

SERFF Tracking Number: PHYS-127291675 State: Arkansas
Filing Company: Physicians Mutual Insurance Company State Tracking Number: 49664
Company Tracking Number:
TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only
Product Name: Accident Only Policy & Riders
Project Name/Number: /

Filing at a Glance

Company: Physicians Mutual Insurance Company

Product Name: Accident Only Policy & Riders SERFF Tr Num: PHYS-127291675 State: Arkansas
TOI: H02I Individual Health - Accident Only SERFF Status: Closed-Approved- State Tr Num: 49664
Closed

Sub-TOI: H02I.000 Health - Accident Only Co Tr Num: State Status: Approved-Closed
Filing Type: Form/Rate Reviewer(s): Rosalind Minor
Author: Sonja Morton Disposition Date: 09/13/2011
Date Submitted: 08/29/2011 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Authorized
Project Number: Date Approved in Domicile: 08/12/2011
Requested Filing Mode: Review & Approval Domicile Status Comments: The forms were approved August 12 and the rates were approved July 11

Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 09/13/2011
State Status Changed: 09/13/2011

Deemer Date: Created By: Sonja Morton
Submitted By: Sonja Morton Corresponding Filing Tracking Number:

Filing Description:

RE: Physicians Mutual Insurance Company – NAIC 80578, FEIN 47-0270450

P525AR – Accidental Death Benefit Policy

B410 – Accidental Death Benefit Rider & Schedule

B411 – Accident Only Intensive Care Benefit Rider & Schedule

B412 – Accident Only Hospital Indemnity Benefit Rider & Schedule

B413 – Accidental Dismemberment And Outpatient Surgery Benefit Rider & Schedule

B414 – Travel Accident Death Benefit Rider & Schedule

E525-F – Enrollment Form

SERFF Tracking Number: *PHYS-127291675* State: *Arkansas*
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 TOI: *H02I Individual Health - Accident Only* Sub-TOI: *H02I.000 Health - Accident Only*
 Product Name: *Accident Only Policy & Riders*
 Project Name/Number: */*

2600 Dodge Street 402-633-1662 [Phone]
 Omaha, NE 68131 402-633-1096 [FAX]

Filing Company Information

Physicians Mutual Insurance Company CoCode: 80578 State of Domicile: Nebraska
 2600 Dodge Street Group Code: 367 Company Type:
 Omaha, NE 68131 Group Name: State ID Number:
 (402) 633-1188 ext. [Phone] FEIN Number: 47-0270450

Filing Fees

Fee Required? Yes
 Fee Amount: \$400.00
 Retaliatory? No
 Fee Explanation: We are filing seven (7) forms plus an Outline of Coverage. I wasn't sure if there was a change for the Outline, but I added it just in case there is. Eight forms at \$50.00 per form is a filing fee of \$400.00.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Physicians Mutual Insurance Company	\$400.00	08/29/2011	51051046

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/13/2011	09/13/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	09/06/2011	09/06/2011	Sonja Morton	09/12/2011	09/12/2011

SERFF Tracking Number: *PHYS-127291675* State: *Arkansas*
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Disposition

Disposition Date: 09/13/2011

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):
Physicians Mutual Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking Number: PHYS-127291675 State: Arkansas
 Filing Company: Physicians Mutual Insurance Company State Tracking Number: 49664
 Company Tracking Number:
 TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
 Product Name: Accident Only Policy & Riders
 Project Name/Number: /

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	P525AR & B410, et al, Rider Schedule Statements of Variability	Approved-Closed	Yes
Form (revised)	ACCIDENTAL DEATH BENEFIT POLICY	Approved-Closed	Yes
Form	ACCIDENTAL DEATH BENEFIT POLICY	Replaced	Yes
Form	ACCIDENTAL DEATH BENEFIT RIDER	Approved-Closed	Yes
Form	ACCIDENT ONLY INTENSIVE CARE BENEFIT RIDER	Approved-Closed	Yes
Form	ACCIDENT ONLY HOSPITAL INDEMNITY BENEFIT RIDER	Approved-Closed	Yes
Form	ACCIDENTAL DISMEMBERMENT AND OUTPATIENT SURGERY BENEFIT RIDER	Approved-Closed	Yes
Form	TRAVEL ACCIDENT DEATH BENEFIT RIDER	Approved-Closed	Yes
Form	ACCIDENT COVERAGE ENROLLMENT FORM	Approved-Closed	Yes
Rate	P525-STD-062411	Approved-Closed	Yes
Rate	B410-STD-062411	Approved-Closed	Yes
Rate	B411-STD-062411	Approved-Closed	Yes
Rate	B412-STD-062411	Approved-Closed	Yes
Rate	B413-STD-062411	Approved-Closed	Yes
Rate	B414-STD-062411	Approved-Closed	Yes

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 09/06/2011

Submitted Date 09/06/2011

Respond By Date

Dear Sonja Morton,

This will acknowledge receipt of the captioned filing.

Objection 1

- ACCIDENTAL DEATH BENEFIT POLICY, P525AR (Form)

Comment:

With respect to coverage for minors for whom the insured has filed a petition to adopt, please refer to the 60-day period outlined under ACA 23-79-137.

Objection 2

- ACCIDENTAL DEATH BENEFIT POLICY, P525AR (Form)

Comment:

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-85-131(b) and Bulletin 14-81.

Objection 3

- ACCIDENTAL DEATH BENEFIT POLICY, P525AR (Form)

Comment:

There needs to be a provision for the refund of unearned premium in the event of death of the insured as outlined under ACA 23-85-134.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

SERFF Tracking Number: *PHYS-127291675* *State:* *Arkansas*
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Rosalind Minor

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 Product Name: Accident Only Policy & Riders
 Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 09/12/2011
 Submitted Date 09/12/2011

Dear Rosalind Minor,

Comments:

Thank you for your letter.

Response 1

Comments: The following language has been added to the COVERED PERSONS provision on page 2 of the policy: Coverage for an adopted child begins on the date of the filing of the petition for adoption. The coverage begins from the moment of birth if the petition for adoption and application for coverage is filed within 60 days after the birth of the child.

Related Objection 1

Applies To:

- ACCIDENTAL DEATH BENEFIT POLICY, P525AR (Form)

Comment:

With respect to coverage for minors for whom the insured has filed a petition to adopt, please refer to the 60-day period outlined under ACA 23-79-137.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
ACCIDENTAL DEATH BENEFIT POLICY	P525AR		Policy/Contract/Fraternal Certificate	Initial		50.500	P525AR.pdf
Previous Version							
ACCIDENTAL DEATH BENEFIT POLICY	P525AR		Policy/Contract/Fraternal Certificate	Initial		50.500	P525AR.pdf

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 Product Name: Accident Only Policy & Riders
 Project Name/Number: /

No Rate/Rule Schedule items changed.

Response 2

Comments: The following was removed from the handicapped dependents language of the COVERED PERSONS provision on page 2: ...and notice of the handicap is received by the Company within 31 days of the child's attainment of the limiting age.

The following was added to the handicapped dependents language:

Request for proof of the mental or physical handicap will be at Our request and expense.

Related Objection 1

Applies To:

- ACCIDENTAL DEATH BENEFIT POLICY, P525AR (Form)

Comment:

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-85-131(b) and Bulletin 14-81.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
ACCIDENTAL DEATH BENEFIT POLICY	P525AR		Policy/Contract/Fraternal Certificate	Initial		50.500	P525AR.pdf
Previous Version							
ACCIDENTAL DEATH BENEFIT POLICY	P525AR		Policy/Contract/Fraternal Certificate	Initial		50.500	P525AR.pdf

No Rate/Rule Schedule items changed.

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 Product Name: Accident Only Policy & Riders
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Response 3

Comments: The following was added to page 6 of the GENERAL PROVISIONS:
 REFUND OF UNEARNED PREMIUM AT DEATH: We will refund any unearned premium from the first day of the month following Your death until the end of the term for which the premium is paid. The refund will be made within 30 days of Our receipt of proof of Your death.

Related Objection 1

Applies To:
 - ACCIDENTAL DEATH BENEFIT POLICY, P525AR (Form)
 Comment:

There needs to be a provision for the refund of unearned premium in the event of death of the insured as outlined under ACA 23-85-134.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
ACCIDENTAL DEATH BENEFIT POLICY	P525AR		Policy/Contract/Fraternal Certificate	Initial		50.500	P525AR.pdf
Previous Version							
ACCIDENTAL DEATH BENEFIT POLICY	P525AR		Policy/Contract/Fraternal Certificate	Initial		50.500	P525AR.pdf

No Rate/Rule Schedule items changed.

We trust that these revisions will enable you to approved our filing; however, if anything additional is needed, please do not hesitate to contact me. Thank you!

Sincerely,
 Sonja Morton

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Form Schedule

Lead Form Number: P525AR

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/13/2011	P525AR	Policy/Contractual	ACCIDENTAL DEATH BENEFIT POLICY Certificate	Initial		50.500	P525AR.pdf
Approved-Closed 09/13/2011	B410	Policy/Contractual	ACCIDENTAL DEATH BENEFIT RIDER Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		50.300	B410.pdf B410 Schedule.pdf
Approved-Closed 09/13/2011	B411	Policy/Contractual	ACCIDENT ONLY INTENSIVE CARE BENEFIT RIDER Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		41.500	B411.pdf B411 Schedule.pdf
Approved-Closed 09/13/2011	B412	Policy/Contractual	ACCIDENT ONLY HOSPITAL INDEMNITY BENEFIT RIDER Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		43.800	B412.pdf B412 Schedule.pdf

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET • OMAHA, NEBRASKA 68131

ACCIDENTAL DEATH BENEFIT POLICY

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CONSIDERATION

This policy is issued in consideration of the first premium paid.

IMPORTANT NOTICE

You have 31 days to examine this Policy. If You return it within 31 days after You receive it, We will return Your premium. Then it is void as if no Policy had been issued.

Notice to Buyer: This is an accidental death only Policy. It does not pay benefits for loss of life caused or contributed to by sickness. Review your Policy carefully.

RENEWAL AGREEMENT

GUARANTEED RENEWAL WITH TIMELY PAYMENT: You can keep Your Policy in force as long as You pay Your Renewal Premiums on time. When We receive Your Renewal Premium before the Grace Period ends, We must accept it. Renewal Premium means any Policy premium due Us after your first premium payment has been made.

