

SERFF Tracking Number: CEUL-128368178 State: Arkansas  
Filing Company: Central United Life Insurance Company State Tracking Number:  
Company Tracking Number: HPACC1224  
TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only  
Product Name: HPACC1224  
Project Name/Number: HPACC1224/HPACC1224

## Filing at a Glance

Company: Central United Life Insurance Company

Product Name: HPACC1224

SERFF Tr Num: CEUL-128368178 State: Arkansas

TOI: H02I Individual Health - Accident Only

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

Sub-TOI: H02I.000 Health - Accident Only

Co Tr Num: HPACC1224

State Status: Approved-Closed

Filing Type: Form/Rate

Reviewer(s): Rosalind Minor

Authors: Leigh Floyd, David

Disposition Date: 05/21/2012

O'Boyle, Susan Klodzinski

Date Submitted: 05/17/2012

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: HPACC1224

Status of Filing in Domicile: Pending

Project Number: HPACC1224

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 05/21/2012

State Status Changed: 05/21/2012

Deemer Date:

Created By: Leigh Floyd

Submitted By: Leigh Floyd

Corresponding Filing Tracking Number:

Filing Description:

We are requesting the Department's review and approval of our new Accident policy. There are two versions of the product.

One version provides 24-hour accident coverage. The other version provides accident coverage while off-the-job only.

There are two separate policies, outlines of coverage and rates specific to each version of the product. There is also a Wellness rider that will be marketed with both policies that pays a benefit when an insured receives a specified wellness exam.

This product is not replacing any previously filed product.

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This product is guaranteed renewable up to age 70; however, this policy is not able to be sold to individuals eligible for Medicare by reason of age. Issuance ends at age 64.

Agents licensed in your state will sell this product to individual consumers. The application and outline of coverage will be used to market the policy.

This product complies with the standards set forth by the NAIC. We have adhered to all state-specific guidelines and the required forms have been attached.

We appreciate the Department's time and consideration in the review of this filing.

State Narrative:

## Company and Contact

### Filing Contact Information

Leigh Floyd, Ifloyd@manhattanlife.com  
 10700 Northwest Freeway 713-529-0045 [Phone] 5271 [Ext]  
 Houston, TX 77092

### Filing Company Information

Central United Life Insurance Company CoCode: 61883 State of Domicile: Arkansas  
 Wortham Tower Group Code: 117 Company Type:  
 2727 Allen Parkway Group Name: State ID Number:  
 Suite 500 FEIN Number: 42-0884060  
 Houston, TX 77019-2100  
 (713) 529-0045 ext. [Phone]

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$300.00  
 Retaliatory? No  
 Fee Explanation: 3 Forms, 1 application and 2 rates = 6 X \$50 = \$300.00  
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---------|--------|----------------|---------------|
|---------|--------|----------------|---------------|

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Central United Life Insurance Company \$300.00 05/17/2012 59236177

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## Correspondence Summary

### Dispositions

| Status          | Created By     | Created On | Date Submitted |
|-----------------|----------------|------------|----------------|
| Approved-Closed | Rosalind Minor | 05/21/2012 | 05/21/2012     |

### Objection Letters and Response Letters

| Objection Letters         |                |            |                | Response Letters |            |                |
|---------------------------|----------------|------------|----------------|------------------|------------|----------------|
| Status                    | Created By     | Created On | Date Submitted | Responded By     | Created On | Date Submitted |
| Pending Industry Response | Rosalind Minor | 05/18/2012 | 05/18/2012     | Leigh Floyd      | 05/21/2012 | 05/21/2012     |

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## Disposition

Disposition Date: 05/21/2012

Implementation Date:

Status: Approved-Closed

Comment:

| Company Name:                            | Overall %<br>Indicated<br>Change: | Overall % Rate<br>Impact: | Written<br>Premium<br>Change for<br>this<br>Program: | # of Policy<br>Holders<br>Affected for this<br>Program: | Written<br>Premium for<br>this Program: | Maximum %<br>Change (where<br>required): | Minimum %<br>Change (where<br>required): |
|--|-----------------------------------|---------------------------|--|---|---|--|--|
| Central United Life<br>Insurance Company | %                                 | %                         | \$   |   | \$                                      | %  | %  |

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| Schedule                      | Schedule Item                    | Schedule Item Status | Public Access |
|-------------------------------|----------------------------------|----------------------|---------------|
| Supporting Document           | Flesch Certification             | Approved-Closed      | Yes           |
| Supporting Document           | Application                      | Approved-Closed      | Yes           |
| Supporting Document           | Health - Actuarial Justification | Approved-Closed      | No            |
| Supporting Document (revised) | Outline of Coverage              | Approved-Closed      | Yes           |
| Supporting Document           | Outline of Coverage              | Replaced             | Yes           |
| Supporting Document           | Statement of Variability         | Approved-Closed      | Yes           |
| Supporting Document           | Redlines                         | Approved-Closed      | Yes           |
| Form (revised)                | 24 Hour Accident Policy          | Approved-Closed      | Yes           |
| Form                          | 24 Hour Accident Policy          | Replaced             | Yes           |
| Form (revised)                | Non Occupational Accident Policy | Approved-Closed      | Yes           |
| Form                          | Non Occupational Accident Policy | Replaced             | Yes           |
| Form                          | Wellness Rider                   | Approved-Closed      | Yes           |
| Form                          | Application                      | Approved-Closed      | Yes           |
| Rate                          | 24 Hour Rates                    | Approved-Closed      | Yes           |
| Rate                          | Non Occupational Rates           | Approved-Closed      | Yes           |

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## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 05/18/2012

Submitted Date 05/18/2012

Respond By Date

Dear Leigh Floyd,

This will acknowledge receipt of the captioned filing.

### Objection 1

- 24 Hour Accident Policy, HPACC1224 (Form)
- Non Occupational Accident Policy, HPACC12NOC (Form)

Comment: A hernia cannot be excluded. You may have a probationary or waiting period not to exceed six months. Refer to Rule and Regulation 18, Section 6 A and F.

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,

Rosalind Minor

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## Response Letter

Response Letter Status Submitted to State  
 Response Letter Date 05/21/2012  
 Submitted Date 05/21/2012

Dear Rosalind Minor,

### Comments:

Thank you for your review of our product.

### Response 1

Comments: Revised.

### Related Objection 1

Applies To:

- 24 Hour Accident Policy, HPACC1224 (Form)
- Non Occupational Accident Policy, HPACC12NOC (Form)

Comment:

A hernia cannot be excluded. You may have a probationary or waiting period not to exceed six months. Refer to Rule and Regulation 18, Section 6 A and F.

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: Outline of Coverage

Comment:

Satisfied -Name: Redlines

Comment:

#### Form Schedule Item Changes

| Form Name               | Form Number  | Edition Date | Form Type                             | Action  | Action Specific Data | Readability Score | Attach Document          |
|-------------------------|--------------|--------------|---------------------------------------|---------|----------------------|-------------------|--------------------------|
| 24 Hour Accident Policy | HPACC1224-AR |              | Policy/Contract/Fraternal Certificate | Initial |                      | 60.100            | HPACC1224-AR clean 5-21- |

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2012.pdf

**Previous Version**

|                         |         |                           |         |        |          |
|-------------------------|---------|---------------------------|---------|--------|----------|
| 24 Hour Accident Policy | HPACC12 | Policy/Contract/Fraternal | Initial | 60.100 | HPACC12  |
|                         | 24      | Certificate               |         |        | 24.pdf   |
| Non Occupational        | HPACC12 | Policy/Contract/Fraternal | Initial | 59.900 | HPACC12  |
| Accident Policy         | NOC-AR  | Certificate               |         |        | NOC-AR   |
|                         |         |                           |         |        | clean 5- |
|                         |         |                           |         |        | 21-      |
|                         |         |                           |         |        | 2012.pdf |

**Previous Version**

|                  |         |                           |         |        |         |
|------------------|---------|---------------------------|---------|--------|---------|
| Non Occupational | HPACC12 | Policy/Contract/Fraternal | Initial | 59.900 | HPACC12 |
| Accident Policy  | NOC     | Certificate               |         |        | NOC.pdf |

No Rate/Rule Schedule items changed.

Please let us know if any additional information is necessary.

Sincerely,

David O'Boyle, Leigh Floyd, Susan Klodzinski

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## Form Schedule

### Lead Form Number: HPACC1224

| Schedule Item                 | Form Number     | Form Type   | Form Name                        | Action  | Action Specific Data | Readability | Attachment                        |
|-------------------------------|-----------------|---|----------------------------------|---------|----------------------|-------------|-----------------------------------|
| Approved-Closed<br>05/21/2012 | HPACC1224-AR    | Policy/Cont<br>ract/Fratern<br>al<br>Certificate  | 24 Hour Accident                 | Initial |                      | 60.100      | HPACC1224-AR clean 5-21-2012.pdf  |
| Approved-Closed<br>05/21/2012 | HPACC12NOC-AR   | Policy/Cont<br>ract/Fratern<br>al<br>Certificate  | Non Occupational Accident Policy | Initial |                      | 59.900      | HPACC12NOC-AR clean 5-21-2012.pdf |
| Approved-Closed<br>05/21/2012 | HRWEL2010       | Policy/Cont<br>ract/Fratern<br>al<br>Certificate:<br>Amendmen<br>t, Insert<br>Page,<br>Endorseme<br>nt or Rider | Wellness Rider                   | Initial |                      | 58.760      | HRWEL2010.pdf                     |
| Approved-Closed<br>05/21/2012 | C-HPACC-AP-2012 | Application/<br>Enrollment<br>Form  | Application                      | Initial |                      |             | C-HPACC-AP-2012.pdf               |

**CENTRAL UNITED LIFE INSURANCE COMPANY**

A Stock Company

[10700 Northwest Freeway

Houston, Texas 77092]

Customer Service: [800-669-9030]

This is a legal contract between the owner of the Policy (You) and Central United Life Insurance Company (Central United). It is issued in return for Your application and first premium. Central United agrees to pay this Policy's Benefits to You if an Insured Person suffers a loss covered under this Policy due to a Covered Accident while this Policy is in effect and the Policy's provisions are met.

**RENEWAL PROVISION**

You have the right to renew this Policy until age 70 if You pay the correct premium when due or within the Grace Period. If premiums are paid on time, We cannot (prior to age 70) cancel this Policy or place any restrictive rider on it. We reserve the right to change premiums from time to time. If We do change premiums, We will only do so only if: 1) We change the premiums for all policies of this class in Your state; 2) such change is in accordance with the laws and regulations of your state; and 3) We give You 30 days written notice (or longer if required by the state in which this policy is issued) before such change becomes effective.

**TEN-DAY FREE LOOK**

You may cancel this Policy within 10 days of receiving it. Return the Policy to Central United's Administrative Office or to Your Central United sales agent. As soon as You deliver or mail the Policy to Us, it is treated as if it was never issued. We will refund Your premium payment when We receive the Policy back.

**CANCELLATION**

After the 10-day free look period, You may cancel this Policy by notifying Us in writing that You wish to do so. Cancellation of Your Policy will be effective on the date We receive Your written notice unless Your notice specifies a later date. We will promptly refund any premium paid for coverage after the cancellation date. Cancellation of this Policy will be without prejudice to any claim made prior to the termination of the contract.

Central United Life Insurance Company has signed this Policy on the Issue Date.

[   ]

[Mary Lou Rainey  
Secretary]

[Dan George  
President]

**24-HOUR ACCIDENT EXPENSE POLICY  
LIMITED BENEFITS**

**This is an accident only policy which does not pay benefits for a loss from sickness  
Guaranteed Renewable to age 70  
Company may change Table of Premium Rates**

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**CENTRAL UNITED LIFE INSURANCE COMPANY**

[10700 Northwest Freeway  
Houston, Texas 77092]

**POLICY SCHEDULE**

**24-HOUR ACCIDENT EXPENSE POLICY**

|                                |                 |           |
|--------------------------------|-----------------|-----------|
| Primary Insured: [John Q. Doe] | Issue Age:      | [52]      |
| Policy Number: [12 345678]     | Initial Premium | [\$33.00] |
| Effective Date: [02/01/2011]   | Mode of Payment | [Monthly] |
| Insured Dependents:            |                 |           |
| Spouse: [Jane Doe]             |                 |           |
| [            ]                 |                 |           |
| [            ]                 |                 |           |
| [            ]                 |                 |           |
| [            ]                 |                 |           |

| FORM #      | BENEFIT DESCRIPTION   | PREMIUM  |
|-------------|---|--|
| [HPACC1224] | Guaranteed Renewable to age 70, subject to the Company's Right to Change Premium<br>Accidental Death Benefit Insured<br>Insured    \$[25,000, 50,000]<br>Spouse     \$[10,000, 20,000]<br>Child(ren) \$[5,000, 10,000]<br>Accidental Death – Common Carrier | [\$23.00]<br><br>Accidental Death Benefit will be doubled. |
|             | Emergency Room Treatment            [\$200, \$500]<br>Physician's Office/Urgent Care       [\$50, \$120]  |  |
| [HRWEL2010] | [Wellness Rider \$60.00]  | [\$10.00]  |

## DEFINITIONS

**AGE:** Your Age as of your last birthday.

**AMBULANCE:** A ground or air vehicle which is licensed as required by law, as an Ambulance, and is equipped to transport sick or injured persons.

**CONFINED/CONFINEMENT:** An Insured Person's Medically Necessary admission to and subsequent continued stay in a Hospital as an overnight bed patient for which a charge is made for room and board.

**COVERED ACCIDENT:** An accidental bodily injury that happens to an Insured Person while this Policy is in force.

**DENTAL TREATMENT:** Treatment of the teeth and/or periodontal area.

**DEPENDENT CHILD(REN):** Any natural child, step-child, legally adopted child or child placed into Your custody for adoption who is: (a) unmarried; (b) living with You in a regular parent – child relationship; (c) qualified as a dependent of You or Your Spouse for tax purposes according to the United States Internal Revenue Code; and (d) younger than age 26.

**EMERGENCY CARE:** Those health care services that are provided for a condition of recent onset and sufficient severity, including, but not limited to severe pain that would lead a prudent layperson, possessing an average knowledge of medicine and health, to believe that his or her injury is of such a nature that failure to obtain immediate medical care could result in:

- placing the patient's health in serious jeopardy;
- serious impairment to bodily functions; or
- serious dysfunction of any bodily organ or part.

**HOSPITAL:** An institution operated pursuant to law for the care and treatment of injured and sick persons which:

- maintains (either on its premises, or in facilities available to the Hospital on a contractual prearranged basis and under the supervision of a staff of one or more duly licensed Physicians) organized facilities for medical, diagnostic and surgical care for injured and sick persons on an inpatient basis for which a charge is made that the Insured Person is legally obligated to pay;
- maintains a staff of one or more duly licensed Physicians;
- provides 24 hour nursing care by or under the supervision of an R.N.;
- maintains and operates a minimum of 5 beds; and
- maintains permanent medical history records.

Hospital does not include any facility which is used principally as a facility for the aged, drug addicts, alcoholics, custodial care, educational care, rest or convalescence, or care of Mental or Nervous Disorders.

**INSURED PERSON:** You (primary insured) and Your Spouse and Dependent Child(ren) as listed on the application, and named in the Policy Schedule.

**INTENSIVE CARE UNIT:** Intensive Care Units are defined as an area or unit of a hospital that is separate and apart from the surgical recovery room and from the general service rooms, beds and wards. It must have 24-hour nursing care attended by nurses assigned on a full-time basis exclusive to such unit; and a stay in the unit must be at the direction and/or supervision of a full-time Physician director or a standing "intensive care" committee of the medical staff. Intensive Care Units include an intensive cardiac care unit and a neo-natal intensive care unit. It does not include: progressive care units; sub-acute intensive care units; intermediate care units; private monitored rooms; observation units; or other lesser treatment units.

**ISSUE DATE:** The effective date of coverage provided by this Policy. See the Policy Schedule.

**MEDICALLY NECESSARY OR MEDICAL NECESSITY:** The necessity of a service or supply as appropriate for the diagnosis or treatment of a Covered Accident based on generally accepted current medical practice. A service or supply will not be considered Medically Necessary if:

- it is provided only as a convenience to the Insured Person or provider;
- it is not appropriate treatment for the Insured Person's diagnosis or symptoms; or

- it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment.

**MENTAL OR NERVOUS DISORDER:** Any disorder classified as such in the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

**PHYSICIAN:** A licensed medical provider who acts within the scope of his or her license and provides treatment or care necessary for a Covered Accident. The Physician must be someone other than You or a member of Your immediate family.

**POLICY:** This Accident Expense contract.

**POLICY SCHEDULE:** Page 3 of this Policy.

**RENEWAL PREMIUMS:** The amount You must pay Us to keep this Policy in force.

**SPOUSE:** Your spouse for whom You have applied for insurance coverage under this Policy and for whom premium payments are made. At the time of application, Your spouse must be at least 18 years of age and no more than 69 years of age.

**WE, OUR, US, THE COMPANY:** Central United Life Insurance Company (Central United).

**YOU, YOUR:** The Insured/Owner of this Policy. If the Insured is not the Owner, You refers to either as the context allows.

#### **PREMIUMS AND REINSTATEMENT**

**Premium Payments:** The first premium is due on the Issue Date. Premiums will include rider premiums, if any. Premiums paid after the first premium are Renewal Premiums. We may change Renewal Premiums. The rules for doing this are on Page 1.

The date Renewal Premiums are due is called the due date. Subject to the Grace Period, Your Policy will end if a Renewal Premium is not paid by the due date. All premiums are payable to Us.

**Grace Period:** You have a 31-day Grace Period to pay Renewal Premiums. The Grace Period starts on the due date and ends 31 days later. During the Grace Period, Your Policy stays in force. If You do not pay the Renewal Premium by the end of the Grace Period, Your Policy will lapse (end).

**Reinstatement:** Our acceptance of premium for this policy beyond the grace period will not reinstate the policy. Our only liability will be to return the premium. In order to reinstate the policy, all insureds requesting coverage must complete an application for reinstatement subject to our underwriting guidelines. The reinstated Policy shall cover only loss resulting from such accidental injury as may be sustained after the date of reinstatement. In all other respects the Insured and Company shall have the same rights thereunder as they had under this Policy immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with the reinstatement.

**Refund of Unearned Premium:** Within 30 days of proof of an Insured Person's death, We will refund any unearned premium paid for such person for any period beyond the end of the month in which death occurred.

**Unpaid Premiums:** When a claim is paid, any premium due and unpaid may be deducted from the claim payment.

## BENEFITS

This policy will pay the following benefits for loss resulting from a Covered Accident for each unit purchased:

**Accidental Death Benefit.** We will pay the benefit amount shown on the Policy Schedule if any Insured Person is injured as the direct result of a Covered Accident. The injury must be the cause of the Insured Person's death and occur within 90 days after the Covered Accident.

**Accidental Death – Common Carrier.** We will pay the benefit amount shown on the Policy Schedule if any Insured Person is injured as the result of a Covered Accident while a fare-paying passenger on a common carrier operating on a regularly scheduled basis such as a plane, bus or train. The injury must be the cause of the Insured Person's death and occur within 90 days after the Covered Accident. If We pay this benefit, the Accidental Death Benefit will not be paid.

**Burn.** We will pay the applicable amount listed below if any Insured Person receives burns as the result of a Covered Accident which are treated by a Physician within 72 hours after the Covered Accident. We will pay only one benefit amount per Covered Accident.

We will pay 25% of the applicable Burn Benefit if any Insured Person receives a skin graft for a burn for which a benefit was paid under the Burn Benefit of this policy. This benefit will be payable only once per Covered Accident.

|   | <b>You</b> | <b>Spouse/Child</b> |
|---|------------|---------------------|
| Second degree burns which cover at least 36% of the body surface  | \$ 375     | \$ 150              |
| Third degree burns which cover at least 1% of the body surface<br>but less than 20% of the body surface | \$ 750     | \$ 300              |
| Third degree burns which cover 20% or more of the body surface  | \$5,000    | \$2,000             |

**Dislocated (separated) Joint.** We will pay the applicable amount listed below if any Insured Person receives a dislocation as the result of a Covered Accident. As this list is not complete, We will pay a benefit similar to the dislocation suffered if not listed. A dislocation is a completely separated joint. In order for this benefit to be payable for the joint involved, all of the following must occur:

- it must be diagnosed as a dislocation by a Physician within 90 days after the Covered Accident;
- the dislocation must require correction with anesthesia by a Physician; and
- the dislocation will be corrected by open (surgical) or closed (non-surgical) reduction.

If any Insured Person receives more than one dislocation in a Covered Accident and requires open or closed reduction, We will pay for all dislocations. However, We will pay no more than two times the amount for the joint involved which has the highest benefit amount.

If the dislocation requires reduction without anesthesia by a Physician, We will pay 25% of the amount listed for a closed reduction of the joint involved.

If a Physician diagnoses the dislocation as an incomplete dislocation, We will pay 25% of the amount listed for a closed reduction of the joint involved. An incomplete dislocation is a dislocation in which the joint is not completely separated.

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

| <b>Joint</b>                                   | <b>Closed Reduction</b> | <b>Open Reduction</b> |
|--|-------------------------|-----------------------|
| Hip  | \$1,000                 | \$2,000               |
| Knee (except Patella)                          | 500                     | 1,000                 |
| Ankle  | 400                     | 800                   |
| Bone or bones of the foot (other than toes)    | 400                     | 800                   |
| Collarbone (Sternoclavicular)                  | 250                     | 500                   |
| Lower Jaw                                      | 150                     | 300                   |
| Shoulder (Glenohumeral)                        | 150                     | 300                   |
| Elbow  | 150                     | 300                   |
| Wrist  | 150                     | 300                   |
| Bone or bones of the hand (other than fingers) | 150                     | 300                   |
| Collarbone (Acromioclavicular and separation)  | 50                      | 100                   |
| One toe or finger                              | 50                      | 100                   |

**Emergency Dental Work.** We will pay the applicable amount listed below for dental work required by an Insured Person as the result of Injuries received in a Covered Accident.

|   |       |
|---|-------|
| Any and all broken teeth repaired with crown(s)     | \$150 |
| Any and all broken teeth resulting in extraction(s) | \$ 50 |

Benefits are payable only once per Covered Accident, regardless of the number of teeth involved.

**Emergency Room Treatment.** We will pay the amount shown on the Policy Schedule if any Insured Person is injured as the result of a Covered Accident and the Insured Person requires examination and treatment by a Physician in an Emergency Room within 72 hours after the Covered Accident. This amount will be paid once per Covered Accident.

**Fracture (broken bone).** We will pay the applicable amount listed below if any Insured Person receives a fracture as the result of a Covered Accident. As this list is not complete, We will pay a benefit similar to the fracture suffered if not listed.

A fracture is a break in a bone which can be seen by X-ray. In order for this benefit to be payable for the bone involved, all of the following must occur:

- it must be diagnosed as a fracture by a Physician within 90 days after the Covered Accident; and
- the fracture must require open (surgical) or closed (non-surgical) reduction by a Physician.

The maximum benefit payable for all fractures as the result of a Covered Accident is equal to two times the amount of the fracture with the highest benefit amount.

If a Physician diagnoses the fracture as a chip fracture, We will pay 25% of the amount listed for the closed reduction for the bone involved. A chip fracture is a fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached.

| <b>Bone</b>   | <b>Closed Reduction</b> | <b>Open Reduction</b> |
|---|-------------------------|-----------------------|
| Skull (except bones of face or nose)                              |                         |                       |
| Depressed skull fracture  | \$1,250                 | \$2,500               |
| Simple non-depressed skull fracture                               | 500                     | 1,000                 |
| Hip, thigh (Femur)  | 750                     | 1,500                 |
| Vertebrae, body of (excluding Vertebral Processes)                | 400                     | 800                   |
| Pelvis (includes Ilium, Ischium, Pubis, Acetabulum except Coccyx) | 400                     | 800                   |
| Leg (Tibia and/or Fibula)   | 400                     | 800                   |
| Bones of face or nose (except Mandible or Maxilla)                | 175                     | 350                   |
| Upper jaw, Maxilla (except Alveolar Process)                      | 175                     | 350                   |
| Upper arm between elbow and shoulder (Humerus)                    | 175                     | 350                   |
| Lower jaw, Mandible (except Alveolar Process)                     | 150                     | 300                   |
| Shoulder blade (Scapula), collar bone (Clavicle, Sternum)         | 150                     | 300                   |
| Vertebral Processes   | 150                     | 300                   |
| Forearm (radius and/or Ulna)                                      | 150                     | 300                   |
| Knee cap (Patella)  | 150                     | 300                   |
| Hand, foot (except fingers, toes)                                 | 150                     | 300                   |
| Ankle, wrist  | 150                     | 300                   |
| Rib   | 125                     | 250                   |
| Coccyx  | 100                     | 200                   |
| Finger, toe   | 25                      | 50                    |

**Hospital Admission.** We will pay \$500 if any Insured Person is Confined to a Hospital as the result of Injuries received in a Covered Accident. The Insured Person must be Confined within 180 days after the Covered Accident. This benefit will not be paid for:

- Emergency Room treatment;
- outpatient treatment; or
- a stay of less than 20 hours.

This amount will be paid once per Covered Accident.

**Hospital Confinement.** We will pay \$100 per day for up to 90 days per Covered Accident if any Insured Person is Confined in a Hospital or Hospital Sub-Acute Intensive Care Unit as the result of Injuries received in a Covered Accident. The Insured Person must become Confined in a Hospital or a Hospital Sub-Acute Intensive Care Unit within 180 days

after the Covered Accident. We will pay benefits for only one Hospital Confinement at a time even if it is caused by more than one Covered Accident. We will not pay this benefit for:

- Emergency Room treatment;
- outpatient treatment; or
- a stay of less than 20 hours.

**Hospital Intensive Care Unit Confinement.** We will pay \$200 per day for up to 15 days per Covered Accident if any Insured Person is Confined to a Hospital Intensive Care Unit as the result of Injuries received in a Covered Accident. The Confinement in a Hospital Intensive Care Unit must begin within 30 days after the Covered Accident.

If any Insured Person is Confined to a Hospital Intensive Care Unit that does not meet the definition in this policy of a Hospital Intensive Care Unit, We will pay the Hospital Confinement Benefit. The Hospital Intensive Care Unit Confinement Benefit and the Hospital Confinement Benefit will not be paid concurrently. If any Insured Person is Confined in a Hospital Intensive Care Unit for more than 15 days, the Hospital Confinement Benefit will begin on the 16th day. The total amount payable per Covered Accident will not exceed 90 days for Hospital Confinement and 15 days for Hospital Intensive Care Unit Confinement.

**Knee Cartilage – Torn.** We will pay \$500, reduced by any benefit paid for arthroscopic surgery previously performed, if any Insured Person receives a torn knee cartilage (meniscus) as the result of a Covered Accident. For this benefit to be paid, all of the following must occur:

- it must be treated by a Physician within 60 days after the Covered Accident; and
- it must be repaired through surgery by a Physician within 180 days after the Covered Accident.

If exploratory arthroscopic surgery is performed within 180 days of the Covered Accident and no repair is done, or if the cartilage is shaved (debridement), We will pay \$100.

**Laceration.** We will pay the applicable amount listed below if any Insured Person receives a laceration as the result of a Covered Accident. The laceration must be repaired by a Physician within 72 hours after the Covered Accident. The amount We will pay is based on the total length of all lacerations received in any one Covered Accident which require repair. If the laceration is severe enough to require stitches but the Physician chooses to repair it in another way, We will pay it as a laceration repaired with stitches.

|   |       |
|---|-------|
| Total of all lacerations is not more than three inches (7.6 cm) long and repaired by stitches, staples or glue                                  | \$50  |
| Total of all lacerations is greater than three and not more than five inches (7.6 cm to 12.5 cm) long and repaired by stitches, staples or glue | \$200 |
| Total of all lacerations is more than five inches (12.5 cm) long and repaired by stitches, staples or glue                                      | \$400 |

If any Insured Person receives a laceration on a finger, toe, hand, foot or eye and later loses that finger, toe, hand, foot or eye as the result of the same Covered Accident, We will subtract the amount We paid under the Laceration Benefit from the Loss of Finger, Toe, Hand, Foot or Sight of an Eye Benefit.

**Loss of Finger, Toe, Hand, Foot or Sight of an Eye.** We will pay the applicable amount listed below for loss received as the result of a Covered Accident and in which loss occurs within 90 days after the Covered Accident.

|   | <b>You</b> | <b>Spouse/Child</b> |
|---|------------|---------------------|
| Loss of both hands, or both feet, or the sight of both eyes, or any combination of two or more listed above | \$15,000   | \$10,000            |
| Loss of one hand, or one foot, or sight of one eye  | \$7,500    | \$5,000             |
| Loss of two or more fingers, or two or more toes, or any combination of two or more listed above            | \$1,500    | \$1,000             |
| Loss of one finger or one toe   | \$750      | \$500               |

“Loss of a hand” means that the hand is cut off through or above the wrist joint or the use of the hand is medically determined to be permanently lost. “Loss of a foot” means that the foot is cut off through or above the ankle joint or the use of the foot is medically determined to be permanently lost. “Loss of a finger” means that the finger is cut off at the joint proximate to the first interphalangeal joint where it is attached to the hand. “Loss of a toe” means that the toe is cut off at the joint proximate to the first interphalangeal joint where it is attached to the foot. “Loss of sight of an eye” means that at least 80% of vision is permanently lost.

If the Insured Person loses a finger or toe and later loses a hand or foot within 90 days on the same side of the body as the result of the same Covered Accident, We will subtract the amount paid for the loss of a finger or toe from the Loss of Finger, Toe, Hand, Foot or Sight of an Eye Benefit.

Only the highest single benefit will be payable per Covered Accident. Benefits will be paid only once per Covered Accident. If death and Loss of Finger, Toe, Hand, Foot or Sight of an Eye result from the same Covered Accident, only the Accidental Death Benefit will be paid.

**Major Diagnostic Exams.** We will pay \$100 per Calendar Year if an Insured Person requires one of the following exams for Injuries received as the result of a Covered Accident:

- angiogram;
- CT (computerized tomography) scan;
- CTA (computerized tomography angiogram) scan;
- MRI (magnetic resonance imaging);
- MRA (magnetic resonance angiogram); or
- EEG (electroencephalogram).

**Physician's Office/Urgent Care.** We will pay the amount shown on the Policy Schedule if any Insured Person receives treatment and/or advice by a Physician in their office or an Urgent Care Facility for Injuries as the result of a Covered Accident. The treatment must occur within 60 days after the Covered Accident and the services provided must be the result of a Covered Accident and not for routine examinations or preventative testing. This amount will be paid once per Covered Accident.

**The following benefits are the maximum benefits payable regardless of the number of units purchased:**

**Air Ambulance.** We will pay \$500 if a licensed professional air ambulance company transports any Insured Person by air to or from a Hospital or between medical facilities, where treatment for Injuries is provided as the result of a Covered Accident. The air ambulance transportation must occur within 48 hours after the Covered Accident. This amount will be paid once per Covered Accident.

**Ambulance.** We will pay \$100 if a licensed professional ambulance company transports any Insured Person by ground transportation to or from a Hospital or between medical facilities, where treatment for Injuries is provided for Injuries resulting from a Covered Accident. The ambulance transportation must occur within 90 days from the Covered Accident. This amount will be paid once per Covered Accident.

**Appliance.** We will pay \$100 if any Insured Person is injured as the result of a Covered Accident and a Physician prescribes the use of a medical appliance as an aid in personal locomotion or mobility. Crutches, braces, walkers and wheelchairs are examples of medical appliances. The use of an appliance must be prescribed within 90 days after the Covered Accident. This amount will be paid once per Covered Accident.

**Blood/Plasma/Platelets.** We will pay \$300 if the primary Insured Person (\$200 if the Spouse/Dependent Child) is injured as the result of a Covered Accident and requires the transfusion, administration, cross-matching, typing and processing of blood, blood plasma or platelets as the result of the injury. The blood, blood plasma or platelets must be administered within 90 days after the Covered Accident. This amount will be paid once per Covered Accident.

**Eye Injury.** We will pay \$200 if any Insured Person receives an eye Injury as the result of a Covered Accident. The eye Injury must require surgery or the removal of a foreign object by a Physician within 90 days after the Covered Accident. This amount will be paid once per Covered Accident. An examination with anesthesia will not be considered surgery.

**Gunshot Wound.** We will pay \$500 if the primary Insured Person is injured by one or more gunshot wounds and did not intentionally shoot themselves. The wound(s) must be caused by a shot from a conventional firearm. A conventional firearm is a weapon which fires a shot (bullet) by gun powder or compressed gas. The wound(s) must require treatment by a Physician, including Confinement within 24 hours and surgery within 72 hours after the injury.

**Lodging.** We will pay \$100 per night for one motel/hotel room, for up to 30 days per Covered Accident, if a companion accompanies the Insured Person. This benefit is payable only for motel/hotel stays during the period of time the Insured Person is Confined to the Hospital. In order for this benefit to be payable, the Hospital in which the Insured Person is Confined must be located more than 100 miles from the residence of the Insured Person.

**Prosthetic Device/Artificial Limb.** We will pay the applicable amount listed below for a prosthetic device/artificial limb which is prescribed by a Physician for functional use when the Insured Person loses a hand, foot or sight of an eye due to a Covered Accident. The prosthetic device/artificial limb must be received within one year of the Covered Accident. This amount will be paid once per Covered Accident.

|  |         |
|--|---------|
| One prosthetic device or artificial limb           | \$500   |
| More than one prosthetic device or artificial limb | \$1,000 |

This benefit will not be paid for:

- hearing aids;
- dental aids, including false teeth;
- eye glasses;
- cosmetic prosthesis such as wigs; or
- joint replacement such as an artificial hip or knee.

**Ruptured Disc.** We will pay \$400 for any and all ruptured discs in the spine suffered by an Insured Person as the result of a Covered Accident. For this benefit to be paid, all of the following must occur.

- the ruptured disc(s) must be treated by a Physician within 60 days after the Covered Accident; and
- the ruptured disc(s) must be repaired through surgery by a Physician within one year after the Covered Accident.

This amount will be paid once per Covered Accident.

**Surgery.** We will pay \$1,000 if any Insured Person undergoes open abdominal or thoracic surgery, within 72 hours after the Covered Accident, to repair internal Injuries received as a result of the Covered Accident. For open abdominal or thoracic exploratory surgery without repair, We will pay a benefit of \$100. For exploratory or other surgery without repair, We will pay a benefit of \$100. This amount will be paid once per Covered Accident.

**Tendon/Ligament/Rotator Cuff.** We will pay \$500 for the surgical repair of any and all torn, ruptured or severed tendons, ligaments or rotator cuff which an Insured Person suffered as the result of a Covered Accident. The surgery must be performed by a Physician within 90 days after the Covered Accident.

If exploratory arthroscopic surgery is performed and no repair is done, We will pay a benefit of \$100.

If any Insured Person receives a fracture or a dislocation and tears, ruptures or severs a tendon/ligament/rotator cuff in the same Covered Accident, only one benefit will be paid. We will pay the larger of the Tendon/Ligament/Rotator Cuff Benefit, the Fracture Benefit or the Dislocation Benefit.

**Transportation.** We will pay \$300 per round trip if any Insured Person must travel more than 100 miles round trip from their residence to receive treatment and be confined in a Hospital for Injuries received as the result of a Covered Accident. Treatment must be prescribed by a Physician and not available locally. This benefit is payable for up to three round trips per Covered Accident. This benefit is not payable for transportation by ambulance or air ambulance.

## EXCLUSIONS

We will not pay benefits for losses that are caused by or are the result of any Insured Person(s):

- 1) operating, learning to operate, or serving as a crew member of any aircraft;
- 2) engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting or any similar activities;
- 3) riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- 4) officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- 5) who has any sickness or condition caused by a sickness independent of the Covered Accident, including physical or mental infirmity. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by any injury;
- 6) being exposed to war or any act of war, declared or undeclared;
- 7) actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve;
- 8) suffering from Mental or Nervous Disorders;
- 9) being addicted to drugs or suffering from alcoholism;
- 10) being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;
- 11) receiving Injuries caused directly or indirectly while under the influence of a controlled substance or by intoxication as defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred;

- 12) having cosmetic surgery or other elective procedures that are not medically necessary;
- 13) having dental treatment except as the result of an Injury;
- 14) participating in or attempting to commit a felony;
- 15) being incarcerated in a penal institution or government detention facility;
- 16) driving any taxi for wage, compensation or profit;
- 17) engaging in an illegal activity or occupation;
- 18) self-inflicting an Injury intentionally; or
- 19) committing or attempting to commit suicide, while sane or insane;

## TERMINATION

Coverage will terminate and no Benefits will be payable under this Policy and the attached Riders, if any, on the earliest of the following:

- when any premium due for this Policy is not paid before the end of the Grace Period;
- when You give Us a written request to do so;
- when You establish residence in a foreign country;
- upon Your death;
- attainment of age 70

Coverage of a Dependent Child will terminate when this policy terminates, or when any such child no longer meets the definition of Dependent Child.

Coverage of a Spouse will terminate on the earliest of the following:

- when this policy terminates;
- upon Spouse's death;
- upon Spouse's attainment of age 70; or
- on the next premium due date after the date of divorce or legal separation from You, the named Insured.

It is Your responsibility to notify Us of an Insured's loss of eligibility of coverage. Our acceptance of premium for such person whose coverage has terminated will not extend coverage for such persons. Our only liability will be to return the premium for the period the person is not covered.

## CLAIM PROVISIONS

**Notice of Claim:** You should give Us notice that You have a claim in writing. Unless it's not possible, You should give Us notice within 20 days after You suffer a loss. Your notice should include Your name and Policy Number. Notice can be given to The Company at Our office.

**Claim Forms:** Once You give Us Notice of Claim, We will send claim forms. If We do not send these within 15 days of Notice of Claim, Your written statement will be accepted. The written statement must state the cause, nature, and extent of Your loss, and be given in the Proof of Loss time limit.

**Proof of Loss:** Proof of Loss ("Proof") is due within 120 days after the date you suffer a loss. If You cannot meet this deadline, You must submit Proof as soon as possible. We will not reduce or deny Benefits because Proof is late. However, You must give Us Proof within 12 months unless You lack legal capacity.

**Time of Payment of Claims:** When We receive Your Proof of Loss, We will pay the Benefits then due, except as otherwise stated in any benefit provision.

**Payment of Claims:** We pay Benefits to You. If You die, unpaid Benefits go to Your Beneficiary or Beneficiaries. If You have not named a Beneficiary, Benefits will be paid to Your estate. We can pay up to \$1,000 to a relative instead of Your estate. We can also do this if You lack legal capacity.

## GENERAL PROVISIONS

**Entire Policy:** The contract between You and Central United includes this Policy, Your Policy, application and any Riders or Endorsements attached to this Policy by Us. Your Policy is issued in return for Your application and the first premium.

Only Central United's President or any of Our Vice Presidents, Secretaries, or Assistant Secretaries can change or waive the terms of Our contract. No sales agent or any other person can do so. Any changes must be in writing and signed by one of these officers.

**Statements Made In Your Application:** After Your Policy has been in force for 2 years after the Issue Date, We cannot use Your application answers against You unless they are fraudulent. No claim for loss that starts after 2 years from the Issue Date will be reduced or denied because a physical condition existed before the Issue Date unless it is limited or was excluded by name or specific description.

**Misstatement of Age:** If Your Age was misstated in the application, the Policy Benefits will be changed to those the premium paid would have provided for the correct Age.

**Physical Examination:** We have the right to have You examined by Physicians when reasonably necessary. A claim must be pending. The exam is at Our expense.

**Conformity With State Statutes:** The law of Your state of residence applies. If this Policy conflicts with Your state's laws on the Issue Date, it is considered changed to meet those laws. The change will be to the law's minimum requirement.

**Legal Actions:** No legal action can be brought before 60 days or after 3 years after Proof of Loss is given.

**Term of Coverage:** The initial term of this Policy begins on the Issue Date shown in the Policy Schedule at 12:01 am, Standard Time of the place where You then reside and ends at 12:01 am, Standard Time of the place where You then reside on the date specified in the Termination provision.

**CENTRAL UNITED LIFE INSURANCE COMPANY**

[10700 Northwest Freeway  
Houston, Texas 77092]  
Customer Service: [800-669-9030]

**24-HOUR ACCIDENT EXPENSE POLICY**  
**Guaranteed Renewable to age 70**  
**Company may change Table of Premium Rates**

**READ YOUR POLICY CAREFULLY**

**CENTRAL UNITED LIFE INSURANCE COMPANY**  
A Stock Company

[10700 Northwest Freeway  
Houston, Texas 77092]  
Customer Service: [800-669-9030]

This is a legal contract between the owner of the Policy (You) and Central United Life Insurance Company (Central United). It is issued in return for Your application and first premium. Central United agrees to pay this Policy's Benefits to You if an Insured Person suffers a loss covered under this Policy due to a Covered Accident while this Policy is in effect and the Policy's provisions are met.

**RENEWAL PROVISION**

You have the right to renew this Policy until age 70 if You pay the correct premium when due or within the Grace Period. If premiums are paid on time, We cannot (prior to age 70) cancel this Policy or place any restrictive rider on it. We reserve the right to change premiums from time to time. If We do change premiums, We will only do so only if: 1) We change the premiums for all policies of this class in Your state; 2) such change is in accordance with the laws and regulations of your state; and 3) We give You 30 days written notice (or longer if required by the state in which this policy is issued) before such change becomes effective.

**TEN-DAY FREE LOOK**

You may cancel this Policy within 10 days of receiving it. Return the Policy to Central United's Administrative Office or to Your Central United sales agent. As soon as You deliver or mail the Policy to Us, it is treated as if it was never issued. We will refund Your premium payment when We receive the Policy back.

**CANCELLATION**

After the 10-day free look period, You may cancel this Policy by notifying Us in writing that You wish to do so. Cancellation of Your Policy will be effective on the date We receive Your written notice unless Your notice specifies a later date. We will promptly refund any premium paid for coverage after the cancellation date. Cancellation of this Policy will be without prejudice to any claim made prior to the termination of the contract.

Central United Life Insurance Company has signed this Policy on the Issue Date.

