0%
12	25,590	12,074	47.2%
13	20,832	9,870	47.4%
14	16,947	8,065	47.6%
15	13,775	6,598	47.9%
16	11,187	5,396	48.2%
17	9,076	4,404	48.5%
18	7,356	3,589	48.8%
19	5,954	2,923	49.1%
20	4,813	2,385	49.6%
21	3,886	1,947	50.1%
22	3,132	1,582	50.5%
23	2,520	1,283	50.9%
24	2,024	1,040	51.4%
25	1,622	843	52.0%
26	1,298	684	52.7%
27	1,036	552	53.3%
28	825	445	54.0%
29	655	357	54.6%
30	519	287	55.3%
Present Value @ 5%	1,117,375	569,005	50.9%

SERFF Tracking Number: LSVX-G127329586 State: Arkansas  
 Filing Company: US Able Life State Tracking Number: 49377  
 Company Tracking Number: AR001180100004  
 TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only  
 Product Name: Accident Elite Policy, AEP-R  
 Project Name/Number: Accident Elite Policy, AEP-R/AR001180100004

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	07/29/2011
<b>Comments:</b>		
<b>Attachment:</b>		
AR - READABILITY CERTIFICATION.PDF		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Application	Approved-Closed	07/29/2011
<b>Comments:</b>		
Attached to the Forms tab.		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Health - Actuarial Justification	Approved-Closed	07/29/2011
<b>Comments:</b>		
Attached to the Rates tab.		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Outline of Coverage	Approved-Closed	07/29/2011
<b>Comments:</b>		
Attached to the Forms tab.		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Statement of Variability	Approved-Closed	07/29/2011
<b>Comments:</b>		
<b>Attachment:</b>		
AEP-R Statement of Variability.PDF		

**STATE OF ARKANSAS**  
**READABILITY CERTIFICATION**

**COMPANY NAME:** USAble Life

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<b>Form Number</b>	<b>Score</b>
AEP-R (9-05)	47.4
AEP-RAPP (2-11)	47.4
AEP-R-SOC (2-11)	47.4

Signed:   
Name: Connie Phillips  
Title: Assistant General Counsel & Assistant Secretary  
Date: 07/22/2011

## STATEMENT OF VARIABILITY

*Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination.*

### SPECIFIC VARIABLES AEP-R (9-05)

#### Policy Face Page

1. The bracketed material consists of those items which are customarily varied to apply to a particular policyholder's contract. Such items include policy number, policyholder's name, and effective date.
2. Company address, phone number, or officer signatures may change.

#### Policy Schedule

1. Type of Coverage: Individual, Individual/Spouse, Single Parent, or Full Family
2. Policy Module - Number of units or Amount of Coverage (premiums vary according to occupation class and the selected benefit plan):
  - Module 1: 1 to 25 units
  - Module 2: 1 to 25 units
  - Module 3: 1 to 25 units
  - Module 4: 1 to 25 units
  - Module 5: 1 to 25 units
  - Module 6: 1 to 25 units
  - Module 7: 1 to 25 units
  - Module 8: 1 to 25 units
3. Premium Schedule: Total Premiums vary according to occupation class and the selected benefit plan.
4. Premium Frequency: Annual, Semiannual, Quarterly, or Monthly.
5. The reference to "only by bank draft" can be varied to apply to a particular policyholder's contract.
6. The bracketed material consists of those items which are customarily varied to apply to a particular policyholder's contract. Such items include policy number, policyholder's name, and effective date.

#### Insured Person Definition

1. The reference to "four" can be changed to "two."
2. Items 3 and 4 of the first paragraph can be removed if the policy does not provide coverage for dependent children.
3. Paragraphs 4 and 5 can be removed if the policy does not provide coverage for dependent children.

#### Dependent Provisions

1. All language regarding dependent children can be removed if the policy does not provide coverage for dependent children.

## **Benefits**

1. All language and benefit amounts regarding dependent children can be removed if the policy does not provide coverage for dependent children.

### **SPECIFIC VARIABLES AEP-RAPP (2-11)**

#### **Section 1 – Personal Identification**

1. All language regarding dependent children can be removed if the policy does not provide coverage for dependent children.

#### **Section 2 – Plan Selection**

1. All language regarding dependent children can be removed if the policy does not provide coverage for dependent children.

#### **Section 5 – Authorization**

1. All language regarding dependent children can be removed if the policy does not provide coverage for dependent children.

### **SPECIFIC VARIABLES AEP-R-SOC (2-11)**

1. All language regarding dependent children can be removed if the policy does not provide coverage for dependent children.