PREMIUM CHANGES

PREMIUM CHANGES: We may change Your Renewal Premium shown in the Schedule only if the same change is made on all Policies of this form and class in the state where You live. In addition, We can change Your premium if You request a change in Your Policy benefits or Riders, or there is a change in dependent status.

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from Us.

THIS IS AN ACCIDENTAL DEATH BENEFIT ONLY POLICY AND DOES NOT PAY BENEFITS FOR LOSS FROM ANY OTHER CAUSE.

COVERED PERSONS

Persons who may be listed as a Covered Person in the Schedule are You and Your legally recognized spouse. Also eligible are any unmarried children, including any natural, step, or legally adopted children of You or Your spouse under 19 years of age. A child in the custody of You or Your spouse under a court order vesting temporary custody to You or Your spouse is also eligible to be covered by this Policy. An unmarried full-time student may stay on this Policy until age 24, if the child was added as a Covered Person prior to age 19, provided he or she is enrolled in an accredited technical or vocational school or college and dependent on You or Your spouse for his or her financial support.

A child of You or Your spouse born after the Effective Date of this Policy is covered automatically from birth for 31 days. Coverage for newborn children will stop after 31 days unless You have requested coverage and paid the applicable premium. Coverage for an adopted child begins on the date of the filing of the petition for adoption. The coverage begins from the moment of birth if the petition for adoption and application for coverage is filed within 60 days after the birth of the child. Coverage for newborn and newly adopted children will be the same as for other Covered Persons, including any applicable limitations.

When a child marries or becomes age 19, or age 24 if an unmarried full-time student, coverage stops when the current premium period ends. Coverage will remain in effect after age 19 while a child is incapable of self-support due to mental or physical handicap. Request for proof of the mental or physical handicap will be at Our request and expense.

If You die, Your spouse, if a Covered Person at the time of Your death, becomes the Insured. Spouse coverage stops on the first renewal date on or after divorce. Any premium paid for spouse coverage after such date will be refunded.

CONVERSION OPTION

If a dependent who was a Covered Person under this Policy enrolls within 60 days after eligibility of that dependent ends under this Policy and pays the required premium, We will issue a similar Policy, if available, for benefits not greater than this Policy provides. The Effective Date for coverage under the new Policy will be the same as the Effective Date of the conversion. The Policy will be issued at rates in effect at the time of conversion for the coverage provided.

DEFINITIONS

COVERED PERSON: A Covered Person entitled to coverage under this Policy is a person named as the named insured and any other person identified in the Schedule.

EFFECTIVE DATE: The Effective Date of coverage for any Covered Persons is the Effective Date shown in the Schedule. The date any person is added by Us as a Covered Person after this Policy has been issued will be that person's Effective Date.

INITIAL LOYALTY BENEFIT: As described in the Benefits provision of the Policy.

INJURY: Injury means bodily injury caused by an accident occurring on or after the Policy Effective Date and while this Policy is in force and resulting in loss of life directly and independently of disease and all other causes.

ONGOING LOYALTY BENEFIT: As described in the Benefits provision of the Policy.

SCHEDULE: The part of the Policy identifying the Insured, Covered Persons, benefits and benefit amounts.

WE, US, OUR, or COMPANY: Physicians Mutual Insurance Company.

YOU, YOUR, or INSURED: The person named as the Insured shown in the Schedule.

BENEFITS

ACCIDENTAL DEATH BENEFIT: We will pay the applicable Accidental Death Benefit as shown in the Schedule in the event Injury results in the death of a Covered Person within 90 days after the date of the Injury which caused the death. The Accidental Death Benefit will reduce at age 75 as shown in the Schedule.

100% increase in the Accidental Death Benefit for death due to common accident: When Injury sustained in a common accident results in the death of both the Insured and Spouse while insured as Covered Persons, and benefits are payable for the death of each under the terms of the preceding paragraph, the Accidental Death Benefit shown in the Schedule for such persons will be increased by 100%.

LOYALTY BENEFIT: We will pay the Initial Loyalty Benefit shown in the Schedule after this Policy has been in force for one year from the Effective Date shown in the Schedule. We will pay the Ongoing Loyalty Benefit shown in the Schedule five years after the Effective Date of the Policy and every five years thereafter as long as the Policy remains in force. The Policy will not accrue benefits for partial payment. The Policy must remain in force for the entire period of time to collect the applicable Loyalty Benefit.

If the Policy is in the Grace Period any applicable Loyalty Benefit otherwise payable will not be paid until You have paid the premium due and the Policy is no longer in the Grace Period. If the Policy lapses due to non-payment during the Grace Period no benefit will be payable.

LIMITATIONS AND EXCLUSIONS

Benefits are not payable for loss of life resulting from:

- a. suicide or intentionally self-inflicted Injury, while sane or insane;
- b. Injury due to war or act of war (declared or undeclared), or Injury sustained while on active duty in the Armed Services of any country (upon notice to the Company of entry into such service, the pro rata unearned premium will be returned to the Insured);
- c. Injury sustained while under the influence of alcohol or any controlled substance, drug, hallucinogen, or narcotic not taken on the advice of, and in accordance with the direction of, a physician;
- d. Injury sustained as a result of the operation by any Covered Person of a motor vehicle or motorized boat or watercraft when the blood alcohol level of the Covered Person meets or exceeds the legal limit for the operation of such motor vehicle, boat or watercraft in the state where the Injury occurred;
- e. Injury sustained while committing or attempting to commit a felony;
- f. Injury received while a pilot or passenger of an aircraft of any type, either powered or unpowered, except as a fare-paying ticketed passenger in an aircraft operated by a regularly scheduled airline;
- g. Injury due to participation in automobile or motorcycle racing as a driver, rider, or crew person, or operating or riding in or on an off-road vehicle; or
- h. Injury occurring while this Policy is not in force.

PAYMENT OF CLAIMS

NOTICE OF CLAIM: Written Notice of Claim must be given to Us within 30 days of the death of the Covered Person. This notice should be given to Physicians Mutual Insurance Company, [P.O. Box 2018, Omaha, NE, 68103-2018], or a subsequent address provided by Us. Notice should include Your name and this Policy number. If it is not reasonably possible to give notice within that time, the claim may not be declined or reduced due to the delay.

CLAIM FORMS: Claim forms are to be used for filing Proof of Loss. Proof of Loss claim forms will be supplied to the person making claim within 15 days of receipt of the notice of loss. If claim forms are not supplied within this 15 day period, a Claimant may submit Proof of Loss as follows:

1. in writing;
2. setting forth the occurrence, character, and extent of the loss; and
3. authorization for release of medical information to Us is also required.

PROOF OF LOSS: Written Proof of Loss that satisfies the Company must be given within 90 days after the date of death of the Covered Person. However, if it is not reasonably possible to give written Proof of Loss 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 all events, the required Proof of Loss must be given no later than 15 months after the date of death of the Covered Person, unless the claimant was legally incapacitated.

TIME OF CLAIM PAYMENT: We will pay all claims due immediately upon receipt of valid written Proof of Loss. For loss which this Policy or any attached Rider provides periodic payment, We are not required to pay more often than monthly.

PAYMENT OF CLAIM: We will pay benefits to the named beneficiary. If there is no named beneficiary, benefits will be paid to the Insured or his or her estate. If benefits are payable to the estate or to a beneficiary who cannot execute a valid release, We may pay benefits up to \$1,000 to any relative We find is entitled to the benefits, and Our obligation will be satisfied to the extent of any such payment made in good faith.

ADDITIONAL PROVISIONS

ENTIRE CONTRACT: This Policy, Schedule and any Riders attached to the Policy are a contract between Physicians Mutual Insurance Company and the Insured shown in the Schedule. The Policy, Schedule and any Riders make up the entire contract. No change in this Policy will be effective until approved by a Company Officer. This approval must be noted on or attached to this Policy. No agent may change any of the terms of this Policy, Schedule or any Riders.

GRACE PERIOD: You have 31 days after the premium due date to pay the Renewal Premium (“Grace Period”). The Policy will remain in force during this Grace Period.

LATE PAYMENT – LAPSE: If We do not receive Your Renewal Premium before the Grace Period ends, Your coverage stops at the end of the Grace Period. This is a Lapse, and Your Policy is no longer in force.

MISSTATEMENT OF AGE: If your age was misstated and this Policy would not have been issued at Your correct age, the Policy is void. We will refund all premiums you paid less the amount of claims paid under this Policy. If your age was misstated and a different premium would have been charged, the benefits will be adjusted to what the premium would have purchased using the correct age.

INCONTESTABLE: The enrollment form for this Policy is not attached. No statement in it may be used to void the Policy or deny any claim.

REINSTATEMENT: If Your Policy Lapses You have no coverage. We may put Your Policy back in force only if We agree to do so. No coverage is in effect during the period of Lapse.

The reinstated Policy will cover only loss resulting from Injury that occurs on or after the date of Reinstatement. In all other respects, this Policy remains the same except for any provisions noted on or attached to the reinstated Policy.

NON-PARTICIPATING: This Policy does not pay any dividend.

PHYSICAL EXAMINATION AND AUTOPSY: The Company, at Our expense, has the right to examine a person as often as reasonably necessary while a claim is pending. The Company, at Our expense, may require an autopsy unless prohibited by law.

REFUND OF UNEARNED PREMIUM AT DEATH: We will refund any unearned premium from the first day of the month following Your death until the end of the term for which the premium is paid. The refund will be made within 30 days of Our receipt of proof of Your death.

LEGAL ACTIONS: No legal action may be brought to recover under this Policy:

1. within 60 days after written Proof of Loss have been furnished as required; or
2. after three years from the time written Proof of Loss are required to be furnished.

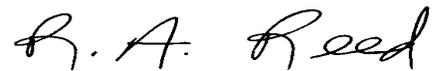
CHANGE OF BENEFICIARY: You can request to change or add beneficiaries during the lifetime of any Covered Person by sending Us a written request. When the request has been accepted, recorded, and acknowledged by Us, the change will become effective. We are not responsible for any payment of benefits before the beneficiary change is accepted, recorded, and acknowledged by Us.

PERIODS OF INSURANCE: All periods of insurance begin and end at 12:01 A.M., Standard Time at Your residence.

CONFORMITY WITH STATE STATUTES: Any provision of this Policy in conflict with the laws of the state where You reside on its Effective Date is amended to the minimum requirements of those laws.

ANNUAL MEETINGS: The annual meeting is held at 12 o'clock, noon, on the 3rd Saturday of February at the Home Office.