[   ]

[Mary Lou Rainey  
Secretary]

[Dan George  
President]

**ACCIDENT EXPENSE POLICY**

**Limited Benefits for Accident While Off-the-Job.**

**This is an accident only policy which does not pay benefits for a loss from sickness.  
It does not pay benefits for loss from injuries received while working for wage or profit.**

**Guaranteed Renewable to age 70**

**Company may change Table of Premium Rates**

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**CENTRAL UNITED LIFE INSURANCE COMPANY**

[10700 Northwest Freeway  
Houston, Texas 77092]

**POLICY SCHEDULE**

**ACCIDENT EXPENSE POLICY**

|                                |                 |           |
|--------------------------------|-----------------|-----------|
| Primary Insured: [John Q. Doe] | Issue Age:      | [52]      |
| Policy Number: [12 345678]     |                 |           |
| Effective Date: [02/01/2011]   | Initial Premium | [\$33.00] |
| Insured Dependents:            | Mode of Payment | [Monthly] |
| Spouse: [Jane Doe]             |                 |           |
| [            ]                 |                 |           |
| [            ]                 |                 |           |
| [            ]                 |                 |           |
| [            ]                 |                 |           |

| FORM #       | BENEFIT DESCRIPTION  | PREMIUM  |
|--------------|--|--|
| [HPACC12NOC] | Guaranteed Renewable to age 70, subject to the Company's Right to Change Premium<br>Accidental Death Benefit Insured<br>Primary Insured   [\$25,000, 50,000]<br>Spouse            [\$10,000, 20,000]<br>Child(ren)        [\$5,000, 10,000]<br>Accidental Death – Common Carrier | [\$23.00]<br><br><br><br><br>Accidental Death Benefit will be doubled. |
|              | Emergency Room Treatment           [\$200, \$500]<br>Physician's Office/Urgent Care       [\$50, \$120]  |  |
| [HRWEL2010]  | [Wellness Rider       \$60.00]   | [\$10.00]  |

## DEFINITIONS

**AGE:** Your Age as of your last birthday.

**AMBULANCE:** A ground or air vehicle which is licensed as required by law, as an Ambulance, and is equipped to transport sick or injured persons.

**CONFINED/CONFINEMENT:** An Insured Person's Medically Necessary admission to and subsequent continued stay in a Hospital as an overnight bed patient for which a charge is made for room and board.

**COVERED ACCIDENT:** An accidental bodily injury that happens to an Insured Person while this Policy is in force and occurs while the Insured Person is Off-the-Job.

**DENTAL TREATMENT:** Treatment of the teeth and/or periodontal area.

**DEPENDENT CHILD(REN):** Any natural child, step-child, legally adopted child or child placed into Your custody for adoption who is: (a) unmarried; (b) living with You in a regular parent – child relationship; (c) qualified as a dependent of You or Your Spouse for tax purposes according to the United States Internal Revenue Code; and (d) younger than age 26.

**EMERGENCY CARE:** Those health care services that are provided for a condition of recent onset and sufficient severity, including, but not limited to severe pain that would lead a prudent layperson, possessing an average knowledge of medicine and health, to believe that his or her injury is of such a nature that failure to obtain immediate medical care could result in:

- placing the patient's health in serious jeopardy;
- serious impairment to bodily functions; or
- serious dysfunction of any bodily organ or part.

**HOSPITAL:** An institution operated pursuant to law for the care and treatment of injured and sick persons which:

- maintains (either on its premises, or in facilities available to the Hospital on a contractual prearranged basis and under the supervision of a staff of one or more duly licensed Physicians) organized facilities for medical, diagnostic and surgical care for injured and sick persons on an inpatient basis for which a charge is made that the Insured Person is legally obligated to pay;
- maintains a staff of one or more duly licensed Physicians;
- provides 24 hour nursing care by or under the supervision of an R.N.;
- maintains and operates a minimum of 5 beds; and
- maintains permanent medical history records.

Hospital does not include any facility which is used principally as a facility for the aged, drug addicts, alcoholics, custodial care, educational care, rest or convalescence, or care of Mental or Nervous Disorders.

**INSURED PERSON:** You (primary insured) and Your Spouse and Dependent Child(ren) as listed on the application, and named in the Policy Schedule.

**INTENSIVE CARE UNIT:** Intensive Care Units are defined as an area or unit of a hospital that is separate and apart from the surgical recovery room and from the general service rooms, beds and wards. It must have 24-hour nursing care attended by nurses assigned on a full-time basis exclusive to such unit; and a stay in the unit must be at the direction and/or supervision of a full-time Physician director or a standing "intensive care" committee of the medical staff. Intensive Care Units include an intensive cardiac care unit and a neo-natal intensive care unit. It does not include: progressive care units; sub-acute intensive care units; intermediate care units; private monitored rooms; observation units; or other lesser treatment units.

**ISSUE DATE:** The effective date of coverage provided by this Policy. See the Policy Schedule.

**MEDICALLY NECESSARY OR MEDICAL NECESSITY:** The necessity of a service or supply as appropriate for the diagnosis or treatment of a Covered Accident based on generally accepted current medical practice. A service or supply will not be considered Medically Necessary if:

- it is provided only as a convenience to the Insured Person or provider;
- it is not appropriate treatment for the Insured Person's diagnosis or symptoms; or
- it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment.

**MENTAL OR NERVOUS DISORDER:** Any disorder classified as such in the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

**OFF-THE-JOB:** While You are not working at any job for a wage or profit.

**PHYSICIAN:** A licensed medical provider who acts within the scope of his or her license and provides treatment or care necessary for a Covered Accident. The Physician must be someone other than You or a member of Your immediate family.

**POLICY:** This Accident Expense contract.

**POLICY SCHEDULE:** Page 3 of this Policy.

**RENEWAL PREMIUMS:** The amount You must pay Us to keep this Policy in force.

**SPOUSE:** Your spouse for whom You have applied for insurance coverage under this Policy and for whom premium payments are made. At the time of application, Your spouse must be at least 18 years of age and no more than 69 years of age.

**WE, OUR, US, THE COMPANY:** Central United Life Insurance Company (Central United).

**YOU, YOUR:** The Insured/Owner of this Policy. If the Insured is not the Owner, You refers to either as the context allows.

## **PREMIUMS AND REINSTATEMENT**

**Premium Payments:** The first premium is due on the Issue Date. Premiums will include rider premiums, if any. Premiums paid after the first premium are Renewal Premiums. We may change Renewal Premiums. The rules for doing this are on Page 1.

The date Renewal Premiums are due is called the due date. Subject to the Grace Period, Your Policy will end if a Renewal Premium is not paid by the due date. All premiums are payable to Us.

**Grace Period:** You have a 31-day Grace Period to pay Renewal Premiums. The Grace Period starts on the due date and ends 31 days later. During the Grace Period, Your Policy stays in force. If You do not pay the Renewal Premium by the end of the Grace Period, Your Policy will lapse (end).

**Reinstatement:** Our acceptance of premium for this policy beyond the grace period will not reinstate the policy. Our only liability will be to return the premium. In order to reinstate the policy, all insureds requesting coverage must complete an application for reinstatement subject to our underwriting guidelines. The reinstated Policy shall cover only loss resulting from such accidental injury as may be sustained after the date of reinstatement. In all other respects the Insured and Company shall have the same rights thereunder as they had under this Policy immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with the reinstatement

**Refund of Unearned Premium:** Within 30 days of proof of an Insured Person's death, We will refund any unearned premium paid for such person for any period beyond the end of the month in which death occurred.

**Unpaid Premiums:** When a claim is paid, any premium due and unpaid may be deducted from the claim payment.

## BENEFITS

Benefits will not be paid for injuries received while working for a wage or profit. This policy will pay the following benefits for loss resulting from a Covered Accident for each unit purchased:

**Accidental Death Benefit.** We will pay the benefit amount shown on the Policy Schedule if any Insured Person is injured as the direct result of a Covered Accident. The injury must be the cause of the Insured Person's death and occur within 90 days after the Covered Accident.

**Accidental Death – Common Carrier.** We will pay the benefit amount shown on the Policy Schedule if any Insured Person is injured as the result of a Covered Accident while a fare-paying passenger on a common carrier operating on a regularly scheduled basis such as a plane, bus or train. The injury must be the cause of the Insured Person's death and occur within 90 days after the Covered Accident. If We pay this benefit, the Accidental Death Benefit will not be paid.

**Burn.** We will pay the applicable amount listed below if any Insured Person receives burns as the result of a Covered Accident which are treated by a Physician within 72 hours after the Covered Accident. We will pay only one benefit amount per Covered Accident.

We will pay 25% of the applicable Burn Benefit if any Insured Person receives a skin graft for a burn for which a benefit was paid under the Burn Benefit of this policy. This benefit will be payable only once per Covered Accident.

|   | <b>You</b> | <b>Spouse/Child</b> |
|---|------------|---------------------|
| Second degree burns which cover at least 36% of the body surface  | \$ 375     | \$ 150              |
| Third degree burns which cover at least 1% of the body surface<br>but less than 20% of the body surface | \$ 750     | \$ 300              |
| Third degree burns which cover 20% or more of the body surface  | \$5,000    | \$2,000             |

**Dislocated (separated) Joint.** We will pay the applicable amount listed below if any Insured Person receives a dislocation as the result of a Covered Accident. As this list is not complete, We will pay a benefit similar to the dislocation suffered if not listed. A dislocation is a completely separated joint. In order for this benefit to be payable for the joint involved, all of the following must occur:

- it must be diagnosed as a dislocation by a Physician within 90 days after the Covered Accident;
- the dislocation must require correction with anesthesia by a Physician; and
- the dislocation will be corrected by open (surgical) or closed (non-surgical) reduction.

If any Insured Person receives more than one dislocation in a Covered Accident and requires open or closed reduction, We will pay for all dislocations. However, We will pay no more than two times the amount for the joint involved which has the highest benefit amount.

If the dislocation requires reduction without anesthesia by a Physician, We will pay 25% of the amount listed for a closed reduction of the joint involved.

If a Physician diagnoses the dislocation as an incomplete dislocation, We will pay 25% of the amount listed for a closed reduction of the joint involved. An incomplete dislocation is a dislocation in which the joint is not completely separated.

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

| <b>Joint</b>                                   | <b>Closed Reduction</b> | <b>Open Reduction</b> |
|--|-------------------------|-----------------------|
| Hip  | \$1,000                 | \$2,000               |
| Knee (except Patella)                          | 500                     | 1,000                 |
| Ankle  | 400                     | 800                   |
| Bone or bones of the foot (other than toes)    | 400                     | 800                   |
| Collarbone (Sternoclavicular)                  | 250                     | 500                   |
| Lower Jaw                                      | 150                     | 300                   |
| Shoulder (Glenohumeral)                        | 150                     | 300                   |
| Elbow  | 150                     | 300                   |
| Wrist  | 150                     | 300                   |
| Bone or bones of the hand (other than fingers) | 150                     | 300                   |
| Collarbone (Acromioclavicular and separation)  | 50                      | 100                   |
| One toe or finger                              | 50                      | 100                   |

**Emergency Dental Work.** We will pay the applicable amount listed below for dental work required by an Insured Person as the result of Injuries received in a Covered Accident.

|   |       |
|---|-------|
| Any and all broken teeth repaired with crown(s)     | \$150 |
| Any and all broken teeth resulting in extraction(s) | \$ 50 |

**Emergency Room Treatment.** We will pay the amount shown on the Policy Schedule if any Insured Person is injured as the result of a Covered Accident and the Insured Person requires examination and treatment by a Physician in an Emergency Room within 72 hours after the Covered Accident. This amount will be paid once per Covered Accident.

Benefits are payable only once per Covered Accident, regardless of the number of teeth involved.

**Fracture (broken bone).** We will pay the applicable amount listed below if any Insured Person receives a fracture as the result of a Covered Accident. As this list is not complete, We will pay a benefit similar to the fracture suffered if not listed.

A fracture is a break in a bone which can be seen by X-ray. In order for this benefit to be payable for the bone involved, all of the following must occur:

- it must be diagnosed as a fracture by a Physician within 90 days after the Covered Accident; and
- the fracture must require open (surgical) or closed (non-surgical) reduction by a Physician.

The maximum benefit payable for all fractures as the result of a Covered Accident is equal to two times the amount of the fracture with the highest benefit amount.

If a Physician diagnoses the fracture as a chip fracture, We will pay 25% of the amount listed for the closed reduction for the bone involved. A chip fracture is a fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached.

| <b>Bone</b>   | <b>Closed Reduction</b> | <b>Open Reduction</b> |
|---|-------------------------|-----------------------|
| Skull (except bones of face or nose)                              |                         |                       |
| Depressed skull fracture  | \$1,250                 | \$2,500               |
| Simple non-depressed skull fracture                               | 500                     | 1,000                 |
| Hip, thigh (Femur)  | 750                     | 1,500                 |
| Vertebrae, body of (excluding Vertebral Processes)                | 400                     | 800                   |
| Pelvis (includes Ilium, Ischium, Pubis, Acetabulum except Coccyx) | 400                     | 800                   |
| Leg (Tibia and/or Fibula)   | 400                     | 800                   |
| Bones of face or nose (except Mandible or Maxilla)                | 175                     | 350                   |
| Upper jaw, Maxilla (except Alveolar Process)                      | 175                     | 350                   |
| Upper arm between elbow and shoulder (Humerus)                    | 175                     | 350                   |
| Lower jaw, Mandible (except Alveolar Process)                     | 150                     | 300                   |
| Shoulder blade (Scapula), collar bone (Clavicle, Sternum)         | 150                     | 300                   |
| Vertebral Processes   | 150                     | 300                   |
| Forearm (radius and/or Ulna)                                      | 150                     | 300                   |
| Knee cap (Patella)  | 150                     | 300                   |
| Hand, foot (except fingers, toes)                                 | 150                     | 300                   |
| Ankle, wrist  | 150                     | 300                   |
| Rib   | 125                     | 250                   |
| Coccyx  | 100                     | 200                   |
| Finger, toe   | 25                      | 50                    |

**Hospital Admission.** We will pay \$500 if any Insured Person is Confined to a Hospital as the result of Injuries received in a Covered Accident. The Insured Person must be Confined within 180 days after the Covered Accident. This benefit will not be paid for:

- Emergency Room treatment;
- outpatient treatment; or
- a stay of less than 20 hours.

This amount will be paid once per Covered Accident.

**Hospital Confinement.** We will pay \$100 per day for up to 90 days per Covered Accident if any Insured Person is Confined in a Hospital or Hospital Sub-Acute Intensive Care Unit as the result of Injuries received in a Covered Accident. The Insured Person must become Confined in a Hospital or a Hospital Sub-Acute Intensive Care Unit within 180 days

after the Covered Accident. We will pay benefits for only one Hospital Confinement at a time even if it is caused by more than one Covered Accident. We will not pay this benefit for:

- Emergency Room treatment;
- outpatient treatment; or
- a stay of less than 20 hours.

**Hospital Intensive Care Unit Confinement.** We will pay \$200 per day for up to 15 days per Covered Accident if any Insured Person is Confined to a Hospital Intensive Care Unit as the result of Injuries received in a Covered Accident. The Confinement in a Hospital Intensive Care Unit must begin within 30 days after the Covered Accident.

If any Insured Person is Confined to a Hospital Intensive Care Unit that does not meet the definition in this policy of a Hospital Intensive Care Unit, We will pay the Hospital Confinement Benefit. The Hospital Intensive Care Unit Confinement Benefit and the Hospital Confinement Benefit will not be paid concurrently. If any Insured Person is Confined in a Hospital Intensive Care Unit for more than 15 days, the Hospital Confinement Benefit will begin on the 16th day. The total amount payable per Covered Accident will not exceed 90 days for Hospital Confinement and 15 days for Hospital Intensive Care Unit Confinement.

**Knee Cartilage – Torn.** We will pay \$500, reduced by any benefit paid for arthroscopic surgery previously performed, if any Insured Person receives a torn knee cartilage (meniscus) as the result of a Covered Accident. For this benefit to be paid, all of the following must occur:

- it must be treated by a Physician within 60 days after the Covered Accident; and
- it must be repaired through surgery by a Physician within 180 days after the Covered Accident.

If exploratory arthroscopic surgery is performed within 180 days of the Covered Accident and no repair is done, or if the cartilage is shaved (debridement), We will pay \$100.

**Laceration.** We will pay the applicable amount listed below if any Insured Person receives a laceration as the result of a Covered Accident. The laceration must be repaired by a Physician within 72 hours after the Covered Accident. The amount We will pay is based on the total length of all lacerations received in any one Covered Accident which require repair. If the laceration is severe enough to require stitches but the Physician chooses to repair it in another way, We will pay it as a laceration repaired with stitches.

|   |       |
|---|-------|
| Total of all lacerations is not more than three inches (7.6 cm) long and repaired by stitches, staples or glue                                  | \$50  |
| Total of all lacerations is greater than three and not more than five inches (7.6 cm to 12.5 cm) long and repaired by stitches, staples or glue | \$200 |
| Total of all lacerations is more than five inches (12.5 cm) long and repaired by stitches, staples or glue                                      | \$400 |

If any Insured Person receives a laceration on a finger, toe, hand, foot or eye and later loses that finger, toe, hand, foot or eye as the result of the same Covered Accident, We will subtract the amount We paid under the Laceration Benefit from the Loss of Finger, Toe, Hand, Foot or Sight of an Eye Benefit.

**Loss of Finger, Toe, Hand, Foot or Sight of an Eye.** We will pay the applicable amount listed below for loss received as the result of a Covered Accident and in which loss occurs within 90 days after the Covered Accident.

|   | <b>You</b> | <b>Spouse/Child</b> |
|---|------------|---------------------|
| Loss of both hands, or both feet, or the sight of both eyes, or any combination of two or more listed above | \$15,000   | \$10,000            |
| Loss of one hand, or one foot, or sight of one eye  | \$7,500    | \$5,000             |
| Loss of two or more fingers, or two or more toes, or any combination of two or more listed above            | \$1,500    | \$1,000             |
| Loss of one finger or one toe   | \$750      | \$500               |

“Loss of a hand” means that the hand is cut off through or above the wrist joint or the use of the hand is medically determined to be permanently lost. “Loss of a foot” means that the foot is cut off through or above the ankle joint or the use of the foot is medically determined to be permanently lost. “Loss of a finger” means that the finger is cut off at the joint proximate to the first interphalangeal joint where it is attached to the hand. “Loss of a toe” means that the toe is cut off at the joint proximate to the first interphalangeal joint where it is attached to the foot. “Loss of sight of an eye” means that at least 80% of vision is permanently lost.

If the Insured Person loses a finger or toe and later loses a hand or foot within 90 days on the same side of the body as the result of the same Covered Accident, We will subtract the amount paid for the loss of a finger or toe from the Loss of Finger, Toe, Hand, Foot or Sight of an Eye Benefit.

Only the highest single benefit will be payable per Covered Accident. Benefits will be paid only once per Covered Accident. If death and Loss of Finger, Toe, Hand, Foot or Sight of an Eye result from the same Covered Accident, only the Accidental Death Benefit will be paid.

**Major Diagnostic Exams.** We will pay \$100 per Calendar Year if an Insured Person requires one of the following exams for Injuries received as the result of a Covered Accident:

- angiogram;
- CT (computerized tomography) scan;
- CTA (computerized tomography angiogram) scan;
- MRI (magnetic resonance imaging);
- MRA (magnetic resonance angiogram); or
- EEG (electroencephalogram).

**Physician's Office/Urgent Care.** We will pay the amount shown on the Policy Schedule if any Insured Person receives treatment and/or advice by a Physician in their office or an Urgent Care Facility for Injuries as the result of a Covered Accident. The treatment must occur within 60 days after the Covered Accident and the services provided must be the result of a Covered Accident and not for routine examinations or preventative testing. This amount will be paid once per Covered Accident.

**The following benefits are the maximum benefits payable regardless of the number of units purchased.**

**Air Ambulance.** We will pay \$500 if a licensed professional air ambulance company transports any Insured Person by air to or from a Hospital or between medical facilities, where treatment for Injuries is provided as the result of a Covered Accident. The air ambulance transportation must occur within 48 hours after the Covered Accident. This amount will be paid once per Covered Accident.

**Ambulance.** We will pay \$100 if a licensed professional ambulance company transports any Insured Person by ground transportation to or from a Hospital or between medical facilities, where treatment for Injuries is provided for Injuries resulting from a Covered Accident. The ambulance transportation must occur within 90 days from the Covered Accident. This amount will be paid once per Covered Accident.

**Appliance.** We will pay \$100 if any Insured Person is injured as the result of a Covered Accident and a Physician prescribes the use of a medical appliance as an aid in personal locomotion or mobility. Crutches, braces, walkers and wheelchairs are examples of medical appliances. The use of an appliance must be prescribed within 90 days after the Covered Accident. This amount will be paid once per Covered Accident.

**Blood/Plasma/Platelets.** We will pay \$300 if the primary Insured Person (\$200 if the Spouse/Dependent Child) is injured as the result of a Covered Accident and requires the transfusion, administration, cross-matching, typing and processing of blood, blood plasma or platelets as the result of the injury. The blood, blood plasma or platelets must be administered within 90 days after the Covered Accident. This amount will be paid once per Covered Accident.

**Eye Injury.** We will pay \$200 if any Insured Person receives an eye Injury as the result of a Covered Accident. The eye Injury must require surgery or the removal of a foreign object by a Physician within 90 days after the Covered Accident. This amount will be paid once per Covered Accident. An examination with anesthesia will not be considered surgery.

**Gunshot Wound.** We will pay \$500 if the primary Insured Person is injured by one or more gunshot wounds and did not intentionally shoot themselves. The wound(s) must be caused by a shot from a conventional firearm. A conventional firearm is a weapon which fires a shot (bullet) by gun powder or compressed gas. The wound(s) must require treatment by a Physician, including Confinement within 24 hours and surgery within 72 hours after the injury.

**Lodging.** We will pay \$100 per night for one motel/hotel room, for up to 30 days per Covered Accident, if a companion accompanies the Insured Person. This benefit is payable only for motel/hotel stays during the period of time the Insured Person is Confined to the Hospital. In order for this benefit to be payable, the Hospital in which the Insured Person is Confined must be located more than 100 miles from the residence of the Insured Person.

**Prosthetic Device/Artificial Limb.** We will pay the applicable amount listed below for a prosthetic device/artificial limb which is prescribed by a Physician for functional use when the Insured Person loses a hand, foot or sight of an eye due to a Covered Accident. The prosthetic device/artificial limb must be received within one year of the Covered Accident. This amount will be paid once per Covered Accident.

|  |         |
|--|---------|
| One prosthetic device or artificial limb           | \$500   |
| More than one prosthetic device or artificial limb | \$1,000 |

This benefit will not be paid for:

- hearing aids;
- dental aids, including false teeth;
- eye glasses;
- cosmetic prosthesis such as wigs; or
- joint replacement such as an artificial hip or knee.

**Ruptured Disc.** We will pay \$400 for any and all ruptured discs in the spine suffered by an Insured Person as the result of a Covered Accident. For this benefit to be paid, all of the following must occur.

- the ruptured disc(s) must be treated by a Physician within 60 days after the Covered Accident; and
- the ruptured disc(s) must be repaired through surgery by a Physician within one year after the Covered Accident.

This amount will be paid once per Covered Accident.

**Surgery.** We will pay \$1,000 if any Insured Person undergoes open abdominal or thoracic surgery, within 72 hours after the Covered Accident, to repair internal Injuries received as a result of the Covered Accident. For open abdominal or thoracic exploratory surgery without repair, We will pay a benefit of \$100. For exploratory or other surgery without repair, We will pay a benefit of \$100. This amount will be paid once per Covered Accident.

**Tendon/Ligament/Rotator Cuff.** We will pay \$500 for the surgical repair of any and all torn, ruptured or severed tendons, ligaments or rotator cuff which an Insured Person suffered as the result of a Covered Accident. The surgery must be performed by a Physician within 90 days after the Covered Accident.

If exploratory arthroscopic surgery is performed and no repair is done, We will pay a benefit of \$100.

If any Insured Person receives a fracture or a dislocation and tears, ruptures or severs a tendon/ligament/rotator cuff in the same Covered Accident, only one benefit will be paid. We will pay the larger of the Tendon/Ligament/Rotator Cuff Benefit, the Fracture Benefit or the Dislocation Benefit.

**Transportation.** We will pay \$300 per round trip if any Insured Person must travel more than 100 miles round trip from their residence to receive treatment and be confined in a Hospital for Injuries received as the result of a Covered Accident. Treatment must be prescribed by a Physician and not available locally. This benefit is payable for up to three round trips per Covered Accident. This benefit is not payable for transportation by ambulance or air ambulance.

## EXCLUSIONS

We will not pay benefits for losses that are caused by or are the result of any Insured Person(s):

- 1) operating, learning to operate, or serving as a crew member of any aircraft;
- 2) engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting or any similar activities;
- 3) riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- 4) officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- 5) who has any sickness or condition caused by a sickness independent of the Covered Accident, including physical or mental infirmity. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by any injury;
- 6) being exposed to war or any act of war, declared or undeclared;
- 7) actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve;
- 8) suffering from Mental or Nervous Disorders;
- 9) being addicted to drugs or suffering from alcoholism;
- 10) being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;

- 11) receiving Injuries caused directly or indirectly while under the influence of a controlled substance or by intoxication as defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred;
- 12) having cosmetic surgery or other elective procedures that are not medically necessary;
- 13) having dental treatment except as the result of an Injury;
- 14) participating in or attempting to commit a felony;
- 15) being incarcerated in a penal institution or government detention facility;
- 16) driving any taxi for wage, compensation or profit;
- 17) engaging in an illegal activity or occupation;
- 18) self-inflicting an Injury intentionally; or
- 19) committing or attempting to commit suicide, while sane or insane;

## TERMINATION

Coverage will terminate and no Benefits will be payable under this Policy and the attached Riders, if any, on the earliest of the following:

- when any premium due for this Policy is not paid before the end of the Grace Period;
- when You give Us a written request to do so;
- when You establish residence in a foreign country;
- upon Your death; or
- primary insured's attainment of age 70.

Coverage of a Dependent Child will terminate when this policy terminates, or when any such child no longer meets the definition of Dependent Child.

Coverage of a Spouse will terminate on the earliest of the following:

- when this policy terminates;
- upon Spouse's death;
- upon Spouse's attainment of age 70; or
- on the next premium due date after the date of divorce or legal separation from You, the named Insured.

It is Your responsibility to notify Us of an Insured's loss of eligibility of coverage. Our acceptance of premium for such person whose coverage has terminated will not extend coverage for such persons. Our only liability will be to return the premium for the period the person is not covered.

## CLAIM PROVISIONS

**Notice of Claim:** You should give Us notice that You have a claim in writing. Unless it's not possible, You should give Us notice within 20 days after You suffer a loss. Your notice should include Your name and Policy Number. Notice can be given to The Company at Our office.

**Claim Forms:** Once You give Us Notice of Claim, We will send claim forms. If We do not send these within 15 days of Notice of Claim, Your written statement will be accepted. The written statement must state the cause, nature, and extent of Your loss, and be given in the Proof of Loss time limit.

**Proof of Loss:** Proof of Loss ("Proof") is due within 120 days after the date you suffer a loss. If You cannot meet this deadline, You must submit Proof as soon as possible. We will not reduce or deny Benefits because Proof is late. However, You must give Us Proof within 12 months unless You lack legal capacity.

**Time of Payment of Claims:** When We receive Your Proof of Loss, We will pay the Benefits then due, except as otherwise stated in any benefit provision.

**Payment of Claims:** We pay Benefits to You. If You die, unpaid Benefits go to Your Beneficiary or Beneficiaries. If You have not named a Beneficiary, Benefits will be paid to Your estate. We can pay up to \$1,000 to a relative instead of Your estate. We can also do this if You lack legal capacity.

## GENERAL PROVISIONS

**Entire Policy:** The contract between You and Central United includes this Policy, Your Policy, application and any Riders or Endorsements attached to this Policy by Us. Your Policy is issued in return for Your application and the first premium.

Only Central United's President or any of Our Vice Presidents, Secretaries, or Assistant Secretaries can change or waive the terms of Our contract. No sales agent or any other person can do so. Any changes must be in writing and signed by one of these officers.

**Statements Made In Your Application:** After Your Policy has been in force for 2 years after the Issue Date, We cannot use Your application answers against You unless they are fraudulent. No claim for loss that starts after 2 years from the Issue Date will be reduced or denied because a physical condition existed before the Issue Date unless it is limited or was excluded by name or specific description.

**Misstatement of Age:** If Your Age was misstated in the application, the Policy Benefits will be changed to those the premium paid would have provided for the correct Age.

**Physical Examination:** We have the right to have You examined by Physicians when reasonably necessary. A claim must be pending. The exam is at Our expense.

**Conformity With State Statutes:** The law of Your state of residence applies. If this Policy conflicts with Your state's laws on the Issue Date, it is considered changed to meet those laws. The change will be to the law's minimum requirement.

**Legal Actions:** No legal action can be brought before 60 days or after 3 years after Proof of Loss is given.

**Term of Coverage:** The initial term of this Policy begins on the Issue Date shown in the Policy Schedule at 12:01 am, Standard Time of the place where You then reside and ends at 12:01 am, Standard Time of the place where You then reside on the date specified in the Termination provision.

## **CENTRAL UNITED LIFE INSURANCE COMPANY**

[10700 Northwest Freeway  
Houston, Texas 77092]  
Customer Service: [800-669-9030]

### **ACCIDENT EXPENSE POLICY**

**Limited Benefits for Accident While Off-the-Job.**

**It does not pay benefits for loss from injuries or sickness received while working for wage or profit.**

**Guaranteed Renewable to age 70  
Company may change Table of Premium Rates**

**READ YOUR POLICY CAREFULLY**

**CENTRAL UNITED LIFE INSURANCE COMPANY**  
**a stock company**  
**[10700 Northwest Freeway**  
**Houston, Texas 77092]**  
**Customer Service: [800-669-9030]**

**ANNUAL WELLNESS BENEFIT RIDER**

This Rider is made a part of the Policy to which it is attached and is subject to all the provisions, conditions, limitations, and exclusions of such Policy which are not in conflict with this Rider. It is issued in consideration of Your Application and the timely payment of premiums by the Policyholder for this Rider. This Rider takes effect on the Policy Effective Date.

**RIDER BENEFIT**

We will pay \$60 once each Policy year if You, Your Spouse or any one family member (Dependent) named in the Policy Schedule undergo any of the following examinations: an annual physical examination, dental exam, mammogram, Pap smear, eye examination, immunization, flexible sigmoidoscopies, PSA test, ultrasounds or blood screening test. Service must be under the supervision of, or recommended by, a Physician and received while Your Policy is in force. A charge must be incurred. This policy must be in force for 12 months before this benefit is payable.

**TERMINATION**

This Rider terminates on the earlier of the following dates:

1. the date the Policy to which this Rider is attached terminates;
2. the end of the Grace Period following the date any required premium for this Rider is not paid by the Policyholder; or
3. when You give Us written notice to terminate this Rider.

Coverage for an insured Spouse or Dependent Child will terminate on the earlier of the following dates:

1. the date Your coverage ends; or
2. the date that coverage for the Spouse or Dependent Child terminates under the Policy to which this Rider is attached.

Signed at Our Home Office in Houston, Texas.

[ 

[Mary Lou Rainey  
Secretary]



[Dan George  
President]

**CENTRAL UNITED LIFE INSURANCE COMPANY**

[10700 Northwest Freeway, Houston, TX 77092]

**Application for Accident Policy**

Circle One: Mail Policy to Insured / Agent / Employer

Requested Effective Date: \_\_\_\_\_

| APPLICANT'S INFORMATION                                |                  |   |                  |                 |
|--|------------------|---|------------------|-----------------|
| Name (Last, First, Middle Initial)                     | Date of Birth    | Height  | Weight           | Gender (M or F) |
| Address (Street, City, State, ZIP Code)                |                  |   |                  |                 |
| Telephone Numbers (Home, Work and Cell)                |                  |   | Email Address    |                 |
| Social Security Number                                 | Primary Employer | Hire Date   | Type of Business |                 |
| Current Occupation – Describe and give exact duties    |                  |   |                  |                 |
| Spouse's Employer (if applying)                        |                  | Spouse's Occupation/Duties:                               |                  |                 |
| Beneficiary Insured/Relation (For applicable Policies) |                  | Contingent Beneficiary/Relation (For applicable Policies) |                  |                 |
| Beneficiary Spouse/Relation (For applicable Policies)  |                  | Contingent Beneficiary/Relation (For applicable Policies) |                  |                 |

| DEPENDENT'S INFORMATION |                        |                 |               |        |        |
|-------------------------|------------------------|-----------------|---------------|--------|--------|
| Name (Print Full Name)  | Social Security Number | Gender (M or F) | Date of Birth | Height | Weight |
|                         |                        |                 |               |        |        |
|                         |                        |                 |               |        |        |
|                         |                        |                 |               |        |        |
|                         |                        |                 |               |        |        |
|                         |                        |                 |               |        |        |

| COVERAGE APPLIED FOR   |   |  |  |   |                  |
|------------------------|---|--|--|---|------------------|
| <b>ACCIDENT POLICY</b> | <b>Policy:</b>  | <b>Benefit Amount:</b>   | <b>Coverage Applied For:</b>   | <b>Optional Rider:</b>                  | <b>Premiums:</b> |
|                        | <input type="checkbox"/> 24 Hour<br><input type="checkbox"/> Non-Occupational | <input type="checkbox"/> 1.0 Units<br><input type="checkbox"/> 2.0 Units | <input type="checkbox"/> Individual<br><input type="checkbox"/> Individual/Spouse<br><input type="checkbox"/> Single Parent<br><input type="checkbox"/> Family | <input type="checkbox"/> Wellness Rider | \$ _____         |

| REPRESENTATION & QUESTIONS OF THE APPLICANT   |  |
|---|--|
| 1. Are all persons to be insured to the best of your knowledge and belief in good health and free from physical impairment or abnormality? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2a. Is any person to be insured engaged in any hazardous sports or activities including racing, but not limited to parachuting, rodeo riding, motorcycling, mountain climbing, scuba diving or intend to do so? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2b. Is any person to be insured a member/participant in a semi-professional or professional sport? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3a. Have you had a driver's license suspended or revoked within the past 3 years? .....   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3b. Have you had a DWI or DUI within the past 3 years? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3c. Is any person to be insured currently under treatment or has any person to be insured been under treatment for drug or alcohol abuse in the past 3 years? .....   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are all persons to be insured ages 19 to 25 years old enrolled as a full time student in an accredited school or college? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Is there any other health, accident or disability insurance in force on the proposed insured? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Will the insurance applied for replace or change any existing insurance? .....   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If YES, give name of Company and type of insurance: _____   |  |



**EMAIL CONSENT AUTHORIZATION**

- I give my written consent to allow the Company to communicate with me by email to the address(es) listed below. I confirm that I have authorization to provide consent for email to the email address(es) that I provide below and further agree to indemnify and hold harmless the Company for any action or loss arising from any incorrect or false email address(es) provided below. I acknowledge that, should I desire to revoke this written authorization, I will inform the Company, in writing, of such revocation.
- I decline to give consent to the Company to communicate with me by email. (Do not provide email addresses below)

Primary email address: \_\_\_\_\_

Secondary email address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** The applicant electing to allow for notices and communications to be sent to the electronic mail address provided by the policyholder should be aware that the insurer rightfully considers this election to be consent by the applicant that all notices may be sent electronically, including notice of non-renewal and notice of cancellation. Therefore, the applicant should be diligent in updating the electronic mail address provided to the insurer in the event that the address should change.

**AGENT'S STATEMENT AND CERTIFICATION**

- 1. Does the applicant have existing health coverage? .....  Yes  No
- 2. To the best of your knowledge, will the insurance applied for replace existing insurance contract or policy in any company(s)? .....  Yes  No
- 3. If a replacement(s), and if state regulations require it, have you:
  - a. Given "Notice to Applicant Regarding Replacement of Accident and Sickness Insurance"? .....  Yes  No
  - b. Completed replacements forms, if required in your state? .....  Yes  No
  - c. Have you complied with state regulations on disclosure? .....  Yes  No

All information recorded by me on this application is true and accurate to the best of my knowledge.

Agent No. \_\_\_\_\_ Soliciting Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Agent Name \_\_\_\_\_ Agent Phone No. \_\_\_\_\_ Agent #/ % \_\_\_\_\_ Agent #/ % \_\_\_\_\_

REMARKS OR SPECIAL REQUESTS: \_\_\_\_\_

**AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION**

- A. I hereby authorize and request any physician, hospital, dentist, pharmacy, individual, employer, insurance company, law enforcement agency, governmental agency or other entity to permit bearer or representative of Central United Life Insurance Company to view, copy, be furnished a copy or be given details of all record information in connection with any past or present illnesses, financial records, employment records and/or police records. This authorization is to include, but is not limited to information pertaining to diagnosis, care or treatment for psychiatric disorder, drug and alcohol abuse, treatment or prescriptions, testing and/or treatment of HIV (AIDS virus) and/or sexually transmitted diseases. The results of an HIV-related test shall be confidential and we cannot release or disclose this information except in the circumstances permitted by state and federal law.
- B. Any physician, practitioner, hospital, clinic, other medical or medically related facility, the Veterans Administration, my employer, or consumer reporting agency or insurance company who possesses information of care, treatment or advice of me, my family, or our health may furnish such information to Central United Life Insurance Company or it's representative or it's reinsurers upon presenting this authorization or a photocopy.
- C. Central United Life Insurance Company or its reinsurers may make a brief report available regarding me or my dependents to other companies to whom I have applied or may apply.
- D. This authorization will be valid from the date signed for a period of twenty-four (24) months and may be revoked at any time. The revocation of the authorization must be submitted in writing. I understand that revocation of this authorization may result in the application being declined and the policy may not be issued.
- E. I authorize Central United Life Insurance Company to obtain an investigative consumer report on me.

Dated: \_\_\_\_\_ Dated at: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_  
Proposed Insured Signature of Spouse



**APPLICANT'S STATEMENT**

I hereby apply to Central United Life Insurance Company for a policy to be issued in reliance on my written answers to the foregoing questions. I understand that: (a) the policy of insurance I am now applying for will be issued solely upon the written answers to questions and information asked for in this application; (b) the agent cannot change the provisions of the policy or waive any of its provisions either orally or in writing; (c) the policy with this application and any endorsements, riders or other papers, if any, is the entire contract of insurance; and (d) no change to the policy will be valid until approved by an officer of the Company which must be noted on or attached to the policy. I have read, or had read to me, the completed application and realize policy issuance is based upon statements and answers provided herein and they are complete and true to the best of my knowledge and belief. I acknowledge I have received an Outline of Coverage for the policy applied for.

**WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact or material thereto commits a fraudulent insurance act, which may be a crime as determined by a court of law.

Dated at: \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_ .  
 \_\_\_\_\_ City, State & Zip \_\_\_\_\_ Month, Day and Year

Signature of Applicant: \_\_\_\_\_ Signature of Spouse: \_\_\_\_\_

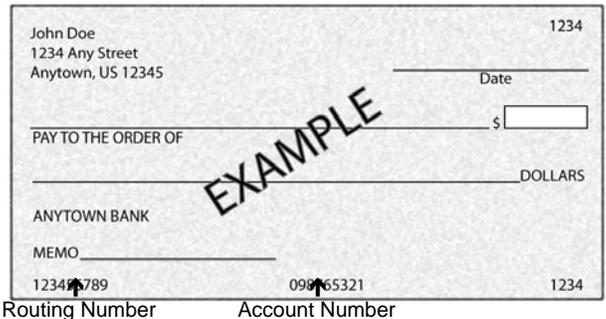
**NOTICE:** ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO CENTRAL UNITED LIFE INSURANCE COMPANY. DO NOT MAKE THE CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

**THE EFFECTIVE DATE OF THE POLICY WILL BE THE DATE RECORDED BY THE HOME OFFICE. IT IS NOT THE DATE THIS APPLICATION IS SIGNED. THE POLICY WILL BECOME EFFECTIVE WHEN ALL UNDERWRITING REQUIREMENTS HAVE BEEN SATISFIED AND PREMIUMS PAID.**

**PAYMENT OPTIONS AUTHORIZATION**

**Monthly Payroll Deduction (Listbill)**

Assigned list bill number, if known: \_\_\_\_\_  
 I hereby authorize \_\_\_\_\_ (Name of Employer)  
 to deduct from my salary and pay to Central United Life Insurance Company  
 beginning with the month of \_\_\_\_\_, 20\_\_\_\_ ,  
 a deduction of \$ \_\_\_\_\_ each month.  
 Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_



**Monthly Automatic Bank Draft (Electronic Funds Transfer)**

Desired withdrawal date (Between the 1<sup>st</sup> and the 28<sup>th</sup>) \_\_\_\_\_  
 Bank name: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Routing number (9 Digits): \_\_\_\_\_  
 Account number: \_\_\_\_\_

**AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (EFT):** I (we) hereby authorize Central United Life Insurance Company, hereinafter called Company, to initiate debit entries to the account and depository, hereinafter called Depository, to debit the same to such account. This authority is to remain in full force and effect until Company and Depository have received written notification from me (or either of us) of its termination in such time and in such manner as to afford company and depository a reasonable opportunity to act on it.

Bank Accountholder's Signature Exactly as it appears on Bank Records \_\_\_\_\_ Date \_\_\_\_\_

**Credit Card Payment:**  Monthly  Quarterly  Semi-Annual  Annual or  Charge First Payment Only\* (additional selection required)

If you selected "Charge First Payment Only" you must also select one the secondary billing methods shown below for subsequent payments. Payroll Deduction (list bill) is not an option. After selecting your option, you must also complete the information required in that section.

**CHOOSE METHOD:**  Monthly Automatic Bank Draft (complete bank draft section)  Bill me directly (complete Bill Me Directly section)

Type of Card:  VISA  MasterCard Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVC Code \_\_\_\_\_  
 Name as Shown on Credit Card \_\_\_\_\_ Accountholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

**AGREEMENT:** I the undersigned, request and authorize You to make charges to my credit card specified above for payment of policy premiums. This authorization will remain in effect until revoked by me in writing, and until you actually receive such notice, I agree that you shall be fully protected in honoring any such debit. This arrangement shall terminate immediately upon the closing of my account with you or upon receipt by you of notice of my bankruptcy. I agree that your treatment of and rights in respect to each such charge shall be the same as if it were signed by me. I further agree that if any such charge be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever, even though such dishonor results in the forfeiture of insurance. The information above has been completed and this form signed and dated signifying acceptance of this transaction.

**Bill Me Directly:**  Quarterly  Semi-Annual  Annual If your billing address is different than your home address, please enter it below:

Billing Address: \_\_\_\_\_  
 \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)  
 Name of person paying, if different: \_\_\_\_\_



SERFF Tracking Number: CEUL-128368178  
 Filing Company: Central United Life Insurance Company  
 Company Tracking Number: HPACC1224  
 TOI: H021 Individual Health - Accident Only  
 Product Name: HPACC1224  
 Project Name/Number: HPACC1224/HPACC1224

State: Arkansas  
 State Tracking Number:  
 Sub-TOI: H021.000 Health - Accident Only

**Rate Information**

Rate data applies to filing.