Signed, for Physicians Mutual Insurance Company,



President

SCHEDULE

NAME OF INSURED: [John Doe]	POLICY NUMBER:	[1234567890]
PLAN TYPE: [Individual Plan/Family Plan]	EFFECTIVE DATE:	[00/00/00]
	PREMIUM MODE:	[Annual]
	FIRST PREMIUM:	[\$000.00]
	FIRST RENEWAL PREMIUM:	[\$000.00]
	FIRST RENEWAL:	[00/00/00]

POLICY BENEFITS

ACCIDENTAL DEATH BENEFIT	
INSURED THROUGH AGE 74	[\$10,000.00-\$100,000.00]
INSURED AGE 75 OR OVER	[\$5,000.00-\$50,000.00]
[SPOUSE THROUGH AGE 74]	[\$5,000.00-\$50,000.00]
[SPOUSE AGE 75 OR OVER]	[\$2,500.00-\$25,000.00]
[DEPENDENT CHILDREN]	[\$1,000.00-\$25,000.00]
INITIAL LOYALTY BENEFIT	[\$5.00-\$500.00]
ONGOING LOYALTY BENEFIT	[\$25.00-\$2,500.00]

[ADDITIONAL BENEFIT RIDERS

BENEFIT AMOUNT]

[B410 ACCIDENTAL DEATH BENEFIT RIDER]	
[INSURED THROUGH AGE 74]	[\$10,000.00-\$100,000.00]
[INSURED AGE 75 OR OVER]	[\$5,000.00-\$50,000.00]
[SPOUSE THROUGH AGE 74]	[\$5,000.00-\$50,000.00]
[SPOUSE AGE 75 OR OVER]	[\$2,500.00-\$25,000.00]
[DEPENDENT CHILDREN]	[\$1,000.00-\$25,000.00]
[RIDER EFFECTIVE DATE: 00/00/00]	
[B411 ACCIDENT ONLY INTENSIVE CARE BENEFIT RIDER]	
[INTENSIVE CARE DAILY BENEFIT]	[\$100.00-\$5,000.00]
[MAXIMUM DAYS PER CONFINEMENT]	[1-90]
[RIDER EFFECTIVE DATE: 00/00/00]	
[B412 ACCIDENT ONLY HOSPITAL BENEFIT RIDER]	
[HOSPITAL CONFINEMENT DAILY BENEFIT]	[\$5.00-\$5,000.00]
[MAXIMUM DAYS PER CONFINEMENT]	[1-90]
[RIDER EFFECTIVE DATE: 00/00/00]	
[B413 ACCIDENTAL DISMEMBERMENT AND OUTPATIENT SURGERY BENEFIT RIDER]	
[PRINCIPAL SUM]	[\$10,000.00-\$100,000.00]
[OUTPATIENT SURGERY BENEFIT]	[\$25.00-\$1,000.00]
[RIDER EFFECTIVE DATE: 00/00/00]	

[B414 TRAVEL ACCIDENT DEATH BENEFIT RIDER] [\$25,000.00-\$1,000,000.00]
[COMMON CARRIER BENEFIT]
[PRIVATE PASSENGER AUTOMOBILE/PEDESTRIAN BENEFIT] [\$5,000.00-\$500,000.00]
[RIDER EFFECTIVE DATE: 00/00/00]

THE INFORMATION SHOWN ON THIS SCHEDULE IS CURRENT AS OF [THE EFFECTIVE DATE SHOWN ABOVE/DUPLICATE POLICY DATE].

ACCIDENTAL DEATH BENEFIT RIDER

This Rider is made a part of the Policy to which it is attached. It is subject to all Policy provisions not in conflict with the provisions of this Rider. Any reference in this Rider to the Schedule means the Rider Schedule. If no Rider Schedule is included, such reference will apply to the Policy Schedule.

RIDER EFFECTIVE DATE

This Rider becomes effective on the Rider Effective Date shown in the Schedule, provided the required premium has been paid. If no Rider Effective Date is shown in the Schedule, the Rider becomes effective on the Effective Date of the Policy.

COVERED PERSONS

All persons covered by the Policy to which this Rider is attached are Covered Persons under this Rider.

BENEFITS

ACCIDENTAL DEATH BENEFIT: We will pay the applicable Accidental Death Benefit as shown in the Schedule in the event Injury results in the death of a Covered Person within 90 days after the date of the Injury which caused the death. The Accidental Death Benefit will reduce at age 75 as shown in the Schedule.

100% increase in the Accidental Death Benefit for death due to common accident: When Injury sustained in a common accident results in the death of both the Insured and Spouse while insured as Covered Persons, and benefits are payable for the death of each under the terms of the preceding paragraph, the Accidental Death Benefit shown in the Schedule for such persons will be increased by 100%.

“Injury”, for purposes of this Rider, means bodily injury caused by an accident occurring on or after the Rider Effective Date and while this Rider is in force and resulting in loss of life directly and independently of disease and all other causes.

LIMITATIONS AND EXCLUSIONS

In addition to any Policy Limitations and Exclusions, We will not pay Benefits for loss of life resulting from:

- a. suicide or intentionally self-inflicted Injury, while sane or insane;
- b. Injury due to war or act of war (declared or undeclared), or Injury sustained while on active duty in the Armed Services of any country (upon notice to the Company of entry into such service, the pro rata unearned premium will be returned to the Insured);

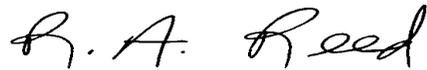
- c. Injury sustained while under the influence of alcohol or any controlled substance, drug, hallucinogen, or narcotic not taken on the advice of, and in accordance with the direction of, a physician;
- d. Injury sustained as a result of the operation by any Covered Person of a motor vehicle or motorized boat or watercraft when the blood alcohol level of the Covered Person meets or exceeds the legal limit for the operation of such motor vehicle, boat or watercraft in the state where the Injury occurred;
- e. Injury sustained while committing or attempting to commit a felony;
- f. Injury received while a pilot or passenger of an aircraft of any type, either powered or unpowered, except as a fare-paying ticketed passenger in an aircraft operated by a regularly scheduled airline;
- g. Injury due to participation in automobile or motorcycle racing as a driver, rider, or crew person, or operating or riding in or on an off-road vehicle; or
- h. Injury occurring while this Rider is not in force.

TERMINATION

This Rider will terminate:

1. When the premium for this Rider is not paid when due.
2. Upon Your signed request to terminate this Rider.
3. Upon termination of the Policy.

PHYSICIANS MUTUAL INSURANCE COMPANY



President

RIDER SCHEDULE

Physicians Mutual Insurance Company

ACCIDENTAL DEATH BENEFIT RIDER B410

[02977]

[000539]

INSURANCE POLICY NUMBER [019090259-3]	RIDER EFFECTIVE DATE [01-01-11]	FIRST RENEWAL DATE [02-01-11]	ADDITIONAL FIRST PREMIUM [\$1.71]	RENEWAL PREMIUM [\$1.71]
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INSURED:
[John Doe]

COVERED PERSONS: All persons covered by the Policy are Covered Persons under this Rider.

ACCIDENTAL DEATH BENEFIT

INSURED THROUGH AGE 74	[\$10,000.00-\$100,000.00]
INSURED AGE 75 OR OVER	[\$5,000.00-\$50,000.00]
[SPOUSE THROUGH AGE 74]	[\$5,000.00-\$50,000.00]
[SPOUSE AGE 75 OR OVER]	[\$2,500.00-\$25,000.00]
[DEPENDENT CHILDREN]	[\$1,000.00-\$25,000.00]

The information on this schedule is current as of [the Rider Effective Date.]

Your future payments will include the renewal premiums for this Rider and your Insurance Policy.

Keep This Document and Attach to Your Insurance Policy

B410

ACCIDENT ONLY INTENSIVE CARE BENEFIT RIDER

This Rider is made a part of the Policy to which it is attached. It is subject to all Policy provisions not in conflict with the provisions of this Rider. Any reference in this Rider to the Schedule means the Rider Schedule. If no Rider Schedule is included, such reference will apply to the Policy Schedule.

RIDER EFFECTIVE DATE

This Rider becomes effective on the Rider Effective Date shown in the Schedule, provided the required premium has been paid. If no Rider Effective Date is shown in the Schedule, the Rider becomes effective on the Effective Date of the Policy.

COVERED PERSONS

All persons covered by the Policy to which this Rider is attached are Covered Persons under this Rider.

DEFINITIONS

This definition of Hospital will only apply to this Rider if the Policy to which this Rider is attached does not define Hospital.

HOSPITAL: Except as excluded in the following paragraph, a Hospital is an institution licensed or certified as a Hospital by the state in which it is located that:

1. charges for its services;
2. is devoted primarily to the diagnosis, care, and treatment of Injury or sickness requiring residential stays of 24 hours or more;
3. has licensed professional nurses on duty 24 hours a day who are under the direction of a physician; and
4. provides medical, radiological, dietary, surgical, and pharmaceutical services to two or more unrelated individuals suffering from Injury or sickness. The requirement for surgical services is met if surgical services are not provided at the institution but are available elsewhere under a formal agreement with the institution.

Notwithstanding the foregoing, "Hospital" does not include an institution, or part of an institution, (regardless of name or location) that is functioning primarily as:

1. a clinic, rest home, convalescent home, home for the aged or assisted living facility or unit;
2. a nursing home facility or unit;
3. a skilled nursing, intermediate care, extended care, or custodial care facility or unit;
4. a domiciliary, housing, or residential facility or unit;
5. a hospice unit; or
6. an alcohol, drug, or substance abuse treatment facility or unit.

INJURY: For purposes of this Rider, Injury means accidental bodily injury of a Covered Person sustained on or after the Rider Effective Date as a direct result of an accident, independent of sickness, disease, and all other causes.

INTENSIVE CARE UNIT: Intensive Care Unit means a part of a Hospital which is specifically designated as an Intensive Care Facility or Intensive Care Unit or Intensive Care Burn Unit which is permanently equipped and staffed to provide more extensive care for critically ill or injured patients than that available in the general Hospital room or ward, such care to include constant observation by a staff of registered graduate nurses (R.N.) whose duties are confined to such part of the Hospital.

BENEFIT

If a Covered Person is confined in an Intensive Care Unit of a Hospital due to an Injury, We will pay the Intensive Care Daily Benefit shown in the Schedule for each day the Covered Person is confined in the Intensive Care Unit, provided confinement begins within 30 days of such Injury, up to the Maximum Days Per Confinement, as shown in the Schedule. Hospital confinements less than 90 days apart and due to the same accident are deemed one Hospital confinement if the Policy remains in force. In no case will We pay benefits for more than the Maximum Days Per Confinement shown in the Schedule in any 90-day period.

LIMITATIONS AND EXCLUSIONS

In addition to any Policy Limitations and Exclusions, We will not pay benefits for:

- a. confinement due to an Injury occurring while this Rider is not in force;
- b. confinement due to an Injury that is sustained as a result of committing or attempting to commit a felony;
- c. confinement due to intentional self-inflicted Injury or attempted suicide, while sane or insane;
- d. confinement due to an Injury received while a pilot or passenger of an aircraft of any type, either powered or unpowered, except as a fare-paying ticketed passenger in an aircraft operated by a regularly scheduled airline;
- e. confinement due to an Injury due to war or act of war (declared or undeclared), or Injury sustained while on active duty in the Armed Services of any country (upon notice to the Company of entry into such service, the pro rata unearned premium will be returned to the Insured);
- f. confinement due to an Injury sustained while under the influence of alcohol or any controlled substance, drug, hallucinogen, or narcotic not taken on the advice of, and in accordance with the direction of, a physician;
- g. confinement due to an Injury sustained as a result of the operation by any Covered Person of a motor vehicle or motorized boat or watercraft when the blood alcohol level

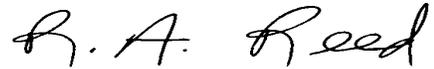
- of the Covered Person meets or exceeds the legal limit for the operation of such motor vehicle, boat or watercraft in the state where the Injury occurred;
- h. confinement due to an Injury due to participation in automobile or motorcycle racing as a driver, rider, or crew person, or operating or riding in or on an off-road vehicle;
 - i. confinement in a convalescent or nursing home, or a convalescent, nursing, self-care, or extended care unit of a Hospital; or
 - j. confinement in a U.S. Government Hospital where there is no obligation to pay on the part of a Covered Person.

TERMINATION

This Rider will terminate:

1. When the premium for this Rider is not paid when due.
2. Upon Your signed request to terminate this Rider.
3. Upon termination of the Policy.

PHYSICIANS MUTUAL INSURANCE COMPANY

A handwritten signature in black ink that reads "R. A. Reed". The signature is written in a cursive style with a large, prominent "R" and "A".

President

RIDER SCHEDULE

Physicians Mutual Insurance Company

ACCIDENT ONLY INTENSIVE CARE BENEFIT RIDER B411

[02977]

[000539]

INSURANCE POLICY NUMBER	RIDER EFFECTIVE DATE	FIRST RENEWAL DATE	ADDITIONAL FIRST PREMIUM	RENEWAL PREMIUM
[019090259-3]	[01-01-11]	[02-01-11]	[\$1.71]	[\$1.71]

INSURED:
[John Doe]

COVERED PERSONS: All persons covered by the Policy are Covered Persons under this Rider.

INTENSIVE CARE DAILY BENEFIT	[\$100.00-\$5,000.00]
MAXIMUM DAYS PER CONFINEMENT	[1-90]

The information on this schedule is current as of [the Rider Effective Date.]

Your future payments will include the renewal premiums for this Rider and your Insurance Policy.

Keep This Document and Attach to Your Insurance Policy

B411

ACCIDENT ONLY HOSPITAL BENEFIT RIDER

This Rider is made a part of the Policy to which it is attached. It is subject to all Policy provisions not in conflict with the provisions of this Rider. Any reference in this Rider to the Schedule means the Rider Schedule. If no Rider Schedule is included, such reference will apply to the Policy Schedule.

RIDER EFFECTIVE DATE

This Rider becomes effective on the Rider Effective Date shown in the Schedule, provided the required premium has been paid. If no Rider Effective Date is shown in the Schedule, the Rider becomes effective on the Effective Date of the Policy.

COVERED PERSONS

All persons covered by the Policy to which this Rider is attached are Covered Persons under this Rider.

DEFINITIONS

This definition of Hospital will only apply to this Rider if the Policy to which this Rider is attached does not define Hospital.

HOSPITAL: Except as excluded in the following paragraph, a Hospital is an institution licensed or certified as a Hospital by the state in which it is located that:

1. charges for its services;
2. is devoted primarily to the diagnosis, care, and treatment of Injury or sickness requiring residential stays of 24 hours or more;
3. has licensed professional nurses on duty 24 hours a day who are under the direction of a physician; and
4. provides medical, radiological, dietary, surgical, and pharmaceutical services to two or more unrelated individuals suffering from Injury or sickness. The requirement for surgical services is met if surgical services are not provided at the institution, but are available elsewhere under a formal agreement with the institution.

Notwithstanding the foregoing, "Hospital" does not include an institution, or part of an institution, (regardless of name or location) that is functioning primarily as:

1. a clinic, rest home, convalescent home, home for the aged or assisted living facility or unit;
2. a nursing home facility or unit;
3. a skilled nursing, intermediate care, extended care, or custodial care facility or unit;
4. a domiciliary, housing, or residential facility or unit;
5. a hospice unit; or
6. an alcohol, drug, or substance abuse treatment facility or unit.

INJURY: For the purposes of this Rider, Injury means accidental bodily injury of a Covered Person sustained on or after the Rider Effective Date as a direct result of an accident, independent of sickness, disease, and all other causes.

BENEFIT

We will pay the Hospital Confinement Daily Benefit shown in the Schedule for each full day a Covered Person is confined as an inpatient in a Hospital due to an Injury provided confinement begins within 30 days of such Injury, up to the Maximum Days Per Confinement, as shown in the Schedule. Hospital confinements less than 90 days apart and due to the same accident are deemed one Hospital confinement if the Policy remains in force. In no case will We pay benefits for more than the Maximum Days Per Confinement shown in the Schedule in any 90-day period.

LIMITATIONS AND EXCLUSIONS

In addition to any Policy Limitations and Exclusions, We will not pay benefits for:

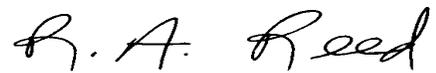
- a. confinement due to an Injury occurring while this Rider is not in force;
- b. confinement due to an Injury that is sustained as a result of committing or attempting to commit a felony;
- c. confinement due to intentional self-inflicted Injury or attempted suicide, while sane or insane;
- d. confinement due to an Injury received while a pilot or passenger of an aircraft of any type, either powered or unpowered, except as a fare-paying ticketed passenger in an aircraft operated by a regularly scheduled airline;
- e. confinement due to an Injury due to war or act of war (declared or undeclared), or Injury sustained while on active duty in the Armed Services of any country (upon notice to the Company of entry into such service, the pro rata unearned premium will be returned to the Insured);
- f. confinement due to an Injury sustained while under the influence of alcohol or any controlled substance, drug, hallucinogen, or narcotic not taken on the advice of, and in accordance with the direction of, a physician;
- g. confinement due to an Injury sustained as a result of the operation by any Covered Person of a motor vehicle or motorized boat or watercraft when the blood alcohol level of the Covered Person meets or exceeds the legal limit for the operation of such motor vehicle, boat or watercraft in the state where the Injury occurred;
- h. confinement due to an Injury due to participation in automobile or motorcycle racing as a driver, rider, or crew person, or operating or riding in or on an off-road vehicle;
- i. confinement in a convalescent or nursing home, or a convalescent, nursing, self-care, or extended care unit of a Hospital; or
- j. confinement in a U.S. Government Hospital where there is no obligation to pay on the part of a Covered Person.

TERMINATION

This Rider will terminate:

1. When the premium for this Rider is not paid when due.
2. Upon Your signed request to terminate this Rider.
3. Upon termination of the Policy.

PHYSICIANS MUTUAL INSURANCE COMPANY

A handwritten signature in black ink that reads "R. A. Reed". The signature is written in a cursive style with a large, prominent "R" and "A".

President

RIDER SCHEDULE

Physicians Mutual Insurance Company

ACCIDENT ONLY HOSPITAL BENEFIT RIDER B412

[02977]

[000539]

INSURANCE POLICY NUMBER [019090259-3]	RIDER EFFECTIVE DATE [01-01-11]	FIRST RENEWAL DATE [02-01-11]	ADDITIONAL FIRST PREMIUM [\$1.71]	RENEWAL PREMIUM [\$1.71]
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INSURED:

[John Doe]

COVERED PERSONS: All persons covered by the Policy are Covered Persons under this Rider.

HOSPITAL CONFINEMENT DAILY BENEFIT	[\$5.00-\$5,000.00]
MAXIMUM DAYS PER CONFINEMENT	[1-90]

The information on this schedule is current as of [the Rider Effective Date.]

Your future payments will include the renewal premiums for this Rider and your Insurance Policy.

Keep This Document and Attach to Your Insurance Policy

B412

ACCIDENTAL DISMEMBERMENT AND OUTPATIENT SURGERY BENEFIT RIDER

This Rider is made a part of the Policy to which it is attached. It is subject to all Policy provisions not in conflict with the provisions of this Rider. Any reference in this Rider to the Schedule means the Rider Schedule. If no Rider Schedule is included, such reference will apply to the Policy Schedule.

RIDER EFFECTIVE DATE

This Rider becomes effective on the Rider Effective Date shown in the Schedule, provided the required premium has been paid. If no Rider Effective Date is shown in the Schedule, the Rider becomes effective on the Effective Date of the Policy.

COVERED PERSONS

All persons covered by the Policy to which this Rider is attached are Covered Persons under this Rider.

BENEFITS

ACCIDENTAL DISMEMBERMENT BENEFIT: We will pay the Principal Sum shown in the Schedule if a Covered Person sustains a listed loss. The loss must be the result of an Injury and the loss must occur within 90 days of the accident.

Loss of both hands or both arms	100% of Principal Sum
Loss of one hand or one arm	50% of Principal Sum
Loss of both feet or both legs	100% of Principal Sum
Loss of one foot or one leg	50% of Principal Sum
Loss of one hand or arm and one foot or leg	100% of Principal Sum
Loss of sight of both eyes	100% of Principal Sum
Loss of sight of one eye	25% of Principal Sum

"Loss of hand" means loss of the entire four fingers. "Loss of foot" means severance at or above the ankle. "Loss of arm" means severance at or above the elbow. "Loss of leg" means severance at or above the knee. "Loss of sight of eye" means the total and irrecoverable loss of sight.