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

**Company Rate Information**

| Company Name:                            | Overall %<br>Indicated<br>Change: | Overall % Rate<br>Impact: | Written<br>Premium<br>Change for<br>this Program: | # of Policy<br>Holders<br>Affected for this<br>Program: | Written<br>Premium for<br>this Program: | Maximum %<br>Change (where<br>required): | Minimum %<br>Change (where<br>required): |
|--|-----------------------------------|---------------------------|---|---|---|--|--|
| Central United Life<br>Insurance Company | %                                 | %                         |   |   |   | %  | %  |

SERFF Tracking Number: CEUL-128368178 State: Arkansas  
 Filing Company: Central United Life Insurance Company State Tracking Number:  
 Company Tracking Number: HPACC1224  
 TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only  
 Product Name: HPACC1224  
 Project Name/Number: HPACC1224/HPACC1224

## Rate/Rule Schedule

| Schedule Item Status:         | Document Name:         | Affected Form Numbers:<br>(Separated with commas) | Rate Action: | Rate Action Information: | Attachments          |
|-------------------------------|------------------------|---|--------------|--------------------------|----------------------|
| Approved-Closed<br>05/21/2012 | 24 Hour Rates          | HPACC1224   | New          |                          | Rates_HPACC1224.pdf  |
| Approved-Closed<br>05/21/2012 | Non Occupational Rates | HPACC12NOC  | New          |                          | Rates_HPACC12NOC.pdf |

Central United Life Insurance Company  
HPACC1224 Rate Sheet

24 Hour Accident

|            | Annual<br>Premium |
|------------|-------------------|
| Individual | 168               |
| Spouse     | 129               |
| w/Child    | 90                |
| Family     | 387               |

Central United Life Insurance Company  
HPACC12NOC Rate Sheet

Non-Occupational Accident Rates

|            | Annual<br>Premium |
|------------|-------------------|
| Individual | 135               |
| Spouse     | 114               |
| w/Child    | 90                |
| Family     | 339               |

SERFF Tracking Number: CEUL-128368178 State: Arkansas  
 Filing Company: Central United Life Insurance Company State Tracking Number:  
 Company Tracking Number: HPACC1224  
 TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only  
 Product Name: HPACC1224  
 Project Name/Number: HPACC1224/HPACC1224

## Supporting Document Schedules

|  | <b>Item Status:</b> | <b>Status Date:</b> |
|--|---------------------|---------------------|
| <b>Satisfied - Item:</b> Flesch Certification<br><b>Comments:</b><br>N/A<br><b>Attachment:</b><br>readability signed.pdf | Approved-Closed     | 05/21/2012          |

|  | <b>Item Status:</b> | <b>Status Date:</b> |
|--|---------------------|---------------------|
| <b>Satisfied - Item:</b> Application<br><b>Comments:</b><br>Application is also attached under Form Schedule.<br><b>Attachment:</b><br>C-HPACC-AP-2012.pdf | Approved-Closed     | 05/21/2012          |

|  | <b>Item Status:</b> | <b>Status Date:</b> |
|--|---------------------|---------------------|
| <b>Satisfied - Item:</b> Health - Actuarial Justification<br><b>Comments:</b><br>N/A<br><b>Attachments:</b><br>HPACC-24_memo v2.pdf<br>HPACC-NOC_memo v2.pdf | Approved-Closed     | 05/21/2012          |

|  | <b>Item Status:</b> | <b>Status Date:</b> |
|--|---------------------|---------------------|
| <b>Satisfied - Item:</b> Outline of Coverage<br><b>Comments:</b><br><b>Attachments:</b><br>HPACC1224-AR-OC clean 5-21-2012.pdf<br>HPACC12NOC-AR-OC clean 5-21-2012.pdf | Approved-Closed     | 05/21/2012          |

SERFF Tracking Number: CEUL-128368178 State: Arkansas  
 Filing Company: Central United Life Insurance Company State Tracking Number:  
 Company Tracking Number: HPACC1224  
 TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only  
 Product Name: HPACC1224  
 Project Name/Number: HPACC1224/HPACC1224

|                          |                            | <b>Item Status:</b> | <b>Status<br/>Date:</b> |
|--------------------------|----------------------------|---------------------|-------------------------|
| <b>Satisfied - Item:</b> | Statement of Variability   | Approved-Closed     | 05/21/2012              |
| <b>Comments:</b>         | n/a                        |                     |                         |
| <b>Attachment:</b>       | Statement of Variables.pdf |                     |                         |

|                          |  | <b>Item Status:</b> | <b>Status<br/>Date:</b> |
|--------------------------|--|---------------------|-------------------------|
| <b>Satisfied - Item:</b> | Redlines   | Approved-Closed     | 05/21/2012              |
| <b>Comments:</b>         |  |                     |                         |
| <b>Attachments:</b>      | HPACC1224-AR redlines 5-21-2012.pdf<br>HPACC1224-AR-OC redlines 5-21-2012.pdf<br>HPACC12NOC-AR redlines 5-21-2012.pdf<br>HPACC12NOC-AR-OC redlines 5-21-2012.pdf |                     |                         |

## READABILITY COMPLIANCE CERTIFICATION

**Name and Address of Insurer:** Central United Life Insurance Company  
10700 Northwest Freeway  
Houston, TX 77092

I hereby certify that the following scores are true:

| Form Name                                | Form Number | Flesch Score | Number of Sentences | Number of Words | Number of Syllables | Type Size of Text |
|--|-------------|--------------|---------------------|-----------------|---------------------|-------------------|
| 24 Hour Accident Expense Policy          | HPAC1224    | 60.1         | 173                 | 3,145           | 4,178               | 10 pt leaded      |
| Non-Occupational Accident Expense Policy | HPACC12NOC  | 59.9         | 206                 | 4,080           | 4,229               | 10 pt leaded      |
| Wellness Rider                           | HRWEL2010   | 58.76        | 19                  | 289             | 503                 | 10 pt leaded      |

Signature of an Officer of the Insurer

*Mary Lou Rainey*

Name (Print) Mary Lou Rainey

Title Secretary

Date September 9, 2011

**CENTRAL UNITED LIFE INSURANCE COMPANY**

[10700 Northwest Freeway, Houston, TX 77092]

**Application for Accident Policy**

Circle One: Mail Policy to Insured / Agent / Employer

Requested Effective Date: \_\_\_\_\_

| APPLICANT'S INFORMATION                                |                  |   |                  |                 |
|--|------------------|---|------------------|-----------------|
| Name (Last, First, Middle Initial)                     | Date of Birth    | Height  | Weight           | Gender (M or F) |
| Address (Street, City, State, ZIP Code)                |                  |   |                  |                 |
| Telephone Numbers (Home, Work and Cell)                |                  |   | Email Address    |                 |
| Social Security Number                                 | Primary Employer | Hire Date   | Type of Business |                 |
| Current Occupation – Describe and give exact duties    |                  |   |                  |                 |
| Spouse's Employer (if applying)                        |                  | Spouse's Occupation/Duties:                               |                  |                 |
| Beneficiary Insured/Relation (For applicable Policies) |                  | Contingent Beneficiary/Relation (For applicable Policies) |                  |                 |
| Beneficiary Spouse/Relation (For applicable Policies)  |                  | Contingent Beneficiary/Relation (For applicable Policies) |                  |                 |

| DEPENDENT'S INFORMATION |                        |                 |               |        |        |
|-------------------------|------------------------|-----------------|---------------|--------|--------|
| Name (Print Full Name)  | Social Security Number | Gender (M or F) | Date of Birth | Height | Weight |
|                         |                        |                 |               |        |        |
|                         |                        |                 |               |        |        |
|                         |                        |                 |               |        |        |
|                         |                        |                 |               |        |        |
|                         |                        |                 |               |        |        |

| COVERAGE APPLIED FOR   |   |  |  |   |                  |
|------------------------|---|--|--|---|------------------|
| <b>ACCIDENT POLICY</b> | <b>Policy:</b>  | <b>Benefit Amount:</b>   | <b>Coverage Applied For:</b>   | <b>Optional Rider:</b>                  | <b>Premiums:</b> |
|                        | <input type="checkbox"/> 24 Hour<br><input type="checkbox"/> Non-Occupational | <input type="checkbox"/> 1.0 Units<br><input type="checkbox"/> 2.0 Units | <input type="checkbox"/> Individual<br><input type="checkbox"/> Individual/Spouse<br><input type="checkbox"/> Single Parent<br><input type="checkbox"/> Family | <input type="checkbox"/> Wellness Rider | \$ _____         |

| REPRESENTATION & QUESTIONS OF THE APPLICANT   |  |
|---|--|
| 1. Are all persons to be insured to the best of your knowledge and belief in good health and free from physical impairment or abnormality? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2a. Is any person to be insured engaged in any hazardous sports or activities including racing, but not limited to parachuting, rodeo riding, motorcycling, mountain climbing, scuba diving or intend to do so? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2b. Is any person to be insured a member/participant in a semi-professional or professional sport? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3a. Have you had a driver's license suspended or revoked within the past 3 years? .....   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3b. Have you had a DWI or DUI within the past 3 years? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3c. Is any person to be insured currently under treatment or has any person to be insured been under treatment for drug or alcohol abuse in the past 3 years? .....   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are all persons to be insured ages 19 to 25 years old enrolled as a full time student in an accredited school or college? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Is there any other health, accident or disability insurance in force on the proposed insured? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Will the insurance applied for replace or change any existing insurance? .....   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If YES, give name of Company and type of insurance: _____   |  |



**EMAIL CONSENT AUTHORIZATION**

- I give my written consent to allow the Company to communicate with me by email to the address(es) listed below. I confirm that I have authorization to provide consent for email to the email address(es) that I provide below and further agree to indemnify and hold harmless the Company for any action or loss arising from any incorrect or false email address(es) provided below. I acknowledge that, should I desire to revoke this written authorization, I will inform the Company, in writing, of such revocation.
- I decline to give consent to the Company to communicate with me by email. (Do not provide email addresses below)

Primary email address: \_\_\_\_\_

Secondary email address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** The applicant electing to allow for notices and communications to be sent to the electronic mail address provided by the policyholder should be aware that the insurer rightfully considers this election to be consent by the applicant that all notices may be sent electronically, including notice of non-renewal and notice of cancellation. Therefore, the applicant should be diligent in updating the electronic mail address provided to the insurer in the event that the address should change.

**AGENT'S STATEMENT AND CERTIFICATION**

- 1. Does the applicant have existing health coverage? .....  Yes  No
- 2. To the best of your knowledge, will the insurance applied for replace existing insurance contract or policy in any company(s)? .....  Yes  No
- 3. If a replacement(s), and if state regulations require it, have you:
  - a. Given "Notice to Applicant Regarding Replacement of Accident and Sickness Insurance"? .....  Yes  No
  - b. Completed replacements forms, if required in your state? .....  Yes  No
  - c. Have you complied with state regulations on disclosure? .....  Yes  No

All information recorded by me on this application is true and accurate to the best of my knowledge.

Agent No. \_\_\_\_\_ Soliciting Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Agent Name \_\_\_\_\_ Agent Phone No. \_\_\_\_\_ Agent #/ % \_\_\_\_\_ Agent #/ % \_\_\_\_\_

REMARKS OR SPECIAL REQUESTS: \_\_\_\_\_

**AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION**

- A. I hereby authorize and request any physician, hospital, dentist, pharmacy, individual, employer, insurance company, law enforcement agency, governmental agency or other entity to permit bearer or representative of Central United Life Insurance Company to view, copy, be furnished a copy or be given details of all record information in connection with any past or present illnesses, financial records, employment records and/or police records. This authorization is to include, but is not limited to information pertaining to diagnosis, care or treatment for psychiatric disorder, drug and alcohol abuse, treatment or prescriptions, testing and/or treatment of HIV (AIDS virus) and/or sexually transmitted diseases. The results of an HIV-related test shall be confidential and we cannot release or disclose this information except in the circumstances permitted by state and federal law.
- B. Any physician, practitioner, hospital, clinic, other medical or medically related facility, the Veterans Administration, my employer, or consumer reporting agency or insurance company who possesses information of care, treatment or advice of me, my family, or our health may furnish such information to Central United Life Insurance Company or it's representative or it's reinsurers upon presenting this authorization or a photocopy.
- C. Central United Life Insurance Company or its reinsurers may make a brief report available regarding me or my dependents to other companies to whom I have applied or may apply.
- D. This authorization will be valid from the date signed for a period of twenty-four (24) months and may be revoked at any time. The revocation of the authorization must be submitted in writing. I understand that revocation of this authorization may result in the application being declined and the policy may not be issued.
- E. I authorize Central United Life Insurance Company to obtain an investigative consumer report on me.

Dated: \_\_\_\_\_ Dated at: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Proposed Insured Signature of Spouse



**APPLICANT'S STATEMENT**

I hereby apply to Central United Life Insurance Company for a policy to be issued in reliance on my written answers to the foregoing questions. I understand that: (a) the policy of insurance I am now applying for will be issued solely upon the written answers to questions and information asked for in this application; (b) the agent cannot change the provisions of the policy or waive any of its provisions either orally or in writing; (c) the policy with this application and any endorsements, riders or other papers, if any, is the entire contract of insurance; and (d) no change to the policy will be valid until approved by an officer of the Company which must be noted on or attached to the policy. I have read, or had read to me, the completed application and realize policy issuance is based upon statements and answers provided herein and they are complete and true to the best of my knowledge and belief. I acknowledge I have received an Outline of Coverage for the policy applied for.

**WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact or material thereto commits a fraudulent insurance act, which may be a crime as determined by a court of law.

Dated at: \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_ .  
 \_\_\_\_\_ City, State & Zip \_\_\_\_\_ Month, Day and Year  
 Signature of Applicant: \_\_\_\_\_ Signature of Spouse: \_\_\_\_\_

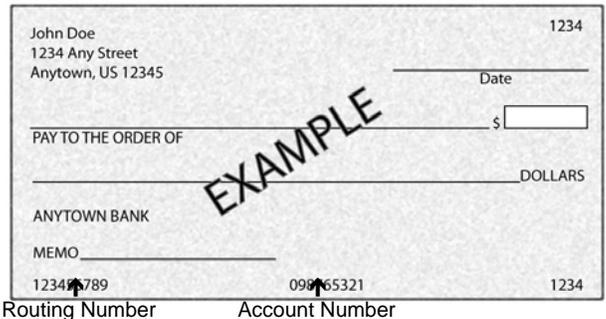
**NOTICE:** ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO CENTRAL UNITED LIFE INSURANCE COMPANY. DO NOT MAKE THE CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

**THE EFFECTIVE DATE OF THE POLICY WILL BE THE DATE RECORDED BY THE HOME OFFICE. IT IS NOT THE DATE THIS APPLICATION IS SIGNED. THE POLICY WILL BECOME EFFECTIVE WHEN ALL UNDERWRITING REQUIREMENTS HAVE BEEN SATISFIED AND PREMIUMS PAID.**

**PAYMENT OPTIONS AUTHORIZATION**

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Assigned list bill number, if known: \_\_\_\_\_  
 I hereby authorize \_\_\_\_\_ (Name of Employer)  
 to deduct from my salary and pay to Central United Life Insurance Company  
 beginning with the month of \_\_\_\_\_, 20\_\_\_\_ ,  
 a deduction of \$ \_\_\_\_\_ each month.  
 Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_



**Monthly Automatic Bank Draft (Electronic Funds Transfer)**

Desired withdrawal date (Between the 1<sup>st</sup> and the 28<sup>th</sup>) \_\_\_\_\_  
 Bank name: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Routing number (9 Digits): \_\_\_\_\_  
 Account number: \_\_\_\_\_

**AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (EFT):** I (we) hereby authorize Central United Life Insurance Company, hereinafter called Company, to initiate debit entries to the account and depository, hereinafter called Depository, to debit the same to such account. This authority is to remain in full force and effect until Company and Depository have received written notification from me (or either of us) of its termination in such time and in such manner as to afford company and depository a reasonable opportunity to act on it.

Bank Accountholder's Signature Exactly as it appears on Bank Records \_\_\_\_\_ Date \_\_\_\_\_

**Credit Card Payment:**  Monthly  Quarterly  Semi-Annual  Annual or  Charge First Payment Only\* (additional selection required)

If you selected "Charge First Payment Only" you must also select one the secondary billing methods shown below for subsequent payments. Payroll Deduction (list bill) is not an option. After selecting your option, you must also complete the information required in that section.

**CHOOSE METHOD:**  Monthly Automatic Bank Draft (complete bank draft section)  Bill me directly (complete Bill Me Directly section)

Type of Card:  VISA  MasterCard Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVC Code \_\_\_\_\_  
 Name as Shown on Credit Card \_\_\_\_\_ Accountholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

**AGREEMENT:** I the undersigned, request and authorize You to make charges to my credit card specified above for payment of policy premiums. This authorization will remain in effect until revoked by me in writing, and until you actually receive such notice, I agree that you shall be fully protected in honoring any such debit. This arrangement shall terminate immediately upon the closing of my account with you or upon receipt by you of notice of my bankruptcy. I agree that your treatment of and rights in respect to each such charge shall be the same as if it were signed by me. I further agree that if any such charge be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever, even though such dishonor results in the forfeiture of insurance. The information above has been completed and this form signed and dated signifying acceptance of this transaction.

**Bill Me Directly:**  Quarterly  Semi-Annual  Annual If your billing address is different than your home address, please enter it below:

Billing Address: \_\_\_\_\_  
 \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)  
 Name of person paying, if different: \_\_\_\_\_



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

**CENTRAL UNITED LIFE INSURANCE COMPANY**  
a stock company  
[10700 Northwest Freeway]  
[Houston, Texas 77092]  
Customer Service [800-669-9030]

**24 HOUR ACCIDENT EXPENSE POLICY FORM HPACC1224-AR**

**REQUIRED OUTLINE OF COVERAGE**

- A. READ YOUR POLICY CAREFULLY!** This Outline of Coverage provides a very brief description of some of the important features of Your Policy. This is not the insurance contract and only the actual Policy provisions will control. The Policy itself sets forth, in detail, the rights and obligations of both You and Us. It is, therefore, important that You **READ YOUR POLICY CAREFULLY.**
- B.** This Accident plan provides accidental death, dismemberment and medical expense benefits for the Insured Person(s), spouse and covered children with coterminous benefit and premium periods to age 70. Coverage is provided for the benefits described in the BENEFITS section below. The benefits described may be limited as outlined in the EXCLUSIONS section. The policy will pay the following benefits for a covered injury per unit unless otherwise noted. A maximum of 2 units may be purchased.

**C. BENEFITS**

Accidental Death Benefit (Principal Sum): Shown on the Policy Schedule page.

Common Carrier: If insured suffers a covered accidental death as a fare-paying passenger on a common carrier operating on a regularly scheduled basis such as a plane, bus, or train, benefit will be double the Accidental Death Benefit.

Burn. We will pay the applicable amount listed below if any Insured Person receives burns as the result of a Covered Accident which are treated by a Physician within 72 hours after the Covered Accident. We will pay only one benefit amount per Covered Accident.

We will pay 25% of the applicable Burn Benefit if any Insured Person receives a skin graft for a burn for which a benefit was paid under the Burn Benefit of this policy. This benefit will be payable only once per Covered Accident.

|  |         | Insured |
|--|---------|---------|
| Spouse/Child   |         |         |
| Second degree burns which cover at least 36% of the body surface | \$ 375  | \$ 150  |
| Third degree burns which cover at least 1% of the body surface   |         |         |
| but less than 20% of the body surface                            | \$ 750  | \$ 300  |
| Third degree burns which cover 20% or more of the body surface   | \$5,000 | \$2,000 |

Dislocated (separated joint). We will pay the applicable amount listed below if any Insured Person receives a dislocation as the result of a Covered Accident. As this list is not complete, We will pay a benefit similar to the dislocation suffered if not listed. A dislocation is a completely separated joint. In order for this benefit to be payable for the joint involved, all of the following must occur:

- it must be diagnosed as a dislocation by a Physician within 90 days after the Covered Accident;
- the dislocation must require correction with anesthesia by a Physician; and

- the dislocation will be corrected by open (surgical) or closed (non-surgical) reduction.

If any Insured Person receives more than one dislocation in a Covered Accident and requires open or closed reduction, We will pay for all dislocations. However, We will pay no more than two times the amount for the joint involved which has the highest benefit amount.

If the dislocation requires reduction without anesthesia by a Physician, We will pay 25% of the amount listed for a closed reduction of the joint involved.

If a Physician diagnoses the dislocation as an incomplete dislocation, We will pay 25% of the amount listed for a closed reduction of the joint involved. An incomplete dislocation is a dislocation in which the joint is not completely separated.

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

| Joint  | Closed Reduction | Open Reduction |
|--|------------------|----------------|
| Hip  | \$1,000          | \$2,000        |
| Knee (except Patella)                          | 500              | 1,000          |
| Ankle  | 400              | 800            |
| Bone or bones of the foot (other than toes)    | 400              | 800            |
| Collarbone (Sternoclavicular)                  | 250              | 500            |
| Lower Jaw                                      | 150              | 300            |
| Shoulder (Glenohumeral)                        | 150              | 300            |
| Elbow  | 150              | 300            |
| Wrist  | 150              | 300            |
| Bone or bones of the hand (other than fingers) | 150              | 300            |
| Collarbone (Acromioclavicular and separation)  | 50               | 100            |
| One toe or finger                              | 50               | 100            |

Emergency Dental Work. We will pay the applicable amount listed below for dental work required by an Insured Person as the result of Injuries received in a Covered Accident.

Any and all broken teeth repaired with crown(s) \$150

Any and all broken teeth resulting in extraction(s) \$ 50

Benefits are payable only once per Covered Accident, regardless of the number of teeth involved.

Emergency Room Treatment. We will pay the amount shown on the Policy Schedule if any Insured Person is injured as the result of a Covered Accident and the Insured Person requires examination and treatment by a Physician in an Emergency Room within 72 hours after the Covered Accident. This amount will be paid once per Covered Accident.

Fracture (broken bone). We will pay the applicable amount listed below if any Insured Person receives a fracture as the result of a Covered Accident. As this list is not complete, We will pay a benefit similar to the fracture suffered if not listed.

A fracture is a break in a bone which can be seen by X-ray. In order for this benefit to be payable for the bone involved, all of the following must occur:

it must be diagnosed as a fracture by a Physician within 90 days after the Covered Accident; and the fracture must require open (surgical) or closed (non-surgical) reduction by a Physician.

The maximum benefit payable for all fractures as the result of a Covered Accident is equal to two times the amount of the fracture with the highest benefit amount.

If a Physician diagnoses the fracture as a chip fracture, We will pay 25% of the amount listed for the closed reduction for the bone involved. A chip fracture is a fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached.

| Bone  | Closed Reduction | Open Reduction |
|---|------------------|----------------|
| Skull (except bones of face or nose)                              |                  |                |
| Depressed skull fracture  | \$1,250          | \$2,500        |
| Simple non-depressed skull fracture                               | \$ 500           | \$1,000        |
| Hip, thigh (Femur)  | \$ 750           | \$1,500        |
| Vertebrae, body of (excluding Vertebral Processes)                | \$ 400           | \$ 800         |
| Pelvis (includes Ilium, Ischium, Pubis, Acetabulum except Coccyx) | \$ 400           | \$ 800         |
| Leg (Tibia and/or Fibula)   | \$ 400           | \$ 800         |
| Bones of face or nose (except Mandible or Maxilla)                | \$ 175           | \$ 350         |
| Upper jaw, Maxilla (except Alveolar Process)                      | \$ 175           | \$ 350         |
| Upper arm between elbow and shoulder (Humerus)                    | \$ 175           | \$ 350         |
| Lower jaw, Mandible (except Alveolar Process)                     | \$ 150           | \$ 300         |
| Shoulder blade (Scapula), collar bone (Clavicle, Sternum)         | \$ 150           | \$ 300         |
| Vertebral Processes   | \$ 150           | \$ 300         |
| Forearm (radius and/or Ulna)                                      | \$ 150           | \$ 300         |
| Knee cap (Patella)  | \$ 150           | \$ 300         |
| Hand, foot (except fingers, toes)                                 | \$ 150           | \$ 300         |
| Ankle, wrist  | \$ 150           | \$ 300         |
| Rib   | \$ 125           | \$ 250         |
| Coccyx  | \$ 100           | \$ 200         |
| Finger, toe   | \$ 25            | \$ 50          |

**Hospital Admission.** We will pay \$500 if any Insured Person is Confined to a Hospital as the result of Injuries received in a Covered Accident. The Insured Person must be Confined within 180 days after the Covered Accident. This benefit will not be paid for: Emergency Room treatment; outpatient treatment; or a stay of less than 20 hours. This amount will be paid once per Covered Accident.

**Hospital Confinement.** We will pay \$100 per day for up to 90 days per Covered Accident if any Insured Person is Confined in a Hospital or Hospital Sub-Acute Intensive Care Unit as the result of Injuries received in a Covered Accident. The Insured Person must become Confined in a Hospital or a Hospital Sub-Acute Intensive Care Unit within 180 days after the Covered Accident. We will pay benefits for only one Hospital Confinement at a time even if it is caused by more than one Covered Accident. We will not pay this benefit for: Emergency Room treatment; outpatient treatment; or a stay of less than 20 hours.

Hospital Intensive Care Unit Confinement. We will pay \$200 per day for up to 15 days per Covered Accident if any Insured Person is Confined to a Hospital Intensive Care Unit as the result of Injuries received in a Covered Accident. The Confinement in a Hospital Intensive Care Unit must begin within 30 days after the Covered Accident.

If any Insured Person is Confined to a Hospital Intensive Care Unit that does not meet the definition in this policy of a Hospital Intensive Care Unit, We will pay the Hospital Confinement Benefit. The Hospital Intensive Care Unit Confinement Benefit and the Hospital Confinement Benefit will not be paid concurrently. If any Insured Person is Confined in a Hospital Intensive Care Unit for more than 15 days, the Hospital Confinement Benefit will begin on the 16th day. The total amount payable per Covered Accident will not exceed 90 days for Hospital Confinement and 15 days for Hospital Intensive Care Unit Confinement.

Knee Cartilage – Torn. We will pay \$500, reduced by any benefit paid for arthroscopic surgery previously performed, if any Insured Person receives a torn knee cartilage (meniscus) as the result of a Covered Accident. For this benefit to be paid, all of the following must occur:

- it must be treated by a Physician within 60 days after the Covered Accident; and
- it must be repaired through surgery by a Physician within 180 days after the Covered Accident.

If exploratory arthroscopic surgery is performed within 180 days of the Covered Accident and no repair is done, or if the cartilage is shaved (debridement), We will pay \$100.

Laceration. We will pay the applicable amount listed below if any Insured Person receives a laceration as the result of a Covered Accident. The laceration must be repaired by a Physician within 72 hours after the Covered Accident. The amount We will pay is based on the total length of all lacerations received in any one Covered Accident which require repair. If the laceration is severe enough to require stitches but the Physician chooses to repair it in another way, We will pay it as a laceration repaired with stitches.

Total of all lacerations is not more than three inches (7.6 cm) long and repaired by stitches, staples or glue \$ 50

Total of all lacerations is greater than three and not more than five inches (7.6 cm to 12.5 cm) long and repaired by stitches, staples or glue \$200

Total of all lacerations is more than five inches (12.5 cm) long and repaired by stitches, staples or glue \$400

If any Insured Person receives a laceration on a finger, toe, hand, foot or eye and later loses that finger, toe, hand, foot or eye as the result of the same Covered Accident, We will subtract the amount We paid under the Laceration Benefit from the Loss of Finger, Toe, Hand, Foot or Sight of an Eye Benefit.

Loss of Finger, Toe, Hand, Foot or Sight of an Eye. We will pay the applicable amount listed below for loss received as the result of a Covered Accident and in which loss occurs within 90 days after the Covered Accident.

|   | Insured  | Spouse/Child |
|---|----------|--------------|
| Loss of both hands, or both feet, or the sight of both eyes, or any combination of two or more listed above | \$15,000 | \$10,000     |
| Loss of one hand, or one foot, or sight of one eye  | \$ 7,500 | \$ 5,000     |
| Loss of two or more fingers, or two or more toes, or any combination of two or more listed above            | \$ 1,500 | \$ 1,000     |
| Loss of one finger or one toe   | \$ 750   | \$ 500       |

“Loss of a hand” means that the hand is cut off through or above the wrist joint or the use of the hand is medically determined to be permanently lost. “Loss of a foot” means that the foot is cut off through or

above the ankle joint or the use of the foot is medically determined to be permanently lost. "Loss of a finger" means that the finger is cut off at the joint proximate to the first interphalangeal joint where it is attached to the hand. "Loss of a toe" means that the toe is cut off at the joint proximate to the first interphalangeal joint where it is attached to the foot. "Loss of sight of an eye" means that at least 80% of vision is permanently lost.

If the Insured Person loses a finger or toe and later loses a hand or foot within 90 days on the same side of the body as the result of the same Covered Accident, We will subtract the amount paid for the loss of a finger or toe from the Loss of Finger, Toe, Hand, Foot or Sight of an Eye Benefit.

Only the highest single benefit will be payable per Covered Accident. Benefits will be paid only once per Covered Accident. If death and Loss of Finger, Toe, Hand, Foot or Sight of an Eye result from the same Covered Accident, only the Accidental Death Benefit will be paid.

Major Diagnostic Exams. We will pay \$100 per Calendar Year if an Insured Person requires one of the following exams for Injuries received as the result of a Covered Accident:

angiogram; CT (computerized tomography) scan; CTA (computerized tomography angiogram) scan; MRI (magnetic resonance imaging); MRA (magnetic resonance angiogram); or EEG (electroencephalogram).

Physician's Office/Urgent Care. We will pay the amount shown on the Policy Schedule if any Insured Person receives treatment and/or advice by a Physician in their office or an Urgent Care Facility for Injuries as the result of a Covered Accident. The treatment must occur within 60 days after the Covered Accident and the services provided must be the result of a Covered Accident and not for routine examinations or preventative testing. This amount will be paid once per Covered Accident.

**The following benefits are the Maximum for the policy regardless of units purchased:**

Air Ambulance. We will pay \$500 if a licensed professional air ambulance company transports any Insured Person by air to or from a Hospital or between medical facilities, where treatment for Injuries is provided as the result of a Covered Accident. The air ambulance transportation must occur within 48 hours after the Covered Accident. This amount will be paid once per Covered Accident.

Ambulance. We will pay \$100 if a licensed professional ambulance company transports any Insured Person by ground transportation to or from a Hospital or between medical facilities, where treatment for Injuries is provided for Injuries resulting from a Covered Accident. The ambulance transportation must occur within 90 days from the Covered Accident. This amount will be paid once per Covered Accident.

Appliance. We will pay \$100 if any Insured Person is injured as the result of a Covered Accident and a Physician prescribes the use of a medical appliance as an aid in personal locomotion or mobility. Crutches, braces, walkers and wheelchairs are examples of medical appliances. The use of an appliance must be prescribed within 90 days after the Covered Accident. This amount will be paid once per Covered Accident.

Blood/Plasma/Platelets. We will pay \$300 if the primary Insured Person (\$200 if the Spouse/Dependent Child) is injured as the result of a Covered Accident and requires the transfusion, administration, cross-matching, typing and processing of blood, blood plasma or platelets as the result of the injury. The blood, blood plasma or platelets must be administered within 90 days after the Covered Accident. This amount will be paid once per Covered Accident.

Eye Injury. We will pay \$200 if any Insured Person receives an eye Injury as the result of a Covered Accident. The eye Injury must require surgery or the removal of a foreign object by a Physician within 90 days after the Covered Accident. This amount will be paid once per Covered Accident. An examination with anesthesia will not be considered surgery.

Gunshot Wound. We will pay \$500 if the primary Insured Person is injured by one or more gunshot wounds and did not intentionally shoot themselves. The wound(s) must be caused by a shot from a conventional firearm. A conventional firearm is a weapon which fires a shot (bullet) by gun powder or compressed gas. The wound(s) must require treatment by a Physician, including Confinement within 24 hours and surgery within 72 hours after the injury.

Lodging. We will pay \$100 per night for one motel/hotel room, for up to 30 days per Covered Accident, if a companion accompanies the Insured Person. This benefit is payable only for motel/hotel stays during the period of time the Insured Person is Confined to the Hospital. In order for this benefit to be payable, the Hospital in which the Insured Person is Confined must be located more than 100 miles from the residence of the Insured Person.

Prosthetic Device/Artificial Limb. We will pay the applicable amount listed below for a prosthetic device/artificial limb which is prescribed by a Physician for functional use when the Insured Person loses a hand, foot or sight of an eye due to a Covered Accident. The prosthetic device/artificial limb must be received within one year of the Covered Accident. This amount will be paid once per Covered Accident.

|  |          |
|--|----------|
| One prosthetic device or artificial limb           | \$ 500   |
| More than one prosthetic device or artificial limb | \$ 1,000 |

This benefit will not be paid for: hearing aids; dental aids, including false teeth; eye glasses; cosmetic prosthesis such as wigs; or joint replacement such as an artificial hip or knee.

Ruptured Disc. We will pay \$400 for any and all ruptured discs in the spine suffered by an Insured Person as the result of a Covered Accident. For this benefit to be paid, all of the following must occur.

- the ruptured disc(s) must be treated by a Physician within 60 days after the Covered Accident; and
- the ruptured disc(s) must be repaired through surgery by a Physician within one year after the Covered Accident.

This amount will be paid once per Covered Accident.

Surgery. We will pay \$1,000 if any Insured Person undergoes open abdominal or thoracic surgery, within 72 hours after the Covered Accident, to repair internal Injuries received as a result of the Covered Accident. For open abdominal or thoracic exploratory surgery without repair, We will pay a benefit of \$100. For exploratory or other surgery without repair, We will pay a benefit of \$100. This amount will be paid once per Covered Accident. Tendon/Ligament/Rotator Cuff. We will pay \$500 for the surgical repair of any and all torn, ruptured or severed tendon, ligament or rotator cuff which an Insured Person suffered as the result of a Covered Accident. The surgery must be performed by a Physician within 90 days after the Covered Accident.

If exploratory arthroscopic surgery is performed and no repair is done, We will pay a benefit of \$100.

If any Insured Person receives a fracture or a dislocation and tears, ruptures or severs a tendon/ligament/rotator cuff in the same Covered Accident, only one benefit will be paid. We will pay the larger of the Tendon/Ligament/Rotator Cuff Benefit, the Fracture Benefit or the Dislocation Benefit.

Transportation. We will pay \$300 per round trip if any Insured Person must travel more than 100 miles round trip from their residence to receive treatment and be confined in a Hospital for Injuries received as the result of a Covered Accident. Treatment must be prescribed by a Physician and not available locally. This benefit is payable for up to three round trips per Covered Accident. This benefit is not payable for transportation by ambulance or air ambulance.

#### **D. EXCLUSIONS**

We will not pay benefits for losses that are caused by or are the result of any Insured Person(s):

- 1) operating, learning to operate, or serving as a crew member of any aircraft;
- 2) engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting or any similar activities;
- 3) riding in or driving any motor-driven vehicle in a race, stunt show or speed test;

- 4) officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- 5) who has any sickness or condition caused by a sickness independent of the Covered Accident, including physical or mental infirmity. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by any injury;
- 6) being exposed to war or any act of war, declared or undeclared;
- 7) actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve;
- 8) suffering from mental or nervous disorders;
- 9) being addicted to drugs or suffering from alcoholism;
- 10) being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;
- 11) receiving Injuries caused directly or indirectly while under the influence of a controlled substance or by intoxication as defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred;
- 12) having cosmetic surgery or other elective procedures that are not medically necessary;
- 13) having dental treatment except as the result of an Injury;
- 14) participating in or attempting to commit a felony;
- 15) being incarcerated in a penal institution or government detention facility;
- 16) driving any taxi for wage, compensation or profit;
- 17) engaging in an illegal activity or occupation;
- 18) self-inflicting an Injury intentionally; or
- 19) committing or attempting to commit suicide, while sane or insane;

**E. RENEWABILITY** – This Policy is Guaranteed Renewable to age 70. That means as long as You pay the Renewal Premiums when due, subject to a 31-day Grace Period, We cannot cancel or change Your Policy.

**F. OPTIONAL BENEFIT RIDERS** (Available with additional premium)

Annual Wellness Benefit Rider HRWEL2010: We will pay \$60 once each Policy year if You, Your Spouse or any one family member (Dependent) named in the Policy Schedule undergo any of the following examinations: an annual physical examination, dental exam, mammogram, Pap smear, eye examination, immunization, flexible sigmoidoscopies, PSA test, ultrasounds or blood screening test. Service must be under the supervision of, or recommended by, a Physician and received while Your Policy is in force. A charge must be incurred. All dependent children will be treated as one insured for this benefit. This policy must be in force for 12 months before this benefit is payable.

**G. PREMIUMS.** We reserve the right to change the Premium rates. If We do this, We can only do it to all Policies in Your class. We will give You 31 days notice if We change Premium rates.

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

**CENTRAL UNITED LIFE INSURANCE COMPANY**  
a stock company  
**[10700 Northwest Freeway]**  
**[Houston, Texas 77092]**  
**Customer Service [800-669-9030]**  
**ACCIDENT EXPENSE POLICY HPACC12NOC-AR**  
**Limited Benefits for Accident While Off-the-Job.**

**It does not pay benefits for loss from injuries or sickness received while working for wage or profit.**  
**REQUIRED OUTLINE OF COVERAGE**

- A. READ YOUR POLICY CAREFULLY!** This Outline of Coverage provides a very brief description of some of the important features of Your Policy. This is not the insurance contract and only the actual Policy provisions will control. The Policy itself sets forth, in detail, the rights and obligations of both You and Us. It is, therefore, important that You **READ YOUR POLICY CAREFULLY.**
- B.** Accident plans provide accidental death, dismemberment and medical expense benefits for the Insured Person(s), spouse and covered children with coterminous benefit and premium periods to age 70. Coverage is provided for the benefits described in the **BENEFITS** section below. The benefits described may be limited as outlined in the **EXCLUSIONS** section. The policy will pay the following benefits for a covered injury per unit unless otherwise noted. A maximum of 2 units may be purchased.
- C. BENEFITS** Benefits will not be paid for injuries received while working for wage or profit.

Accidental Death Benefit (Principal Sum):

|                            |   |
|----------------------------|---|
| PRINCIPAL SUM - YOU        | {Units of \$25,000; Min. \$25,000; Max. \$50,000} |
| PRINCIPAL SUM – SPOUSE     | {Units of \$10,000; Min. \$10,000; Max. \$20,000} |
| PRINCIPAL SUM - EACH CHILD | {Units of \$ 5,000; Min. \$ 5,000; Max. \$10,000} |

**Common Carrier:** If insured suffers a covered accidental death as a fare-paying passenger on a common carrier operating on a regularly scheduled basis such as a plane, bus or train, benefit will be double the Accidental Death Benefit.

**Burn.** We will pay the applicable amount listed below if any Insured Person receives burns as the result of a Covered Accident which are treated by a Physician within 72 hours after the Covered Accident. We will pay only one benefit amount per Covered Accident.

We will pay 25% of the applicable Burn Benefit if any Insured Person receives a skin graft for a burn for which a benefit was paid under the Burn Benefit of this policy. This benefit will be payable only once per Covered Accident.

|   | Insured | Spouse/Child |
|---|---------|--------------|
| Second degree burns which cover at least 36% of the body surface  | \$ 375  | \$ 150       |
| Third degree burns which cover at least 1% of the body surface<br>but less than 20% of the body surface | \$ 750  | \$ 300       |
| Third degree burns which cover 20% or more of the body surface  | \$5,000 | \$2,000      |

**Dislocated (separated joint).** We will pay the applicable amount listed below if any Insured Person receives a dislocation as the result of a Covered Accident. As this list is not complete, We will pay a benefit similar to the dislocation suffered if not listed. A dislocation is a completely separated joint. In order for this benefit to be payable for the joint involved, all of the following must occur:

- it must be diagnosed as a dislocation by a Physician within 90 days after the Covered Accident;

- the dislocation must require correction with anesthesia by a Physician; and
- the dislocation will be corrected by open (surgical) or closed (non-surgical) reduction.

If any Insured Person receives more than one dislocation in a Covered Accident and requires open or closed reduction, We will pay for all dislocations. However, We will pay no more than two times the amount for the joint involved which has the highest benefit amount.

If the dislocation requires reduction without anesthesia by a Physician, We will pay 25% of the amount listed for a closed reduction of the joint involved.

If a Physician diagnoses the dislocation as an incomplete dislocation, We will pay 25% of the amount listed for a closed reduction of the joint involved. An incomplete dislocation is a dislocation in which the joint is not completely separated.

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

| Joint  | Closed Reduction | Open Reduction |
|--|------------------|----------------|
| Hip  | \$1,000          | \$2,000        |
| Knee (except Patella)                          | 500              | 1,000          |
| Ankle  | 400              | 800            |
| Bone or bones of the foot (other than toes)    | 400              | 800            |
| Collarbone (Sternoclavicular)                  | 250              | 500            |
| Lower Jaw                                      | 150              | 300            |
| Shoulder (Glenohumeral)                        | 150              | 300            |
| Elbow  | 150              | 300            |
| Wrist  | 150              | 300            |
| Bone or bones of the hand (other than fingers) | 150              | 300            |
| Collarbone (Acromioclavicular and separation)  | 50               | 100            |
| One toe or finger                              | 50               | 100            |

Emergency Dental Work. We will pay the applicable amount listed below for dental work required by an Insured Person as the result of Injuries received in a Covered Accident.

Any and all broken teeth repaired with crown(s) \$150

Any and all broken teeth resulting in extraction(s) \$ 50

Benefits are payable only once per Covered Accident, regardless of the number of teeth involved.

Emergency Room Treatment. We will pay the amount shown on the Policy Schedule if any Insured Person is injured as the result of a Covered Accident and the Insured Person requires examination and treatment by a Physician in an Emergency Room within 72 hours after the Covered Accident. This amount will be paid once per Covered Accident.

Fracture (broken bone). We will pay the applicable amount listed below if any Insured Person receives a fracture as the result of a Covered Accident. As this list is not complete, We will pay a benefit similar to the fracture suffered if not listed.

A fracture is a break in a bone which can be seen by X-ray. In order for this benefit to be payable for the bone involved, all of the following must occur:

- it must be diagnosed as a fracture by a Physician within 90 days after the Covered Accident; and
- the fracture must require open (surgical) or closed (non-surgical) reduction by a Physician.

The maximum benefit payable for all fractures as the result of a Covered Accident is equal to two times the amount of the fracture with the highest benefit amount.

If a Physician diagnoses the fracture as a chip fracture, We will pay 25% of the amount listed for the closed reduction for the bone involved. A chip fracture is a fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached.

| Bone  | Closed Reduction | Open Reduction |
|---|------------------|----------------|
| Skull (except bones of face or nose)                              |                  |                |
| Depressed skull fracture  | \$1,250          | \$2,500        |
| Simple non-depressed skull fracture                               | \$ 500           | \$1,000        |
| Hip, thigh (Femur)  | \$ 750           | \$1,500        |
| Vertebrae, body of (excluding Vertebral Processes)                | \$ 400           | \$ 800         |
| Pelvis (includes Ilium, Ischium, Pubis, Acetabulum except Coccyx) | \$ 400           | \$ 800         |
| Leg (Tibia and/or Fibula)   | \$ 400           | \$ 800         |
| Bones of face or nose (except Mandible or Maxilla)                | \$ 175           | \$ 350         |
| Upper jaw, Maxilla (except Alveolar Process)                      | \$ 175           | \$ 350         |
| Upper arm between elbow and shoulder (Humerus)                    | \$ 175           | \$ 350         |
| Lower jaw, Mandible (except Alveolar Process)                     | \$ 150           | \$ 300         |
| Shoulder blade (Scapula), collar bone (Clavicle, Sternum)         | \$ 150           | \$ 300         |
| Vertebral Processes   | \$ 150           | \$ 300         |
| Forearm (radius and/or Ulna)                                      | \$ 150           | \$ 300         |
| Knee cap (Patella)  | \$ 150           | \$ 300         |
| Hand, foot (except fingers, toes)                                 | \$ 150           | \$ 300         |
| Ankle, wrist  | \$ 150           | \$ 300         |
| Rib   | \$ 125           | \$ 250         |
| Coccyx  | \$ 100           | \$ 200         |
| Finger, toe   | \$ 25            | \$ 50          |

Hospital Admission. We will pay \$500 if any Insured Person is Confined to a Hospital as the result of Injuries received in a Covered Accident. The Insured Person must be Confined within 180 days after the Covered Accident. This benefit will not be paid for: Emergency Room treatment; outpatient treatment; or a stay of less than 20 hours. This amount will be paid once per Covered Accident.

Hospital Confinement. We will pay \$100 per day for up to 90 days per Covered Accident if any Insured Person is Confined in a Hospital or Hospital Sub-Acute Intensive Care Unit as the result of Injuries received in a Covered Accident. The Insured Person must become Confined in a Hospital or a Hospital Sub-Acute Intensive Care Unit within 180 days after the Covered Accident. We will pay benefits for only one Hospital Confinement at a time even if it is caused by more than one Covered Accident. We will not pay this benefit for: Emergency Room treatment; outpatient treatment; or a stay of less than 20 hours.

Hospital Intensive Care Unit Confinement. We will pay \$200 per day for up to 15 days per Covered Accident if any Insured Person is Confined to a Hospital Intensive Care Unit as the result of Injuries received in a Covered Accident. The Confinement in a Hospital Intensive Care Unit must begin within 30 days after the Covered Accident.

If any Insured Person is Confined to a Hospital Intensive Care Unit that does not meet the definition in this policy of a Hospital Intensive Care Unit, We will pay the Hospital Confinement Benefit. The Hospital Intensive Care Unit Confinement Benefit and the Hospital Confinement Benefit will not be paid concurrently. If any Insured Person is Confined in a Hospital Intensive Care Unit for more than 15 days, the Hospital Confinement Benefit will begin on the 16th day. The total amount payable per Covered Accident will not exceed 90 days for Hospital Confinement and 15 days for Hospital Intensive Care Unit Confinement.

Knee Cartilage – Torn. We will pay \$500, reduced by any benefit paid for arthroscopic surgery previously performed, if any Insured Person receives a torn knee cartilage (meniscus) as the result of a Covered Accident. For this benefit to be paid, all of the following must occur:

- it must be treated by a Physician within 60 days after the Covered Accident; and
- it must be repaired through surgery by a Physician within 180 days after the Covered Accident.

If exploratory arthroscopic surgery is performed within 180 days of the Covered Accident and no repair is done, or if the cartilage is shaved (debridement), We will pay \$100.

Laceration. We will pay the applicable amount listed below if any Insured Person receives a laceration as the result of a Covered Accident. The laceration must be repaired by a Physician within 72 hours after the Covered Accident. The amount We will pay is based on the total length of all lacerations received in any one Covered Accident which require repair. If the laceration is severe enough to require stitches but the Physician chooses to repair it in another way, We will pay it as a laceration repaired with stitches.

Total of all lacerations is not more than three inches (7.6 cm) long and repaired by stitches, staples or glue \$ 50

Total of all lacerations is greater than three and not more than five inches (7.6 cm to 12.5 cm) long and repaired by stitches, staples or glue \$200

Total of all lacerations is more than five inches (12.5 cm) long and repaired by stitches, staples or glue \$400

If any Insured Person receives a laceration on a finger, toe, hand, foot or eye and later loses that finger, toe, hand, foot or eye as the result of the same Covered Accident, We will subtract the amount We paid under the Laceration Benefit from the Loss of Finger, Toe, Hand, Foot or Sight of an Eye Benefit.

Loss of Finger, Toe, Hand, Foot or Sight of an Eye. We will pay the applicable amount listed below for loss received as the result of a Covered Accident and in which loss occurs within 90 days after the Covered Accident.

|   | Insured  | Spouse/Child |
|---|----------|--------------|
| Loss of both hands, or both feet, or the sight of both eyes, or any combination of two or more listed above | \$15,000 | \$10,000     |

|  |          |          |
|--|----------|----------|
| Loss of one hand, or one foot, or sight of one eye   | \$ 7,500 | \$ 5,000 |
| Loss of two or more fingers, or two or more toes, or any combination of two or more listed above | \$ 1,500 | \$ 1,000 |
| Loss of one finger or one toe  | \$ 750   | \$ 500   |

“Loss of a hand” means that the hand is cut off through or above the wrist joint or the use of the hand is medically determined to be permanently lost. “Loss of a foot” means that the foot is cut off through or above the ankle joint or the use of the foot is medically determined to be permanently lost. “Loss of a finger” means that the finger is cut off at the joint proximate to the first interphalangeal joint where it is attached to the hand. “Loss of a toe” means that the toe is cut off at the joint proximate to the first interphalangeal joint where it is attached to the foot. “Loss of sight of an eye” means that at least 80% of vision is permanently lost.

If the Insured Person loses a finger or toe and later loses a hand or foot within 90 days on the same side of the body as the result of the same Covered Accident, We will subtract the amount paid for the loss of a finger or toe from the Loss of Finger, Toe, Hand, Foot or Sight of an Eye Benefit.

Only the highest single benefit will be payable per Covered Accident. Benefits will be paid only once per Covered Accident. If death and Loss of Finger, Toe, Hand, Foot or Sight of an Eye result from the same Covered Accident, only the Accidental Death Benefit will be paid.

Major Diagnostic Exams. We will pay \$100 per Calendar Year if an Insured Person requires one of the following exams for Injuries received as the result of a Covered Accident:

- angiogram; CT (computerized tomography) scan; CTA (computerized tomography angiogram) scan; MRI (magnetic resonance imaging); MRA (magnetic resonance angiogram); or EEG (electroencephalogram).

Physician’s Office/Urgent Care. We will pay the amount shown on the Policy Schedule if any Insured Person receives treatment and/or advice by a Physician in their office or an Urgent Care Facility for Injuries as the result of a Covered Accident. The treatment must occur within 60 days after the Covered Accident and the services provided must be the result of a Covered Accident and not for routine examinations or preventative testing. This amount will be paid once per Covered Accident.

**The following benefits are the Maximum for the policy regardless of units purchased:**

Air Ambulance. We will pay \$500 if a licensed professional air ambulance company transports any Insured Person by air to or from a Hospital or between medical facilities, where treatment for Injuries is provided as the result of a Covered Accident. The air ambulance transportation must occur within 48 hours after the Covered Accident. This amount will be paid once per Covered Accident.

Ambulance. We will pay \$100 if a licensed professional ambulance company transports any Insured Person by ground transportation to or from a Hospital or between medical facilities, where treatment for Injuries is provided for Injuries resulting from a Covered Accident. The ambulance transportation must occur within 90 days from the Covered Accident. This amount will be paid once per Covered Accident.

Appliance. We will pay \$100 if any Insured Person is injured as the result of a Covered Accident and a Physician prescribes the use of a medical appliance as an aid in personal locomotion or mobility. Crutches, braces, walkers and wheelchairs are examples of medical appliances. The use of an appliance must be prescribed within 90 days after the Covered Accident. This amount will be paid once per Covered Accident.

Blood/Plasma/Platelets. We will pay \$300 if the primary Insured Person (\$200 if the Spouse/Dependent Child) is injured as the result of a Covered Accident and requires the transfusion, administration, cross-matching, typing and processing of blood, blood plasma or platelets as the result of the injury. The blood,

blood plasma or platelets must be administered within 90 days after the Covered Accident. This amount will be paid once per Covered Accident.

**Eye Injury.** We will pay \$200 if any Insured Person receives an eye Injury as the result of a Covered Accident. The eye Injury must require surgery or the removal of a foreign object by a Physician within 90 days after the Covered Accident. This amount will be paid once per Covered Accident. An examination with anesthesia will not be considered surgery.

**Gunshot Wound.** We will pay \$500 if the primary Insured Person is injured by one or more gunshot wounds and did not intentionally shoot themselves. The wound(s) must be caused by a shot from a conventional firearm. A conventional firearm is a weapon which fires a shot (bullet) by gun powder or compressed gas. The wound(s) must require treatment by a Physician, including Confinement within 24 hours and surgery within 72 hours after the injury.

**Lodging.** We will pay \$100 per night for one motel/hotel room, for up to 30 days per Covered Accident, if a companion accompanies the Insured Person. This benefit is payable only for motel/hotel stays during the period of time the Insured Person is Confined to the Hospital. In order for this benefit to be payable, the Hospital in which the Insured Person is Confined must be located more than 100 miles from the residence of the Insured Person.

**Prosthetic Device/Artificial Limb.** We will pay the applicable amount listed below for a prosthetic device/artificial limb which is prescribed by a Physician for functional use when the Insured Person loses a hand, foot or sight of an eye due to a Covered Accident. The prosthetic device/artificial limb must be received within one year of the Covered Accident. This amount will be paid once per Covered Accident.

|  |          |
|--|----------|
| One prosthetic device or artificial limb           | \$ 500   |
| More than one prosthetic device or artificial limb | \$ 1,000 |

This benefit will not be paid for: hearing aids; dental aids, including false teeth; eye glasses; cosmetic prosthesis such as wigs; or joint replacement such as an artificial hip or knee.

**Ruptured Disc.** We will pay \$400 for any and all ruptured discs in the spine suffered by an Insured Person as the result of a Covered Accident. For this benefit to be paid, all of the following must occur.

- the ruptured disc(s) must be treated by a Physician within 60 days after the Covered Accident; and
- the ruptured disc(s) must be repaired through surgery by a Physician within one year after the Covered Accident.

This amount will be paid once per Covered Accident.

**Surgery.** We will pay \$1,000 if any Insured Person undergoes open abdominal or thoracic surgery, within 72 hours after the Covered Accident, to repair internal Injuries received as a result of the Covered Accident. For open abdominal or thoracic exploratory surgery without repair, We will pay a benefit of \$100. For exploratory or other surgery without repair, We will pay a benefit of \$100. This amount will be paid once per Covered Accident. **Tendon/Ligament/Rotator Cuff.** We will pay \$500 for the surgical repair of any and all torn, ruptured or severed tendon, ligament or rotator cuff which an Insured Person suffered as the result of a Covered Accident. The surgery must be performed by a Physician within 90 days after the Covered Accident.

If exploratory arthroscopic surgery is performed and no repair is done, We will pay a benefit of \$100.

If any Insured Person receives a fracture or a dislocation and tears, ruptures or severs a tendon/ligament/rotator cuff in the same Covered Accident, only one benefit will be paid. We will pay the larger of the Tendon/Ligament/Rotator Cuff Benefit, the Fracture Benefit or the Dislocation Benefit.

**Transportation.** We will pay \$300 per round trip if any Insured Person must travel more than 100 miles round trip from their residence to receive treatment and be confined in a Hospital for Injuries received as the result of a Covered Accident. Treatment must be prescribed by a Physician and not available locally.

This benefit is payable for up to three round trips per Covered Accident. This benefit is not payable for transportation by ambulance or air ambulance.

#### **D. EXCLUSIONS**

We will not pay benefits for losses that are caused by or are the result of any Insured Person(s):

- 1) operating, learning to operate, or serving as a crew member of any aircraft;
- 2) engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting or any similar activities;
- 3) riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- 4) officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- 5) who has any sickness or condition caused by a sickness independent of the Covered Accident, including physical or mental infirmity. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by any injury;
- 6) being exposed to war or any act of war, declared or undeclared;
- 7) actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve;
- 8) suffering from mental or nervous disorders;
- 9) being addicted to drugs or suffering from alcoholism;
- 10) being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;
- 11) receiving Injuries caused directly or indirectly while under the influence of a controlled substance or by intoxication as defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred;
- 12) having cosmetic surgery or other elective procedures that are not medically necessary;
- 13) having dental treatment except as the result of an Injury;
- 14) participating in or attempting to commit a felony;
- 15) being incarcerated in a penal institution or government detention facility;
- 16) driving any taxi for wage, compensation or profit;
- 17) engaging in an illegal activity or occupation;
- 18) self-inflicting an Injury intentionally; or
- 19) committing or attempting to commit suicide, while sane or insane;

**E. RENEWABILITY** – This Policy is Guaranteed Renewable to age 70. That means as long as You pay the Renewal Premiums when due, subject to a 31-day Grace Period, We cannot cancel or change Your Policy.

#### **F. OPTIONAL BENEFIT RIDERS** (Available with additional premium)

Annual Wellness Benefit Rider HRWEL2010: We will pay \$60 once each Policy year if You, Your Spouse or any one family member (Dependent) named in the Policy Schedule undergo any of the following examinations: an annual physical examination, dental exam, mammogram, Pap smear, eye examination, immunization, flexible sigmoidoscopies, PSA test, ultrasounds or blood screening test. Service must be under the supervision of, or recommended by, a Physician and received while Your Policy is in force. A charge must be incurred. All dependent children will be treated as one insured for this benefit. This policy must be in force for 12 months before this benefit is payable.

**G. PREMIUMS.** We reserve the right to change the Premium rates. If We do this, We can only do it to all Policies in Your class. We will give You 31 days notice if We change Premium rates.

# CENTRAL UNITED

Submission Type:  
Form Number(s):

New Product Filing  
HPACC1224, HPACC12NOC

To whom it may concern:

This letter is to serve as a statement of variables for the above referenced filing. Please note, there are two versions of our Accident Only product. One version offers the insured coverage while off-the-job, while the other offers coverage at all times.

| Form Number: HPACC1224   | Form Name: 24 Hour Accident Expense Policy  |
|--|---|
| <b>Bracketed Information</b>   | <b>Explanation</b>  |
| Accidental Death Benefit Insured, Spouse, Child(ren)   | The Accidental Death Benefit will vary based on the units purchased, limit 2 units.   |
| Company Address, Phone Number, Officers  | The Company will promptly notify the Department if the Company moves to a different location. Company officers may change.                |
| Insured Name, Age, Policy Number, Effective Date, Initial Premium, Dependents, and Mode of Payment | Individual policyholder information will be populated here. Premium will be determined by the number of units purchased and underwriting. |
| Policy Form Number   | State-specific form numbers will be populated here.   |
| Rider: Form Name, Benefit Description, and Premium   | The purchase of the rider is optional.  |

| Form Number: HPACC12NOC  | Form Name: Non-Occupational Accident Expense Policy   |
|--|---|
| <b>Bracketed Information</b>   | <b>Explanation</b>  |
| Accidental Death Benefit Insured, Spouse, Child(ren)   | The Accidental Death Benefit will vary based on the units purchased, limit 2 units.   |
| Company Address, Phone Number, Officers  | The Company will promptly notify the Department if the Company moves to a different location. Company officers may change.                |
| Insured Name, Age, Policy Number, Effective Date, Initial Premium, Dependents, and Mode of Payment | Individual policyholder information will be populated here. Premium will be determined by the number of units purchased and underwriting. |
| Policy Form Number   | State-specific form numbers will be populated here.   |
| Rider: Form Name, Benefit Description, and Premium   | The purchase of the rider is optional.  |

Central United Life Insurance Company appreciates the Department's time in reviewing this filing. If you have any questions, you may contact me by email at [lfloyd@manhattanlife.com](mailto:lfloyd@manhattanlife.com) or by phone at 1-800-669-9030, extension 5271.

Sincerely,

Leigh Floyd  
Form Filing Analyst



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**CENTRAL UNITED LIFE INSURANCE COMPANY**

[10700 Northwest Freeway  
Houston, Texas 77092]

**POLICY SCHEDULE**

**24-HOUR ACCIDENT EXPENSE POLICY**

|                                |                 |           |
|--------------------------------|-----------------|-----------|
| Primary Insured: [John Q. Doe] | Issue Age:      | [52]      |
| Policy Number: [12 345678]     | Initial Premium | [\$33.00] |
| Effective Date: [02/01/2011]   | Mode of Payment | [Monthly] |
| Insured Dependents:            |                 |           |
| Spouse: [Jane Doe]             |                 |           |
| [            ]                 |                 |           |
| [            ]                 |                 |           |
| [            ]                 |                 |           |
| [            ]                 |                 |           |

| FORM #      | BENEFIT DESCRIPTION  | PREMIUM                                   |
|-------------|--|---|
| [HPACC1224] | Guaranteed Renewable to age 70, subject to the Company's Right to Change Premium |   |
|             | Accidental Death Benefit Insured   | [\$23.00]                                 |
|             | Insured    \$[25,000, 50,000]  |   |
|             | Spouse     \$[10,000, 20,000]  |   |
|             | Child(ren) \$[5,000, 10,000]   |   |
|             | Accidental Death – Common Carrier  | Accidental Death Benefit will be doubled. |
|             | Emergency Room Treatment   | [\$200, \$500]                            |
|             | Physician's Office/Urgent Care   | [\$50, \$120]                             |
| [HRWEL2010] | [Wellness Rider \$60.00]   | [\$10.00]                                 |

## DEFINITIONS

**AGE:** Your Age as of your last birthday.

**AMBULANCE:** A ground or air vehicle which is licensed as required by law, as an Ambulance, and is equipped to transport sick or injured persons.

**CONFINED/CONFINEMENT:** An Insured Person's Medically Necessary admission to and subsequent continued stay in a Hospital as an overnight bed patient for which a charge is made for room and board.

**COVERED ACCIDENT:** An accidental bodily injury that happens to an Insured Person while this Policy is in force.

**DENTAL TREATMENT:** Treatment of the teeth and/or periodontal area.

**DEPENDENT CHILD(REN):** Any natural child, step-child, legally adopted child or child placed into Your custody for adoption who is: (a) unmarried; (b) living with You in a regular parent – child relationship; (c) qualified as a dependent of You or Your Spouse for tax purposes according to the United States Internal Revenue Code; and (d) younger than age 26.

**EMERGENCY CARE:** Those health care services that are provided for a condition of recent onset and sufficient severity, including, but not limited to severe pain that would lead a prudent layperson, possessing an average knowledge of medicine and health, to believe that his or her injury is of such a nature that failure to obtain immediate medical care could result in:

- placing the patient's health in serious jeopardy;
- serious impairment to bodily functions; or
- serious dysfunction of any bodily organ or part.

**HOSPITAL:** An institution operated pursuant to law for the care and treatment of injured and sick persons which:

- maintains (either on its premises, or in facilities available to the Hospital on a contractual prearranged basis and under the supervision of a staff of one or more duly licensed Physicians) organized facilities for medical, diagnostic and surgical care for injured and sick persons on an inpatient basis for which a charge is made that the Insured Person is legally obligated to pay;
- maintains a staff of one or more duly licensed Physicians;
- provides 24 hour nursing care by or under the supervision of an R.N.;
- maintains and operates a minimum of 5 beds; and
- maintains permanent medical history records.

Hospital does not include any facility which is used principally as a facility for the aged, drug addicts, alcoholics, custodial care, educational care, rest or convalescence, or care of Mental or Nervous Disorders.

**INSURED PERSON:** You (primary insured) and Your Spouse and Dependent Child(ren) as listed on the application, and named in the Policy Schedule.

**INTENSIVE CARE UNIT:** Intensive Care Units are defined as an area or unit of a hospital that is separate and apart from the surgical recovery room and from the general service rooms, beds and wards. It must have 24-hour nursing care attended by nurses assigned on a full-time basis exclusive to such unit; and a stay in the unit must be at the direction and/or supervision of a full-time Physician director or a standing "intensive care" committee of the medical staff. Intensive Care Units include an intensive cardiac care unit and a neo-natal intensive care unit. It does not include: progressive care units; sub-acute intensive care units; intermediate care units; private monitored rooms; observation units; or other lesser treatment units.

**ISSUE DATE:** The effective date of coverage provided by this Policy. See the Policy Schedule.

**MEDICALLY NECESSARY OR MEDICAL NECESSITY:** The necessity of a service or supply as appropriate for the diagnosis or treatment of a Covered Accident based on generally accepted current medical practice. A service or supply will not be considered Medically Necessary if:

- it is provided only as a convenience to the Insured Person or provider;
- it is not appropriate treatment for the Insured Person's diagnosis or symptoms; or

- it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment.

**MENTAL OR NERVOUS DISORDER:** Any disorder classified as such in the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

**PHYSICIAN:** A licensed medical provider who acts within the scope of his or her license and provides treatment or care necessary for a Covered Accident. The Physician must be someone other than You or a member of Your immediate family.

**POLICY:** This Accident Expense contract.

**POLICY SCHEDULE:** Page 3 of this Policy.

**RENEWAL PREMIUMS:** The amount You must pay Us to keep this Policy in force.

**SPOUSE:** Your spouse for whom You have applied for insurance coverage under this Policy and for whom premium payments are made. At the time of application, Your spouse must be at least 18 years of age and no more than 69 years of age.

**WE, OUR, US, THE COMPANY:** Central United Life Insurance Company (Central United).

**YOU, YOUR:** The Insured/Owner of this Policy. If the Insured is not the Owner, You refers to either as the context allows.

### **PREMIUMS AND REINSTATEMENT**

**Premium Payments:** The first premium is due on the Issue Date. Premiums will include rider premiums, if any. Premiums paid after the first premium are Renewal Premiums. We may change Renewal Premiums. The rules for doing this are on Page 1.

The date Renewal Premiums are due is called the due date. Subject to the Grace Period, Your Policy will end if a Renewal Premium is not paid by the due date. All premiums are payable to Us.

**Grace Period:** You have a 31-day Grace Period to pay Renewal Premiums. The Grace Period starts on the due date and ends 31 days later. During the Grace Period, Your Policy stays in force. If You do not pay the Renewal Premium by the end of the Grace Period, Your Policy will lapse (end).

**Reinstatement:** Our acceptance of premium for this policy beyond the grace period will not reinstate the policy. Our only liability will be to return the premium. In order to reinstate the policy, all insureds requesting coverage must complete an application for reinstatement subject to our underwriting guidelines. The reinstated Policy shall cover only loss resulting from such accidental injury as may be sustained after the date of reinstatement. In all other respects the Insured and Company shall have the same rights thereunder as they had under this Policy immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with the reinstatement.

**Refund of Unearned Premium:** Within 30 days of proof of an Insured Person's death, We will refund any unearned premium paid for such person for any period beyond the end of the month in which death occurred.

**Unpaid Premiums:** When a claim is paid, any premium due and unpaid may be deducted from the claim payment.

## BENEFITS

This policy will pay the following benefits for loss resulting from a Covered Accident for each unit purchased:

**Accidental Death Benefit.** We will pay the benefit amount shown on the Policy Schedule if any Insured Person is injured as the direct result of a Covered Accident. The injury must be the cause of the Insured Person's death and occur within 90 days after the Covered Accident.

**Accidental Death – Common Carrier.** We will pay the benefit amount shown on the Policy Schedule if any Insured Person is injured as the result of a Covered Accident while a fare-paying passenger on a common carrier operating on a regularly scheduled basis such as a plane, bus or train. The injury must be the cause of the Insured Person's death and occur within 90 days after the Covered Accident. If We pay this benefit, the Accidental Death Benefit will not be paid.

**Burn.** We will pay the applicable amount listed below if any Insured Person receives burns as the result of a Covered Accident which are treated by a Physician within 72 hours after the Covered Accident. We will pay only one benefit amount per Covered Accident.

We will pay 25% of the applicable Burn Benefit if any Insured Person receives a skin graft for a burn for which a benefit was paid under the Burn Benefit of this policy. This benefit will be payable only once per Covered Accident.

|   | You     | Spouse/Child |
|---|---------|--------------|
| Second degree burns which cover at least 36% of the body surface  | \$ 375  | \$ 150       |
| Third degree burns which cover at least 1% of the body surface<br>but less than 20% of the body surface | \$ 750  | \$ 300       |
| Third degree burns which cover 20% or more of the body surface  | \$5,000 | \$2,000      |

**Dislocated (separated) Joint.** We will pay the applicable amount listed below if any Insured Person receives a dislocation as the result of a Covered Accident. As this list is not complete, We will pay a benefit similar to the dislocation suffered if not listed. A dislocation is a completely separated joint. In order for this benefit to be payable for the joint involved, all of the following must occur:

- it must be diagnosed as a dislocation by a Physician within 90 days after the Covered Accident;
- the dislocation must require correction with anesthesia by a Physician; and
- the dislocation will be corrected by open (surgical) or closed (non-surgical) reduction.

If any Insured Person receives more than one dislocation in a Covered Accident and requires open or closed reduction, We will pay for all dislocations. However, We will pay no more than two times the amount for the joint involved which has the highest benefit amount.

If the dislocation requires reduction without anesthesia by a Physician, We will pay 25% of the amount listed for a closed reduction of the joint involved.

If a Physician diagnoses the dislocation as an incomplete dislocation, We will pay 25% of the amount listed for a closed reduction of the joint involved. An incomplete dislocation is a dislocation in which the joint is not completely separated.

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

| Joint  | Closed Reduction | Open Reduction |
|--|------------------|----------------|
| Hip  | \$1,000          | \$2,000        |
| Knee (except Patella)                          | 500              | 1,000          |
| Ankle  | 400              | 800            |
| Bone or bones of the foot (other than toes)    | 400              | 800            |
| Collarbone (Sternoclavicular)                  | 250              | 500            |
| Lower Jaw                                      | 150              | 300            |
| Shoulder (Glenohumeral)                        | 150              | 300            |
| Elbow  | 150              | 300            |
| Wrist  | 150              | 300            |
| Bone or bones of the hand (other than fingers) | 150              | 300            |
| Collarbone (Acromioclavicular and separation)  | 50               | 100            |
| One toe or finger                              | 50               | 100            |

**Emergency Dental Work.** We will pay the applicable amount listed below for dental work required by an Insured Person as the result of Injuries received in a Covered Accident.

- Any and all broken teeth repaired with crown(s)      \$150
- Any and all broken teeth resulting in extraction(s)      \$ 50

Benefits are payable only once per Covered Accident, regardless of the number of teeth involved.

**Emergency Room Treatment.** We will pay the amount shown on the Policy Schedule if any Insured Person is injured as the result of a Covered Accident and the Insured Person requires examination and treatment by a Physician in an Emergency Room within 72 hours after the Covered Accident. This amount will be paid once per Covered Accident.

**Fracture (broken bone).** We will pay the applicable amount listed below if any Insured Person receives a fracture as the result of a Covered Accident. As this list is not complete, We will pay a benefit similar to the fracture suffered if not listed.

A fracture is a break in a bone which can be seen by X-ray. In order for this benefit to be payable for the bone involved, all of the following must occur:

- it must be diagnosed as a fracture by a Physician within 90 days after the Covered Accident; and
- the fracture must require open (surgical) or closed (non-surgical) reduction by a Physician.

The maximum benefit payable for all fractures as the result of a Covered Accident is equal to two times the amount of the fracture with the highest benefit amount.

If a Physician diagnoses the fracture as a chip fracture, We will pay 25% of the amount listed for the closed reduction for the bone involved. A chip fracture is a fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached.

| <b>Bone</b>   | <b>Closed Reduction</b> | <b>Open Reduction</b> |
|---|-------------------------|-----------------------|
| Skull (except bones of face or nose)                              |                         |                       |
| Depressed skull fracture  | \$1,250                 | \$2,500               |
| Simple non-depressed skull fracture                               | 500                     | 1,000                 |
| Hip, thigh (Femur)  | 750                     | 1,500                 |
| Vertebrae, body of (excluding Vertebral Processes)                | 400                     | 800                   |
| Pelvis (includes Ilium, Ischium, Pubis, Acetabulum except Coccyx) | 400                     | 800                   |
| Leg (Tibia and/or Fibula)   | 400                     | 800                   |
| Bones of face or nose (except Mandible or Maxilla)                | 175                     | 350                   |
| Upper jaw, Maxilla (except Alveolar Process)                      | 175                     | 350                   |
| Upper arm between elbow and shoulder (Humerus)                    | 175                     | 350                   |
| Lower jaw, Mandible (except Alveolar Process)                     | 150                     | 300                   |
| Shoulder blade (Scapula), collar bone (Clavicle, Sternum)         | 150                     | 300                   |
| Vertebral Processes   | 150                     | 300                   |
| Forearm (radius and/or Ulna)                                      | 150                     | 300                   |
| Knee cap (Patella)  | 150                     | 300                   |
| Hand, foot (except fingers, toes)                                 | 150                     | 300                   |
| Ankle, wrist  | 150                     | 300                   |
| Rib   | 125                     | 250                   |
| Coccyx  | 100                     | 200                   |
| Finger, toe   | 25                      | 50                    |

**Hospital Admission.** We will pay \$500 if any Insured Person is Confined to a Hospital as the result of Injuries received in a Covered Accident. The Insured Person must be Confined within 180 days after the Covered Accident. This benefit will not be paid for:

- Emergency Room treatment;
- outpatient treatment; or
- a stay of less than 20 hours.

This amount will be paid once per Covered Accident.

**Hospital Confinement.** We will pay \$100 per day for up to 90 days per Covered Accident if any Insured Person is Confined in a Hospital or Hospital Sub-Acute Intensive Care Unit as the result of Injuries received in a Covered Accident. The Insured Person must become Confined in a Hospital or a Hospital Sub-Acute Intensive Care Unit within 180 days

after the Covered Accident. We will pay benefits for only one Hospital Confinement at a time even if it is caused by more than one Covered Accident. We will not pay this benefit for:

- Emergency Room treatment;
- outpatient treatment; or
- a stay of less than 20 hours.

**Hospital Intensive Care Unit Confinement.** We will pay \$200 per day for up to 15 days per Covered Accident if any Insured Person is Confined to a Hospital Intensive Care Unit as the result of Injuries received in a Covered Accident. The Confinement in a Hospital Intensive Care Unit must begin within 30 days after the Covered Accident.

If any Insured Person is Confined to a Hospital Intensive Care Unit that does not meet the definition in this policy of a Hospital Intensive Care Unit, We will pay the Hospital Confinement Benefit. The Hospital Intensive Care Unit Confinement Benefit and the Hospital Confinement Benefit will not be paid concurrently. If any Insured Person is Confined in a Hospital Intensive Care Unit for more than 15 days, the Hospital Confinement Benefit will begin on the 16th day. The total amount payable per Covered Accident will not exceed 90 days for Hospital Confinement and 15 days for Hospital Intensive Care Unit Confinement.

**Knee Cartilage – Torn.** We will pay \$500, reduced by any benefit paid for arthroscopic surgery previously performed, if any Insured Person receives a torn knee cartilage (meniscus) as the result of a Covered Accident. For this benefit to be paid, all of the following must occur:

- it must be treated by a Physician within 60 days after the Covered Accident; and
- it must be repaired through surgery by a Physician within 180 days after the Covered Accident.

If exploratory arthroscopic surgery is performed within 180 days of the Covered Accident and no repair is done, or if the cartilage is shaved (debridement), We will pay \$100.

**Laceration.** We will pay the applicable amount listed below if any Insured Person receives a laceration as the result of a Covered Accident. The laceration must be repaired by a Physician within 72 hours after the Covered Accident. The amount We will pay is based on the total length of all lacerations received in any one Covered Accident which require repair. If the laceration is severe enough to require stitches but the Physician chooses to repair it in another way, We will pay it as a laceration repaired with stitches.

|   |       |
|---|-------|
| Total of all lacerations is not more than three inches (7.6 cm) long and repaired by stitches, staples or glue                                  | \$50  |
| Total of all lacerations is greater than three and not more than five inches (7.6 cm to 12.5 cm) long and repaired by stitches, staples or glue | \$200 |
| Total of all lacerations is more than five inches (12.5 cm) long and repaired by stitches, staples or glue                                      | \$400 |

If any Insured Person receives a laceration on a finger, toe, hand, foot or eye and later loses that finger, toe, hand, foot or eye as the result of the same Covered Accident, We will subtract the amount We paid under the Laceration Benefit from the Loss of Finger, Toe, Hand, Foot or Sight of an Eye Benefit.

**Loss of Finger, Toe, Hand, Foot or Sight of an Eye.** We will pay the applicable amount listed below for loss received as the result of a Covered Accident and in which loss occurs within 90 days after the Covered Accident.

|   | <b>You</b> | <b>Spouse/Child</b> |
|---|------------|---------------------|
| Loss of both hands, or both feet, or the sight of both eyes, or any combination of two or more listed above | \$15,000   | \$10,000            |
| Loss of one hand, or one foot, or sight of one eye  | \$7,500    | \$5,000             |
| Loss of two or more fingers, or two or more toes, or any combination of two or more listed above            | \$1,500    | \$1,000             |
| Loss of one finger or one toe   | \$750      | \$500               |

“Loss of a hand” means that the hand is cut off through or above the wrist joint or the use of the hand is medically determined to be permanently lost. “Loss of a foot” means that the foot is cut off through or above the ankle joint or the use of the foot is medically determined to be permanently lost. “Loss of a finger” means that the finger is cut off at the joint proximate to the first interphalangeal joint where it is attached to the hand. “Loss of a toe” means that the toe is cut off at the joint proximate to the first interphalangeal joint where it is attached to the foot. “Loss of sight of an eye” means that at least 80% of vision is permanently lost.

If the Insured Person loses a finger or toe and later loses a hand or foot within 90 days on the same side of the body as the result of the same Covered Accident, We will subtract the amount paid for the loss of a finger or toe from the Loss of Finger, Toe, Hand, Foot or Sight of an Eye Benefit.

Only the highest single benefit will be payable per Covered Accident. Benefits will be paid only once per Covered Accident. If death and Loss of Finger, Toe, Hand, Foot or Sight of an Eye result from the same Covered Accident, only the Accidental Death Benefit will be paid.

**Major Diagnostic Exams.** We will pay \$100 per Calendar Year if an Insured Person requires one of the following exams for Injuries received as the result of a Covered Accident:

- angiogram;
- CT (computerized tomography) scan;
- CTA (computerized tomography angiogram) scan;
- MRI (magnetic resonance imaging);
- MRA (magnetic resonance angiogram); or
- EEG (electroencephalogram).

**Physician's Office/Urgent Care.** We will pay the amount shown on the Policy Schedule if any Insured Person receives treatment and/or advice by a Physician in their office or an Urgent Care Facility for Injuries as the result of a Covered Accident. The treatment must occur within 60 days after the Covered Accident and the services provided must be the result of a Covered Accident and not for routine examinations or preventative testing. This amount will be paid once per Covered Accident.

**The following benefits are the maximum benefits payable regardless of the number of units purchased:**

**Air Ambulance.** We will pay \$500 if a licensed professional air ambulance company transports any Insured Person by air to or from a Hospital or between medical facilities, where treatment for Injuries is provided as the result of a Covered Accident. The air ambulance transportation must occur within 48 hours after the Covered Accident. This amount will be paid once per Covered Accident.

**Ambulance.** We will pay \$100 if a licensed professional ambulance company transports any Insured Person by ground transportation to or from a Hospital or between medical facilities, where treatment for Injuries is provided for Injuries resulting from a Covered Accident. The ambulance transportation must occur within 90 days from the Covered Accident. This amount will be paid once per Covered Accident.

**Appliance.** We will pay \$100 if any Insured Person is injured as the result of a Covered Accident and a Physician prescribes the use of a medical appliance as an aid in personal locomotion or mobility. Crutches, braces, walkers and wheelchairs are examples of medical appliances. The use of an appliance must be prescribed within 90 days after the Covered Accident. This amount will be paid once per Covered Accident.

**Blood/Plasma/Platelets.** We will pay \$300 if the primary Insured Person (\$200 if the Spouse/Dependent Child) is injured as the result of a Covered Accident and requires the transfusion, administration, cross-matching, typing and processing of blood, blood plasma or platelets as the result of the injury. The blood, blood plasma or platelets must be administered within 90 days after the Covered Accident. This amount will be paid once per Covered Accident.

**Eye Injury.** We will pay \$200 if any Insured Person receives an eye Injury as the result of a Covered Accident. The eye Injury must require surgery or the removal of a foreign object by a Physician within 90 days after the Covered Accident. This amount will be paid once per Covered Accident. An examination with anesthesia will not be considered surgery.

**Gunshot Wound.** We will pay \$500 if the primary Insured Person is injured by one or more gunshot wounds and did not intentionally shoot themselves. The wound(s) must be caused by a shot from a conventional firearm. A conventional firearm is a weapon which fires a shot (bullet) by gun powder or compressed gas. The wound(s) must require treatment by a Physician, including Confinement within 24 hours and surgery within 72 hours after the injury.

**Lodging.** We will pay \$100 per night for one motel/hotel room, for up to 30 days per Covered Accident, if a companion accompanies the Insured Person. This benefit is payable only for motel/hotel stays during the period of time the Insured Person is Confined to the Hospital. In order for this benefit to be payable, the Hospital in which the Insured Person is Confined must be located more than 100 miles from the residence of the Insured Person.

**Prosthetic Device/Artificial Limb.** We will pay the applicable amount listed below for a prosthetic device/artificial limb which is prescribed by a Physician for functional use when the Insured Person loses a hand, foot or sight of an eye due to a Covered Accident. The prosthetic device/artificial limb must be received within one year of the Covered Accident. This amount will be paid once per Covered Accident.

|  |         |
|--|---------|
| One prosthetic device or artificial limb           | \$500   |
| More than one prosthetic device or artificial limb | \$1,000 |

This benefit will not be paid for:

- hearing aids;
- dental aids, including false teeth;
- eye glasses;
- cosmetic prosthesis such as wigs; or
- joint replacement such as an artificial hip or knee.

**Ruptured Disc.** We will pay \$400 for any and all ruptured discs in the spine suffered by an Insured Person as the result of a Covered Accident. For this benefit to be paid, all of the following must occur.

- the ruptured disc(s) must be treated by a Physician within 60 days after the Covered Accident; and
- the ruptured disc(s) must be repaired through surgery by a Physician within one year after the Covered Accident.

This amount will be paid once per Covered Accident.

**Surgery.** We will pay \$1,000 if any Insured Person undergoes open abdominal or thoracic surgery, within 72 hours after the Covered Accident, to repair internal Injuries received as a result of the Covered Accident. For open abdominal or thoracic exploratory surgery without repair, We will pay a benefit of \$100. For exploratory or other surgery without repair, We will pay a benefit of \$100. This amount will be paid once per Covered Accident. ~~Hernia repair will not be covered.~~

**Tendon/Ligament/Rotator Cuff.** We will pay \$500 for the surgical repair of any and all torn, ruptured or severed tendons, ligaments or rotator cuff which an Insured Person suffered as the result of a Covered Accident. The surgery must be performed by a Physician within 90 days after the Covered Accident.

If exploratory arthroscopic surgery is performed and no repair is done, We will pay a benefit of \$100.

If any Insured Person receives a fracture or a dislocation and tears, ruptures or severs a tendon/ligament/rotator cuff in the same Covered Accident, only one benefit will be paid. We will pay the larger of the Tendon/Ligament/Rotator Cuff Benefit, the Fracture Benefit or the Dislocation Benefit.

**Transportation.** We will pay \$300 per round trip if any Insured Person must travel more than 100 miles round trip from their residence to receive treatment and be confined in a Hospital for Injuries received as the result of a Covered Accident. Treatment must be prescribed by a Physician and not available locally. This benefit is payable for up to three round trips per Covered Accident. This benefit is not payable for transportation by ambulance or air ambulance.

## EXCLUSIONS

We will not pay benefits for losses that are caused by or are the result of any Insured Person(s):

- 1) operating, learning to operate, or serving as a crew member of any aircraft;
- 2) engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting or any similar activities;
- 3) riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- 4) officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- 5) who has any sickness or condition caused by a sickness independent of the Covered Accident, including physical or mental infirmity. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by any injury;
- 6) being exposed to war or any act of war, declared or undeclared;
- 7) actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve;
- 8) suffering from Mental or Nervous Disorders;
- 9) being addicted to drugs or suffering from alcoholism;
- 10) being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;

- 11) receiving Injuries caused directly or indirectly while under the influence of a controlled substance or by intoxication as defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred;
- 12) having cosmetic surgery or other elective procedures that are not medically necessary;
- 13) having dental treatment except as the result of an Injury;
- ~~14)having a hernia;~~
- ~~15)14) \_\_\_\_\_~~ participating in or attempting to commit a felony;
- ~~16)15) \_\_\_\_\_~~ being incarcerated in a penal institution or government detention facility;
- ~~17)16) \_\_\_\_\_~~ driving any taxi for wage, compensation or profit;
- ~~18)17) \_\_\_\_\_~~ engaging in an illegal activity or occupation;
- ~~19)18) \_\_\_\_\_~~ self-inflicting an Injury intentionally; or
- ~~20)19) \_\_\_\_\_~~ committing or attempting to commit suicide, while sane or insane;

## TERMINATION

Coverage will terminate and no Benefits will be payable under this Policy and the attached Riders, if any, on the earliest of the following:

- when any premium due for this Policy is not paid before the end of the Grace Period;
- when You give Us a written request to do so;
- when You establish residence in a foreign country;
- upon Your death;
- attainment of age 70

Coverage of a Dependent Child will terminate when this policy terminates, or when any such child no longer meets the definition of Dependent Child.

Coverage of a Spouse will terminate on the earliest of the following:

- when this policy terminates;
- upon Spouse's death;
- upon Spouse's attainment of age 70; or
- on the next premium due date after the date of divorce or legal separation from You, the named Insured.

It is Your responsibility to notify Us of an Insured's loss of eligibility of coverage. Our acceptance of premium for such person whose coverage has terminated will not extend coverage for such persons. Our only liability will be to return the premium for the period the person is not covered.

## CLAIM PROVISIONS

**Notice of Claim:** You should give Us notice that You have a claim in writing. Unless it's not possible, You should give Us notice within 20 days after You suffer a loss. Your notice should include Your name and Policy Number. Notice can be given to The Company at Our office.

**Claim Forms:** Once You give Us Notice of Claim, We will send claim forms. If We do not send these within 15 days of Notice of Claim, Your written statement will be accepted. The written statement must state the cause, nature, and extent of Your loss, and be given in the Proof of Loss time limit.