OUTPATIENT SURGERY BENEFIT: We will pay the Outpatient Surgery Benefit shown in the Schedule when a Covered Person receives outpatient surgery due to an Injury. The Outpatient Surgery Benefit shown in the Schedule is payable only once for any one Injury. No more than five Outpatient Surgery Benefit amounts will be paid each calendar year.

To be covered under this Rider, outpatient surgery must be received within seven days of the accident which caused the Injury.

"Injury" for purposes of this Rider means accidental bodily injury of a Covered Person sustained on or after the Rider Effective Date as a direct result of an accident, independent of sickness, disease, and all other causes.

LIMITATIONS

In addition to any Policy Limitations and Exclusions, We will not pay benefits for:

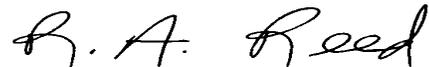
- a. Injury occurring while this Rider is not in force;
- b. Injury sustained while committing or attempting to commit a felony;
- c. Injury due to an attempted suicide or intentionally self-inflicted Injury, while sane or insane;
- d. Injury received while a pilot or passenger of an aircraft of any type, either powered or unpowered, except as a fare-paying ticketed passenger in an aircraft operated by a regularly scheduled airline;
- e. Injury due to war or act of war (declared or undeclared), or Injury sustained while on active duty in the Armed Services of any country (upon notice to the Company of entry into such service, the pro rata unearned premium will be returned to the Insured);
- f. Injury sustained while under the influence of alcohol or any controlled substance, drug, hallucinogen, or narcotic not taken on the advice of, and in accordance with the direction of, a physician;
- g. Injury sustained as a result of the operation by any Covered Person of a motor vehicle or motorized boat or watercraft when the blood alcohol level of the Covered Person meets or exceeds the legal limit for the operation of such motor vehicle, boat or watercraft in the state where the Injury occurred; or
- h. Injury due to participation in automobile or motorcycle racing as a driver, rider, or crew person, or operating or riding in or on an off-road vehicle.

TERMINATION

This Rider will terminate:

1. When the premium for this Rider is not paid when due.
2. Upon Your signed request to terminate this Rider.
3. Upon termination of the Policy.

PHYSICIANS MUTUAL INSURANCE COMPANY



President

RIDER SCHEDULE

Physicians Mutual Insurance Company

ACCIDENTAL DISMEMBERMENT AND OUTPATIENT SURGERY BENEFIT RIDER B413

[02977]

[000539]

INSURANCE POLICY NUMBER	RIDER EFFECTIVE DATE	FIRST RENEWAL DATE	ADDITIONAL FIRST PREMIUM	RENEWAL PREMIUM
[019090259-3]	[01-01-11]	[02-01-11]	[\$1.71]	[\$1.71]

INSURED:

[John Doe]

COVERED PERSONS: All persons covered by the Policy are Covered Persons under this Rider.

PRINCIPAL SUM	[\$10,000.00-\$100,000.00]
OUTPATIENT SURGERY BENEFIT	[\$25.00-\$1,000.00]

The information on this schedule is current as of [the Rider Effective Date.]

Your future payments will include the renewal premiums for this Rider and your Insurance Policy.

Keep This Document and Attach to Your Insurance Policy

B413

TRAVEL ACCIDENT DEATH BENEFIT RIDER

This Rider is made a part of the Policy to which it is attached. It is subject to all Policy provisions not in conflict with the provisions of this Rider. Any reference in this Rider to the Schedule means the Rider Schedule. If no Rider Schedule is included, such reference will apply to the Policy Schedule.

RIDER EFFECTIVE DATE

This Rider becomes effective on the Rider Effective Date shown in the Schedule, provided the required premium has been paid. If no Rider Effective Date is shown in the Schedule, the Rider becomes effective on the Effective Date of the Policy.

COVERED PERSONS

All persons covered by the Policy to which this Rider is attached are Covered Persons under this Rider.

DEFINITIONS

COMMON CARRIER: For the purposes of this Rider, means an air, land, or water conveyance operated under a license for regularly scheduled passenger service. This includes a legally licensed and operated school bus when transporting students, teachers, coaches, or other authorized persons to and from school or authorized school functions.

INJURY: For the purposes of this Rider, Injury means bodily injury caused by an accident occurring on or after the Rider Effective Date and while this Rider is in force and resulting in loss of life directly and independently of disease and all other causes within 90 days after the date of the accident which caused such accidental bodily Injury.

LAND MOTOR VEHICLE: For the purposes of this Rider, means and includes a Private Passenger Automobile or any other motorized vehicle principally designed and licensed for travel on public roads. Farm equipment, All Terrain Vehicles (ATVs) and forklifts are specifically excluded.

PEDESTRIAN: For the purposes of this Rider, means a person walking, running or standing on a public street, road, highway, or sidewalk.

PRIVATE PASSENGER AUTOMOBILE: For the purposes of this Rider, means a four-wheel automobile, a self-propelled motor home or camper, a van, a non-military jeep, or a truck with a factory rated load capacity of 2,000 pounds or less. A Private Passenger Automobile does not include a motorcycle, a tractor, a vehicle licensed to carry fare-paying passengers, a non-motorized vehicle, an employer-owned vehicle operated or ridden in as part of the duties of employment, and any vehicle not principally designed and licensed for travel on public roads.

BENEFITS

COMMON CARRIER BENEFIT: We will pay the Common Carrier Benefit shown in the Schedule in the event an Injury results in the death of a Covered Person resulting directly from the collision, crash, or explosion of a Common Carrier which occurs while such Covered Person is occupying that Common Carrier as a fare-paying passenger, but not as an operator or crew member.

PRIVATE PASSENGER AUTOMOBILE/PEDESTRIAN BENEFIT: We will pay the Private Passenger Automobile/Pedestrian Benefit shown in the Schedule in the event an Injury results in the death of a Covered Person resulting directly from the collision, crash, or explosion of a Private Passenger Automobile in which such Covered Person is a passenger or an operator or which results directly from the Covered Person being struck, while a Pedestrian, by a Land Motor Vehicle.

LIMITATIONS AND EXCLUSIONS

In addition to any Policy Limitations and Exclusions, We will not pay benefits for loss of life resulting from:

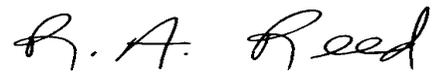
- a. suicide or intentionally self-inflicted Injury, while sane or insane;
- b. Injury due to war or act of war (declared or undeclared), or Injury sustained while on active duty in the Armed Services of any country (upon notice to the Company of entry into such service, the pro rata unearned premium will be returned to the Insured);
- c. Injury sustained while under the influence of alcohol or any controlled substance, drug, hallucinogen, or narcotic not taken on the advice of, and in accordance with the direction of, a physician;
- d. Injury sustained as a result of the operation by any Covered Person of a motor vehicle or motorized boat or watercraft when the blood alcohol level of the Covered Person meets or exceeds the legal limit for the operation of such motor vehicle, boat or watercraft in the state where the Injury occurred;
- e. Injury sustained while committing or attempting to commit a felony;
- f. Injury received while a pilot or passenger of an aircraft of any type, either powered or unpowered, except as a fare-paying ticketed passenger in an aircraft operated by a regularly scheduled airline;
- g. Injury due to participation in automobile or motorcycle racing as a driver, rider, or crew person, or operating or riding in or on an off-road vehicle; or
- h. Injury occurring while this Rider is not in force.

TERMINATION

This Rider will terminate:

1. When the premium for this Rider is not paid when due.
2. Upon Your signed request to terminate this Rider.
3. Upon termination of the Policy.

PHYSICIANS MUTUAL INSURANCE COMPANY

A handwritten signature in black ink that reads "R. A. Reed". The letters are cursive and fluidly connected.

President

RIDER SCHEDULE

Physicians Mutual Insurance Company

TRAVEL ACCIDENT DEATH BENEFIT RIDER B414

[02977]

[000539]

INSURANCE POLICY NUMBER	RIDER EFFECTIVE DATE	FIRST RENEWAL DATE	ADDITIONAL FIRST PREMIUM	RENEWAL PREMIUM
[019090259-3]	[01-01-11]	[02-01-11]	[\$1.71]	[\$1.71]

INSURED:

[John Doe]

COVERED PERSONS: All persons covered by the Policy are Covered Persons under this Rider.

COMMON CARRIER BENEFIT [\$25,000.00-\$1,000,000.00]

**PRIVATE PASSENGER AUTOMOBILE/
PEDESTRIAN BENEFIT** [\$5,000.00-\$500,000.00]

The information on this schedule is current as of [the Rider Effective Date.]

Your future payments will include the renewal premiums for this Rider and your Insurance Policy.

Keep This Document and Attach to Your Insurance Policy

B414

ACCIDENT COVERAGE ENROLLMENT FORM [- Option A]
 Physicians Mutual Insurance Company, 2600 Dodge Street, Omaha, NE 68131-2671

Name (Please Print)			Age	Date Of Birth	
First	Middle Initial	Last		Month Day Year	<input type="checkbox"/> Male <input type="checkbox"/> Female
Spouse's Name (complete if you choose the Family Plan)					<input type="checkbox"/> Male <input type="checkbox"/> Female
Children's Names					<input type="checkbox"/> Male <input type="checkbox"/> Female
					<input type="checkbox"/> Male <input type="checkbox"/> Female
					<input type="checkbox"/> Male <input type="checkbox"/> Female
					<input type="checkbox"/> Male <input type="checkbox"/> Female
					<input type="checkbox"/> Male <input type="checkbox"/> Female
Address _____			Phone _____		
Street		Apt No.	() _____		
City		State	ZIP		
Email Address (for service and product updates from us)					
Choose the Plan You Want (check one <input checked="" type="checkbox"/>)			Select Option You Prefer (check one <input checked="" type="checkbox"/>)		
<input type="checkbox"/> Individual Plan <input type="checkbox"/> Family Plan			<input type="checkbox"/> OPTION A P525 <input type="checkbox"/> OPTION B P525		
Choose Your Method of Payment: <input type="checkbox"/> Automatic Bank Withdrawal. I authorize Physicians Mutual Insurance Company to conveniently deduct my first month's premium and future renewal premium payments from my bank account. Please attach a sample check marked "VOID." <input type="checkbox"/> Please Bill Me Monthly. I enclose my first month's premium. <input type="checkbox"/> Credit Card. Please complete the enclosed Credit Card Authorization form.					