**Proof of Loss:** Proof of Loss ("Proof") is due within 120 days after the date you suffer a loss. If You cannot meet this deadline, You must submit Proof as soon as possible. We will not reduce or deny Benefits because Proof is late. However, You must give Us Proof within 12 months unless You lack legal capacity.

**Time of Payment of Claims:** When We receive Your Proof of Loss, We will pay the Benefits then due, except as otherwise stated in any benefit provision.

**Payment of Claims:** We pay Benefits to You. If You die, unpaid Benefits go to Your Beneficiary or Beneficiaries. If You have not named a Beneficiary, Benefits will be paid to Your estate. We can pay up to \$1,000 to a relative instead of Your estate. We can also do this if You lack legal capacity.

## GENERAL PROVISIONS

**Entire Policy:** The contract between You and Central United includes this Policy, Your Policy, application and any Riders or Endorsements attached to this Policy by Us. Your Policy is issued in return for Your application and the first premium.

Only Central United's President or any of Our Vice Presidents, Secretaries, or Assistant Secretaries can change or waive the terms of Our contract. No sales agent or any other person can do so. Any changes must be in writing and signed by one of these officers.

**Statements Made In Your Application:** After Your Policy has been in force for 2 years after the Issue Date, We cannot use Your application answers against You unless they are fraudulent. No claim for loss that starts after 2 years from the Issue Date will be reduced or denied because a physical condition existed before the Issue Date unless it is limited or was excluded by name or specific description.

**Misstatement of Age:** If Your Age was misstated in the application, the Policy Benefits will be changed to those the premium paid would have provided for the correct Age.

**Physical Examination:** We have the right to have You examined by Physicians when reasonably necessary. A claim must be pending. The exam is at Our expense.

**Conformity With State Statutes:** The law of Your state of residence applies. If this Policy conflicts with Your state's laws on the Issue Date, it is considered changed to meet those laws. The change will be to the law's minimum requirement.

**Legal Actions:** No legal action can be brought before 60 days or after 3 years after Proof of Loss is given.

**Term of Coverage:** The initial term of this Policy begins on the Issue Date shown in the Policy Schedule at 12:01 am, Standard Time of the place where You then reside and ends at 12:01 am, Standard Time of the place where You then reside on the date specified in the Termination provision.

## CENTRAL UNITED LIFE INSURANCE COMPANY

[10700 Northwest Freeway  
Houston, Texas 77092]  
Customer Service: [800-669-9030]

**24-HOUR ACCIDENT EXPENSE POLICY**  
**Guaranteed Renewable to age 70**  
**Company may change Table of Premium Rates**

**READ YOUR POLICY CAREFULLY**

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

**CENTRAL UNITED LIFE INSURANCE COMPANY**  
a stock company  
[10700 Northwest Freeway]  
[Houston, Texas 77092]  
Customer Service [800-669-9030]

**24 HOUR ACCIDENT EXPENSE POLICY FORM HPACC1224-AR**

**REQUIRED OUTLINE OF COVERAGE**

- A. READ YOUR POLICY CAREFULLY!** This Outline of Coverage provides a very brief description of some of the important features of Your Policy. This is not the insurance contract and only the actual Policy provisions will control. The Policy itself sets forth, in detail, the rights and obligations of both You and Us. It is, therefore, important that You **READ YOUR POLICY CAREFULLY.**
- B.** This Accident plan provides accidental death, dismemberment and medical expense benefits for the Insured Person(s), spouse and covered children with coterminous benefit and premium periods to age 70. Coverage is provided for the benefits described in the BENEFITS section below. The benefits described may be limited as outlined in the EXCLUSIONS section. The policy will pay the following benefits for a covered injury per unit unless otherwise noted. A maximum of 2 units may be purchased.

**C. BENEFITS**

Accidental Death Benefit (Principal Sum): Shown on the Policy Schedule page.

Common Carrier: If insured suffers a covered accidental death as a fare-paying passenger on a common carrier operating on a regularly scheduled basis such as a plane, bus, or train, benefit will be double the Accidental Death Benefit.

Burn. We will pay the applicable amount listed below if any Insured Person receives burns as the result of a Covered Accident which are treated by a Physician within 72 hours after the Covered Accident. We will pay only one benefit amount per Covered Accident.

We will pay 25% of the applicable Burn Benefit if any Insured Person receives a skin graft for a burn for which a benefit was paid under the Burn Benefit of this policy. This benefit will be payable only once per Covered Accident.

|  | Insured |         |
|--|---------|---------|
| Spouse/Child   |         |         |
| Second degree burns which cover at least 36% of the body surface | \$ 375  | \$ 150  |
| Third degree burns which cover at least 1% of the body surface   |         |         |
| but less than 20% of the body surface                            | \$ 750  | \$ 300  |
| Third degree burns which cover 20% or more of the body surface   | \$5,000 | \$2,000 |

Dislocated (separated joint). We will pay the applicable amount listed below if any Insured Person receives a dislocation as the result of a Covered Accident. As this list is not complete, We will pay a benefit similar to the dislocation suffered if not listed. A dislocation is a completely separated joint. In order for this benefit to be payable for the joint involved, all of the following must occur:

- it must be diagnosed as a dislocation by a Physician within 90 days after the Covered Accident;
- the dislocation must require correction with anesthesia by a Physician; and

- the dislocation will be corrected by open (surgical) or closed (non-surgical) reduction.

If any Insured Person receives more than one dislocation in a Covered Accident and requires open or closed reduction, We will pay for all dislocations. However, We will pay no more than two times the amount for the joint involved which has the highest benefit amount.

If the dislocation requires reduction without anesthesia by a Physician, We will pay 25% of the amount listed for a closed reduction of the joint involved.

If a Physician diagnoses the dislocation as an incomplete dislocation, We will pay 25% of the amount listed for a closed reduction of the joint involved. An incomplete dislocation is a dislocation in which the joint is not completely separated.

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

| Joint  | Closed Reduction | Open Reduction |
|--|------------------|----------------|
| Hip  | \$1,000          | \$2,000        |
| Knee (except Patella)                          | 500              | 1,000          |
| Ankle  | 400              | 800            |
| Bone or bones of the foot (other than toes)    | 400              | 800            |
| Collarbone (Sternoclavicular)                  | 250              | 500            |
| Lower Jaw                                      | 150              | 300            |
| Shoulder (Glenohumeral)                        | 150              | 300            |
| Elbow  | 150              | 300            |
| Wrist  | 150              | 300            |
| Bone or bones of the hand (other than fingers) | 150              | 300            |
| Collarbone (Acromioclavicular and separation)  | 50               | 100            |
| One toe or finger                              | 50               | 100            |

Emergency Dental Work. We will pay the applicable amount listed below for dental work required by an Insured Person as the result of Injuries received in a Covered Accident.

Any and all broken teeth repaired with crown(s) \$150

Any and all broken teeth resulting in extraction(s) \$ 50

Benefits are payable only once per Covered Accident, regardless of the number of teeth involved.

Emergency Room Treatment. We will pay the amount shown on the Policy Schedule if any Insured Person is injured as the result of a Covered Accident and the Insured Person requires examination and treatment by a Physician in an Emergency Room within 72 hours after the Covered Accident. This amount will be paid once per Covered Accident.

Fracture (broken bone). We will pay the applicable amount listed below if any Insured Person receives a fracture as the result of a Covered Accident. As this list is not complete, We will pay a benefit similar to the fracture suffered if not listed.

A fracture is a break in a bone which can be seen by X-ray. In order for this benefit to be payable for the bone involved, all of the following must occur:

it must be diagnosed as a fracture by a Physician within 90 days after the Covered Accident; and the fracture must require open (surgical) or closed (non-surgical) reduction by a Physician.

The maximum benefit payable for all fractures as the result of a Covered Accident is equal to two times the amount of the fracture with the highest benefit amount.

If a Physician diagnoses the fracture as a chip fracture, We will pay 25% of the amount listed for the closed reduction for the bone involved. A chip fracture is a fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached.

| Bone  | Closed Reduction | Open Reduction |
|---|------------------|----------------|
| Skull (except bones of face or nose)                              |                  |                |
| Depressed skull fracture  | \$1,250          | \$2,500        |
| Simple non-depressed skull fracture                               | \$ 500           | \$1,000        |
| Hip, thigh (Femur)  | \$ 750           | \$1,500        |
| Vertebrae, body of (excluding Vertebral Processes)                | \$ 400           | \$ 800         |
| Pelvis (includes Ilium, Ischium, Pubis, Acetabulum except Coccyx) | \$ 400           | \$ 800         |
| Leg (Tibia and/or Fibula)   | \$ 400           | \$ 800         |
| Bones of face or nose (except Mandible or Maxilla)                | \$ 175           | \$ 350         |
| Upper jaw, Maxilla (except Alveolar Process)                      | \$ 175           | \$ 350         |
| Upper arm between elbow and shoulder (Humerus)                    | \$ 175           | \$ 350         |
| Lower jaw, Mandible (except Alveolar Process)                     | \$ 150           | \$ 300         |
| Shoulder blade (Scapula), collar bone (Clavicle, Sternum)         | \$ 150           | \$ 300         |
| Vertebral Processes   | \$ 150           | \$ 300         |
| Forearm (radius and/or Ulna)                                      | \$ 150           | \$ 300         |
| Knee cap (Patella)  | \$ 150           | \$ 300         |
| Hand, foot (except fingers, toes)                                 | \$ 150           | \$ 300         |
| Ankle, wrist  | \$ 150           | \$ 300         |
| Rib   | \$ 125           | \$ 250         |
| Coccyx  | \$ 100           | \$ 200         |
| Finger, toe   | \$ 25            | \$ 50          |

Hospital Admission. We will pay \$500 if any Insured Person is Confined to a Hospital as the result of Injuries received in a Covered Accident. The Insured Person must be Confined within 180 days after the Covered Accident. This benefit will not be paid for: Emergency Room treatment; outpatient treatment; or a stay of less than 20 hours. This amount will be paid once per Covered Accident.

Hospital Confinement. We will pay \$100 per day for up to 90 days per Covered Accident if any Insured Person is Confined in a Hospital or Hospital Sub-Acute Intensive Care Unit as the result of Injuries received in a Covered Accident. The Insured Person must become Confined in a Hospital or a Hospital Sub-Acute Intensive Care Unit within 180 days after the Covered Accident. We will pay benefits for only one Hospital Confinement at a time even if it is caused by more than one Covered Accident. We will not pay this benefit for: Emergency Room treatment; outpatient treatment; or a stay of less than 20 hours.

Hospital Intensive Care Unit Confinement. We will pay \$200 per day for up to 15 days per Covered Accident if any Insured Person is Confined to a Hospital Intensive Care Unit as the result of Injuries received in a Covered Accident. The Confinement in a Hospital Intensive Care Unit must begin within 30 days after the Covered Accident.

If any Insured Person is Confined to a Hospital Intensive Care Unit that does not meet the definition in this policy of a Hospital Intensive Care Unit, We will pay the Hospital Confinement Benefit. The Hospital Intensive Care Unit Confinement Benefit and the Hospital Confinement Benefit will not be paid concurrently. If any Insured Person is Confined in a Hospital Intensive Care Unit for more than 15 days, the Hospital Confinement Benefit will begin on the 16th day. The total amount payable per Covered Accident will not exceed 90 days for Hospital Confinement and 15 days for Hospital Intensive Care Unit Confinement.

Knee Cartilage – Torn. We will pay \$500, reduced by any benefit paid for arthroscopic surgery previously performed, if any Insured Person receives a torn knee cartilage (meniscus) as the result of a Covered Accident. For this benefit to be paid, all of the following must occur:

- it must be treated by a Physician within 60 days after the Covered Accident; and
- it must be repaired through surgery by a Physician within 180 days after the Covered Accident.

If exploratory arthroscopic surgery is performed within 180 days of the Covered Accident and no repair is done, or if the cartilage is shaved (debridement), We will pay \$100.

Laceration. We will pay the applicable amount listed below if any Insured Person receives a laceration as the result of a Covered Accident. The laceration must be repaired by a Physician within 72 hours after the Covered Accident. The amount We will pay is based on the total length of all lacerations received in any one Covered Accident which require repair. If the laceration is severe enough to require stitches but the Physician chooses to repair it in another way, We will pay it as a laceration repaired with stitches.

Total of all lacerations is not more than three inches (7.6 cm) long and repaired by stitches, staples or glue \$ 50

Total of all lacerations is greater than three and not more than five inches (7.6 cm to 12.5 cm) long and repaired by stitches, staples or glue \$200

Total of all lacerations is more than five inches (12.5 cm) long and repaired by stitches, staples or glue \$400

If any Insured Person receives a laceration on a finger, toe, hand, foot or eye and later loses that finger, toe, hand, foot or eye as the result of the same Covered Accident, We will subtract the amount We paid under the Laceration Benefit from the Loss of Finger, Toe, Hand, Foot or Sight of an Eye Benefit.

Loss of Finger, Toe, Hand, Foot or Sight of an Eye. We will pay the applicable amount listed below for loss received as the result of a Covered Accident and in which loss occurs within 90 days after the Covered Accident.

|   | Insured  | Spouse/Child |
|---|----------|--------------|
| Loss of both hands, or both feet, or the sight of both eyes, or any combination of two or more listed above | \$15,000 | \$10,000     |
| Loss of one hand, or one foot, or sight of one eye  | \$ 7,500 | \$ 5,000     |
| Loss of two or more fingers, or two or more toes, or any combination of two or more listed above            | \$ 1,500 | \$ 1,000     |
| Loss of one finger or one toe   | \$ 750   | \$ 500       |

“Loss of a hand” means that the hand is cut off through or above the wrist joint or the use of the hand is medically determined to be permanently lost. “Loss of a foot” means that the foot is cut off through or

above the ankle joint or the use of the foot is medically determined to be permanently lost. "Loss of a finger" means that the finger is cut off at the joint proximate to the first interphalangeal joint where it is attached to the hand. "Loss of a toe" means that the toe is cut off at the joint proximate to the first interphalangeal joint where it is attached to the foot. "Loss of sight of an eye" means that at least 80% of vision is permanently lost.

If the Insured Person loses a finger or toe and later loses a hand or foot within 90 days on the same side of the body as the result of the same Covered Accident, We will subtract the amount paid for the loss of a finger or toe from the Loss of Finger, Toe, Hand, Foot or Sight of an Eye Benefit.

Only the highest single benefit will be payable per Covered Accident. Benefits will be paid only once per Covered Accident. If death and Loss of Finger, Toe, Hand, Foot or Sight of an Eye result from the same Covered Accident, only the Accidental Death Benefit will be paid.

Major Diagnostic Exams. We will pay \$100 per Calendar Year if an Insured Person requires one of the following exams for Injuries received as the result of a Covered Accident:

angiogram; CT (computerized tomography) scan; CTA (computerized tomography angiogram) scan; MRI (magnetic resonance imaging); MRA (magnetic resonance angiogram); or EEG (electroencephalogram).

Physician's Office/Urgent Care. We will pay the amount shown on the Policy Schedule if any Insured Person receives treatment and/or advice by a Physician in their office or an Urgent Care Facility for Injuries as the result of a Covered Accident. The treatment must occur within 60 days after the Covered Accident and the services provided must be the result of a Covered Accident and not for routine examinations or preventative testing. This amount will be paid once per Covered Accident.

**The following benefits are the Maximum for the policy regardless of units purchased:**

Air Ambulance. We will pay \$500 if a licensed professional air ambulance company transports any Insured Person by air to or from a Hospital or between medical facilities, where treatment for Injuries is provided as the result of a Covered Accident. The air ambulance transportation must occur within 48 hours after the Covered Accident. This amount will be paid once per Covered Accident.

Ambulance. We will pay \$100 if a licensed professional ambulance company transports any Insured Person by ground transportation to or from a Hospital or between medical facilities, where treatment for Injuries is provided for Injuries resulting from a Covered Accident. The ambulance transportation must occur within 90 days from the Covered Accident. This amount will be paid once per Covered Accident.

Appliance. We will pay \$100 if any Insured Person is injured as the result of a Covered Accident and a Physician prescribes the use of a medical appliance as an aid in personal locomotion or mobility. Crutches, braces, walkers and wheelchairs are examples of medical appliances. The use of an appliance must be prescribed within 90 days after the Covered Accident. This amount will be paid once per Covered Accident.

Blood/Plasma/Platelets. We will pay \$300 if the primary Insured Person (\$200 if the Spouse/Dependent Child) is injured as the result of a Covered Accident and requires the transfusion, administration, cross-matching, typing and processing of blood, blood plasma or platelets as the result of the injury. The blood, blood plasma or platelets must be administered within 90 days after the Covered Accident. This amount will be paid once per Covered Accident.

Eye Injury. We will pay \$200 if any Insured Person receives an eye Injury as the result of a Covered Accident. The eye Injury must require surgery or the removal of a foreign object by a Physician within 90 days after the Covered Accident. This amount will be paid once per Covered Accident. An examination with anesthesia will not be considered surgery.

Gunshot Wound. We will pay \$500 if the primary Insured Person is injured by one or more gunshot wounds and did not intentionally shoot themselves. The wound(s) must be caused by a shot from a conventional firearm. A conventional firearm is a weapon which fires a shot (bullet) by gun powder or compressed gas. The wound(s) must require treatment by a Physician, including Confinement within 24 hours and surgery within 72 hours after the injury.

Lodging. We will pay \$100 per night for one motel/hotel room, for up to 30 days per Covered Accident, if a companion accompanies the Insured Person. This benefit is payable only for motel/hotel stays during the period of time the Insured Person is Confined to the Hospital. In order for this benefit to be payable, the Hospital in which the Insured Person is Confined must be located more than 100 miles from the residence of the Insured Person.

Prosthetic Device/Artificial Limb. We will pay the applicable amount listed below for a prosthetic device/artificial limb which is prescribed by a Physician for functional use when the Insured Person loses a hand, foot or sight of an eye due to a Covered Accident. The prosthetic device/artificial limb must be received within one year of the Covered Accident. This amount will be paid once per Covered Accident.

|  |          |
|--|----------|
| One prosthetic device or artificial limb           | \$ 500   |
| More than one prosthetic device or artificial limb | \$ 1,000 |

This benefit will not be paid for: hearing aids; dental aids, including false teeth; eye glasses; cosmetic prosthesis such as wigs; or joint replacement such as an artificial hip or knee.

Ruptured Disc. We will pay \$400 for any and all ruptured discs in the spine suffered by an Insured Person as the result of a Covered Accident. For this benefit to be paid, all of the following must occur.

- the ruptured disc(s) must be treated by a Physician within 60 days after the Covered Accident; and
- the ruptured disc(s) must be repaired through surgery by a Physician within one year after the Covered Accident.

This amount will be paid once per Covered Accident.

Surgery. We will pay \$1,000 if any Insured Person undergoes open abdominal or thoracic surgery, within 72 hours after the Covered Accident, to repair internal Injuries received as a result of the Covered Accident. For open abdominal or thoracic exploratory surgery without repair, We will pay a benefit of \$100. For exploratory or other surgery without repair, We will pay a benefit of \$100. This amount will be paid once per Covered Accident. ~~Hernia repair will not be covered.~~

Tendon/Ligament/Rotator Cuff. We will pay \$500 for the surgical repair of any and all torn, ruptured or severed tendon, ligament or rotator cuff which an Insured Person suffered as the result of a Covered Accident. The surgery must be performed by a Physician within 90 days after the Covered Accident.

If exploratory arthroscopic surgery is performed and no repair is done, We will pay a benefit of \$100.

If any Insured Person receives a fracture or a dislocation and tears, ruptures or severs a tendon/ligament/rotator cuff in the same Covered Accident, only one benefit will be paid. We will pay the larger of the Tendon/Ligament/Rotator Cuff Benefit, the Fracture Benefit or the Dislocation Benefit.

Transportation. We will pay \$300 per round trip if any Insured Person must travel more than 100 miles round trip from their residence to receive treatment and be confined in a Hospital for Injuries received as the result of a Covered Accident. Treatment must be prescribed by a Physician and not available locally. This benefit is payable for up to three round trips per Covered Accident. This benefit is not payable for transportation by ambulance or air ambulance.

#### **D. EXCLUSIONS**

We will not pay benefits for losses that are caused by or are the result of any Insured Person(s):

- 1) operating, learning to operate, or serving as a crew member of any aircraft;
- 2) engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting or any similar activities;
- 3) riding in or driving any motor-driven vehicle in a race, stunt show or speed test;

- 4) officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- 5) who has any sickness or condition caused by a sickness independent of the Covered Accident, including physical or mental infirmity. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by any injury;
- 6) being exposed to war or any act of war, declared or undeclared;
- 7) actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve;
- 8) suffering from mental or nervous disorders;
- 9) being addicted to drugs or suffering from alcoholism;
- 10) being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;
- 11) receiving Injuries caused directly or indirectly while under the influence of a controlled substance or by intoxication as defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred;
- 12) having cosmetic surgery or other elective procedures that are not medically necessary;
- 13) having dental treatment except as the result of an Injury;

~~14) having a hernia;~~

~~15)14)~~ participating in or attempting to commit a felony;

~~16)15)~~ being incarcerated in a penal institution or government detention facility;

~~17)16)~~ driving any taxi for wage, compensation or profit;

~~18)17)~~ engaging in an illegal activity or occupation;

~~19)18)~~ self-inflicting an Injury intentionally; or

~~20)19)~~ committing or attempting to commit suicide, while sane or insane;

**E. RENEWABILITY** – This Policy is Guaranteed Renewable to age 70. That means as long as You pay the Renewal Premiums when due, subject to a 31-day Grace Period, We cannot cancel or change Your Policy.

**F. OPTIONAL BENEFIT RIDERS** (Available with additional premium)

Annual Wellness Benefit Rider HRWEL2010: We will pay \$60 once each Policy year if You, Your Spouse or any one family member (Dependent) named in the Policy Schedule undergo any of the following examinations: an annual physical examination, dental exam, mammogram, Pap smear, eye examination, immunization, flexible sigmoidoscopies, PSA test, ultrasounds or blood screening test. Service must be under the supervision of, or recommended by, a Physician and received while Your Policy is in force. A charge must be incurred. All dependent children will be treated as one insured for this benefit. This policy must be in force for 12 months before this benefit is payable.

**G. PREMIUMS.** We reserve the right to change the Premium rates. If We do this, We can only do it to all Policies in Your class. We will give You 31 days notice if We change Premium rates.

**CENTRAL UNITED LIFE INSURANCE COMPANY**  
A Stock Company

[10700 Northwest Freeway  
Houston, Texas 77092]  
Customer Service: [800-669-9030]

This is a legal contract between the owner of the Policy (You) and Central United Life Insurance Company (Central United). It is issued in return for Your application and first premium. Central United agrees to pay this Policy's Benefits to You if an Insured Person suffers a loss covered under this Policy due to a Covered Accident while this Policy is in effect and the Policy's provisions are met.

**RENEWAL PROVISION**

You have the right to renew this Policy until age 70 if You pay the correct premium when due or within the Grace Period. If premiums are paid on time, We cannot (prior to age 70) cancel this Policy or place any restrictive rider on it. We reserve the right to change premiums from time to time. If We do change premiums, We will only do so only if: 1) We change the premiums for all policies of this class in Your state; 2) such change is in accordance with the laws and regulations of your state; and 3) We give You 30 days written notice (or longer if required by the state in which this policy is issued) before such change becomes effective.

**TEN-DAY FREE LOOK**

You may cancel this Policy within 10 days of receiving it. Return the Policy to Central United's Administrative Office or to Your Central United sales agent. As soon as You deliver or mail the Policy to Us, it is treated as if it was never issued. We will refund Your premium payment when We receive the Policy back.

**CANCELLATION**

After the 10-day free look period, You may cancel this Policy by notifying Us in writing that You wish to do so. Cancellation of Your Policy will be effective on the date We receive Your written notice unless Your notice specifies a later date. We will promptly refund any premium paid for coverage after the cancellation date. Cancellation of this Policy will be without prejudice to any claim made prior to the termination of the contract.

Central United Life Insurance Company has signed this Policy on the Issue Date.

[   ]

[Mary Lou Rainey  
Secretary]

[Dan George  
President]

**ACCIDENT EXPENSE POLICY**

**Limited Benefits for Accident While Off-the-Job.**

**This is an accident only policy which does not pay benefits for a loss from sickness.  
It does not pay benefits for loss from injuries received while working for wage or profit.**

**Guaranteed Renewable to age 70**

**Company may change Table of Premium Rates**

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**CENTRAL UNITED LIFE INSURANCE COMPANY**

[10700 Northwest Freeway  
Houston, Texas 77092]

**POLICY SCHEDULE**

**ACCIDENT EXPENSE POLICY**

|                                |                 |           |
|--------------------------------|-----------------|-----------|
| Primary Insured: [John Q. Doe] | Issue Age:      | [52]      |
| Policy Number: [12 345678]     |                 |           |
| Effective Date: [02/01/2011]   | Initial Premium | [\$33.00] |
| Insured Dependents:            | Mode of Payment | [Monthly] |
| Spouse: [Jane Doe]             |                 |           |
| [            ]                 |                 |           |
| [            ]                 |                 |           |
| [            ]                 |                 |           |
| [            ]                 |                 |           |

| FORM #       | BENEFIT DESCRIPTION  | PREMIUM                                   |
|--------------|--|---|
| [HPACC12NOC] | Guaranteed Renewable to age 70, subject to the Company's Right to Change Premium |   |
|              | Accidental Death Benefit Insured   | \$[23.00]                                 |
|              | Primary Insured \$[25,000, 50,000]   |   |
|              | Spouse \$[10,000, 20,000]  |   |
|              | Child(ren) \$[5,000, 10,000]   |   |
|              | Accidental Death – Common Carrier  | Accidental Death Benefit will be doubled. |
|              | Emergency Room Treatment   | [\$200, \$500]                            |
|              | Physician's Office/Urgent Care   | [\$50, \$120]                             |
| [HRWEL2010]  | [Wellness Rider \$60.00]   | [\$10.00]                                 |

## DEFINITIONS

**AGE:** Your Age as of your last birthday.

**AMBULANCE:** A ground or air vehicle which is licensed as required by law, as an Ambulance, and is equipped to transport sick or injured persons.

**CONFINED/CONFINEMENT:** An Insured Person's Medically Necessary admission to and subsequent continued stay in a Hospital as an overnight bed patient for which a charge is made for room and board.

**COVERED ACCIDENT:** An accidental bodily injury that happens to an Insured Person while this Policy is in force and occurs while the Insured Person is Off-the-Job.

**DENTAL TREATMENT:** Treatment of the teeth and/or periodontal area.

**DEPENDENT CHILD(REN):** Any natural child, step-child, legally adopted child or child placed into Your custody for adoption who is: (a) unmarried; (b) living with You in a regular parent – child relationship; (c) qualified as a dependent of You or Your Spouse for tax purposes according to the United States Internal Revenue Code; and (d) younger than age 26.

**EMERGENCY CARE:** Those health care services that are provided for a condition of recent onset and sufficient severity, including, but not limited to severe pain that would lead a prudent layperson, possessing an average knowledge of medicine and health, to believe that his or her injury is of such a nature that failure to obtain immediate medical care could result in:

- placing the patient's health in serious jeopardy;
- serious impairment to bodily functions; or
- serious dysfunction of any bodily organ or part.

**HOSPITAL:** An institution operated pursuant to law for the care and treatment of injured and sick persons which:

- maintains (either on its premises, or in facilities available to the Hospital on a contractual prearranged basis and under the supervision of a staff of one or more duly licensed Physicians) organized facilities for medical, diagnostic and surgical care for injured and sick persons on an inpatient basis for which a charge is made that the Insured Person is legally obligated to pay;
- maintains a staff of one or more duly licensed Physicians;
- provides 24 hour nursing care by or under the supervision of an R.N.;
- maintains and operates a minimum of 5 beds; and
- maintains permanent medical history records.

Hospital does not include any facility which is used principally as a facility for the aged, drug addicts, alcoholics, custodial care, educational care, rest or convalescence, or care of Mental or Nervous Disorders.

**INSURED PERSON:** You (primary insured) and Your Spouse and Dependent Child(ren) as listed on the application, and named in the Policy Schedule.

**INTENSIVE CARE UNIT:** Intensive Care Units are defined as an area or unit of a hospital that is separate and apart from the surgical recovery room and from the general service rooms, beds and wards. It must have 24-hour nursing care attended by nurses assigned on a full-time basis exclusive to such unit; and a stay in the unit must be at the direction and/or supervision of a full-time Physician director or a standing "intensive care" committee of the medical staff. Intensive Care Units include an intensive cardiac care unit and a neo-natal intensive care unit. It does not include: progressive care units; sub-acute intensive care units; intermediate care units; private monitored rooms; observation units; or other lesser treatment units.

**ISSUE DATE:** The effective date of coverage provided by this Policy. See the Policy Schedule.

**MEDICALLY NECESSARY OR MEDICAL NECESSITY:** The necessity of a service or supply as appropriate for the diagnosis or treatment of a Covered Accident based on generally accepted current medical practice. A service or supply will not be considered Medically Necessary if:

- it is provided only as a convenience to the Insured Person or provider;
- it is not appropriate treatment for the Insured Person's diagnosis or symptoms; or
- it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment.

**MENTAL OR NERVOUS DISORDER:** Any disorder classified as such in the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

**OFF-THE-JOB:** While You are not working at any job for a wage or profit.

**PHYSICIAN:** A licensed medical provider who acts within the scope of his or her license and provides treatment or care necessary for a Covered Accident. The Physician must be someone other than You or a member of Your immediate family.

**POLICY:** This Accident Expense contract.

**POLICY SCHEDULE:** Page 3 of this Policy.

**RENEWAL PREMIUMS:** The amount You must pay Us to keep this Policy in force.

**SPOUSE:** Your spouse for whom You have applied for insurance coverage under this Policy and for whom premium payments are made. At the time of application, Your spouse must be at least 18 years of age and no more than 69 years of age.

**WE, OUR, US, THE COMPANY:** Central United Life Insurance Company (Central United).

**YOU, YOUR:** The Insured/Owner of this Policy. If the Insured is not the Owner, You refers to either as the context allows.

## PREMIUMS AND REINSTATEMENT

**Premium Payments:** The first premium is due on the Issue Date. Premiums will include rider premiums, if any. Premiums paid after the first premium are Renewal Premiums. We may change Renewal Premiums. The rules for doing this are on Page 1.

The date Renewal Premiums are due is called the due date. Subject to the Grace Period, Your Policy will end if a Renewal Premium is not paid by the due date. All premiums are payable to Us.

**Grace Period:** You have a 31-day Grace Period to pay Renewal Premiums. The Grace Period starts on the due date and ends 31 days later. During the Grace Period, Your Policy stays in force. If You do not pay the Renewal Premium by the end of the Grace Period, Your Policy will lapse (end).

**Reinstatement:** Our acceptance of premium for this policy beyond the grace period will not reinstate the policy. Our only liability will be to return the premium. In order to reinstate the policy, all insureds requesting coverage must complete an application for reinstatement subject to our underwriting guidelines. The reinstated Policy shall cover only loss resulting from such accidental injury as may be sustained after the date of reinstatement. In all other respects the Insured and Company shall have the same rights thereunder as they had under this Policy immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with the reinstatement

**Refund of Unearned Premium:** Within 30 days of proof of an Insured Person's death, We will refund any unearned premium paid for such person for any period beyond the end of the month in which death occurred.

**Unpaid Premiums:** When a claim is paid, any premium due and unpaid may be deducted from the claim payment.

## BENEFITS

Benefits will not be paid for injuries received while working for a wage or profit. This policy will pay the following benefits for loss resulting from a Covered Accident for each unit purchased:

**Accidental Death Benefit.** We will pay the benefit amount shown on the Policy Schedule if any Insured Person is injured as the direct result of a Covered Accident. The injury must be the cause of the Insured Person's death and occur within 90 days after the Covered Accident.

**Accidental Death – Common Carrier.** We will pay the benefit amount shown on the Policy Schedule if any Insured Person is injured as the result of a Covered Accident while a fare-paying passenger on a common carrier operating on a regularly scheduled basis such as a plane, bus or train. The injury must be the cause of the Insured Person's death and occur within 90 days after the Covered Accident. If We pay this benefit, the Accidental Death Benefit will not be paid.

**Burn.** We will pay the applicable amount listed below if any Insured Person receives burns as the result of a Covered Accident which are treated by a Physician within 72 hours after the Covered Accident. We will pay only one benefit amount per Covered Accident.

We will pay 25% of the applicable Burn Benefit if any Insured Person receives a skin graft for a burn for which a benefit was paid under the Burn Benefit of this policy. This benefit will be payable only once per Covered Accident.

|   | <b>You</b> | <b>Spouse/Child</b> |
|---|------------|---------------------|
| Second degree burns which cover at least 36% of the body surface  | \$ 375     | \$ 150              |
| Third degree burns which cover at least 1% of the body surface<br>but less than 20% of the body surface | \$ 750     | \$ 300              |
| Third degree burns which cover 20% or more of the body surface  | \$5,000    | \$2,000             |

**Dislocated (separated) Joint.** We will pay the applicable amount listed below if any Insured Person receives a dislocation as the result of a Covered Accident. As this list is not complete, We will pay a benefit similar to the dislocation suffered if not listed. A dislocation is a completely separated joint. In order for this benefit to be payable for the joint involved, all of the following must occur:

- it must be diagnosed as a dislocation by a Physician within 90 days after the Covered Accident;
- the dislocation must require correction with anesthesia by a Physician; and
- the dislocation will be corrected by open (surgical) or closed (non-surgical) reduction.

If any Insured Person receives more than one dislocation in a Covered Accident and requires open or closed reduction, We will pay for all dislocations. However, We will pay no more than two times the amount for the joint involved which has the highest benefit amount.

If the dislocation requires reduction without anesthesia by a Physician, We will pay 25% of the amount listed for a closed reduction of the joint involved.

If a Physician diagnoses the dislocation as an incomplete dislocation, We will pay 25% of the amount listed for a closed reduction of the joint involved. An incomplete dislocation is a dislocation in which the joint is not completely separated.

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

| <b>Joint</b>                                   | <b>Closed Reduction</b> | <b>Open Reduction</b> |
|--|-------------------------|-----------------------|
| Hip  | \$1,000                 | \$2,000               |
| Knee (except Patella)                          | 500                     | 1,000                 |
| Ankle  | 400                     | 800                   |
| Bone or bones of the foot (other than toes)    | 400                     | 800                   |
| Collarbone (Sternoclavicular)                  | 250                     | 500                   |
| Lower Jaw                                      | 150                     | 300                   |
| Shoulder (Glenohumeral)                        | 150                     | 300                   |
| Elbow  | 150                     | 300                   |
| Wrist  | 150                     | 300                   |
| Bone or bones of the hand (other than fingers) | 150                     | 300                   |
| Collarbone (Acromioclavicular and separation)  | 50                      | 100                   |
| One toe or finger                              | 50                      | 100                   |

**Emergency Dental Work.** We will pay the applicable amount listed below for dental work required by an Insured Person as the result of Injuries received in a Covered Accident.

|   |       |
|---|-------|
| Any and all broken teeth repaired with crown(s)     | \$150 |
| Any and all broken teeth resulting in extraction(s) | \$ 50 |

**Emergency Room Treatment.** We will pay the amount shown on the Policy Schedule if any Insured Person is injured as the result of a Covered Accident and the Insured Person requires examination and treatment by a Physician in an Emergency Room within 72 hours after the Covered Accident. This amount will be paid once per Covered Accident.

Benefits are payable only once per Covered Accident, regardless of the number of teeth involved.

**Fracture (broken bone).** We will pay the applicable amount listed below if any Insured Person receives a fracture as the result of a Covered Accident. As this list is not complete, We will pay a benefit similar to the fracture suffered if not listed.

A fracture is a break in a bone which can be seen by X-ray. In order for this benefit to be payable for the bone involved, all of the following must occur:

- it must be diagnosed as a fracture by a Physician within 90 days after the Covered Accident; and
- the fracture must require open (surgical) or closed (non-surgical) reduction by a Physician.

The maximum benefit payable for all fractures as the result of a Covered Accident is equal to two times the amount of the fracture with the highest benefit amount.

If a Physician diagnoses the fracture as a chip fracture, We will pay 25% of the amount listed for the closed reduction for the bone involved. A chip fracture is a fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached.

| <b>Bone</b>   | <b>Closed Reduction</b> | <b>Open Reduction</b> |
|---|-------------------------|-----------------------|
| Skull (except bones of face or nose)                              |                         |                       |
| Depressed skull fracture  | \$1,250                 | \$2,500               |
| Simple non-depressed skull fracture                               | 500                     | 1,000                 |
| Hip, thigh (Femur)  | 750                     | 1,500                 |
| Vertebrae, body of (excluding Vertebral Processes)                | 400                     | 800                   |
| Pelvis (includes Ilium, Ischium, Pubis, Acetabulum except Coccyx) | 400                     | 800                   |
| Leg (Tibia and/or Fibula)   | 400                     | 800                   |
| Bones of face or nose (except Mandible or Maxilla)                | 175                     | 350                   |
| Upper jaw, Maxilla (except Alveolar Process)                      | 175                     | 350                   |
| Upper arm between elbow and shoulder (Humerus)                    | 175                     | 350                   |
| Lower jaw, Mandible (except Alveolar Process)                     | 150                     | 300                   |
| Shoulder blade (Scapula), collar bone (Clavicle, Sternum)         | 150                     | 300                   |
| Vertebral Processes   | 150                     | 300                   |
| Forearm (radius and/or Ulna)                                      | 150                     | 300                   |
| Knee cap (Patella)  | 150                     | 300                   |
| Hand, foot (except fingers, toes)                                 | 150                     | 300                   |
| Ankle, wrist  | 150                     | 300                   |
| Rib   | 125                     | 250                   |
| Coccyx  | 100                     | 200                   |
| Finger, toe   | 25                      | 50                    |

**Hospital Admission.** We will pay \$500 if any Insured Person is Confined to a Hospital as the result of Injuries received in a Covered Accident. The Insured Person must be Confined within 180 days after the Covered Accident. This benefit will not be paid for:

- Emergency Room treatment;
- outpatient treatment; or
- a stay of less than 20 hours.

This amount will be paid once per Covered Accident.

**Hospital Confinement.** We will pay \$100 per day for up to 90 days per Covered Accident if any Insured Person is Confined in a Hospital or Hospital Sub-Acute Intensive Care Unit as the result of Injuries received in a Covered Accident. The Insured Person must become Confined in a Hospital or a Hospital Sub-Acute Intensive Care Unit within 180 days

after the Covered Accident. We will pay benefits for only one Hospital Confinement at a time even if it is caused by more than one Covered Accident. We will not pay this benefit for:

- Emergency Room treatment;
- outpatient treatment; or
- a stay of less than 20 hours.

**Hospital Intensive Care Unit Confinement.** We will pay \$200 per day for up to 15 days per Covered Accident if any Insured Person is Confined to a Hospital Intensive Care Unit as the result of Injuries received in a Covered Accident. The Confinement in a Hospital Intensive Care Unit must begin within 30 days after the Covered Accident.

If any Insured Person is Confined to a Hospital Intensive Care Unit that does not meet the definition in this policy of a Hospital Intensive Care Unit, We will pay the Hospital Confinement Benefit. The Hospital Intensive Care Unit Confinement Benefit and the Hospital Confinement Benefit will not be paid concurrently. If any Insured Person is Confined in a Hospital Intensive Care Unit for more than 15 days, the Hospital Confinement Benefit will begin on the 16th day. The total amount payable per Covered Accident will not exceed 90 days for Hospital Confinement and 15 days for Hospital Intensive Care Unit Confinement.

**Knee Cartilage – Torn.** We will pay \$500, reduced by any benefit paid for arthroscopic surgery previously performed, if any Insured Person receives a torn knee cartilage (meniscus) as the result of a Covered Accident. For this benefit to be paid, all of the following must occur:

- it must be treated by a Physician within 60 days after the Covered Accident; and
- it must be repaired through surgery by a Physician within 180 days after the Covered Accident.

If exploratory arthroscopic surgery is performed within 180 days of the Covered Accident and no repair is done, or if the cartilage is shaved (debridement), We will pay \$100.

**Laceration.** We will pay the applicable amount listed below if any Insured Person receives a laceration as the result of a Covered Accident. The laceration must be repaired by a Physician within 72 hours after the Covered Accident. The amount We will pay is based on the total length of all lacerations received in any one Covered Accident which require repair. If the laceration is severe enough to require stitches but the Physician chooses to repair it in another way, We will pay it as a laceration repaired with stitches.

|   |       |
|---|-------|
| Total of all lacerations is not more than three inches (7.6 cm) long and repaired by stitches, staples or glue                                  | \$50  |
| Total of all lacerations is greater than three and not more than five inches (7.6 cm to 12.5 cm) long and repaired by stitches, staples or glue | \$200 |
| Total of all lacerations is more than five inches (12.5 cm) long and repaired by stitches, staples or glue                                      | \$400 |

If any Insured Person receives a laceration on a finger, toe, hand, foot or eye and later loses that finger, toe, hand, foot or eye as the result of the same Covered Accident, We will subtract the amount We paid under the Laceration Benefit from the Loss of Finger, Toe, Hand, Foot or Sight of an Eye Benefit.

**Loss of Finger, Toe, Hand, Foot or Sight of an Eye.** We will pay the applicable amount listed below for loss received as the result of a Covered Accident and in which loss occurs within 90 days after the Covered Accident.

|   | <b>You</b> | <b>Spouse/Child</b> |
|---|------------|---------------------|
| Loss of both hands, or both feet, or the sight of both eyes, or any combination of two or more listed above | \$15,000   | \$10,000            |
| Loss of one hand, or one foot, or sight of one eye  | \$7,500    | \$5,000             |
| Loss of two or more fingers, or two or more toes, or any combination of two or more listed above            | \$1,500    | \$1,000             |
| Loss of one finger or one toe   | \$750      | \$500               |

“Loss of a hand” means that the hand is cut off through or above the wrist joint or the use of the hand is medically determined to be permanently lost. “Loss of a foot” means that the foot is cut off through or above the ankle joint or the use of the foot is medically determined to be permanently lost. “Loss of a finger” means that the finger is cut off at the joint proximate to the first interphalangeal joint where it is attached to the hand. “Loss of a toe” means that the toe is cut off at the joint proximate to the first interphalangeal joint where it is attached to the foot. “Loss of sight of an eye” means that at least 80% of vision is permanently lost.

If the Insured Person loses a finger or toe and later loses a hand or foot within 90 days on the same side of the body as the result of the same Covered Accident, We will subtract the amount paid for the loss of a finger or toe from the Loss of Finger, Toe, Hand, Foot or Sight of an Eye Benefit.

Only the highest single benefit will be payable per Covered Accident. Benefits will be paid only once per Covered Accident. If death and Loss of Finger, Toe, Hand, Foot or Sight of an Eye result from the same Covered Accident, only the Accidental Death Benefit will be paid.

**Major Diagnostic Exams.** We will pay \$100 per Calendar Year if an Insured Person requires one of the following exams for Injuries received as the result of a Covered Accident:

- angiogram;
- CT (computerized tomography) scan;
- CTA (computerized tomography angiogram) scan;
- MRI (magnetic resonance imaging);
- MRA (magnetic resonance angiogram); or
- EEG (electroencephalogram).

**Physician's Office/Urgent Care.** We will pay the amount shown on the Policy Schedule if any Insured Person receives treatment and/or advice by a Physician in their office or an Urgent Care Facility for Injuries as the result of a Covered Accident. The treatment must occur within 60 days after the Covered Accident and the services provided must be the result of a Covered Accident and not for routine examinations or preventative testing. This amount will be paid once per Covered Accident.

**The following benefits are the maximum benefits payable regardless of the number of units purchased.**

**Air Ambulance.** We will pay \$500 if a licensed professional air ambulance company transports any Insured Person by air to or from a Hospital or between medical facilities, where treatment for Injuries is provided as the result of a Covered Accident. The air ambulance transportation must occur within 48 hours after the Covered Accident. This amount will be paid once per Covered Accident.

**Ambulance.** We will pay \$100 if a licensed professional ambulance company transports any Insured Person by ground transportation to or from a Hospital or between medical facilities, where treatment for Injuries is provided for Injuries resulting from a Covered Accident. The ambulance transportation must occur within 90 days from the Covered Accident. This amount will be paid once per Covered Accident.

**Appliance.** We will pay \$100 if any Insured Person is injured as the result of a Covered Accident and a Physician prescribes the use of a medical appliance as an aid in personal locomotion or mobility. Crutches, braces, walkers and wheelchairs are examples of medical appliances. The use of an appliance must be prescribed within 90 days after the Covered Accident. This amount will be paid once per Covered Accident.

**Blood/Plasma/Platelets.** We will pay \$300 if the primary Insured Person (\$200 if the Spouse/Dependent Child) is injured as the result of a Covered Accident and requires the transfusion, administration, cross-matching, typing and processing of blood, blood plasma or platelets as the result of the injury. The blood, blood plasma or platelets must be administered within 90 days after the Covered Accident. This amount will be paid once per Covered Accident.

**Eye Injury.** We will pay \$200 if any Insured Person receives an eye Injury as the result of a Covered Accident. The eye Injury must require surgery or the removal of a foreign object by a Physician within 90 days after the Covered Accident. This amount will be paid once per Covered Accident. An examination with anesthesia will not be considered surgery.

**Gunshot Wound.** We will pay \$500 if the primary Insured Person is injured by one or more gunshot wounds and did not intentionally shoot themselves. The wound(s) must be caused by a shot from a conventional firearm. A conventional firearm is a weapon which fires a shot (bullet) by gun powder or compressed gas. The wound(s) must require treatment by a Physician, including Confinement within 24 hours and surgery within 72 hours after the injury.

**Lodging.** We will pay \$100 per night for one motel/hotel room, for up to 30 days per Covered Accident, if a companion accompanies the Insured Person. This benefit is payable only for motel/hotel stays during the period of time the Insured Person is Confined to the Hospital. In order for this benefit to be payable, the Hospital in which the Insured Person is Confined must be located more than 100 miles from the residence of the Insured Person.

**Prosthetic Device/Artificial Limb.** We will pay the applicable amount listed below for a prosthetic device/artificial limb which is prescribed by a Physician for functional use when the Insured Person loses a hand, foot or sight of an eye due to a Covered Accident. The prosthetic device/artificial limb must be received within one year of the Covered Accident. This amount will be paid once per Covered Accident.

|  |         |
|--|---------|
| One prosthetic device or artificial limb           | \$500   |
| More than one prosthetic device or artificial limb | \$1,000 |

This benefit will not be paid for:

- hearing aids;
- dental aids, including false teeth;
- eye glasses;
- cosmetic prosthesis such as wigs; or
- joint replacement such as an artificial hip or knee.

**Ruptured Disc.** We will pay \$400 for any and all ruptured discs in the spine suffered by an Insured Person as the result of a Covered Accident. For this benefit to be paid, all of the following must occur.

- the ruptured disc(s) must be treated by a Physician within 60 days after the Covered Accident; and
- the ruptured disc(s) must be repaired through surgery by a Physician within one year after the Covered Accident.

This amount will be paid once per Covered Accident.

**Surgery.** We will pay \$1,000 if any Insured Person undergoes open abdominal or thoracic surgery, within 72 hours after the Covered Accident, to repair internal Injuries received as a result of the Covered Accident. For open abdominal or thoracic exploratory surgery without repair, We will pay a benefit of \$100. For exploratory or other surgery without repair, We will pay a benefit of \$100. This amount will be paid once per Covered Accident. ~~Hernia repair will not be covered.~~

**Tendon/Ligament/Rotator Cuff.** We will pay \$500 for the surgical repair of any and all torn, ruptured or severed tendons, ligaments or rotator cuff which an Insured Person suffered as the result of a Covered Accident. The surgery must be performed by a Physician within 90 days after the Covered Accident.

If exploratory arthroscopic surgery is performed and no repair is done, We will pay a benefit of \$100.

If any Insured Person receives a fracture or a dislocation and tears, ruptures or severs a tendon/ligament/rotator cuff in the same Covered Accident, only one benefit will be paid. We will pay the larger of the Tendon/Ligament/Rotator Cuff Benefit, the Fracture Benefit or the Dislocation Benefit.

**Transportation.** We will pay \$300 per round trip if any Insured Person must travel more than 100 miles round trip from their residence to receive treatment and be confined in a Hospital for Injuries received as the result of a Covered Accident. Treatment must be prescribed by a Physician and not available locally. This benefit is payable for up to three round trips per Covered Accident. This benefit is not payable for transportation by ambulance or air ambulance.

## EXCLUSIONS

We will not pay benefits for losses that are caused by or are the result of any Insured Person(s):

- 1) operating, learning to operate, or serving as a crew member of any aircraft;
- 2) engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting or any similar activities;
- 3) riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- 4) officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- 5) who has any sickness or condition caused by a sickness independent of the Covered Accident, including physical or mental infirmity. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by any injury;
- 6) being exposed to war or any act of war, declared or undeclared;
- 7) actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve;
- 8) suffering from Mental or Nervous Disorders;
- 9) being addicted to drugs or suffering from alcoholism;
- 10) being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;

- 11) receiving Injuries caused directly or indirectly while under the influence of a controlled substance or by intoxication as defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred;
- 12) having cosmetic surgery or other elective procedures that are not medically necessary;
- 13) having dental treatment except as the result of an Injury;
- ~~14)having a hernia;~~
- ~~15)14) participating in or attempting to commit a felony;~~
- ~~16)15) being incarcerated in a penal institution or government detention facility;~~
- ~~17)16) driving any taxi for wage, compensation or profit;~~
- ~~18)17) engaging in an illegal activity or occupation;~~
- ~~19)18) self-inflicting an Injury intentionally; or~~
- ~~20)19) committing or attempting to commit suicide, while sane or insane;~~

## TERMINATION

Coverage will terminate and no Benefits will be payable under this Policy and the attached Riders, if any, on the earliest of the following:

- when any premium due for this Policy is not paid before the end of the Grace Period;
- when You give Us a written request to do so;
- when You establish residence in a foreign country;
- upon Your death; or
- primary insured's attainment of age 70.

Coverage of a Dependent Child will terminate when this policy terminates, or when any such child no longer meets the definition of Dependent Child.

Coverage of a Spouse will terminate on the earliest of the following:

- when this policy terminates;
- upon Spouse's death;
- upon Spouse's attainment of age 70; or
- on the next premium due date after the date of divorce or legal separation from You, the named Insured.

It is Your responsibility to notify Us of an Insured's loss of eligibility of coverage. Our acceptance of premium for such person whose coverage has terminated will not extend coverage for such persons. Our only liability will be to return the premium for the period the person is not covered.

## CLAIM PROVISIONS

**Notice of Claim:** You should give Us notice that You have a claim in writing. Unless it's not possible, You should give Us notice within 20 days after You suffer a loss. Your notice should include Your name and Policy Number. Notice can be given to The Company at Our office.

**Claim Forms:** Once You give Us Notice of Claim, We will send claim forms. If We do not send these within 15 days of Notice of Claim, Your written statement will be accepted. The written statement must state the cause, nature, and extent of Your loss, and be given in the Proof of Loss time limit.

**Proof of Loss:** Proof of Loss ("Proof") is due within 120 days after the date you suffer a loss. If You cannot meet this deadline, You must submit Proof as soon as possible. We will not reduce or deny Benefits because Proof is late. However, You must give Us Proof within 12 months unless You lack legal capacity.

**Time of Payment of Claims:** When We receive Your Proof of Loss, We will pay the Benefits then due, except as otherwise stated in any benefit provision.

**Payment of Claims:** We pay Benefits to You. If You die, unpaid Benefits go to Your Beneficiary or Beneficiaries. If You have not named a Beneficiary, Benefits will be paid to Your estate. We can pay up to \$1,000 to a relative instead of Your estate. We can also do this if You lack legal capacity.

## GENERAL PROVISIONS

**Entire Policy:** The contract between You and Central United includes this Policy, Your Policy, application and any Riders or Endorsements attached to this Policy by Us. Your Policy is issued in return for Your application and the first premium.

Only Central United's President or any of Our Vice Presidents, Secretaries, or Assistant Secretaries can change or waive the terms of Our contract. No sales agent or any other person can do so. Any changes must be in writing and signed by one of these officers.

**Statements Made In Your Application:** After Your Policy has been in force for 2 years after the Issue Date, We cannot use Your application answers against You unless they are fraudulent. No claim for loss that starts after 2 years from the Issue Date will be reduced or denied because a physical condition existed before the Issue Date unless it is limited or was excluded by name or specific description.

**Misstatement of Age:** If Your Age was misstated in the application, the Policy Benefits will be changed to those the premium paid would have provided for the correct Age.

**Physical Examination:** We have the right to have You examined by Physicians when reasonably necessary. A claim must be pending. The exam is at Our expense.

**Conformity With State Statutes:** The law of Your state of residence applies. If this Policy conflicts with Your state's laws on the Issue Date, it is considered changed to meet those laws. The change will be to the law's minimum requirement.

**Legal Actions:** No legal action can be brought before 60 days or after 3 years after Proof of Loss is given.

**Term of Coverage:** The initial term of this Policy begins on the Issue Date shown in the Policy Schedule at 12:01 am, Standard Time of the place where You then reside and ends at 12:01 am, Standard Time of the place where You then reside on the date specified in the Termination provision.

### CENTRAL UNITED LIFE INSURANCE COMPANY

[10700 Northwest Freeway  
Houston, Texas 77092]  
Customer Service: [800-669-9030]

#### ACCIDENT EXPENSE POLICY

Limited Benefits for Accident While Off-the-Job.

It does not pay benefits for loss from injuries or sickness received while working for wage or profit.

Guaranteed Renewable to age 70  
Company may change Table of Premium Rates

READ YOUR POLICY CAREFULLY

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

**CENTRAL UNITED LIFE INSURANCE COMPANY**  
a stock company  
**[10700 Northwest Freeway]**  
**[Houston, Texas 77092]**  
**Customer Service [800-669-9030]**  
**ACCIDENT EXPENSE POLICY HPACC12NOC-AR**  
**Limited Benefits for Accident While Off-the-Job.**

**It does not pay benefits for loss from injuries or sickness received while working for wage or profit.**

**REQUIRED OUTLINE OF COVERAGE**

- A. READ YOUR POLICY CAREFULLY!** This Outline of Coverage provides a very brief description of some of the important features of Your Policy. This is not the insurance contract and only the actual Policy provisions will control. The Policy itself sets forth, in detail, the rights and obligations of both You and Us. It is, therefore, important that You **READ YOUR POLICY CAREFULLY.**
- B.** Accident plans provide accidental death, dismemberment and medical expense benefits for the Insured Person(s), spouse and covered children with coterminous benefit and premium periods to age 70. Coverage is provided for the benefits described in the **BENEFITS** section below. The benefits described may be limited as outlined in the **EXCLUSIONS** section. The policy will pay the following benefits for a covered injury per unit unless otherwise noted. A maximum of 2 units may be purchased.
- C. BENEFITS** Benefits will not be paid for injuries received while working for wage or profit.

Accidental Death Benefit (Principal Sum):

|                            |   |
|----------------------------|---|
| PRINCIPAL SUM - YOU        | {Units of \$25,000; Min. \$25,000; Max. \$50,000} |
| PRINCIPAL SUM – SPOUSE     | {Units of \$10,000; Min. \$10,000; Max. \$20,000} |
| PRINCIPAL SUM - EACH CHILD | {Units of \$ 5,000; Min. \$ 5,000; Max. \$10,000} |

**Common Carrier:** If insured suffers a covered accidental death as a fare-paying passenger on a common carrier operating on a regularly scheduled basis such as a plane, bus or train, benefit will be double the Accidental Death Benefit.

**Burn.** We will pay the applicable amount listed below if any Insured Person receives burns as the result of a Covered Accident which are treated by a Physician within 72 hours after the Covered Accident. We will pay only one benefit amount per Covered Accident.

We will pay 25% of the applicable Burn Benefit if any Insured Person receives a skin graft for a burn for which a benefit was paid under the Burn Benefit of this policy. This benefit will be payable only once per Covered Accident.

|   | Insured | Spouse/Child |
|---|---------|--------------|
| Second degree burns which cover at least 36% of the body surface  | \$ 375  | \$ 150       |
| Third degree burns which cover at least 1% of the body surface<br>but less than 20% of the body surface | \$ 750  | \$ 300       |
| Third degree burns which cover 20% or more of the body surface  | \$5,000 | \$2,000      |

**Dislocated (separated joint).** We will pay the applicable amount listed below if any Insured Person receives a dislocation as the result of a Covered Accident. As this list is not complete, We will pay a benefit similar to the dislocation suffered if not listed. A dislocation is a completely separated joint. In order for this benefit to be payable for the joint involved, all of the following must occur:

- it must be diagnosed as a dislocation by a Physician within 90 days after the Covered Accident;

- the dislocation must require correction with anesthesia by a Physician; and
- the dislocation will be corrected by open (surgical) or closed (non-surgical) reduction.

If any Insured Person receives more than one dislocation in a Covered Accident and requires open or closed reduction, We will pay for all dislocations. However, We will pay no more than two times the amount for the joint involved which has the highest benefit amount.

If the dislocation requires reduction without anesthesia by a Physician, We will pay 25% of the amount listed for a closed reduction of the joint involved.

If a Physician diagnoses the dislocation as an incomplete dislocation, We will pay 25% of the amount listed for a closed reduction of the joint involved. An incomplete dislocation is a dislocation in which the joint is not completely separated.

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

| Joint  | Closed Reduction | Open Reduction |
|--|------------------|----------------|
| Hip  | \$1,000          | \$2,000        |
| Knee (except Patella)                          | 500              | 1,000          |
| Ankle  | 400              | 800            |
| Bone or bones of the foot (other than toes)    | 400              | 800            |
| Collarbone (Sternoclavicular)                  | 250              | 500            |
| Lower Jaw                                      | 150              | 300            |
| Shoulder (Glenohumeral)                        | 150              | 300            |
| Elbow  | 150              | 300            |
| Wrist  | 150              | 300            |
| Bone or bones of the hand (other than fingers) | 150              | 300            |
| Collarbone (Acromioclavicular and separation)  | 50               | 100            |
| One toe or finger                              | 50               | 100            |

Emergency Dental Work. We will pay the applicable amount listed below for dental work required by an Insured Person as the result of Injuries received in a Covered Accident.

Any and all broken teeth repaired with crown(s) \$150

Any and all broken teeth resulting in extraction(s) \$ 50

Benefits are payable only once per Covered Accident, regardless of the number of teeth involved.

Emergency Room Treatment. We will pay the amount shown on the Policy Schedule if any Insured Person is injured as the result of a Covered Accident and the Insured Person requires examination and treatment by a Physician in an Emergency Room within 72 hours after the Covered Accident. This amount will be paid once per Covered Accident.

Fracture (broken bone). We will pay the applicable amount listed below if any Insured Person receives a fracture as the result of a Covered Accident. As this list is not complete, We will pay a benefit similar to the fracture suffered if not listed.

A fracture is a break in a bone which can be seen by X-ray. In order for this benefit to be payable for the bone involved, all of the following must occur:

- it must be diagnosed as a fracture by a Physician within 90 days after the Covered Accident; and
- the fracture must require open (surgical) or closed (non-surgical) reduction by a Physician.

The maximum benefit payable for all fractures as the result of a Covered Accident is equal to two times the amount of the fracture with the highest benefit amount.

If a Physician diagnoses the fracture as a chip fracture, We will pay 25% of the amount listed for the closed reduction for the bone involved. A chip fracture is a fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached.

| Bone  | Closed Reduction | Open Reduction |
|---|------------------|----------------|
| Skull (except bones of face or nose)                              |                  |                |
| Depressed skull fracture  | \$1,250          | \$2,500        |
| Simple non-depressed skull fracture                               | \$ 500           | \$1,000        |
| Hip, thigh (Femur)  | \$ 750           | \$1,500        |
| Vertebrae, body of (excluding Vertebral Processes)                | \$ 400           | \$ 800         |
| Pelvis (includes Ilium, Ischium, Pubis, Acetabulum except Coccyx) | \$ 400           | \$ 800         |
| Leg (Tibia and/or Fibula)   | \$ 400           | \$ 800         |
| Bones of face or nose (except Mandible or Maxilla)                | \$ 175           | \$ 350         |
| Upper jaw, Maxilla (except Alveolar Process)                      | \$ 175           | \$ 350         |
| Upper arm between elbow and shoulder (Humerus)                    | \$ 175           | \$ 350         |
| Lower jaw, Mandible (except Alveolar Process)                     | \$ 150           | \$ 300         |
| Shoulder blade (Scapula), collar bone (Clavicle, Sternum)         | \$ 150           | \$ 300         |
| Vertebral Processes   | \$ 150           | \$ 300         |
| Forearm (radius and/or Ulna)                                      | \$ 150           | \$ 300         |
| Knee cap (Patella)  | \$ 150           | \$ 300         |
| Hand, foot (except fingers, toes)                                 | \$ 150           | \$ 300         |
| Ankle, wrist  | \$ 150           | \$ 300         |
| Rib   | \$ 125           | \$ 250         |
| Coccyx  | \$ 100           | \$ 200         |
| Finger, toe   | \$ 25            | \$ 50          |

Hospital Admission. We will pay \$500 if any Insured Person is Confined to a Hospital as the result of Injuries received in a Covered Accident. The Insured Person must be Confined within 180 days after the Covered Accident. This benefit will not be paid for: Emergency Room treatment; outpatient treatment; or a stay of less than 20 hours. This amount will be paid once per Covered Accident.

Hospital Confinement. We will pay \$100 per day for up to 90 days per Covered Accident if any Insured Person is Confined in a Hospital or Hospital Sub-Acute Intensive Care Unit as the result of Injuries received in a Covered Accident. The Insured Person must become Confined in a Hospital or a Hospital Sub-Acute Intensive Care Unit within 180 days after the Covered Accident. We will pay benefits for only one Hospital Confinement at a time even if it is caused by more than one Covered Accident. We will not pay this benefit for: Emergency Room treatment; outpatient treatment; or a stay of less than 20 hours.

Hospital Intensive Care Unit Confinement. We will pay \$200 per day for up to 15 days per Covered Accident if any Insured Person is Confined to a Hospital Intensive Care Unit as the result of Injuries received in a Covered Accident. The Confinement in a Hospital Intensive Care Unit must begin within 30 days after the Covered Accident.

If any Insured Person is Confined to a Hospital Intensive Care Unit that does not meet the definition in this policy of a Hospital Intensive Care Unit, We will pay the Hospital Confinement Benefit. The Hospital Intensive Care Unit Confinement Benefit and the Hospital Confinement Benefit will not be paid concurrently. If any Insured Person is Confined in a Hospital Intensive Care Unit for more than 15 days, the Hospital Confinement Benefit will begin on the 16th day. The total amount payable per Covered Accident will not exceed 90 days for Hospital Confinement and 15 days for Hospital Intensive Care Unit Confinement.

Knee Cartilage – Torn. We will pay \$500, reduced by any benefit paid for arthroscopic surgery previously performed, if any Insured Person receives a torn knee cartilage (meniscus) as the result of a Covered Accident. For this benefit to be paid, all of the following must occur:

- it must be treated by a Physician within 60 days after the Covered Accident; and
- it must be repaired through surgery by a Physician within 180 days after the Covered Accident.

If exploratory arthroscopic surgery is performed within 180 days of the Covered Accident and no repair is done, or if the cartilage is shaved (debridement), We will pay \$100.

Laceration. We will pay the applicable amount listed below if any Insured Person receives a laceration as the result of a Covered Accident. The laceration must be repaired by a Physician within 72 hours after the Covered Accident. The amount We will pay is based on the total length of all lacerations received in any one Covered Accident which require repair. If the laceration is severe enough to require stitches but the Physician chooses to repair it in another way, We will pay it as a laceration repaired with stitches.

Total of all lacerations is not more than three inches (7.6 cm) long and repaired by stitches, staples or glue \$ 50

Total of all lacerations is greater than three and not more than five inches (7.6 cm to 12.5 cm) long and repaired by stitches, staples or glue \$200

Total of all lacerations is more than five inches (12.5 cm) long and repaired by stitches, staples or glue \$400

If any Insured Person receives a laceration on a finger, toe, hand, foot or eye and later loses that finger, toe, hand, foot or eye as the result of the same Covered Accident, We will subtract the amount We paid under the Laceration Benefit from the Loss of Finger, Toe, Hand, Foot or Sight of an Eye Benefit.

Loss of Finger, Toe, Hand, Foot or Sight of an Eye. We will pay the applicable amount listed below for loss received as the result of a Covered Accident and in which loss occurs within 90 days after the Covered Accident.

|   | Insured  | Spouse/Child |
|---|----------|--------------|
| Loss of both hands, or both feet, or the sight of both eyes, or any combination of two or more listed above | \$15,000 | \$10,000     |

|  |          |          |
|--|----------|----------|
| Loss of one hand, or one foot, or sight of one eye   | \$ 7,500 | \$ 5,000 |
| Loss of two or more fingers, or two or more toes, or any combination of two or more listed above | \$ 1,500 | \$ 1,000 |
| Loss of one finger or one toe  | \$ 750   | \$ 500   |

“Loss of a hand” means that the hand is cut off through or above the wrist joint or the use of the hand is medically determined to be permanently lost. “Loss of a foot” means that the foot is cut off through or above the ankle joint or the use of the foot is medically determined to be permanently lost. “Loss of a finger” means that the finger is cut off at the joint proximate to the first interphalangeal joint where it is attached to the hand. “Loss of a toe” means that the toe is cut off at the joint proximate to the first interphalangeal joint where it is attached to the foot. “Loss of sight of an eye” means that at least 80% of vision is permanently lost.

If the Insured Person loses a finger or toe and later loses a hand or foot within 90 days on the same side of the body as the result of the same Covered Accident, We will subtract the amount paid for the loss of a finger or toe from the Loss of Finger, Toe, Hand, Foot or Sight of an Eye Benefit.

Only the highest single benefit will be payable per Covered Accident. Benefits will be paid only once per Covered Accident. If death and Loss of Finger, Toe, Hand, Foot or Sight of an Eye result from the same Covered Accident, only the Accidental Death Benefit will be paid.

Major Diagnostic Exams. We will pay \$100 per Calendar Year if an Insured Person requires one of the following exams for Injuries received as the result of a Covered Accident:

- angiogram; CT (computerized tomography) scan; CTA (computerized tomography angiogram) scan; MRI (magnetic resonance imaging); MRA (magnetic resonance angiogram); or EEG (electroencephalogram).

Physician’s Office/Urgent Care. We will pay the amount shown on the Policy Schedule if any Insured Person receives treatment and/or advice by a Physician in their office or an Urgent Care Facility for Injuries as the result of a Covered Accident. The treatment must occur within 60 days after the Covered Accident and the services provided must be the result of a Covered Accident and not for routine examinations or preventative testing. This amount will be paid once per Covered Accident.

**The following benefits are the Maximum for the policy regardless of units purchased:**

Air Ambulance. We will pay \$500 if a licensed professional air ambulance company transports any Insured Person by air to or from a Hospital or between medical facilities, where treatment for Injuries is provided as the result of a Covered Accident. The air ambulance transportation must occur within 48 hours after the Covered Accident. This amount will be paid once per Covered Accident.

Ambulance. We will pay \$100 if a licensed professional ambulance company transports any Insured Person by ground transportation to or from a Hospital or between medical facilities, where treatment for Injuries is provided for Injuries resulting from a Covered Accident. The ambulance transportation must occur within 90 days from the Covered Accident. This amount will be paid once per Covered Accident.

Appliance. We will pay \$100 if any Insured Person is injured as the result of a Covered Accident and a Physician prescribes the use of a medical appliance as an aid in personal locomotion or mobility. Crutches, braces, walkers and wheelchairs are examples of medical appliances. The use of an appliance must be prescribed within 90 days after the Covered Accident. This amount will be paid once per Covered Accident.

Blood/Plasma/Platelets. We will pay \$300 if the primary Insured Person (\$200 if the Spouse/Dependent Child) is injured as the result of a Covered Accident and requires the transfusion, administration, cross-matching, typing and processing of blood, blood plasma or platelets as the result of the injury. The blood,

blood plasma or platelets must be administered within 90 days after the Covered Accident. This amount will be paid once per Covered Accident.

**Eye Injury.** We will pay \$200 if any Insured Person receives an eye Injury as the result of a Covered Accident. The eye Injury must require surgery or the removal of a foreign object by a Physician within 90 days after the Covered Accident. This amount will be paid once per Covered Accident. An examination with anesthesia will not be considered surgery.

**Gunshot Wound.** We will pay \$500 if the primary Insured Person is injured by one or more gunshot wounds and did not intentionally shoot themselves. The wound(s) must be caused by a shot from a conventional firearm. A conventional firearm is a weapon which fires a shot (bullet) by gun powder or compressed gas. The wound(s) must require treatment by a Physician, including Confinement within 24 hours and surgery within 72 hours after the injury.

**Lodging.** We will pay \$100 per night for one motel/hotel room, for up to 30 days per Covered Accident, if a companion accompanies the Insured Person. This benefit is payable only for motel/hotel stays during the period of time the Insured Person is Confined to the Hospital. In order for this benefit to be payable, the Hospital in which the Insured Person is Confined must be located more than 100 miles from the residence of the Insured Person.

**Prosthetic Device/Artificial Limb.** We will pay the applicable amount listed below for a prosthetic device/artificial limb which is prescribed by a Physician for functional use when the Insured Person loses a hand, foot or sight of an eye due to a Covered Accident. The prosthetic device/artificial limb must be received within one year of the Covered Accident. This amount will be paid once per Covered Accident.

|  |          |
|--|----------|
| One prosthetic device or artificial limb           | \$ 500   |
| More than one prosthetic device or artificial limb | \$ 1,000 |

This benefit will not be paid for: hearing aids; dental aids, including false teeth; eye glasses; cosmetic prosthesis such as wigs; or joint replacement such as an artificial hip or knee.

**Ruptured Disc.** We will pay \$400 for any and all ruptured discs in the spine suffered by an Insured Person as the result of a Covered Accident. For this benefit to be paid, all of the following must occur.

- the ruptured disc(s) must be treated by a Physician within 60 days after the Covered Accident; and
- the ruptured disc(s) must be repaired through surgery by a Physician within one year after the Covered Accident.

This amount will be paid once per Covered Accident.

**Surgery.** We will pay \$1,000 if any Insured Person undergoes open abdominal or thoracic surgery, within 72 hours after the Covered Accident, to repair internal Injuries received as a result of the Covered Accident. For open abdominal or thoracic exploratory surgery without repair, We will pay a benefit of \$100. For exploratory or other surgery without repair, We will pay a benefit of \$100. This amount will be paid once per Covered Accident. ~~Hernia repair will not be covered.~~

**Tendon/Ligament/Rotator Cuff.** We will pay \$500 for the surgical repair of any and all torn, ruptured or severed tendon, ligament or rotator cuff which an Insured Person suffered as the result of a Covered Accident. The surgery must be performed by a Physician within 90 days after the Covered Accident.

If exploratory arthroscopic surgery is performed and no repair is done, We will pay a benefit of \$100.

If any Insured Person receives a fracture or a dislocation and tears, ruptures or severs a tendon/ligament/rotator cuff in the same Covered Accident, only one benefit will be paid. We will pay the larger of the Tendon/Ligament/Rotator Cuff Benefit, the Fracture Benefit or the Dislocation Benefit.

**Transportation.** We will pay \$300 per round trip if any Insured Person must travel more than 100 miles round trip from their residence to receive treatment and be confined in a Hospital for Injuries received as the result of a Covered Accident. Treatment must be prescribed by a Physician and not available locally.

This benefit is payable for up to three round trips per Covered Accident. This benefit is not payable for transportation by ambulance or air ambulance.

#### **D. EXCLUSIONS**

We will not pay benefits for losses that are caused by or are the result of any Insured Person(s):

- 1) operating, learning to operate, or serving as a crew member of any aircraft;
- 2) engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting or any similar activities;
- 3) riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- 4) officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- 5) who has any sickness or condition caused by a sickness independent of the Covered Accident, including physical or mental infirmity. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by any injury;
- 6) being exposed to war or any act of war, declared or undeclared;
- 7) actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve;
- 8) suffering from mental or nervous disorders;
- 9) being addicted to drugs or suffering from alcoholism;
- 10) being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;
- 11) receiving Injuries caused directly or indirectly while under the influence of a controlled substance or by intoxication as defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred;
- 12) having cosmetic surgery or other elective procedures that are not medically necessary;
- 13) having dental treatment except as the result of an Injury;
- ~~14) having a hernia;~~
- ~~15)14)~~ participating in or attempting to commit a felony;
- ~~16)15)~~ being incarcerated in a penal institution or government detention facility;
- ~~17)16)~~ driving any taxi for wage, compensation or profit;
- ~~18)17)~~ engaging in an illegal activity or occupation;
- ~~19)18)~~ self-inflicting an Injury intentionally; or
- ~~20)19)~~ committing or attempting to commit suicide, while sane or insane;

**E. RENEWABILITY** – This Policy is Guaranteed Renewable to age 70. That means as long as You pay the Renewal Premiums when due, subject to a 31-day Grace Period, We cannot cancel or change Your Policy.

#### **F. OPTIONAL BENEFIT RIDERS (Available with additional premium)**

Annual Wellness Benefit Rider HRWEL2010: We will pay \$60 once each Policy year if You, Your Spouse or any one family member (Dependent) named in the Policy Schedule undergo any of the following examinations: an annual physical examination, dental exam, mammogram, Pap smear, eye examination, immunization, flexible sigmoidoscopies, PSA test, ultrasounds or blood screening test. Service must be under the supervision of, or recommended by, a Physician and received while Your Policy is in force. A charge must be incurred. All dependent children will be treated as one insured for this benefit. This policy must be in force for 12 months before this benefit is payable.

**G. PREMIUMS.** We reserve the right to change the Premium rates. If We do this, We can only do it to all Policies in Your class. We will give You 31 days notice if We change Premium rates.

SERFF Tracking Number: CEUL-128368178 State: Arkansas  
 Filing Company: Central United Life Insurance Company State Tracking Number:  
 Company Tracking Number: HPACC1224  
 TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only  
 Product Name: HPACC1224  
 Project Name/Number: HPACC1224/HPACC1224

## Superseded Schedule Items

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

| Creation Date: | Schedule            | Schedule Item Name               | Replacement<br>Creation Date | Attached Document(s)  |
|----------------|---------------------|----------------------------------|------------------------------|---|
| 05/16/2012     | Form                | Non Occupational Accident Policy | 05/21/2012                   | HPACC12NOC.pdf<br>(Superseded)  |
| 05/16/2012     | Supporting Document | Outline of Coverage              | 05/21/2012                   | HPACC1224-OC.pdf<br>(Superseded)<br>HPACC12NOC-OC.pdf<br>(Superseded) |
| 05/16/2012     | Form                | 24 Hour Accident Policy          | 05/21/2012                   | HPACC1224.pdf<br>(Superseded)   |

**CENTRAL UNITED LIFE INSURANCE COMPANY**  
A Stock Company

[10700 Northwest Freeway  
Houston, Texas 77092]  
Customer Service: [800-669-9030]

This is a legal contract between the owner of the Policy (You) and Central United Life Insurance Company (Central United). It is issued in return for Your application and first premium. Central United agrees to pay this Policy's Benefits to You if an Insured Person suffers a loss covered under this Policy due to a Covered Accident while this Policy is in effect and the Policy's provisions are met.

**RENEWAL PROVISION**

You have the right to renew this Policy until age 70 if You pay the correct premium when due or within the Grace Period. If premiums are paid on time, We cannot (prior to age 70) cancel this Policy or place any restrictive rider on it. We reserve the right to change premiums from time to time. If We do change premiums, We will only do so only if: 1) We change the premiums for all policies of this class in Your state; 2) such change is in accordance with the laws and regulations of your state; and 3) We give You 30 days written notice (or longer if required by the state in which this policy is issued) before such change becomes effective.

**TEN-DAY FREE LOOK**

You may cancel this Policy within 10 days of receiving it. Return the Policy to Central United's Administrative Office or to Your Central United sales agent. As soon as You deliver or mail the Policy to Us, it is treated as if it was never issued. We will refund Your premium payment when We receive the Policy back.

**CANCELLATION**

After the 10-day free look period, You may cancel this Policy by notifying Us in writing that You wish to do so. Cancellation of Your Policy will be effective on the date We receive Your written notice unless Your notice specifies a later date. We will promptly refund any premium paid for coverage after the cancellation date. Cancellation of this Policy will be without prejudice to any claim made prior to the termination of the contract.

Central United Life Insurance Company has signed this Policy on the Issue Date.

[   ]

[Mary Lou Rainey  
Secretary]

[Dan George  
President]

**ACCIDENT EXPENSE POLICY**

**Limited Benefits for Accident While Off-the-Job.**

**This is an accident only policy which does not pay benefits for a loss from sickness.  
It does not pay benefits for loss from injuries received while working for wage or profit.**

**Guaranteed Renewable to age 70**

**Company may change Table of Premium Rates**

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**CENTRAL UNITED LIFE INSURANCE COMPANY**

[10700 Northwest Freeway  
Houston, Texas 77092]

**POLICY SCHEDULE**

**ACCIDENT EXPENSE POLICY**

|                                |                 |           |
|--------------------------------|-----------------|-----------|
| Primary Insured: [John Q. Doe] | Issue Age:      | [52]      |
| Policy Number: [12 345678]     |                 |           |
| Effective Date: [02/01/2011]   | Initial Premium | [\$33.00] |
| Insured Dependents:            | Mode of Payment | [Monthly] |
| Spouse: [Jane Doe]             |                 |           |
| [            ]                 |                 |           |
| [            ]                 |                 |           |
| [            ]                 |                 |           |
| [            ]                 |                 |           |

| FORM #       | BENEFIT DESCRIPTION  | PREMIUM  |
|--------------|--|--|
| [HPACC12NOC] | Guaranteed Renewable to age 70, subject to the Company's Right to Change Premium<br>Accidental Death Benefit Insured<br>Primary Insured   [\$25,000, 50,000]<br>Spouse            [\$10,000, 20,000]<br>Child(ren)        [\$5,000, 10,000]<br>Accidental Death – Common Carrier | [\$23.00]<br><br><br><br><br>Accidental Death Benefit will be doubled. |
| [HRWEL2010]  | Emergency Room Treatment           [\$200, \$500]<br>Physician's Office/Urgent Care       [\$50, \$120]<br><br>[Wellness Rider           \$60.00]  | <br><br><br><br><br>\$[10.00]  |

## DEFINITIONS

**AGE:** Your Age as of your last birthday.

**AMBULANCE:** A ground or air vehicle which is licensed as required by law, as an Ambulance, and is equipped to transport sick or injured persons.

**CONFINED/CONFINEMENT:** An Insured Person's Medically Necessary admission to and subsequent continued stay in a Hospital as an overnight bed patient for which a charge is made for room and board.

**COVERED ACCIDENT:** An accidental bodily injury that happens to an Insured Person while this Policy is in force and occurs while the Insured Person is Off-the-Job.

**DENTAL TREATMENT:** Treatment of the teeth and/or periodontal area.

**DEPENDENT CHILD(REN):** Any natural child, step-child, legally adopted child or child placed into Your custody for adoption who is: (a) unmarried; (b) living with You in a regular parent – child relationship; (c) qualified as a dependent of You or Your Spouse for tax purposes according to the United States Internal Revenue Code; and (d) younger than age 26.

**EMERGENCY CARE:** Those health care services that are provided for a condition of recent onset and sufficient severity, including, but not limited to severe pain that would lead a prudent layperson, possessing an average knowledge of medicine and health, to believe that his or her injury is of such a nature that failure to obtain immediate medical care could result in:

- placing the patient's health in serious jeopardy;
- serious impairment to bodily functions; or
- serious dysfunction of any bodily organ or part.

**HOSPITAL:** An institution operated pursuant to law for the care and treatment of injured and sick persons which:

- maintains (either on its premises, or in facilities available to the Hospital on a contractual prearranged basis and under the supervision of a staff of one or more duly licensed Physicians) organized facilities for medical, diagnostic and surgical care for injured and sick persons on an inpatient basis for which a charge is made that the Insured Person is legally obligated to pay;
- maintains a staff of one or more duly licensed Physicians;
- provides 24 hour nursing care by or under the supervision of an R.N.;
- maintains and operates a minimum of 5 beds; and
- maintains permanent medical history records.

Hospital does not include any facility which is used principally as a facility for the aged, drug addicts, alcoholics, custodial care, educational care, rest or convalescence, or care of Mental or Nervous Disorders.

**INSURED PERSON:** You (primary insured) and Your Spouse and Dependent Child(ren) as listed on the application, and named in the Policy Schedule.

**INTENSIVE CARE UNIT:** Intensive Care Units are defined as an area or unit of a hospital that is separate and apart from the surgical recovery room and from the general service rooms, beds and wards. It must have 24-hour nursing care attended by nurses assigned on a full-time basis exclusive to such unit; and a stay in the unit must be at the direction and/or supervision of a full-time Physician director or a standing "intensive care" committee of the medical staff. Intensive Care Units include an intensive cardiac care unit and a neo-natal intensive care unit. It does not include: progressive care units; sub-acute intensive care units; intermediate care units; private monitored rooms; observation units; or other lesser treatment units.

**ISSUE DATE:** The effective date of coverage provided by this Policy. See the Policy Schedule.

**MEDICALLY NECESSARY OR MEDICAL NECESSITY:** The necessity of a service or supply as appropriate for the diagnosis or treatment of a Covered Accident based on generally accepted current medical practice. A service or supply will not be considered Medically Necessary if:

- it is provided only as a convenience to the Insured Person or provider;
- it is not appropriate treatment for the Insured Person's diagnosis or symptoms; or
- it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment.

**MENTAL OR NERVOUS DISORDER:** Any disorder classified as such in the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

**OFF-THE-JOB:** While You are not working at any job for a wage or profit.

**PHYSICIAN:** A licensed medical provider who acts within the scope of his or her license and provides treatment or care necessary for a Covered Accident. The Physician must be someone other than You or a member of Your immediate family.

**POLICY:** This Accident Expense contract.

**POLICY SCHEDULE:** Page 3 of this Policy.

**RENEWAL PREMIUMS:** The amount You must pay Us to keep this Policy in force.

**SPOUSE:** Your spouse for whom You have applied for insurance coverage under this Policy and for whom premium payments are made. At the time of application, Your spouse must be at least 18 years of age and no more than 69 years of age.

**WE, OUR, US, THE COMPANY:** Central United Life Insurance Company (Central United).

**YOU, YOUR:** The Insured/Owner of this Policy. If the Insured is not the Owner, You refers to either as the context allows.

### **PREMIUMS AND REINSTATEMENT**

**Premium Payments:** The first premium is due on the Issue Date. Premiums will include rider premiums, if any. Premiums paid after the first premium are Renewal Premiums. We may change Renewal Premiums. The rules for doing this are on Page 1.

The date Renewal Premiums are due is called the due date. Subject to the Grace Period, Your Policy will end if a Renewal Premium is not paid by the due date. All premiums are payable to Us.

**Grace Period:** You have a 31-day Grace Period to pay Renewal Premiums. The Grace Period starts on the due date and ends 31 days later. During the Grace Period, Your Policy stays in force. If You do not pay the Renewal Premium by the end of the Grace Period, Your Policy will lapse (end).

**Reinstatement:** Our acceptance of premium for this policy beyond the grace period will not reinstate the policy. Our only liability will be to return the premium. In order to reinstate the policy, all insureds requesting coverage must complete an application for reinstatement subject to our underwriting guidelines. The reinstated Policy shall cover only loss resulting from such accidental injury as may be sustained after the date of reinstatement. In all other respects the Insured and Company shall have the same rights thereunder as they had under this Policy immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with the reinstatement

**Refund of Unearned Premium:** Within 30 days of proof of an Insured Person's death, We will refund any unearned premium paid for such person for any period beyond the end of the month in which death occurred.

**Unpaid Premiums:** When a claim is paid, any premium due and unpaid may be deducted from the claim payment.

## BENEFITS

Benefits will not be paid for injuries received while working for a wage or profit. This policy will pay the following benefits for loss resulting from a Covered Accident for each unit purchased:

**Accidental Death Benefit.** We will pay the benefit amount shown on the Policy Schedule if any Insured Person is injured as the direct result of a Covered Accident. The injury must be the cause of the Insured Person's death and occur within 90 days after the Covered Accident.

**Accidental Death – Common Carrier.** We will pay the benefit amount shown on the Policy Schedule if any Insured Person is injured as the result of a Covered Accident while a fare-paying passenger on a common carrier operating on a regularly scheduled basis such as a plane, bus or train. The injury must be the cause of the Insured Person's death and occur within 90 days after the Covered Accident. If We pay this benefit, the Accidental Death Benefit will not be paid.

**Burn.** We will pay the applicable amount listed below if any Insured Person receives burns as the result of a Covered Accident which are treated by a Physician within 72 hours after the Covered Accident. We will pay only one benefit amount per Covered Accident.