IMPORTANT

Respond Within 10 Days

I am enrolling in Policy P525 [and the plan selected.] I understand no coverage is in force until the Company issues a policy showing a Policy Effective Date and the first full premium has been paid.
 Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Please make check or money order payable to PHYSICIANS MUTUAL INSURANCE COMPANY

Insured's Signature: _____ Date: _____

Telesales Agent Signature: _____ Date: _____

[A^*****999^999-999-999-999^999^999999]

SERFF Tracking Number: *PHYS-127291675* State: *Arkansas*
 Filing Company: *Physicians Mutual Insurance Company* State Tracking Number: *49664*
 Company Tracking Number:
 TOI: *H02I Individual Health - Accident Only* Sub-TOI: *H02I.000 Health - Accident Only*
 Product Name: *Accident Only Policy & Riders*
 Project Name/Number: */*

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: 0.000%
Effective Date of Last Rate Revision: 08/25/2011
Filing Method of Last Filing: SERFF

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):
Physicians Mutual Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking Number: *PHYS-127291675* State: *Arkansas*
 Filing Company: *Physicians Mutual Insurance Company* State Tracking Number: *49664*
 Company Tracking Number:
 TOI: *H02I Individual Health - Accident Only* Sub-TOI: *H02I.000 Health - Accident Only*
 Product Name: *Accident Only Policy & Riders*
 Project Name/Number: */*

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 09/13/2011	P525-STD-062411	P525AR	New		P525-STD-062411.pdf
Approved-Closed 09/13/2011	B410-STD-062411	B410	New		B410-STD-062411.pdf
Approved-Closed 09/13/2011	B411-STD-062411	B411	New		B411-STD-062411.pdf
Approved-Closed 09/13/2011	B412-STD-062411	B412	New		B412-STD-062411.pdf
Approved-Closed 09/13/2011	B413-STD-062411	B413	New		B413-STD-062411.pdf
Approved-Closed 09/13/2011	B414-STD-062411	B414	New		B414-STD-062411.pdf

PHYSICIANS MUTUAL INSURANCE COMPANY

2600 Dodge Street, Omaha, Nebraska 68131

Policy Form P525 TABLE OF RATES

Monthly ABW Premium Rates per Unit of Benefit*

Benefit	Individual	Family
Accidental Death	\$1.00	\$1.60
Initial Loyalty	\$0.15	\$0.15
Ongoing Loyalty	\$0.30	\$0.30

*A unit of Accidental Death benefit is defined as \$10,000 for the Insured, \$5,000 for the Spouse and \$2,000 for each Child. Multiple units of benefit are available.

A unit of Initial Loyalty benefit is defined as \$5 paid at the end of the first policy year. This benefit is paid at the policy level, so premium rates are equal for the Individual and Family plans. Multiple units of benefit are available.

A unit of Ongoing Loyalty benefit is defined as \$25 paid at the end of every fifth policy year. This benefit is paid at the policy level, so premium rates are equal for the Individual and Family plans. Multiple units of benefit are available.

Modal Factors

Payment Mode	Factor
Monthly	1.00
Quarterly	3.00
Semi-Annual	6.00
Annual	12.00

Rate calculation instructions:

1. Multiply number of units of Accidental Death coverage by appropriate per-unit premium
2. Round result of step 1 to nearest cent
3. Multiply number of units of Initial Loyalty benefit by appropriate per-unit premium
4. Round result of step 3 to nearest cent
5. Multiply number of units of Ongoing Loyalty benefit by appropriate per-unit premium
6. Round result of step 5 to nearest cent
7. Add results of steps 2, 4 and 6
8. Multiply the result of step 7 by the appropriate modal factor
9. If payment frequency is Monthly and payment method is not Automatic Bank Withdrawal, add \$1

PHYSICIANS MUTUAL INSURANCE COMPANY

2600 Dodge Street, Omaha, Nebraska 68131

Rider Form B410 TABLE OF RATES

Monthly ABW Premium Rates per Unit of Benefit*

Benefit	Individual	Family
Accidental Death	\$1.00	\$1.60

*A unit of benefit is defined as \$10,000 for the Insured, \$5,000 for the Spouse and \$2,000 for each Child. Multiple units of benefit are available.

Modal Factors

Payment Mode	Factor
Monthly	1.00
Quarterly	3.00
Semi-Annual	6.00
Annual	12.00

Rate calculation instructions:

1. Multiply number of units of coverage by appropriate per-unit premium
2. Round result of step 1 to nearest cent
3. Multiply by the appropriate modal factor

PHYSICIANS MUTUAL INSURANCE COMPANY

2600 Dodge Street, Omaha, Nebraska 68131

Rider Form B411 TABLE OF RATES

Monthly ABW Premium Rates per Unit of Benefit*

Benefit	Individual	Family
Accident Intensive Care	\$0.20	\$0.42

*A unit of benefit is defined as \$100.00 of daily indemnity benefit for all covered individuals. Multiple units of benefit are available.

Maximum Confinement Factors

Max Number of Days per Confinement	Premium Factor
1	0.20
2	0.35
3	0.50
4	0.55
5	0.65
6	0.70
7-8	0.75
9-10	0.80
11-13	0.85
14-17	0.90
18-24	0.95
25+	1.00

Modal Factors

Payment Mode	Factor
Monthly	1.00
Quarterly	3.00
Semi-Annual	6.00
Annual	12.00

Rate calculation instructions:

1. Multiply number of units of coverage by appropriate per-unit premium
2. Round result of step 1 to nearest cent
3. Multiply by the appropriate maximum confinement factor
4. Round result of step 3 to nearest cent
5. Multiply by the appropriate modal factor

PHYSICIANS MUTUAL INSURANCE COMPANY

2600 Dodge Street, Omaha, Nebraska 68131

Rider Form B412 TABLE OF RATES

Monthly ABW Premium Rates per Unit of Benefit*

Benefit	Individual	Family
Hospital Accident	\$0.10	\$0.23

*A unit of benefit is defined as \$5.00 of daily indemnity benefit for all covered individuals. Multiple units of benefit are available.

Maximum Confinement Factors

Max Number of Days per Confinement	Premium Factor	Max Number of Days per Confinement	Premium Factor
1	0.13	11	0.75
2	0.26	12	0.77
3	0.36	13	0.79
4	0.45	14	0.80
5	0.52	15	0.82
6	0.58	16-20	0.85
7	0.62	21-30	0.90
8	0.66	31-74	0.95
9	0.69	75+	1.00
10	0.72		

Modal Factors

Payment Mode	Factor
Monthly	1.00
Quarterly	3.00
Semi-Annual	6.00
Annual	12.00

Rate calculation instructions:

1. Multiply number of units of coverage by appropriate per-unit premium
2. Round result of step 1 to nearest cent
3. Multiply by the appropriate maximum confinement factor
4. Round result of step 3 to nearest cent
5. Multiply by the appropriate modal factor

PHYSICIANS MUTUAL INSURANCE COMPANY

2600 Dodge Street, Omaha, Nebraska 68131

Rider Form B413 TABLE OF RATES

Monthly ABW Premium Rates per Unit of Benefit*

Benefit	Individual	Family
Dismemberment	\$0.10	\$0.16
Outpatient Surgery	\$0.25	\$0.50

*A unit of Dismemberment benefit is defined as a Principal Sum of \$10,000 for all covered individuals. Multiple units of benefit are available.

A unit of Outpatient Surgery benefit is defined as \$25.00. Multiple units of benefit are available.

Modal Factors

Payment Mode	Factor
Monthly	1.00
Quarterly	3.00
Semi-Annual	6.00
Annual	12.00

Rate calculation instructions:

1. Multiply number of units of Dismemberment coverage by appropriate per-unit premium
2. Round result of step 1 to nearest cent
3. Multiply number of units of Outpatient Surgery benefit by appropriate per-unit premium
4. Round result of step 3 to nearest cent
5. Add results of steps 2 and 4
6. Multiply the result of step 5 by the appropriate modal factor

PHYSICIANS MUTUAL INSURANCE COMPANY

2600 Dodge Street, Omaha, Nebraska 68131

Rider Form B414 TABLE OF RATES

Monthly ABW Premium Rates per Unit of Benefit*

Benefit	Individual	Family
Common Carrier	\$0.05	\$0.08
Auto/Pedestrian	\$0.15	\$0.24

*A unit of Common Carrier benefit is defined as \$25,000 for all covered individuals. Multiple units of benefit are available.

A unit of Auto/Pedestrian benefit is defined as \$5,000 for all covered individuals. Multiple units of benefit are available.

Modal Factors

Payment Mode	Factor
Monthly	1.00
Quarterly	3.00
Semi-Annual	6.00
Annual	12.00

Rate calculation instructions:

1. Multiply number of units of Common Carrier coverage by appropriate per-unit premium
2. Round result of step 1 to nearest cent
3. Multiply number of units of Auto/Pedestrian benefit by appropriate per-unit premium
4. Round result of step 3 to nearest cent
5. Add results of steps 2 and 4
6. Multiply the result of step 5 by the appropriate modal factor

SERFF Tracking Number: PHYS-127291675 State: Arkansas
 Filing Company: Physicians Mutual Insurance Company State Tracking Number: 49664
 Company Tracking Number:
 TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only
 Product Name: Accident Only Policy & Riders
 Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	09/13/2011
Comments:		
Attachment: AR Flesch Certification.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	09/13/2011
Comments: Since this is a new application, the E525-F is attached to the Forms Schedule tab. The Statement of Variability is attached as Supporting Documentation.		
Attachments: E525-F.pdf E525 Statement of Variability.pdf		

	Item Status:	Status Date:
Satisfied - Item: Health - Actuarial Justification	Approved-Closed	09/13/2011
Comments:		
Attachments: P525 Actuarial Memorandum.pdf B410 Actuarial Memorandum.pdf B411 Actuarial Memorandum.pdf B412 Actuarial Memorandum.pdf B413 Actuarial Memorandum.pdf B414 Actuarial Memorandum.pdf		

	Item Status:	Status Date:
Satisfied - Item: Outline of Coverage	Approved-Closed	09/13/2011
Comments:		

SERFF Tracking Number: *PHYS-127291675* State: *Arkansas*
Filing Company: *Physicians Mutual Insurance Company* State Tracking Number: *49664*
Company Tracking Number:
TOI: *H02I Individual Health - Accident Only* Sub-TOI: *H02I.000 Health - Accident Only*
Product Name: *Accident Only Policy & Riders*
Project Name/Number: */*

Attachment:
OC525AR.pdf

	Item Status:	Status
Satisfied - Item: P525AR & B410, et al, Rider Schedule Statements of Variability	Approved-Closed	Date: 09/13/2011

Comments:

Attachments:

P525 Schedule Statement of Variability.pdf
B410 et al Schedules Statement of Variabilty.pdf

PHYSICIANS MUTUAL INSURANCE COMPANY

OMAHA, NEBRASKA

Certification of Flesch

These form(s) have the following Flesch Readability Scores:

<u>Form</u>	<u>Flesch Score</u>
P525AR	50.5
B410	50.3
B411	41.5
B412	43.8
B413	52.9
B414	49.2
E525-F	45.2

The entire form was analyzed.