We will pay 25% of the applicable Burn Benefit if any Insured Person receives a skin graft for a burn for which a benefit was paid under the Burn Benefit of this policy. This benefit will be payable only once per Covered Accident.

|   | <b>You</b> | <b>Spouse/Child</b> |
|---|------------|---------------------|
| Second degree burns which cover at least 36% of the body surface  | \$ 375     | \$ 150              |
| Third degree burns which cover at least 1% of the body surface<br>but less than 20% of the body surface | \$ 750     | \$ 300              |
| Third degree burns which cover 20% or more of the body surface  | \$5,000    | \$2,000             |

**Dislocated (separated) Joint.** We will pay the applicable amount listed below if any Insured Person receives a dislocation as the result of a Covered Accident. As this list is not complete, We will pay a benefit similar to the dislocation suffered if not listed. A dislocation is a completely separated joint. In order for this benefit to be payable for the joint involved, all of the following must occur:

- it must be diagnosed as a dislocation by a Physician within 90 days after the Covered Accident;
- the dislocation must require correction with anesthesia by a Physician; and
- the dislocation will be corrected by open (surgical) or closed (non-surgical) reduction.

If any Insured Person receives more than one dislocation in a Covered Accident and requires open or closed reduction, We will pay for all dislocations. However, We will pay no more than two times the amount for the joint involved which has the highest benefit amount.

If the dislocation requires reduction without anesthesia by a Physician, We will pay 25% of the amount listed for a closed reduction of the joint involved.

If a Physician diagnoses the dislocation as an incomplete dislocation, We will pay 25% of the amount listed for a closed reduction of the joint involved. An incomplete dislocation is a dislocation in which the joint is not completely separated.

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

| <b>Joint</b>                                   | <b>Closed Reduction</b> | <b>Open Reduction</b> |
|--|-------------------------|-----------------------|
| Hip  | \$1,000                 | \$2,000               |
| Knee (except Patella)                          | 500                     | 1,000                 |
| Ankle  | 400                     | 800                   |
| Bone or bones of the foot (other than toes)    | 400                     | 800                   |
| Collarbone (Sternoclavicular)                  | 250                     | 500                   |
| Lower Jaw                                      | 150                     | 300                   |
| Shoulder (Glenohumeral)                        | 150                     | 300                   |
| Elbow  | 150                     | 300                   |
| Wrist  | 150                     | 300                   |
| Bone or bones of the hand (other than fingers) | 150                     | 300                   |
| Collarbone (Acromioclavicular and separation)  | 50                      | 100                   |
| One toe or finger                              | 50                      | 100                   |

**Emergency Dental Work.** We will pay the applicable amount listed below for dental work required by an Insured Person as the result of Injuries received in a Covered Accident.

|   |       |
|---|-------|
| Any and all broken teeth repaired with crown(s)     | \$150 |
| Any and all broken teeth resulting in extraction(s) | \$ 50 |

**Emergency Room Treatment.** We will pay the amount shown on the Policy Schedule if any Insured Person is injured as the result of a Covered Accident and the Insured Person requires examination and treatment by a Physician in an Emergency Room within 72 hours after the Covered Accident. This amount will be paid once per Covered Accident.

Benefits are payable only once per Covered Accident, regardless of the number of teeth involved.

**Fracture (broken bone).** We will pay the applicable amount listed below if any Insured Person receives a fracture as the result of a Covered Accident. As this list is not complete, We will pay a benefit similar to the fracture suffered if not listed.

A fracture is a break in a bone which can be seen by X-ray. In order for this benefit to be payable for the bone involved, all of the following must occur:

- it must be diagnosed as a fracture by a Physician within 90 days after the Covered Accident; and
- the fracture must require open (surgical) or closed (non-surgical) reduction by a Physician.

The maximum benefit payable for all fractures as the result of a Covered Accident is equal to two times the amount of the fracture with the highest benefit amount.

If a Physician diagnoses the fracture as a chip fracture, We will pay 25% of the amount listed for the closed reduction for the bone involved. A chip fracture is a fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached.

| <b>Bone</b>   | <b>Closed Reduction</b> | <b>Open Reduction</b> |
|---|-------------------------|-----------------------|
| Skull (except bones of face or nose)                              |                         |                       |
| Depressed skull fracture  | \$1,250                 | \$2,500               |
| Simple non-depressed skull fracture                               | 500                     | 1,000                 |
| Hip, thigh (Femur)  | 750                     | 1,500                 |
| Vertebrae, body of (excluding Vertebral Processes)                | 400                     | 800                   |
| Pelvis (includes Ilium, Ischium, Pubis, Acetabulum except Coccyx) | 400                     | 800                   |
| Leg (Tibia and/or Fibula)   | 400                     | 800                   |
| Bones of face or nose (except Mandible or Maxilla)                | 175                     | 350                   |
| Upper jaw, Maxilla (except Alveolar Process)                      | 175                     | 350                   |
| Upper arm between elbow and shoulder (Humerus)                    | 175                     | 350                   |
| Lower jaw, Mandible (except Alveolar Process)                     | 150                     | 300                   |
| Shoulder blade (Scapula), collar bone (Clavicle, Sternum)         | 150                     | 300                   |
| Vertebral Processes   | 150                     | 300                   |
| Forearm (radius and/or Ulna)                                      | 150                     | 300                   |
| Knee cap (Patella)  | 150                     | 300                   |
| Hand, foot (except fingers, toes)                                 | 150                     | 300                   |
| Ankle, wrist  | 150                     | 300                   |
| Rib   | 125                     | 250                   |
| Coccyx  | 100                     | 200                   |
| Finger, toe   | 25                      | 50                    |

**Hospital Admission.** We will pay \$500 if any Insured Person is Confined to a Hospital as the result of Injuries received in a Covered Accident. The Insured Person must be Confined within 180 days after the Covered Accident. This benefit will not be paid for:

- Emergency Room treatment;
- outpatient treatment; or
- a stay of less than 20 hours.

This amount will be paid once per Covered Accident.

**Hospital Confinement.** We will pay \$100 per day for up to 90 days per Covered Accident if any Insured Person is Confined in a Hospital or Hospital Sub-Acute Intensive Care Unit as the result of Injuries received in a Covered Accident. The Insured Person must become Confined in a Hospital or a Hospital Sub-Acute Intensive Care Unit within 180 days

after the Covered Accident. We will pay benefits for only one Hospital Confinement at a time even if it is caused by more than one Covered Accident. We will not pay this benefit for:

- Emergency Room treatment;
- outpatient treatment; or
- a stay of less than 20 hours.

**Hospital Intensive Care Unit Confinement.** We will pay \$200 per day for up to 15 days per Covered Accident if any Insured Person is Confined to a Hospital Intensive Care Unit as the result of Injuries received in a Covered Accident. The Confinement in a Hospital Intensive Care Unit must begin within 30 days after the Covered Accident.

If any Insured Person is Confined to a Hospital Intensive Care Unit that does not meet the definition in this policy of a Hospital Intensive Care Unit, We will pay the Hospital Confinement Benefit. The Hospital Intensive Care Unit Confinement Benefit and the Hospital Confinement Benefit will not be paid concurrently. If any Insured Person is Confined in a Hospital Intensive Care Unit for more than 15 days, the Hospital Confinement Benefit will begin on the 16th day. The total amount payable per Covered Accident will not exceed 90 days for Hospital Confinement and 15 days for Hospital Intensive Care Unit Confinement.

**Knee Cartilage – Torn.** We will pay \$500, reduced by any benefit paid for arthroscopic surgery previously performed, if any Insured Person receives a torn knee cartilage (meniscus) as the result of a Covered Accident. For this benefit to be paid, all of the following must occur:

- it must be treated by a Physician within 60 days after the Covered Accident; and
- it must be repaired through surgery by a Physician within 180 days after the Covered Accident.

If exploratory arthroscopic surgery is performed within 180 days of the Covered Accident and no repair is done, or if the cartilage is shaved (debridement), We will pay \$100.

**Laceration.** We will pay the applicable amount listed below if any Insured Person receives a laceration as the result of a Covered Accident. The laceration must be repaired by a Physician within 72 hours after the Covered Accident. The amount We will pay is based on the total length of all lacerations received in any one Covered Accident which require repair. If the laceration is severe enough to require stitches but the Physician chooses to repair it in another way, We will pay it as a laceration repaired with stitches.

|   |       |
|---|-------|
| Total of all lacerations is not more than three inches (7.6 cm) long and repaired by stitches, staples or glue                                  | \$50  |
| Total of all lacerations is greater than three and not more than five inches (7.6 cm to 12.5 cm) long and repaired by stitches, staples or glue | \$200 |
| Total of all lacerations is more than five inches (12.5 cm) long and repaired by stitches, staples or glue                                      | \$400 |

If any Insured Person receives a laceration on a finger, toe, hand, foot or eye and later loses that finger, toe, hand, foot or eye as the result of the same Covered Accident, We will subtract the amount We paid under the Laceration Benefit from the Loss of Finger, Toe, Hand, Foot or Sight of an Eye Benefit.

**Loss of Finger, Toe, Hand, Foot or Sight of an Eye.** We will pay the applicable amount listed below for loss received as the result of a Covered Accident and in which loss occurs within 90 days after the Covered Accident.

|   | <b>You</b> | <b>Spouse/Child</b> |
|---|------------|---------------------|
| Loss of both hands, or both feet, or the sight of both eyes, or any combination of two or more listed above | \$15,000   | \$10,000            |
| Loss of one hand, or one foot, or sight of one eye  | \$7,500    | \$5,000             |
| Loss of two or more fingers, or two or more toes, or any combination of two or more listed above            | \$1,500    | \$1,000             |
| Loss of one finger or one toe   | \$750      | \$500               |

“Loss of a hand” means that the hand is cut off through or above the wrist joint or the use of the hand is medically determined to be permanently lost. “Loss of a foot” means that the foot is cut off through or above the ankle joint or the use of the foot is medically determined to be permanently lost. “Loss of a finger” means that the finger is cut off at the joint proximate to the first interphalangeal joint where it is attached to the hand. “Loss of a toe” means that the toe is cut off at the joint proximate to the first interphalangeal joint where it is attached to the foot. “Loss of sight of an eye” means that at least 80% of vision is permanently lost.

If the Insured Person loses a finger or toe and later loses a hand or foot within 90 days on the same side of the body as the result of the same Covered Accident, We will subtract the amount paid for the loss of a finger or toe from the Loss of Finger, Toe, Hand, Foot or Sight of an Eye Benefit.

Only the highest single benefit will be payable per Covered Accident. Benefits will be paid only once per Covered Accident. If death and Loss of Finger, Toe, Hand, Foot or Sight of an Eye result from the same Covered Accident, only the Accidental Death Benefit will be paid.

**Major Diagnostic Exams.** We will pay \$100 per Calendar Year if an Insured Person requires one of the following exams for Injuries received as the result of a Covered Accident:

- angiogram;
- CT (computerized tomography) scan;
- CTA (computerized tomography angiogram) scan;
- MRI (magnetic resonance imaging);
- MRA (magnetic resonance angiogram); or
- EEG (electroencephalogram).

**Physician's Office/Urgent Care.** We will pay the amount shown on the Policy Schedule if any Insured Person receives treatment and/or advice by a Physician in their office or an Urgent Care Facility for Injuries as the result of a Covered Accident. The treatment must occur within 60 days after the Covered Accident and the services provided must be the result of a Covered Accident and not for routine examinations or preventative testing. This amount will be paid once per Covered Accident.

**The following benefits are the maximum benefits payable regardless of the number of units purchased.**

**Air Ambulance.** We will pay \$500 if a licensed professional air ambulance company transports any Insured Person by air to or from a Hospital or between medical facilities, where treatment for Injuries is provided as the result of a Covered Accident. The air ambulance transportation must occur within 48 hours after the Covered Accident. This amount will be paid once per Covered Accident.

**Ambulance.** We will pay \$100 if a licensed professional ambulance company transports any Insured Person by ground transportation to or from a Hospital or between medical facilities, where treatment for Injuries is provided for Injuries resulting from a Covered Accident. The ambulance transportation must occur within 90 days from the Covered Accident. This amount will be paid once per Covered Accident.

**Appliance.** We will pay \$100 if any Insured Person is injured as the result of a Covered Accident and a Physician prescribes the use of a medical appliance as an aid in personal locomotion or mobility. Crutches, braces, walkers and wheelchairs are examples of medical appliances. The use of an appliance must be prescribed within 90 days after the Covered Accident. This amount will be paid once per Covered Accident.

**Blood/Plasma/Platelets.** We will pay \$300 if the primary Insured Person (\$200 if the Spouse/Dependent Child) is injured as the result of a Covered Accident and requires the transfusion, administration, cross-matching, typing and processing of blood, blood plasma or platelets as the result of the injury. The blood, blood plasma or platelets must be administered within 90 days after the Covered Accident. This amount will be paid once per Covered Accident.

**Eye Injury.** We will pay \$200 if any Insured Person receives an eye Injury as the result of a Covered Accident. The eye Injury must require surgery or the removal of a foreign object by a Physician within 90 days after the Covered Accident. This amount will be paid once per Covered Accident. An examination with anesthesia will not be considered surgery.

**Gunshot Wound.** We will pay \$500 if the primary Insured Person is injured by one or more gunshot wounds and did not intentionally shoot themselves. The wound(s) must be caused by a shot from a conventional firearm. A conventional firearm is a weapon which fires a shot (bullet) by gun powder or compressed gas. The wound(s) must require treatment by a Physician, including Confinement within 24 hours and surgery within 72 hours after the injury.

**Lodging.** We will pay \$100 per night for one motel/hotel room, for up to 30 days per Covered Accident, if a companion accompanies the Insured Person. This benefit is payable only for motel/hotel stays during the period of time the Insured Person is Confined to the Hospital. In order for this benefit to be payable, the Hospital in which the Insured Person is Confined must be located more than 100 miles from the residence of the Insured Person.

**Prosthetic Device/Artificial Limb.** We will pay the applicable amount listed below for a prosthetic device/artificial limb which is prescribed by a Physician for functional use when the Insured Person loses a hand, foot or sight of an eye due to a Covered Accident. The prosthetic device/artificial limb must be received within one year of the Covered Accident. This amount will be paid once per Covered Accident.

|  |         |
|--|---------|
| One prosthetic device or artificial limb           | \$500   |
| More than one prosthetic device or artificial limb | \$1,000 |

This benefit will not be paid for:

- hearing aids;
- dental aids, including false teeth;
- eye glasses;
- cosmetic prosthesis such as wigs; or
- joint replacement such as an artificial hip or knee.

**Ruptured Disc.** We will pay \$400 for any and all ruptured discs in the spine suffered by an Insured Person as the result of a Covered Accident. For this benefit to be paid, all of the following must occur.

- the ruptured disc(s) must be treated by a Physician within 60 days after the Covered Accident; and
- the ruptured disc(s) must be repaired through surgery by a Physician within one year after the Covered Accident.

This amount will be paid once per Covered Accident.

**Surgery.** We will pay \$1,000 if any Insured Person undergoes open abdominal or thoracic surgery, within 72 hours after the Covered Accident, to repair internal Injuries received as a result of the Covered Accident. For open abdominal or thoracic exploratory surgery without repair, We will pay a benefit of \$100. For exploratory or other surgery without repair, We will pay a benefit of \$100. This amount will be paid once per Covered Accident. Hernia repair will not be covered.

**Tendon/Ligament/Rotator Cuff.** We will pay \$500 for the surgical repair of any and all torn, ruptured or severed tendons, ligaments or rotator cuff which an Insured Person suffered as the result of a Covered Accident. The surgery must be performed by a Physician within 90 days after the Covered Accident.

If exploratory arthroscopic surgery is performed and no repair is done, We will pay a benefit of \$100.

If any Insured Person receives a fracture or a dislocation and tears, ruptures or severs a tendon/ligament/rotator cuff in the same Covered Accident, only one benefit will be paid. We will pay the larger of the Tendon/Ligament/Rotator Cuff Benefit, the Fracture Benefit or the Dislocation Benefit.

**Transportation.** We will pay \$300 per round trip if any Insured Person must travel more than 100 miles round trip from their residence to receive treatment and be confined in a Hospital for Injuries received as the result of a Covered Accident. Treatment must be prescribed by a Physician and not available locally. This benefit is payable for up to three round trips per Covered Accident. This benefit is not payable for transportation by ambulance or air ambulance.

## EXCLUSIONS

We will not pay benefits for losses that are caused by or are the result of any Insured Person(s):

- 1) operating, learning to operate, or serving as a crew member of any aircraft;
- 2) engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting or any similar activities;
- 3) riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- 4) officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- 5) who has any sickness or condition caused by a sickness independent of the Covered Accident, including physical or mental infirmity. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by any injury;
- 6) being exposed to war or any act of war, declared or undeclared;
- 7) actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve;
- 8) suffering from Mental or Nervous Disorders;
- 9) being addicted to drugs or suffering from alcoholism;
- 10) being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;

- 11) receiving Injuries caused directly or indirectly while under the influence of a controlled substance or by intoxication as defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred;
- 12) having cosmetic surgery or other elective procedures that are not medically necessary;
- 13) having dental treatment except as the result of an Injury;
- 14) having a hernia;
- 15) participating in or attempting to commit a felony;
- 16) being incarcerated in a penal institution or government detention facility;
- 17) driving any taxi for wage, compensation or profit;
- 18) engaging in an illegal activity or occupation;
- 19) self-inflicting an Injury intentionally; or
- 20) committing or attempting to commit suicide, while sane or insane;

## TERMINATION

Coverage will terminate and no Benefits will be payable under this Policy and the attached Riders, if any, on the earliest of the following:

- when any premium due for this Policy is not paid before the end of the Grace Period;
- when You give Us a written request to do so;
- when You establish residence in a foreign country;
- upon Your death; or
- primary insured's attainment of age 70.

Coverage of a Dependent Child will terminate when this policy terminates, or when any such child no longer meets the definition of Dependent Child.

Coverage of a Spouse will terminate on the earliest of the following:

- when this policy terminates;
- upon Spouse's death;
- upon Spouse's attainment of age 70; or
- on the next premium due date after the date of divorce or legal separation from You, the named Insured.

It is Your responsibility to notify Us of an Insured's loss of eligibility of coverage. Our acceptance of premium for such person whose coverage has terminated will not extend coverage for such persons. Our only liability will be to return the premium for the period the person is not covered.

## CLAIM PROVISIONS

**Notice of Claim:** You should give Us notice that You have a claim in writing. Unless it's not possible, You should give Us notice within 20 days after You suffer a loss. Your notice should include Your name and Policy Number. Notice can be given to The Company at Our office.

**Claim Forms:** Once You give Us Notice of Claim, We will send claim forms. If We do not send these within 15 days of Notice of Claim, Your written statement will be accepted. The written statement must state the cause, nature, and extent of Your loss, and be given in the Proof of Loss time limit.

**Proof of Loss:** Proof of Loss ("Proof") is due within 120 days after the date you suffer a loss. If You cannot meet this deadline, You must submit Proof as soon as possible. We will not reduce or deny Benefits because Proof is late. However, You must give Us Proof within 12 months unless You lack legal capacity.

**Time of Payment of Claims:** When We receive Your Proof of Loss, We will pay the Benefits then due, except as otherwise stated in any benefit provision.

**Payment of Claims:** We pay Benefits to You. If You die, unpaid Benefits go to Your Beneficiary or Beneficiaries. If You have not named a Beneficiary, Benefits will be paid to Your estate. We can pay up to \$1,000 to a relative instead of Your estate. We can also do this if You lack legal capacity.

## GENERAL PROVISIONS

**Entire Policy:** The contract between You and Central United includes this Policy, Your Policy, application and any Riders or Endorsements attached to this Policy by Us. Your Policy is issued in return for Your application and the first premium.

Only Central United's President or any of Our Vice Presidents, Secretaries, or Assistant Secretaries can change or waive the terms of Our contract. No sales agent or any other person can do so. Any changes must be in writing and signed by one of these officers.

**Statements Made In Your Application:** After Your Policy has been in force for 2 years after the Issue Date, We cannot use Your application answers against You unless they are fraudulent. No claim for loss that starts after 2 years from the Issue Date will be reduced or denied because a physical condition existed before the Issue Date unless it is limited or was excluded by name or specific description.

**Misstatement of Age:** If Your Age was misstated in the application, the Policy Benefits will be changed to those the premium paid would have provided for the correct Age.

**Physical Examination:** We have the right to have You examined by Physicians when reasonably necessary. A claim must be pending. The exam is at Our expense.

**Conformity With State Statutes:** The law of Your state of residence applies. If this Policy conflicts with Your state's laws on the Issue Date, it is considered changed to meet those laws. The change will be to the law's minimum requirement.

**Legal Actions:** No legal action can be brought before 60 days or after 3 years after Proof of Loss is given.

**Term of Coverage:** The initial term of this Policy begins on the Issue Date shown in the Policy Schedule at 12:01 am, Standard Time of the place where You then reside and ends at 12:01 am, Standard Time of the place where You then reside on the date specified in the Termination provision.

## CENTRAL UNITED LIFE INSURANCE COMPANY

[10700 Northwest Freeway  
Houston, Texas 77092]  
Customer Service: [800-669-9030]

### ACCIDENT EXPENSE POLICY

**Limited Benefits for Accident While Off-the-Job.**

**It does not pay benefits for loss from injuries or sickness received while working for wage or profit.**

**Guaranteed Renewable to age 70  
Company may change Table of Premium Rates**

**READ YOUR POLICY CAREFULLY**

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

**CENTRAL UNITED LIFE INSURANCE COMPANY**  
a stock company  
[10700 Northwest Freeway]  
[Houston, Texas 77092]  
Customer Service [800-669-9030]

**24 HOUR ACCIDENT EXPENSE POLICY FORM HPACC1224**

**REQUIRED OUTLINE OF COVERAGE**

- A. READ YOUR POLICY CAREFULLY!** This Outline of Coverage provides a very brief description of some of the important features of Your Policy. This is not the insurance contract and only the actual Policy provisions will control. The Policy itself sets forth, in detail, the rights and obligations of both You and Us. It is, therefore, important that You **READ YOUR POLICY CAREFULLY.**
- B.** This Accident plan provides accidental death, dismemberment and medical expense benefits for the Insured Person(s), spouse and covered children with coterminous benefit and premium periods to age 70. Coverage is provided for the benefits described in the BENEFITS section below. The benefits described may be limited as outlined in the EXCLUSIONS section. The policy will pay the following benefits for a covered injury per unit unless otherwise noted. A maximum of 2 units may be purchased.

**C. BENEFITS**

Accidental Death Benefit (Principal Sum): Shown on the Policy Schedule page.

Common Carrier: If insured suffers a covered accidental death as a fare-paying passenger on a common carrier operating on a regularly scheduled basis such as a plane, bus, or train, benefit will be double the Accidental Death Benefit.

Burn. We will pay the applicable amount listed below if any Insured Person receives burns as the result of a Covered Accident which are treated by a Physician within 72 hours after the Covered Accident. We will pay only one benefit amount per Covered Accident.

We will pay 25% of the applicable Burn Benefit if any Insured Person receives a skin graft for a burn for which a benefit was paid under the Burn Benefit of this policy. This benefit will be payable only once per Covered Accident.

|  |         | Insured |
|--|---------|---------|
| Spouse/Child   |         |         |
| Second degree burns which cover at least 36% of the body surface | \$ 375  | \$ 150  |
| Third degree burns which cover at least 1% of the body surface   |         |         |
| but less than 20% of the body surface                            | \$ 750  | \$ 300  |
| Third degree burns which cover 20% or more of the body surface   | \$5,000 | \$2,000 |

Dislocated (separated joint). We will pay the applicable amount listed below if any Insured Person receives a dislocation as the result of a Covered Accident. As this list is not complete, We will pay a benefit similar to the dislocation suffered if not listed. A dislocation is a completely separated joint. In order for this benefit to be payable for the joint involved, all of the following must occur:

- it must be diagnosed as a dislocation by a Physician within 90 days after the Covered Accident;
- the dislocation must require correction with anesthesia by a Physician; and

- the dislocation will be corrected by open (surgical) or closed (non-surgical) reduction.

If any Insured Person receives more than one dislocation in a Covered Accident and requires open or closed reduction, We will pay for all dislocations. However, We will pay no more than two times the amount for the joint involved which has the highest benefit amount.

If the dislocation requires reduction without anesthesia by a Physician, We will pay 25% of the amount listed for a closed reduction of the joint involved.

If a Physician diagnoses the dislocation as an incomplete dislocation, We will pay 25% of the amount listed for a closed reduction of the joint involved. An incomplete dislocation is a dislocation in which the joint is not completely separated.

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

| Joint  | Closed Reduction | Open Reduction |
|--|------------------|----------------|
| Hip  | \$1,000          | \$2,000        |
| Knee (except Patella)                          | 500              | 1,000          |
| Ankle  | 400              | 800            |
| Bone or bones of the foot (other than toes)    | 400              | 800            |
| Collarbone (Sternoclavicular)                  | 250              | 500            |
| Lower Jaw                                      | 150              | 300            |
| Shoulder (Glenohumeral)                        | 150              | 300            |
| Elbow  | 150              | 300            |
| Wrist  | 150              | 300            |
| Bone or bones of the hand (other than fingers) | 150              | 300            |
| Collarbone (Acromioclavicular and separation)  | 50               | 100            |
| One toe or finger                              | 50               | 100            |

Emergency Dental Work. We will pay the applicable amount listed below for dental work required by an Insured Person as the result of Injuries received in a Covered Accident.

Any and all broken teeth repaired with crown(s) \$150

Any and all broken teeth resulting in extraction(s) \$ 50

Benefits are payable only once per Covered Accident, regardless of the number of teeth involved.

Emergency Room Treatment. We will pay the amount shown on the Policy Schedule if any Insured Person is injured as the result of a Covered Accident and the Insured Person requires examination and treatment by a Physician in an Emergency Room within 72 hours after the Covered Accident. This amount will be paid once per Covered Accident.

Fracture (broken bone). We will pay the applicable amount listed below if any Insured Person receives a fracture as the result of a Covered Accident. As this list is not complete, We will pay a benefit similar to the fracture suffered if not listed.

A fracture is a break in a bone which can be seen by X-ray. In order for this benefit to be payable for the bone involved, all of the following must occur:

it must be diagnosed as a fracture by a Physician within 90 days after the Covered Accident; and the fracture must require open (surgical) or closed (non-surgical) reduction by a Physician.

The maximum benefit payable for all fractures as the result of a Covered Accident is equal to two times the amount of the fracture with the highest benefit amount.

If a Physician diagnoses the fracture as a chip fracture, We will pay 25% of the amount listed for the closed reduction for the bone involved. A chip fracture is a fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached.

| Bone  | Closed Reduction | Open Reduction |
|---|------------------|----------------|
| Skull (except bones of face or nose)                              |                  |                |
| Depressed skull fracture  | \$1,250          | \$2,500        |
| Simple non-depressed skull fracture                               | \$ 500           | \$1,000        |
| Hip, thigh (Femur)  | \$ 750           | \$1,500        |
| Vertebrae, body of (excluding Vertebral Processes)                | \$ 400           | \$ 800         |
| Pelvis (includes Ilium, Ischium, Pubis, Acetabulum except Coccyx) | \$ 400           | \$ 800         |
| Leg (Tibia and/or Fibula)   | \$ 400           | \$ 800         |
| Bones of face or nose (except Mandible or Maxilla)                | \$ 175           | \$ 350         |
| Upper jaw, Maxilla (except Alveolar Process)                      | \$ 175           | \$ 350         |
| Upper arm between elbow and shoulder (Humerus)                    | \$ 175           | \$ 350         |
| Lower jaw, Mandible (except Alveolar Process)                     | \$ 150           | \$ 300         |
| Shoulder blade (Scapula), collar bone (Clavicle, Sternum)         | \$ 150           | \$ 300         |
| Vertebral Processes   | \$ 150           | \$ 300         |
| Forearm (radius and/or Ulna)                                      | \$ 150           | \$ 300         |
| Knee cap (Patella)  | \$ 150           | \$ 300         |
| Hand, foot (except fingers, toes)                                 | \$ 150           | \$ 300         |
| Ankle, wrist  | \$ 150           | \$ 300         |
| Rib   | \$ 125           | \$ 250         |
| Coccyx  | \$ 100           | \$ 200         |
| Finger, toe   | \$ 25            | \$ 50          |

Hospital Admission. We will pay \$500 if any Insured Person is Confined to a Hospital as the result of Injuries received in a Covered Accident. The Insured Person must be Confined within 180 days after the Covered Accident. This benefit will not be paid for: Emergency Room treatment; outpatient treatment; or a stay of less than 20 hours. This amount will be paid once per Covered Accident.

Hospital Confinement. We will pay \$100 per day for up to 90 days per Covered Accident if any Insured Person is Confined in a Hospital or Hospital Sub-Acute Intensive Care Unit as the result of Injuries received in a Covered Accident. The Insured Person must become Confined in a Hospital or a Hospital Sub-Acute Intensive Care Unit within 180 days after the Covered Accident. We will pay benefits for only one Hospital Confinement at a time even if it is caused by more than one Covered Accident. We will not pay this benefit for: Emergency Room treatment; outpatient treatment; or a stay of less than 20 hours.

Hospital Intensive Care Unit Confinement. We will pay \$200 per day for up to 15 days per Covered Accident if any Insured Person is Confined to a Hospital Intensive Care Unit as the result of Injuries received in a Covered Accident. The Confinement in a Hospital Intensive Care Unit must begin within 30 days after the Covered Accident.

If any Insured Person is Confined to a Hospital Intensive Care Unit that does not meet the definition in this policy of a Hospital Intensive Care Unit, We will pay the Hospital Confinement Benefit. The Hospital Intensive Care Unit Confinement Benefit and the Hospital Confinement Benefit will not be paid concurrently. If any Insured Person is Confined in a Hospital Intensive Care Unit for more than 15 days, the Hospital Confinement Benefit will begin on the 16th day. The total amount payable per Covered Accident will not exceed 90 days for Hospital Confinement and 15 days for Hospital Intensive Care Unit Confinement.

Knee Cartilage – Torn. We will pay \$500, reduced by any benefit paid for arthroscopic surgery previously performed, if any Insured Person receives a torn knee cartilage (meniscus) as the result of a Covered Accident. For this benefit to be paid, all of the following must occur:

- it must be treated by a Physician within 60 days after the Covered Accident; and
- it must be repaired through surgery by a Physician within 180 days after the Covered Accident.

If exploratory arthroscopic surgery is performed within 180 days of the Covered Accident and no repair is done, or if the cartilage is shaved (debridement), We will pay \$100.

Laceration. We will pay the applicable amount listed below if any Insured Person receives a laceration as the result of a Covered Accident. The laceration must be repaired by a Physician within 72 hours after the Covered Accident. The amount We will pay is based on the total length of all lacerations received in any one Covered Accident which require repair. If the laceration is severe enough to require stitches but the Physician chooses to repair it in another way, We will pay it as a laceration repaired with stitches.

Total of all lacerations is not more than three inches (7.6 cm) long and repaired by stitches, staples or glue \$ 50

Total of all lacerations is greater than three and not more than five inches (7.6 cm to 12.5 cm) long and repaired by stitches, staples or glue \$200

Total of all lacerations is more than five inches (12.5 cm) long and repaired by stitches, staples or glue \$400

If any Insured Person receives a laceration on a finger, toe, hand, foot or eye and later loses that finger, toe, hand, foot or eye as the result of the same Covered Accident, We will subtract the amount We paid under the Laceration Benefit from the Loss of Finger, Toe, Hand, Foot or Sight of an Eye Benefit.

Loss of Finger, Toe, Hand, Foot or Sight of an Eye. We will pay the applicable amount listed below for loss received as the result of a Covered Accident and in which loss occurs within 90 days after the Covered Accident.

|   | Insured  | Spouse/Child |
|---|----------|--------------|
| Loss of both hands, or both feet, or the sight of both eyes, or any combination of two or more listed above | \$15,000 | \$10,000     |
| Loss of one hand, or one foot, or sight of one eye  | \$ 7,500 | \$ 5,000     |
| Loss of two or more fingers, or two or more toes, or any combination of two or more listed above            | \$ 1,500 | \$ 1,000     |
| Loss of one finger or one toe   | \$ 750   | \$ 500       |

“Loss of a hand” means that the hand is cut off through or above the wrist joint or the use of the hand is medically determined to be permanently lost. “Loss of a foot” means that the foot is cut off through or

above the ankle joint or the use of the foot is medically determined to be permanently lost. "Loss of a finger" means that the finger is cut off at the joint proximate to the first interphalangeal joint where it is attached to the hand. "Loss of a toe" means that the toe is cut off at the joint proximate to the first interphalangeal joint where it is attached to the foot. "Loss of sight of an eye" means that at least 80% of vision is permanently lost.

If the Insured Person loses a finger or toe and later loses a hand or foot within 90 days on the same side of the body as the result of the same Covered Accident, We will subtract the amount paid for the loss of a finger or toe from the Loss of Finger, Toe, Hand, Foot or Sight of an Eye Benefit.

Only the highest single benefit will be payable per Covered Accident. Benefits will be paid only once per Covered Accident. If death and Loss of Finger, Toe, Hand, Foot or Sight of an Eye result from the same Covered Accident, only the Accidental Death Benefit will be paid.

Major Diagnostic Exams. We will pay \$100 per Calendar Year if an Insured Person requires one of the following exams for Injuries received as the result of a Covered Accident:

angiogram; CT (computerized tomography) scan; CTA (computerized tomography angiogram) scan; MRI (magnetic resonance imaging); MRA (magnetic resonance angiogram); or EEG (electroencephalogram).

Physician's Office/Urgent Care. We will pay the amount shown on the Policy Schedule if any Insured Person receives treatment and/or advice by a Physician in their office or an Urgent Care Facility for Injuries as the result of a Covered Accident. The treatment must occur within 60 days after the Covered Accident and the services provided must be the result of a Covered Accident and not for routine examinations or preventative testing. This amount will be paid once per Covered Accident.

**The following benefits are the Maximum for the policy regardless of units purchased:**

Air Ambulance. We will pay \$500 if a licensed professional air ambulance company transports any Insured Person by air to or from a Hospital or between medical facilities, where treatment for Injuries is provided as the result of a Covered Accident. The air ambulance transportation must occur within 48 hours after the Covered Accident. This amount will be paid once per Covered Accident.

Ambulance. We will pay \$100 if a licensed professional ambulance company transports any Insured Person by ground transportation to or from a Hospital or between medical facilities, where treatment for Injuries is provided for Injuries resulting from a Covered Accident. The ambulance transportation must occur within 90 days from the Covered Accident. This amount will be paid once per Covered Accident.

Appliance. We will pay \$100 if any Insured Person is injured as the result of a Covered Accident and a Physician prescribes the use of a medical appliance as an aid in personal locomotion or mobility. Crutches, braces, walkers and wheelchairs are examples of medical appliances. The use of an appliance must be prescribed within 90 days after the Covered Accident. This amount will be paid once per Covered Accident.

Blood/Plasma/Platelets. We will pay \$300 if the primary Insured Person (\$200 if the Spouse/Dependent Child) is injured as the result of a Covered Accident and requires the transfusion, administration, cross-matching, typing and processing of blood, blood plasma or platelets as the result of the injury. The blood, blood plasma or platelets must be administered within 90 days after the Covered Accident. This amount will be paid once per Covered Accident.

Eye Injury. We will pay \$200 if any Insured Person receives an eye Injury as the result of a Covered Accident. The eye Injury must require surgery or the removal of a foreign object by a Physician within 90 days after the Covered Accident. This amount will be paid once per Covered Accident. An examination with anesthesia will not be considered surgery.

Gunshot Wound. We will pay \$500 if the primary Insured Person is injured by one or more gunshot wounds and did not intentionally shoot themselves. The wound(s) must be caused by a shot from a conventional firearm. A conventional firearm is a weapon which fires a shot (bullet) by gun powder or compressed gas. The wound(s) must require treatment by a Physician, including Confinement within 24 hours and surgery within 72 hours after the injury.

Lodging. We will pay \$100 per night for one motel/hotel room, for up to 30 days per Covered Accident, if a companion accompanies the Insured Person. This benefit is payable only for motel/hotel stays during the period of time the Insured Person is Confined to the Hospital. In order for this benefit to be payable, the Hospital in which the Insured Person is Confined must be located more than 100 miles from the residence of the Insured Person.

Prosthetic Device/Artificial Limb. We will pay the applicable amount listed below for a prosthetic device/artificial limb which is prescribed by a Physician for functional use when the Insured Person loses a hand, foot or sight of an eye due to a Covered Accident. The prosthetic device/artificial limb must be received within one year of the Covered Accident. This amount will be paid once per Covered Accident.

|  |          |
|--|----------|
| One prosthetic device or artificial limb           | \$ 500   |
| More than one prosthetic device or artificial limb | \$ 1,000 |

This benefit will not be paid for: hearing aids; dental aids, including false teeth; eye glasses; cosmetic prosthesis such as wigs; or joint replacement such as an artificial hip or knee.

Ruptured Disc. We will pay \$400 for any and all ruptured discs in the spine suffered by an Insured Person as the result of a Covered Accident. For this benefit to be paid, all of the following must occur.

- the ruptured disc(s) must be treated by a Physician within 60 days after the Covered Accident; and
- the ruptured disc(s) must be repaired through surgery by a Physician within one year after the Covered Accident.

This amount will be paid once per Covered Accident.

Surgery. We will pay \$1,000 if any Insured Person undergoes open abdominal or thoracic surgery, within 72 hours after the Covered Accident, to repair internal Injuries received as a result of the Covered Accident. For open abdominal or thoracic exploratory surgery without repair, We will pay a benefit of \$100. For exploratory or other surgery without repair, We will pay a benefit of \$100. This amount will be paid once per Covered Accident. Hernia repair will not be covered.

Tendon/Ligament/Rotator Cuff. We will pay \$500 for the surgical repair of any and all torn, ruptured or severed tendon, ligament or rotator cuff which an Insured Person suffered as the result of a Covered Accident. The surgery must be performed by a Physician within 90 days after the Covered Accident.

If exploratory arthroscopic surgery is performed and no repair is done, We will pay a benefit of \$100.

If any Insured Person receives a fracture or a dislocation and tears, ruptures or severs a tendon/ligament/rotator cuff in the same Covered Accident, only one benefit will be paid. We will pay the larger of the Tendon/Ligament/Rotator Cuff Benefit, the Fracture Benefit or the Dislocation Benefit.

Transportation. We will pay \$300 per round trip if any Insured Person must travel more than 100 miles round trip from their residence to receive treatment and be confined in a Hospital for Injuries received as the result of a Covered Accident. Treatment must be prescribed by a Physician and not available locally. This benefit is payable for up to three round trips per Covered Accident. This benefit is not payable for transportation by ambulance or air ambulance.

#### **D. EXCLUSIONS**

We will not pay benefits for losses that are caused by or are the result of any Insured Person(s):

- 1) operating, learning to operate, or serving as a crew member of any aircraft;
- 2) engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting or any similar activities;
- 3) riding in or driving any motor-driven vehicle in a race, stunt show or speed test;

- 4) officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- 5) who has any sickness or condition caused by a sickness independent of the Covered Accident, including physical or mental infirmity. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by any injury;
- 6) being exposed to war or any act of war, declared or undeclared;
- 7) actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve;
- 8) suffering from mental or nervous disorders;
- 9) being addicted to drugs or suffering from alcoholism;
- 10) being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;
- 11) receiving Injuries caused directly or indirectly while under the influence of a controlled substance or by intoxication as defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred;
- 12) having cosmetic surgery or other elective procedures that are not medically necessary;
- 13) having dental treatment except as the result of an Injury;
- 14) having a hernia;
- 15) participating in or attempting to commit a felony;
- 16) being incarcerated in a penal institution or government detention facility;
- 17) driving any taxi for wage, compensation or profit;
- 18) engaging in an illegal activity or occupation;
- 19) self-inflicting an Injury intentionally; or
- 20) committing or attempting to commit suicide, while sane or insane;

**E. RENEWABILITY** – This Policy is Guaranteed Renewable to age 70. That means as long as You pay the Renewal Premiums when due, subject to a 31-day Grace Period, We cannot cancel or change Your Policy.

**F. OPTIONAL BENEFIT RIDERS** (Available with additional premium)

Annual Wellness Benefit Rider HRWEL2010: We will pay \$60 once each Policy year if You, Your Spouse or any one family member (Dependent) named in the Policy Schedule undergo any of the following examinations: an annual physical examination, dental exam, mammogram, Pap smear, eye examination, immunization, flexible sigmoidoscopies, PSA test, ultrasounds or blood screening test. Service must be under the supervision of, or recommended by, a Physician and received while Your Policy is in force. A charge must be incurred. All dependent children will be treated as one insured for this benefit. This policy must be in force for 12 months before this benefit is payable.

**G. PREMIUMS.** We reserve the right to change the Premium rates. If We do this, We can only do it to all Policies in Your class. We will give You 31 days notice if We change Premium rates.

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

**CENTRAL UNITED LIFE INSURANCE COMPANY  
a stock company**

**[10700 Northwest Freeway]**

**[Houston, Texas 77092]**

**Customer Service [800-669-9030]**

**ACCIDENT EXPENSE POLICY HPACC12NOC**

**Limited Benefits for Accident While Off-the-Job.**

**It does not pay benefits for loss from injuries or sickness received while working for wage or profit.**

**REQUIRED OUTLINE OF COVERAGE**

- A. READ YOUR POLICY CAREFULLY!** This Outline of Coverage provides a very brief description of some of the important features of Your Policy. This is not the insurance contract and only the actual Policy provisions will control. The Policy itself sets forth, in detail, the rights and obligations of both You and Us. It is, therefore, important that You **READ YOUR POLICY CAREFULLY.**
- B.** Accident plans provide accidental death, dismemberment and medical expense benefits for the Insured Person(s), spouse and covered children with coterminous benefit and premium periods to age 70. Coverage is provided for the benefits described in the **BENEFITS** section below. The benefits described may be limited as outlined in the **EXCLUSIONS** section. The policy will pay the following benefits for a covered injury per unit unless otherwise noted. A maximum of 2 units may be purchased.
- C. BENEFITS** Benefits will not be paid for injuries received while working for wage or profit.

Accidental Death Benefit (Principal Sum):

|                            |   |
|----------------------------|---|
| PRINCIPAL SUM - YOU        | {Units of \$25,000; Min. \$25,000; Max. \$50,000} |
| PRINCIPAL SUM – SPOUSE     | {Units of \$10,000; Min. \$10,000; Max. \$20,000} |
| PRINCIPAL SUM - EACH CHILD | {Units of \$ 5,000; Min. \$ 5,000; Max. \$10,000} |

**Common Carrier:** If insured suffers a covered accidental death as a fare-paying passenger on a common carrier operating on a regularly scheduled basis such as a plane, bus or train, benefit will be double the Accidental Death Benefit.

**Burn.** We will pay the applicable amount listed below if any Insured Person receives burns as the result of a Covered Accident which are treated by a Physician within 72 hours after the Covered Accident. We will pay only one benefit amount per Covered Accident.