The following was excluded in the text: name and address of the insurer; name, number and title of the form; captions and subcaptions; medical terminology; defined terms.



Shawn Pollock
Vice President
Government & Industry

August 29, 2011

Date

ACCIDENT COVERAGE ENROLLMENT FORM [- Option A]

Physicians Mutual Insurance Company, 2600 Dodge Street, Omaha, NE 68131-2671

Name (Please Print)			Age	Date Of Birth	
First	Middle Initial	Last		Month Day Year	<input type="checkbox"/> Male <input type="checkbox"/> Female
Spouse's Name (complete if you choose the Family Plan)					<input type="checkbox"/> Male <input type="checkbox"/> Female
Children's Names					<input type="checkbox"/> Male <input type="checkbox"/> Female
					<input type="checkbox"/> Male <input type="checkbox"/> Female
					<input type="checkbox"/> Male <input type="checkbox"/> Female
					<input type="checkbox"/> Male <input type="checkbox"/> Female
					<input type="checkbox"/> Male <input type="checkbox"/> Female
Address _____			Phone _____		
Street _____ Apt No. _____			() _____		
City _____ State _____ ZIP _____					
Email Address (for service and product updates from us) _____					
Choose the Plan You Want (check one <input checked="" type="checkbox"/>)			Select Option You Prefer (check one <input checked="" type="checkbox"/>)		
<input type="checkbox"/> Individual Plan <input type="checkbox"/> Family Plan			<input type="checkbox"/> OPTION A P525 <input type="checkbox"/> OPTION B P525		
Choose Your Method of Payment: <input type="checkbox"/> Automatic Bank Withdrawal. I authorize Physicians Mutual Insurance Company to conveniently deduct my first month's premium and future renewal premium payments from my bank account. Please attach a sample check marked "VOID." <input type="checkbox"/> Please Bill Me Monthly. I enclose my first month's premium. <input type="checkbox"/> Credit Card. Please complete the enclosed Credit Card Authorization form.					

I am enrolling in Policy P525 [and the plan selected.] I understand no coverage is in force until the Company issues a policy showing a Policy Effective Date and the first full premium has been paid.
 Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

IMPORTANT

Respond Within 10 Days

Please make check or money order payable to PHYSICIANS MUTUAL INSURANCE COMPANY

Insured's Signature: _____ Date: _____

Telesales Agent Signature: _____ Date: _____

A^999^999-999-999-999^999^999999

E525 Statement of Variability
6/23/11

1. May add/change/delete/move the layout, format, and copy pertaining to the Insured, Spouse, Children's Names, Address, Phone #, Date of Birth, Age, email address, etc.
2. May add/change/delete/move the options and plans being offered.
3. May change the dimensions of the form to varying horizontal formats or vertical formats. May change the font style in the layout. May rearrange the layout and format. May add/change/delete/move boxes and heading boxes.
4. May add/change/delete/move the format of the reply by date. "Respond within 10 days".
5. May add/change/delete/move or substitute applicable language for Variable Pay Options copy. Variable Payment Options will include monthly, quarterly, semiannual, annual, credit card, automatic bank withdrawal, and direct billing. These may be used singularly or in combination. This would include adding/changing/deleting/moving copy for account numbers, expiration dates, "Make check or money order payable to Physicians Mutual Insurance Company", account/client name/financial institute, combining two different payment options, credit card number/expiration date, credit card holder signature and direct billing available as appropriate.
6. May add/change/delete/move payment copy for credit card, automatic bank withdrawal, and 3rd party pay copy in the attestation as needed.
7. May add/change/delete/move the premium rates.
8. May add/change/delete/move the format of the internal coding.
9. May add/change/delete/move the signature line, credit card signature line, and date depending on format.
10. May add or delete "and the plan selected" depending if we are offering multiple options.
11. May add/change/delete/move the plan name, company address, client logo, and/or company logo. May title "Guaranteed Acceptance Form".
12. May add/change/delete/move the format of the agent signature line and date, depending on varying format. The agent's signature line will be included in solicitation involving telemarketing via a licensed agent.

PHYSICIANS MUTUAL INSURANCE COMPANY

2600 DODGE STREET, OMAHA, NE 68131

ACCIDENTAL ONLY OUTLINE OF COVERAGE ACCIDENTAL DEATH BENEFIT COVERAGE – P525AR

THIS POLICY PROVIDES LIMITED BENEFITS

BENEFITS ARE SUPPLEMENTAL AND NOT INTENDED TO COVER ALL MEDICAL EXPENSES

READ YOUR POLICY CAREFULLY: This Outline of Coverage provides a very brief description of some 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 Coverage: 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.

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from Us.

BENEFITS

ACCIDENTAL DEATH BENEFIT: We will pay the applicable Accidental Death Benefit as shown in the Schedule in the event Injury results in the death of a Covered Person within 90 days after the date of the Injury which caused the death. The Accidental Death Benefit will reduce at age 75 as shown in the Schedule.

100% increase in the Accidental Death Benefit for death due to common accident: When Injury sustained in a common accident results in the death of both the Insured and Spouse while insured as Covered Persons, and benefits are payable for the death of each under the terms of the preceding paragraph, the Accidental Death Benefit shown in the Schedule for such persons will be increased by 100%.

LOYALTY BENEFIT: We will pay the Initial Loyalty Benefit shown in the Schedule after this Policy has been in force for one year from the Effective Date shown in the Schedule. We will pay the Ongoing Loyalty Benefit shown in the Schedule five years after the Effective Date of the Policy and every five years thereafter as long as the Policy remains in force. The Policy will not accrue benefits for partial payment. The Policy must remain in force for the entire period of time to collect the applicable Loyalty Benefit.

If the Policy is in the Grace Period any applicable Loyalty Benefit otherwise payable will not be paid until You have paid the premium due and the Policy is no longer in the Grace Period. If the Policy lapses due to non-payment during the Grace Period no benefit will be payable.

LIMITATIONS AND EXCLUSIONS

Benefits are not payable for loss of life resulting from:

- a. suicide or intentionally self-inflicted Injury, while sane or insane;

- b. Injury due to war or act of war (declared or undeclared), or Injury sustained while on active duty in the Armed Services of any country (upon notice to the Company of entry into such service, the pro rata unearned premium will be returned to the Insured);
- c. Injury sustained while under the influence of alcohol or any controlled substance, drug, hallucinogen, or narcotic not taken on the advice of, and in accordance with the direction of, a physician;
- d. Injury sustained as a result of the operation by any Covered Person of a motor vehicle or motorized boat or watercraft when the blood alcohol level of the Covered Person meets or exceeds the legal limit for the operation of such motor vehicle, boat or watercraft in the state where the Injury occurred;
- e. Injury sustained while committing or attempting to commit a felony;
- f. Injury received while a pilot or passenger of an aircraft of any type, either powered or unpowered, except as a fare-paying ticketed passenger in an aircraft operated by a regularly scheduled airline;
- g. Injury due to participation in automobile or motorcycle racing as a driver, rider, or crew person, or operating or riding in or on an off-road vehicle; or
- h. Injury occurring while this Policy is not in force.

RENEWAL AGREEMENT

You can keep Your Policy in force as long as You pay Your Renewal Premiums on time. When We receive Your Renewal Premium before the Grace Period ends, We must accept it. Renewal Premium means any Policy premium due Us after your first premium payment has been made.

PREMIUM CHANGES

We may change Your Renewal Premium shown in the Schedule only if the same change is made on all Policies of this form and class in the state where You live. In addition, We can change Your premium if You request a change in Your Policy benefits or Riders, or there is a change in dependent status.

[ADDITIONAL BENEFIT RIDER(S):]

[ACCIDENTAL DEATH BENEFIT RIDER (B410) - We will pay the applicable Accidental Death Benefit as shown in the Schedule in the event Injury results in the death of a Covered Person within 90 days after the date of the Injury which caused the death. The Accidental Death Benefit will reduce at age 75 as shown in the Schedule.

100% increase in the Accidental Death Benefit for death due to common accident: When Injury sustained in a common accident results in the death of both the Insured and Spouse while insured as Covered Persons, and benefits are payable for the death of each under the terms of the preceding paragraph, the Accidental Death Benefit shown in the Schedule for such persons will be increased by 100%.

In addition to any Policy Limitations and Exclusions, We will not pay Benefits for loss of life resulting from:

- a. suicide or intentionally self-inflicted Injury, while sane or insane;
- b. Injury due to war or act of war (declared or undeclared), or Injury sustained while on active duty in the Armed Services of any country (upon notice to the Company of entry into such service, the pro rata unearned premium will be returned to the Insured);
- c. Injury sustained while under the influence of alcohol or any controlled substance, drug, hallucinogen, or narcotic not taken on the advice of, and in accordance with the direction of, a physician;

- d. Injury sustained as a result of the operation by any Covered Person of a motor vehicle or motorized boat or watercraft when the blood alcohol level of the Covered Person meets or exceeds the legal limit for the operation of such motor vehicle, boat or watercraft in the state where the Injury occurred;
- e. Injury sustained while committing or attempting to commit a felony;
- f. Injury received while a pilot or passenger of an aircraft of any type, either powered or unpowered, except as a fare-paying ticketed passenger in an aircraft operated by a regularly scheduled airline;
- g. Injury due to participation in automobile or motorcycle racing as a driver, rider, or crew person, or operating or riding in or on an off-road vehicle; or
- h. Injury occurring while this Rider is not in force.]

[ACCIDENT ONLY INTENSIVE CARE BENEFIT RIDER (B411) - If a Covered Person is confined in an Intensive Care Unit of a Hospital due to an Injury, We will pay the Intensive Care Daily Benefit shown in the Schedule for each day the Covered Person is confined in the Intensive Care Unit, provided confinement begins within 30 days of such Injury, up to the Maximum Days Per Confinement, as shown in the Schedule. Hospital confinements less than 90 days apart and due to the same accident are deemed one Hospital confinement if the Policy remains in force. In no case will We pay benefits for more than the Maximum Days Per Confinement shown in the Schedule in any 90-day period.

In addition to any Policy Limitations and Exclusions, We will not pay benefits for:

- a. confinement due to an Injury occurring while this Rider is not in force;
- b. confinement due to an Injury that is sustained as a result of committing or attempting to commit a felony;
- c. confinement due to intentional self-inflicted Injury or attempted suicide, while sane or insane;
- d. confinement due to an Injury received while a pilot or passenger of an aircraft of any type, either powered or unpowered, except as a fare-paying ticketed passenger in an aircraft operated by a regularly scheduled airline;
- e. confinement due to an Injury due to war or act of war (declared or undeclared), or Injury sustained while on active duty in the Armed Services of any country (upon notice to the Company of entry into such service, the pro rata unearned premium will be returned to the Insured);
- f. confinement due to an Injury sustained while under the influence of alcohol or any controlled substance, drug, hallucinogen, or narcotic not taken on the advice of, and in accordance with the direction of, a physician;
- g. confinement due to an Injury sustained as a result of the operation by any Covered Person of a motor vehicle or motorized boat or watercraft when the blood alcohol level of the Covered Person meets or exceeds the legal limit for the operation of such motor vehicle, boat or watercraft in the state where the Injury occurred;
- h. confinement due to an Injury due to participation in automobile or motorcycle racing as a driver, rider, or crew person, or operating or riding in or on an off-road vehicle;
- i. confinement in a convalescent or nursing home, or a convalescent, nursing, self-care, or extended care unit of a Hospital; or
- j. confinement in a U.S. Government Hospital where there is no obligation to pay on the part of a Covered Person.]

[ACCIDENT ONLY HOSPITAL BENEFIT RIDER (B412) - We will pay the Hospital Confinement Daily Benefit shown in the Schedule for each full day a Covered Person is confined as an inpatient in a Hospital due to an Injury provided confinement begins within 30 days of such Injury, up to the Maximum Days Per Confinement, as shown in the Schedule. Hospital confinements less than 90 days apart and due to the same accident are deemed one Hospital confinement if the Policy remains in force. In no case will We pay benefits for more than the Maximum Days Per Confinement shown in the Schedule in any 90-day period.

In addition to any Policy Limitations and Exclusions, We will not pay benefits for:

- a. confinement due to an Injury occurring while this Rider is not in force;
- b. confinement due to an Injury that is sustained as a result of committing or attempting to commit a felony;
- c. confinement due to intentional self-inflicted Injury or attempted suicide, while sane or insane;
- d. confinement due to an Injury received while a pilot or passenger of an aircraft of any type, either powered or unpowered, except as a fare-paying ticketed passenger in an aircraft operated by a regularly scheduled airline;
- e. confinement due to an Injury due to war or act of war (declared or undeclared), or Injury sustained while on active duty in the Armed Services of any country (upon notice to the Company of entry into such service, the pro rata unearned premium will be returned to the Insured);
- f. confinement due to an Injury sustained while under the influence of alcohol or any controlled substance, drug, hallucinogen, or narcotic not taken on the advice of, and in accordance with the direction of, a physician;
- g. confinement due to an Injury sustained as a result of the operation by any Covered Person of a motor vehicle or motorized boat or watercraft when the blood alcohol level of the Covered Person meets or exceeds the legal limit for the operation of such motor vehicle, boat or watercraft in the state where the Injury occurred;
- h. confinement due to an Injury due to participation in automobile or motorcycle racing as a driver, rider, or crew person, or operating or riding in or on an off-road vehicle;
- i. confinement in a convalescent or nursing home, or a convalescent, nursing, self-care, or extended care unit of a Hospital; or
- j. confinement in a U.S. Government Hospital where there is no obligation to pay on the part of a Covered Person.]

[ACCIDENTAL DISMEMBERMENT AND OUTPATIENT SURGERY BENEFIT RIDER (B413) - ACCIDENTAL DISMEMBERMENT BENEFIT: We will pay the Principal Sum shown in the Schedule if a Covered Person sustains a listed loss. The loss must be the result of an Injury and the loss must occur within 90 days of the accident.

Loss of both hands or both arms	100% of Principal Sum
Loss of one hand or one arm	50% of Principal Sum
Loss of both feet or both legs	100% of Principal Sum
Loss of one foot or one leg	50% of Principal Sum
Loss of one hand or arm and one foot or leg	100% of Principal Sum
Loss of sight of both eyes	100% of Principal Sum
Loss of sight of one eye	25% of Principal Sum

"Loss of hand" means loss of the entire four fingers. "Loss of foot" means severance at or above the ankle. "Loss of arm" means severance at or above the elbow. "Loss of leg" means severance at or above the knee. "Loss of sight of eye" means the total and irrecoverable loss of sight.

OUTPATIENT SURGERY BENEFIT: We will pay the Outpatient Surgery Benefit shown in the Schedule when a Covered Person receives outpatient surgery due to an Injury. The Outpatient Surgery Benefit shown in the Schedule is payable only once for any one Injury. No more than five Outpatient Surgery Benefit amounts will be paid each calendar year.

To be covered under this Rider, outpatient surgery must be received within seven days of the accident which caused the Injury.

In addition to any Policy Limitations and Exclusions, We will not pay benefits for:

- a. Injury occurring while this Rider is not in force;
- b. Injury sustained while committing or attempting to commit a felony;
- c. Injury due to an attempted suicide or intentionally self-inflicted Injury, while sane or insane;
- d. Injury received while a pilot or passenger of an aircraft of any type, either powered or unpowered, except as a fare-paying ticketed passenger in an aircraft operated by a regularly scheduled airline;
- e. Injury due to war or act of war (declared or undeclared), or Injury sustained while on active duty in the Armed Services of any country (upon notice to the Company of entry into such service, the pro rata unearned premium will be returned to the Insured);
- f. Injury sustained while under the influence of alcohol or any controlled substance, drug, hallucinogen, or narcotic not taken on the advice of, and in accordance with the direction of, a physician;
- g. Injury sustained as a result of the operation by any Covered Person of a motor vehicle or motorized boat or watercraft when the blood alcohol level of the Covered Person meets or exceeds the legal limit for the operation of such motor vehicle, boat or watercraft in the state where the Injury occurred; or
- h. Injury due to participation in automobile or motorcycle racing as a driver, rider, or crew person, or operating or riding in or on an off-road vehicle.]

[TRAVEL ACCIDENT DEATH BENEFIT RIDER (B414) - COMMON CARRIER BENEFIT: We will pay the Common Carrier Benefit shown in the Schedule in the event an Injury results in the death of a Covered Person resulting directly from the collision, crash, or explosion of a Common Carrier which occurs while such Covered Person is occupying that Common Carrier as a fare-paying passenger, but not as an operator or crew member.

PRIVATE PASSENGER AUTOMOBILE/PEDESTRIAN BENEFIT: We will pay the Private Passenger Automobile/Pedestrian Benefit shown in the Schedule in the event an Injury results in the death of a Covered Person resulting directly from the collision, crash, or explosion of a Private Passenger Automobile in which such Covered Person is a passenger or an operator or which results directly from the Covered Person being struck, while a Pedestrian, by a Land Motor Vehicle.

In addition to any Policy Limitations and Exclusions, We will not pay benefits for loss of life resulting from:

- a. suicide or intentionally self-inflicted Injury, while sane or insane;

- b. Injury due to war or act of war (declared or undeclared), or Injury sustained while on active duty in the Armed Services of any country (upon notice to the Company of entry into such service, the pro rata unearned premium will be returned to the Insured);
- c. Injury sustained while under the influence of alcohol or any controlled substance, drug, hallucinogen, or narcotic not taken on the advice of, and in accordance with the direction of, a physician;
- d. Injury sustained as a result of the operation by any Covered Person of a motor vehicle or motorized boat or watercraft when the blood alcohol level of the Covered Person meets or exceeds the legal limit for the operation of such motor vehicle, boat or watercraft in the state where the Injury occurred;
- e. Injury sustained while committing or attempting to commit a felony;
- f. Injury received while a pilot or passenger of an aircraft of any type, either powered or unpowered, except as a fare-paying ticketed passenger in an aircraft operated by a regularly scheduled airline;
- g. Injury due to participation in automobile or motorcycle racing as a driver, rider, or crew person, or operating or riding in or on an off-road vehicle; or
- h. Injury occurring while this Rider is not in force.]

FOR ADDITIONAL INFORMATION ABOUT POLICY BENEFITS OR CLAIMS, PLEASE CONTACT US TOLL-FREE AT [1-800-228-9100]. PHYSICIANS MUTUAL INSURANCE COMPANY, [PO BOX 2018, OMAHA, NE 68103-2018.]

**P525 Accidental Death Policy
Policy Schedule Statement of Variability
6/23/11**

Policy Number Effective Date Premium Mode	Standard policy data variables.
First Premium	This variable represents the premium due in order to issue coverage.
Renewal Premium	This variable represents the payment due on the renewal of the insurance policy.
First Renewal	This variable represents the date the first renewal premium is due.
Name of Insured Plan Type	This variable highlights the name of the insured and whether the coverage is for an individual or if it is all family.
Policy Benefits	The variables in this section will adjust based upon the policy benefits payable.
Additional Benefit Riders	This variable section will print when additional benefit riders are added to the policy and will display the rider and rider benefit information.

Statement of Variability

Rider Schedules B410, B411, B412, B413, B414

6/23/11

1. May add/change/delete/move internal coding.
2. May add/change/delete/move the layout and/or format for the name of the insureds (print spouses name and dependent children, depending on the plan).
3. May add/change/delete/move/substitute applicable language for variable pay options copy. Variable payment options will include monthly, automatic bank withdrawal, quarterly, semi-annual and annual. Credit card may also be offered.
4. May add/change/delete "Additional First Premium".
5. May add/change/move "The information on this schedule is current as of [the Rider Effective Date.]"