We will pay 25% of the applicable Burn Benefit if any Insured Person receives a skin graft for a burn for which a benefit was paid under the Burn Benefit of this policy. This benefit will be payable only once per Covered Accident.

|   | Insured | Spouse/Child |
|---|---------|--------------|
| Second degree burns which cover at least 36% of the body surface  | \$ 375  | \$ 150       |
| Third degree burns which cover at least 1% of the body surface<br>but less than 20% of the body surface | \$ 750  | \$ 300       |
| Third degree burns which cover 20% or more of the body surface  | \$5,000 | \$2,000      |

**Dislocated (separated joint).** We will pay the applicable amount listed below if any Insured Person receives a dislocation as the result of a Covered Accident. As this list is not complete, We will pay a benefit similar to the dislocation suffered if not listed. A dislocation is a completely separated joint. In order for this benefit to be payable for the joint involved, all of the following must occur:

- it must be diagnosed as a dislocation by a Physician within 90 days after the Covered Accident;

- the dislocation must require correction with anesthesia by a Physician; and
- the dislocation will be corrected by open (surgical) or closed (non-surgical) reduction.

If any Insured Person receives more than one dislocation in a Covered Accident and requires open or closed reduction, We will pay for all dislocations. However, We will pay no more than two times the amount for the joint involved which has the highest benefit amount.

If the dislocation requires reduction without anesthesia by a Physician, We will pay 25% of the amount listed for a closed reduction of the joint involved.

If a Physician diagnoses the dislocation as an incomplete dislocation, We will pay 25% of the amount listed for a closed reduction of the joint involved. An incomplete dislocation is a dislocation in which the joint is not completely separated.

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

| Joint  | Closed Reduction | Open Reduction |
|--|------------------|----------------|
| Hip  | \$1,000          | \$2,000        |
| Knee (except Patella)                          | 500              | 1,000          |
| Ankle  | 400              | 800            |
| Bone or bones of the foot (other than toes)    | 400              | 800            |
| Collarbone (Sternoclavicular)                  | 250              | 500            |
| Lower Jaw                                      | 150              | 300            |
| Shoulder (Glenohumeral)                        | 150              | 300            |
| Elbow  | 150              | 300            |
| Wrist  | 150              | 300            |
| Bone or bones of the hand (other than fingers) | 150              | 300            |
| Collarbone (Acromioclavicular and separation)  | 50               | 100            |
| One toe or finger                              | 50               | 100            |

Emergency Dental Work. We will pay the applicable amount listed below for dental work required by an Insured Person as the result of Injuries received in a Covered Accident.

Any and all broken teeth repaired with crown(s) \$150

Any and all broken teeth resulting in extraction(s) \$ 50

Benefits are payable only once per Covered Accident, regardless of the number of teeth involved.

Emergency Room Treatment. We will pay the amount shown on the Policy Schedule if any Insured Person is injured as the result of a Covered Accident and the Insured Person requires examination and treatment by a Physician in an Emergency Room within 72 hours after the Covered Accident. This amount will be paid once per Covered Accident.

Fracture (broken bone). We will pay the applicable amount listed below if any Insured Person receives a fracture as the result of a Covered Accident. As this list is not complete, We will pay a benefit similar to the fracture suffered if not listed.

A fracture is a break in a bone which can be seen by X-ray. In order for this benefit to be payable for the bone involved, all of the following must occur:

- it must be diagnosed as a fracture by a Physician within 90 days after the Covered Accident; and
- the fracture must require open (surgical) or closed (non-surgical) reduction by a Physician.

The maximum benefit payable for all fractures as the result of a Covered Accident is equal to two times the amount of the fracture with the highest benefit amount.

If a Physician diagnoses the fracture as a chip fracture, We will pay 25% of the amount listed for the closed reduction for the bone involved. A chip fracture is a fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached.

| Bone  | Closed Reduction | Open Reduction |
|---|------------------|----------------|
| Skull (except bones of face or nose)                              |                  |                |
| Depressed skull fracture  | \$1,250          | \$2,500        |
| Simple non-depressed skull fracture                               | \$ 500           | \$1,000        |
| Hip, thigh (Femur)  | \$ 750           | \$1,500        |
| Vertebrae, body of (excluding Vertebral Processes)                | \$ 400           | \$ 800         |
| Pelvis (includes Ilium, Ischium, Pubis, Acetabulum except Coccyx) | \$ 400           | \$ 800         |
| Leg (Tibia and/or Fibula)   | \$ 400           | \$ 800         |
| Bones of face or nose (except Mandible or Maxilla)                | \$ 175           | \$ 350         |
| Upper jaw, Maxilla (except Alveolar Process)                      | \$ 175           | \$ 350         |
| Upper arm between elbow and shoulder (Humerus)                    | \$ 175           | \$ 350         |
| Lower jaw, Mandible (except Alveolar Process)                     | \$ 150           | \$ 300         |
| Shoulder blade (Scapula), collar bone (Clavicle, Sternum)         | \$ 150           | \$ 300         |
| Vertebral Processes   | \$ 150           | \$ 300         |
| Forearm (radius and/or Ulna)                                      | \$ 150           | \$ 300         |
| Knee cap (Patella)  | \$ 150           | \$ 300         |
| Hand, foot (except fingers, toes)                                 | \$ 150           | \$ 300         |
| Ankle, wrist  | \$ 150           | \$ 300         |
| Rib   | \$ 125           | \$ 250         |
| Coccyx  | \$ 100           | \$ 200         |
| Finger, toe   | \$ 25            | \$ 50          |

Hospital Admission. We will pay \$500 if any Insured Person is Confined to a Hospital as the result of Injuries received in a Covered Accident. The Insured Person must be Confined within 180 days after the Covered Accident. This benefit will not be paid for: Emergency Room treatment; outpatient treatment; or a stay of less than 20 hours. This amount will be paid once per Covered Accident.

Hospital Confinement. We will pay \$100 per day for up to 90 days per Covered Accident if any Insured Person is Confined in a Hospital or Hospital Sub-Acute Intensive Care Unit as the result of Injuries received in a Covered Accident. The Insured Person must become Confined in a Hospital or a Hospital Sub-Acute Intensive Care Unit within 180 days after the Covered Accident. We will pay benefits for only one Hospital Confinement at a time even if it is caused by more than one Covered Accident. We will not pay this benefit for: Emergency Room treatment; outpatient treatment; or a stay of less than 20 hours.

Hospital Intensive Care Unit Confinement. We will pay \$200 per day for up to 15 days per Covered Accident if any Insured Person is Confined to a Hospital Intensive Care Unit as the result of Injuries received in a Covered Accident. The Confinement in a Hospital Intensive Care Unit must begin within 30 days after the Covered Accident.

If any Insured Person is Confined to a Hospital Intensive Care Unit that does not meet the definition in this policy of a Hospital Intensive Care Unit, We will pay the Hospital Confinement Benefit. The Hospital Intensive Care Unit Confinement Benefit and the Hospital Confinement Benefit will not be paid concurrently. If any Insured Person is Confined in a Hospital Intensive Care Unit for more than 15 days, the Hospital Confinement Benefit will begin on the 16th day. The total amount payable per Covered Accident will not exceed 90 days for Hospital Confinement and 15 days for Hospital Intensive Care Unit Confinement.

Knee Cartilage – Torn. We will pay \$500, reduced by any benefit paid for arthroscopic surgery previously performed, if any Insured Person receives a torn knee cartilage (meniscus) as the result of a Covered Accident. For this benefit to be paid, all of the following must occur:

- it must be treated by a Physician within 60 days after the Covered Accident; and
- it must be repaired through surgery by a Physician within 180 days after the Covered Accident.

If exploratory arthroscopic surgery is performed within 180 days of the Covered Accident and no repair is done, or if the cartilage is shaved (debridement), We will pay \$100.

Laceration. We will pay the applicable amount listed below if any Insured Person receives a laceration as the result of a Covered Accident. The laceration must be repaired by a Physician within 72 hours after the Covered Accident. The amount We will pay is based on the total length of all lacerations received in any one Covered Accident which require repair. If the laceration is severe enough to require stitches but the Physician chooses to repair it in another way, We will pay it as a laceration repaired with stitches.

Total of all lacerations is not more than three inches (7.6 cm) long and repaired by stitches, staples or glue \$ 50

Total of all lacerations is greater than three and not more than five inches (7.6 cm to 12.5 cm) long and repaired by stitches, staples or glue \$200

Total of all lacerations is more than five inches (12.5 cm) long and repaired by stitches, staples or glue \$400

If any Insured Person receives a laceration on a finger, toe, hand, foot or eye and later loses that finger, toe, hand, foot or eye as the result of the same Covered Accident, We will subtract the amount We paid under the Laceration Benefit from the Loss of Finger, Toe, Hand, Foot or Sight of an Eye Benefit.

Loss of Finger, Toe, Hand, Foot or Sight of an Eye. We will pay the applicable amount listed below for loss received as the result of a Covered Accident and in which loss occurs within 90 days after the Covered Accident.

|   | Insured  | Spouse/Child |
|---|----------|--------------|
| Loss of both hands, or both feet, or the sight of both eyes, or any combination of two or more listed above | \$15,000 | \$10,000     |

|  |          |          |
|--|----------|----------|
| Loss of one hand, or one foot, or sight of one eye   | \$ 7,500 | \$ 5,000 |
| Loss of two or more fingers, or two or more toes, or any combination of two or more listed above | \$ 1,500 | \$ 1,000 |
| Loss of one finger or one toe  | \$ 750   | \$ 500   |

“Loss of a hand” means that the hand is cut off through or above the wrist joint or the use of the hand is medically determined to be permanently lost. “Loss of a foot” means that the foot is cut off through or above the ankle joint or the use of the foot is medically determined to be permanently lost. “Loss of a finger” means that the finger is cut off at the joint proximate to the first interphalangeal joint where it is attached to the hand. “Loss of a toe” means that the toe is cut off at the joint proximate to the first interphalangeal joint where it is attached to the foot. “Loss of sight of an eye” means that at least 80% of vision is permanently lost.

If the Insured Person loses a finger or toe and later loses a hand or foot within 90 days on the same side of the body as the result of the same Covered Accident, We will subtract the amount paid for the loss of a finger or toe from the Loss of Finger, Toe, Hand, Foot or Sight of an Eye Benefit.

Only the highest single benefit will be payable per Covered Accident. Benefits will be paid only once per Covered Accident. If death and Loss of Finger, Toe, Hand, Foot or Sight of an Eye result from the same Covered Accident, only the Accidental Death Benefit will be paid.

Major Diagnostic Exams. We will pay \$100 per Calendar Year if an Insured Person requires one of the following exams for Injuries received as the result of a Covered Accident:

- angiogram; CT (computerized tomography) scan; CTA (computerized tomography angiogram) scan; MRI (magnetic resonance imaging); MRA (magnetic resonance angiogram); or EEG (electroencephalogram).

Physician’s Office/Urgent Care. We will pay the amount shown on the Policy Schedule if any Insured Person receives treatment and/or advice by a Physician in their office or an Urgent Care Facility for Injuries as the result of a Covered Accident. The treatment must occur within 60 days after the Covered Accident and the services provided must be the result of a Covered Accident and not for routine examinations or preventative testing. This amount will be paid once per Covered Accident.

**The following benefits are the Maximum for the policy regardless of units purchased:**

Air Ambulance. We will pay \$500 if a licensed professional air ambulance company transports any Insured Person by air to or from a Hospital or between medical facilities, where treatment for Injuries is provided as the result of a Covered Accident. The air ambulance transportation must occur within 48 hours after the Covered Accident. This amount will be paid once per Covered Accident.

Ambulance. We will pay \$100 if a licensed professional ambulance company transports any Insured Person by ground transportation to or from a Hospital or between medical facilities, where treatment for Injuries is provided for Injuries resulting from a Covered Accident. The ambulance transportation must occur within 90 days from the Covered Accident. This amount will be paid once per Covered Accident.

Appliance. We will pay \$100 if any Insured Person is injured as the result of a Covered Accident and a Physician prescribes the use of a medical appliance as an aid in personal locomotion or mobility. Crutches, braces, walkers and wheelchairs are examples of medical appliances. The use of an appliance must be prescribed within 90 days after the Covered Accident. This amount will be paid once per Covered Accident.

Blood/Plasma/Platelets. We will pay \$300 if the primary Insured Person (\$200 if the Spouse/Dependent Child) is injured as the result of a Covered Accident and requires the transfusion, administration, cross-matching, typing and processing of blood, blood plasma or platelets as the result of the injury. The blood,

blood plasma or platelets must be administered within 90 days after the Covered Accident. This amount will be paid once per Covered Accident.

**Eye Injury.** We will pay \$200 if any Insured Person receives an eye Injury as the result of a Covered Accident. The eye Injury must require surgery or the removal of a foreign object by a Physician within 90 days after the Covered Accident. This amount will be paid once per Covered Accident. An examination with anesthesia will not be considered surgery.

**Gunshot Wound.** We will pay \$500 if the primary Insured Person is injured by one or more gunshot wounds and did not intentionally shoot themselves. The wound(s) must be caused by a shot from a conventional firearm. A conventional firearm is a weapon which fires a shot (bullet) by gun powder or compressed gas. The wound(s) must require treatment by a Physician, including Confinement within 24 hours and surgery within 72 hours after the injury.

**Lodging.** We will pay \$100 per night for one motel/hotel room, for up to 30 days per Covered Accident, if a companion accompanies the Insured Person. This benefit is payable only for motel/hotel stays during the period of time the Insured Person is Confined to the Hospital. In order for this benefit to be payable, the Hospital in which the Insured Person is Confined must be located more than 100 miles from the residence of the Insured Person.

**Prosthetic Device/Artificial Limb.** We will pay the applicable amount listed below for a prosthetic device/artificial limb which is prescribed by a Physician for functional use when the Insured Person loses a hand, foot or sight of an eye due to a Covered Accident. The prosthetic device/artificial limb must be received within one year of the Covered Accident. This amount will be paid once per Covered Accident.

|  |          |
|--|----------|
| One prosthetic device or artificial limb           | \$ 500   |
| More than one prosthetic device or artificial limb | \$ 1,000 |

This benefit will not be paid for: hearing aids; dental aids, including false teeth; eye glasses; cosmetic prosthesis such as wigs; or joint replacement such as an artificial hip or knee.

**Ruptured Disc.** We will pay \$400 for any and all ruptured discs in the spine suffered by an Insured Person as the result of a Covered Accident. For this benefit to be paid, all of the following must occur.

- the ruptured disc(s) must be treated by a Physician within 60 days after the Covered Accident; and
- the ruptured disc(s) must be repaired through surgery by a Physician within one year after the Covered Accident.

This amount will be paid once per Covered Accident.

**Surgery.** We will pay \$1,000 if any Insured Person undergoes open abdominal or thoracic surgery, within 72 hours after the Covered Accident, to repair internal Injuries received as a result of the Covered Accident. For open abdominal or thoracic exploratory surgery without repair, We will pay a benefit of \$100. For exploratory or other surgery without repair, We will pay a benefit of \$100. This amount will be paid once per Covered Accident. Hernia repair will not be covered.

**Tendon/Ligament/Rotator Cuff.** We will pay \$500 for the surgical repair of any and all torn, ruptured or severed tendon, ligament or rotator cuff which an Insured Person suffered as the result of a Covered Accident. The surgery must be performed by a Physician within 90 days after the Covered Accident.

If exploratory arthroscopic surgery is performed and no repair is done, We will pay a benefit of \$100.

If any Insured Person receives a fracture or a dislocation and tears, ruptures or severs a tendon/ligament/rotator cuff in the same Covered Accident, only one benefit will be paid. We will pay the larger of the Tendon/Ligament/Rotator Cuff Benefit, the Fracture Benefit or the Dislocation Benefit.

**Transportation.** We will pay \$300 per round trip if any Insured Person must travel more than 100 miles round trip from their residence to receive treatment and be confined in a Hospital for Injuries received as the result of a Covered Accident. Treatment must be prescribed by a Physician and not available locally.

This benefit is payable for up to three round trips per Covered Accident. This benefit is not payable for transportation by ambulance or air ambulance.

#### **D. EXCLUSIONS**

We will not pay benefits for losses that are caused by or are the result of any Insured Person(s):

- 1) operating, learning to operate, or serving as a crew member of any aircraft;
- 2) engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting or any similar activities;
- 3) riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- 4) officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- 5) who has any sickness or condition caused by a sickness independent of the Covered Accident, including physical or mental infirmity. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by any injury;
- 6) being exposed to war or any act of war, declared or undeclared;
- 7) actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve;
- 8) suffering from mental or nervous disorders;
- 9) being addicted to drugs or suffering from alcoholism;
- 10) being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;
- 11) receiving Injuries caused directly or indirectly while under the influence of a controlled substance or by intoxication as defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred;
- 12) having cosmetic surgery or other elective procedures that are not medically necessary;
- 13) having dental treatment except as the result of an Injury;
- 14) having a hernia;
- 15) participating in or attempting to commit a felony;
- 16) being incarcerated in a penal institution or government detention facility;
- 17) driving any taxi for wage, compensation or profit;
- 18) engaging in an illegal activity or occupation;
- 19) self-inflicting an Injury intentionally; or
- 20) committing or attempting to commit suicide, while sane or insane;

**E. RENEWABILITY** – This Policy is Guaranteed Renewable to age 70. That means as long as You pay the Renewal Premiums when due, subject to a 31-day Grace Period, We cannot cancel or change Your Policy.

#### **F. OPTIONAL BENEFIT RIDERS** (Available with additional premium)

Annual Wellness Benefit Rider HRWEL2010: We will pay \$60 once each Policy year if You, Your Spouse or any one family member (Dependent) named in the Policy Schedule undergo any of the following examinations: an annual physical examination, dental exam, mammogram, Pap smear, eye examination, immunization, flexible sigmoidoscopies, PSA test, ultrasounds or blood screening test. Service must be under the supervision of, or recommended by, a Physician and received while Your Policy is in force. A charge must be incurred. All dependent children will be treated as one insured for this benefit. This policy must be in force for 12 months before this benefit is payable.

**G. PREMIUMS.** We reserve the right to change the Premium rates. If We do this, We can only do it to all Policies in Your class. We will give You 31 days notice if We change Premium rates.



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**CENTRAL UNITED LIFE INSURANCE COMPANY**

[10700 Northwest Freeway  
Houston, Texas 77092]

**POLICY SCHEDULE**

**24-HOUR ACCIDENT EXPENSE POLICY**

|                                |                 |           |
|--------------------------------|-----------------|-----------|
| Primary Insured: [John Q. Doe] | Issue Age:      | [52]      |
| Policy Number: [12 345678]     | Initial Premium | [\$33.00] |
| Effective Date: [02/01/2011]   | Mode of Payment | [Monthly] |
| Insured Dependents:            |                 |           |
| Spouse: [Jane Doe]             |                 |           |
| [            ]                 |                 |           |
| [            ]                 |                 |           |
| [            ]                 |                 |           |
| [            ]                 |                 |           |

| FORM #      | BENEFIT DESCRIPTION  | PREMIUM                                   |
|-------------|--|---|
| [HPACC1224] | Guaranteed Renewable to age 70, subject to the Company's Right to Change Premium |   |
|             | Accidental Death Benefit Insured   | [\$23.00]                                 |
|             | Insured    \$[25,000, 50,000]  |   |
|             | Spouse     \$[10,000, 20,000]  |   |
|             | Child(ren) \$[5,000, 10,000]   |   |
|             | Accidental Death – Common Carrier  | Accidental Death Benefit will be doubled. |
|             | Emergency Room Treatment   | [\$200, \$500]                            |
|             | Physician's Office/Urgent Care   | [\$50, \$120]                             |
| [HRWEL2010] | [Wellness Rider \$60.00]   | [\$10.00]                                 |

## DEFINITIONS

**AGE:** Your Age as of your last birthday.

**AMBULANCE:** A ground or air vehicle which is licensed as required by law, as an Ambulance, and is equipped to transport sick or injured persons.

**CONFINED/CONFINEMENT:** An Insured Person's Medically Necessary admission to and subsequent continued stay in a Hospital as an overnight bed patient for which a charge is made for room and board.

**COVERED ACCIDENT:** An accidental bodily injury that happens to an Insured Person while this Policy is in force.

**DENTAL TREATMENT:** Treatment of the teeth and/or periodontal area.

**DEPENDENT CHILD(REN):** Any natural child, step-child, legally adopted child or child placed into Your custody for adoption who is: (a) unmarried; (b) living with You in a regular parent – child relationship; (c) qualified as a dependent of You or Your Spouse for tax purposes according to the United States Internal Revenue Code; and (d) younger than age 26.

**EMERGENCY CARE:** Those health care services that are provided for a condition of recent onset and sufficient severity, including, but not limited to severe pain that would lead a prudent layperson, possessing an average knowledge of medicine and health, to believe that his or her injury is of such a nature that failure to obtain immediate medical care could result in:

- placing the patient's health in serious jeopardy;
- serious impairment to bodily functions; or
- serious dysfunction of any bodily organ or part.

**HOSPITAL:** An institution operated pursuant to law for the care and treatment of injured and sick persons which:

- maintains (either on its premises, or in facilities available to the Hospital on a contractual prearranged basis and under the supervision of a staff of one or more duly licensed Physicians) organized facilities for medical, diagnostic and surgical care for injured and sick persons on an inpatient basis for which a charge is made that the Insured Person is legally obligated to pay;
- maintains a staff of one or more duly licensed Physicians;
- provides 24 hour nursing care by or under the supervision of an R.N.;
- maintains and operates a minimum of 5 beds; and
- maintains permanent medical history records.

Hospital does not include any facility which is used principally as a facility for the aged, drug addicts, alcoholics, custodial care, educational care, rest or convalescence, or care of Mental or Nervous Disorders.

**INSURED PERSON:** You (primary insured) and Your Spouse and Dependent Child(ren) as listed on the application, and named in the Policy Schedule.

**INTENSIVE CARE UNIT:** Intensive Care Units are defined as an area or unit of a hospital that is separate and apart from the surgical recovery room and from the general service rooms, beds and wards. It must have 24-hour nursing care attended by nurses assigned on a full-time basis exclusive to such unit; and a stay in the unit must be at the direction and/or supervision of a full-time Physician director or a standing "intensive care" committee of the medical staff. Intensive Care Units include an intensive cardiac care unit and a neo-natal intensive care unit. It does not include: progressive care units; sub-acute intensive care units; intermediate care units; private monitored rooms; observation units; or other lesser treatment units.

**ISSUE DATE:** The effective date of coverage provided by this Policy. See the Policy Schedule.

**MEDICALLY NECESSARY OR MEDICAL NECESSITY:** The necessity of a service or supply as appropriate for the diagnosis or treatment of a Covered Accident based on generally accepted current medical practice. A service or supply will not be considered Medically Necessary if:

- it is provided only as a convenience to the Insured Person or provider;
- it is not appropriate treatment for the Insured Person's diagnosis or symptoms; or

- it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment.

**MENTAL OR NERVOUS DISORDER:** Any disorder classified as such in the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

**PHYSICIAN:** A licensed medical provider who acts within the scope of his or her license and provides treatment or care necessary for a Covered Accident. The Physician must be someone other than You or a member of Your immediate family.

**POLICY:** This Accident Expense contract.

**POLICY SCHEDULE:** Page 3 of this Policy.

**RENEWAL PREMIUMS:** The amount You must pay Us to keep this Policy in force.

**SPOUSE:** Your spouse for whom You have applied for insurance coverage under this Policy and for whom premium payments are made. At the time of application, Your spouse must be at least 18 years of age and no more than 69 years of age.

**WE, OUR, US, THE COMPANY:** Central United Life Insurance Company (Central United).

**YOU, YOUR:** The Insured/Owner of this Policy. If the Insured is not the Owner, You refers to either as the context allows.

#### **PREMIUMS AND REINSTATEMENT**

**Premium Payments:** The first premium is due on the Issue Date. Premiums will include rider premiums, if any. Premiums paid after the first premium are Renewal Premiums. We may change Renewal Premiums. The rules for doing this are on Page 1.

The date Renewal Premiums are due is called the due date. Subject to the Grace Period, Your Policy will end if a Renewal Premium is not paid by the due date. All premiums are payable to Us.

**Grace Period:** You have a 31-day Grace Period to pay Renewal Premiums. The Grace Period starts on the due date and ends 31 days later. During the Grace Period, Your Policy stays in force. If You do not pay the Renewal Premium by the end of the Grace Period, Your Policy will lapse (end).

**Reinstatement:** Our acceptance of premium for this policy beyond the grace period will not reinstate the policy. Our only liability will be to return the premium. In order to reinstate the policy, all insureds requesting coverage must complete an application for reinstatement subject to our underwriting guidelines. The reinstated Policy shall cover only loss resulting from such accidental injury as may be sustained after the date of reinstatement. In all other respects the Insured and Company shall have the same rights thereunder as they had under this Policy immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with the reinstatement.

**Refund of Unearned Premium:** Within 30 days of proof of an Insured Person's death, We will refund any unearned premium paid for such person for any period beyond the end of the month in which death occurred.

**Unpaid Premiums:** When a claim is paid, any premium due and unpaid may be deducted from the claim payment.

## BENEFITS

This policy will pay the following benefits for loss resulting from a Covered Accident for each unit purchased:

**Accidental Death Benefit.** We will pay the benefit amount shown on the Policy Schedule if any Insured Person is injured as the direct result of a Covered Accident. The injury must be the cause of the Insured Person's death and occur within 90 days after the Covered Accident.

**Accidental Death – Common Carrier.** We will pay the benefit amount shown on the Policy Schedule if any Insured Person is injured as the result of a Covered Accident while a fare-paying passenger on a common carrier operating on a regularly scheduled basis such as a plane, bus or train. The injury must be the cause of the Insured Person's death and occur within 90 days after the Covered Accident. If We pay this benefit, the Accidental Death Benefit will not be paid.

**Burn.** We will pay the applicable amount listed below if any Insured Person receives burns as the result of a Covered Accident which are treated by a Physician within 72 hours after the Covered Accident. We will pay only one benefit amount per Covered Accident.

We will pay 25% of the applicable Burn Benefit if any Insured Person receives a skin graft for a burn for which a benefit was paid under the Burn Benefit of this policy. This benefit will be payable only once per Covered Accident.

|   | <b>You</b> | <b>Spouse/Child</b> |
|---|------------|---------------------|
| Second degree burns which cover at least 36% of the body surface  | \$ 375     | \$ 150              |
| Third degree burns which cover at least 1% of the body surface<br>but less than 20% of the body surface | \$ 750     | \$ 300              |
| Third degree burns which cover 20% or more of the body surface  | \$5,000    | \$2,000             |

**Dislocated (separated) Joint.** We will pay the applicable amount listed below if any Insured Person receives a dislocation as the result of a Covered Accident. As this list is not complete, We will pay a benefit similar to the dislocation suffered if not listed. A dislocation is a completely separated joint. In order for this benefit to be payable for the joint involved, all of the following must occur:

- it must be diagnosed as a dislocation by a Physician within 90 days after the Covered Accident;
- the dislocation must require correction with anesthesia by a Physician; and
- the dislocation will be corrected by open (surgical) or closed (non-surgical) reduction.

If any Insured Person receives more than one dislocation in a Covered Accident and requires open or closed reduction, We will pay for all dislocations. However, We will pay no more than two times the amount for the joint involved which has the highest benefit amount.

If the dislocation requires reduction without anesthesia by a Physician, We will pay 25% of the amount listed for a closed reduction of the joint involved.

If a Physician diagnoses the dislocation as an incomplete dislocation, We will pay 25% of the amount listed for a closed reduction of the joint involved. An incomplete dislocation is a dislocation in which the joint is not completely separated.

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

| <b>Joint</b>                                   | <b>Closed Reduction</b> | <b>Open Reduction</b> |
|--|-------------------------|-----------------------|
| Hip  | \$1,000                 | \$2,000               |
| Knee (except Patella)                          | 500                     | 1,000                 |
| Ankle  | 400                     | 800                   |
| Bone or bones of the foot (other than toes)    | 400                     | 800                   |
| Collarbone (Sternoclavicular)                  | 250                     | 500                   |
| Lower Jaw                                      | 150                     | 300                   |
| Shoulder (Glenohumeral)                        | 150                     | 300                   |
| Elbow  | 150                     | 300                   |
| Wrist  | 150                     | 300                   |
| Bone or bones of the hand (other than fingers) | 150                     | 300                   |
| Collarbone (Acromioclavicular and separation)  | 50                      | 100                   |
| One toe or finger                              | 50                      | 100                   |

**Emergency Dental Work.** We will pay the applicable amount listed below for dental work required by an Insured Person as the result of Injuries received in a Covered Accident.

- Any and all broken teeth repaired with crown(s)      \$150
- Any and all broken teeth resulting in extraction(s)      \$ 50

Benefits are payable only once per Covered Accident, regardless of the number of teeth involved.

**Emergency Room Treatment.** We will pay the amount shown on the Policy Schedule if any Insured Person is injured as the result of a Covered Accident and the Insured Person requires examination and treatment by a Physician in an Emergency Room within 72 hours after the Covered Accident. This amount will be paid once per Covered Accident.

**Fracture (broken bone).** We will pay the applicable amount listed below if any Insured Person receives a fracture as the result of a Covered Accident. As this list is not complete, We will pay a benefit similar to the fracture suffered if not listed.

A fracture is a break in a bone which can be seen by X-ray. In order for this benefit to be payable for the bone involved, all of the following must occur:

- it must be diagnosed as a fracture by a Physician within 90 days after the Covered Accident; and
- the fracture must require open (surgical) or closed (non-surgical) reduction by a Physician.

The maximum benefit payable for all fractures as the result of a Covered Accident is equal to two times the amount of the fracture with the highest benefit amount.

If a Physician diagnoses the fracture as a chip fracture, We will pay 25% of the amount listed for the closed reduction for the bone involved. A chip fracture is a fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached.

| <b>Bone</b>   | <b>Closed Reduction</b> | <b>Open Reduction</b> |
|---|-------------------------|-----------------------|
| Skull (except bones of face or nose)                              |                         |                       |
| Depressed skull fracture  | \$1,250                 | \$2,500               |
| Simple non-depressed skull fracture                               | 500                     | 1,000                 |
| Hip, thigh (Femur)  | 750                     | 1,500                 |
| Vertebrae, body of (excluding Vertebral Processes)                | 400                     | 800                   |
| Pelvis (includes Ilium, Ischium, Pubis, Acetabulum except Coccyx) | 400                     | 800                   |
| Leg (Tibia and/or Fibula)   | 400                     | 800                   |
| Bones of face or nose (except Mandible or Maxilla)                | 175                     | 350                   |
| Upper jaw, Maxilla (except Alveolar Process)                      | 175                     | 350                   |
| Upper arm between elbow and shoulder (Humerus)                    | 175                     | 350                   |
| Lower jaw, Mandible (except Alveolar Process)                     | 150                     | 300                   |
| Shoulder blade (Scapula), collar bone (Clavicle, Sternum)         | 150                     | 300                   |
| Vertebral Processes   | 150                     | 300                   |
| Forearm (radius and/or Ulna)                                      | 150                     | 300                   |
| Knee cap (Patella)  | 150                     | 300                   |
| Hand, foot (except fingers, toes)                                 | 150                     | 300                   |
| Ankle, wrist  | 150                     | 300                   |
| Rib   | 125                     | 250                   |
| Coccyx  | 100                     | 200                   |
| Finger, toe   | 25                      | 50                    |

**Hospital Admission.** We will pay \$500 if any Insured Person is Confined to a Hospital as the result of Injuries received in a Covered Accident. The Insured Person must be Confined within 180 days after the Covered Accident. This benefit will not be paid for:

- Emergency Room treatment;
- outpatient treatment; or
- a stay of less than 20 hours.

This amount will be paid once per Covered Accident.

**Hospital Confinement.** We will pay \$100 per day for up to 90 days per Covered Accident if any Insured Person is Confined in a Hospital or Hospital Sub-Acute Intensive Care Unit as the result of Injuries received in a Covered Accident. The Insured Person must become Confined in a Hospital or a Hospital Sub-Acute Intensive Care Unit within 180 days

after the Covered Accident. We will pay benefits for only one Hospital Confinement at a time even if it is caused by more than one Covered Accident. We will not pay this benefit for:

- Emergency Room treatment;
- outpatient treatment; or
- a stay of less than 20 hours.

**Hospital Intensive Care Unit Confinement.** We will pay \$200 per day for up to 15 days per Covered Accident if any Insured Person is Confined to a Hospital Intensive Care Unit as the result of Injuries received in a Covered Accident. The Confinement in a Hospital Intensive Care Unit must begin within 30 days after the Covered Accident.

If any Insured Person is Confined to a Hospital Intensive Care Unit that does not meet the definition in this policy of a Hospital Intensive Care Unit, We will pay the Hospital Confinement Benefit. The Hospital Intensive Care Unit Confinement Benefit and the Hospital Confinement Benefit will not be paid concurrently. If any Insured Person is Confined in a Hospital Intensive Care Unit for more than 15 days, the Hospital Confinement Benefit will begin on the 16th day. The total amount payable per Covered Accident will not exceed 90 days for Hospital Confinement and 15 days for Hospital Intensive Care Unit Confinement.

**Knee Cartilage – Torn.** We will pay \$500, reduced by any benefit paid for arthroscopic surgery previously performed, if any Insured Person receives a torn knee cartilage (meniscus) as the result of a Covered Accident. For this benefit to be paid, all of the following must occur:

- it must be treated by a Physician within 60 days after the Covered Accident; and
- it must be repaired through surgery by a Physician within 180 days after the Covered Accident.

If exploratory arthroscopic surgery is performed within 180 days of the Covered Accident and no repair is done, or if the cartilage is shaved (debridement), We will pay \$100.

**Laceration.** We will pay the applicable amount listed below if any Insured Person receives a laceration as the result of a Covered Accident. The laceration must be repaired by a Physician within 72 hours after the Covered Accident. The amount We will pay is based on the total length of all lacerations received in any one Covered Accident which require repair. If the laceration is severe enough to require stitches but the Physician chooses to repair it in another way, We will pay it as a laceration repaired with stitches.

|   |       |
|---|-------|
| Total of all lacerations is not more than three inches (7.6 cm) long and repaired by stitches, staples or glue                                  | \$50  |
| Total of all lacerations is greater than three and not more than five inches (7.6 cm to 12.5 cm) long and repaired by stitches, staples or glue | \$200 |
| Total of all lacerations is more than five inches (12.5 cm) long and repaired by stitches, staples or glue                                      | \$400 |

If any Insured Person receives a laceration on a finger, toe, hand, foot or eye and later loses that finger, toe, hand, foot or eye as the result of the same Covered Accident, We will subtract the amount We paid under the Laceration Benefit from the Loss of Finger, Toe, Hand, Foot or Sight of an Eye Benefit.

**Loss of Finger, Toe, Hand, Foot or Sight of an Eye.** We will pay the applicable amount listed below for loss received as the result of a Covered Accident and in which loss occurs within 90 days after the Covered Accident.

|   | <b>You</b> | <b>Spouse/Child</b> |
|---|------------|---------------------|
| Loss of both hands, or both feet, or the sight of both eyes, or any combination of two or more listed above | \$15,000   | \$10,000            |
| Loss of one hand, or one foot, or sight of one eye  | \$7,500    | \$5,000             |
| Loss of two or more fingers, or two or more toes, or any combination of two or more listed above            | \$1,500    | \$1,000             |
| Loss of one finger or one toe   | \$750      | \$500               |

“Loss of a hand” means that the hand is cut off through or above the wrist joint or the use of the hand is medically determined to be permanently lost. “Loss of a foot” means that the foot is cut off through or above the ankle joint or the use of the foot is medically determined to be permanently lost. “Loss of a finger” means that the finger is cut off at the joint proximate to the first interphalangeal joint where it is attached to the hand. “Loss of a toe” means that the toe is cut off at the joint proximate to the first interphalangeal joint where it is attached to the foot. “Loss of sight of an eye” means that at least 80% of vision is permanently lost.

If the Insured Person loses a finger or toe and later loses a hand or foot within 90 days on the same side of the body as the result of the same Covered Accident, We will subtract the amount paid for the loss of a finger or toe from the Loss of Finger, Toe, Hand, Foot or Sight of an Eye Benefit.

Only the highest single benefit will be payable per Covered Accident. Benefits will be paid only once per Covered Accident. If death and Loss of Finger, Toe, Hand, Foot or Sight of an Eye result from the same Covered Accident, only the Accidental Death Benefit will be paid.

**Major Diagnostic Exams.** We will pay \$100 per Calendar Year if an Insured Person requires one of the following exams for Injuries received as the result of a Covered Accident:

- angiogram;
- CT (computerized tomography) scan;
- CTA (computerized tomography angiogram) scan;
- MRI (magnetic resonance imaging);
- MRA (magnetic resonance angiogram); or
- EEG (electroencephalogram).

**Physician's Office/Urgent Care.** We will pay the amount shown on the Policy Schedule if any Insured Person receives treatment and/or advice by a Physician in their office or an Urgent Care Facility for Injuries as the result of a Covered Accident. The treatment must occur within 60 days after the Covered Accident and the services provided must be the result of a Covered Accident and not for routine examinations or preventative testing. This amount will be paid once per Covered Accident.

**The following benefits are the maximum benefits payable regardless of the number of units purchased:**

**Air Ambulance.** We will pay \$500 if a licensed professional air ambulance company transports any Insured Person by air to or from a Hospital or between medical facilities, where treatment for Injuries is provided as the result of a Covered Accident. The air ambulance transportation must occur within 48 hours after the Covered Accident. This amount will be paid once per Covered Accident.

**Ambulance.** We will pay \$100 if a licensed professional ambulance company transports any Insured Person by ground transportation to or from a Hospital or between medical facilities, where treatment for Injuries is provided for Injuries resulting from a Covered Accident. The ambulance transportation must occur within 90 days from the Covered Accident. This amount will be paid once per Covered Accident.

**Appliance.** We will pay \$100 if any Insured Person is injured as the result of a Covered Accident and a Physician prescribes the use of a medical appliance as an aid in personal locomotion or mobility. Crutches, braces, walkers and wheelchairs are examples of medical appliances. The use of an appliance must be prescribed within 90 days after the Covered Accident. This amount will be paid once per Covered Accident.

**Blood/Plasma/Platelets.** We will pay \$300 if the primary Insured Person (\$200 if the Spouse/Dependent Child) is injured as the result of a Covered Accident and requires the transfusion, administration, cross-matching, typing and processing of blood, blood plasma or platelets as the result of the injury. The blood, blood plasma or platelets must be administered within 90 days after the Covered Accident. This amount will be paid once per Covered Accident.

**Eye Injury.** We will pay \$200 if any Insured Person receives an eye Injury as the result of a Covered Accident. The eye Injury must require surgery or the removal of a foreign object by a Physician within 90 days after the Covered Accident. This amount will be paid once per Covered Accident. An examination with anesthesia will not be considered surgery.

**Gunshot Wound.** We will pay \$500 if the primary Insured Person is injured by one or more gunshot wounds and did not intentionally shoot themselves. The wound(s) must be caused by a shot from a conventional firearm. A conventional firearm is a weapon which fires a shot (bullet) by gun powder or compressed gas. The wound(s) must require treatment by a Physician, including Confinement within 24 hours and surgery within 72 hours after the injury.

**Lodging.** We will pay \$100 per night for one motel/hotel room, for up to 30 days per Covered Accident, if a companion accompanies the Insured Person. This benefit is payable only for motel/hotel stays during the period of time the Insured Person is Confined to the Hospital. In order for this benefit to be payable, the Hospital in which the Insured Person is Confined must be located more than 100 miles from the residence of the Insured Person.

**Prosthetic Device/Artificial Limb.** We will pay the applicable amount listed below for a prosthetic device/artificial limb which is prescribed by a Physician for functional use when the Insured Person loses a hand, foot or sight of an eye due to a Covered Accident. The prosthetic device/artificial limb must be received within one year of the Covered Accident. This amount will be paid once per Covered Accident.

|  |         |
|--|---------|
| One prosthetic device or artificial limb           | \$500   |
| More than one prosthetic device or artificial limb | \$1,000 |

This benefit will not be paid for:

- hearing aids;
- dental aids, including false teeth;
- eye glasses;
- cosmetic prosthesis such as wigs; or
- joint replacement such as an artificial hip or knee.

**Ruptured Disc.** We will pay \$400 for any and all ruptured discs in the spine suffered by an Insured Person as the result of a Covered Accident. For this benefit to be paid, all of the following must occur.

- the ruptured disc(s) must be treated by a Physician within 60 days after the Covered Accident; and
- the ruptured disc(s) must be repaired through surgery by a Physician within one year after the Covered Accident.

This amount will be paid once per Covered Accident.

**Surgery.** We will pay \$1,000 if any Insured Person undergoes open abdominal or thoracic surgery, within 72 hours after the Covered Accident, to repair internal Injuries received as a result of the Covered Accident. For open abdominal or thoracic exploratory surgery without repair, We will pay a benefit of \$100. For exploratory or other surgery without repair, We will pay a benefit of \$100. This amount will be paid once per Covered Accident. Hernia repair will not be covered.

**Tendon/Ligament/Rotator Cuff.** We will pay \$500 for the surgical repair of any and all torn, ruptured or severed tendons, ligaments or rotator cuff which an Insured Person suffered as the result of a Covered Accident. The surgery must be performed by a Physician within 90 days after the Covered Accident.

If exploratory arthroscopic surgery is performed and no repair is done, We will pay a benefit of \$100.

If any Insured Person receives a fracture or a dislocation and tears, ruptures or severs a tendon/ligament/rotator cuff in the same Covered Accident, only one benefit will be paid. We will pay the larger of the Tendon/Ligament/Rotator Cuff Benefit, the Fracture Benefit or the Dislocation Benefit.

**Transportation.** We will pay \$300 per round trip if any Insured Person must travel more than 100 miles round trip from their residence to receive treatment and be confined in a Hospital for Injuries received as the result of a Covered Accident. Treatment must be prescribed by a Physician and not available locally. This benefit is payable for up to three round trips per Covered Accident. This benefit is not payable for transportation by ambulance or air ambulance.

## EXCLUSIONS

We will not pay benefits for losses that are caused by or are the result of any Insured Person(s):

- 1) operating, learning to operate, or serving as a crew member of any aircraft;
- 2) engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting or any similar activities;
- 3) riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- 4) officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- 5) who has any sickness or condition caused by a sickness independent of the Covered Accident, including physical or mental infirmity. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by any injury;
- 6) being exposed to war or any act of war, declared or undeclared;
- 7) actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve;
- 8) suffering from Mental or Nervous Disorders;
- 9) being addicted to drugs or suffering from alcoholism;
- 10) being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;

- 11) receiving Injuries caused directly or indirectly while under the influence of a controlled substance or by intoxication as defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred;
- 12) having cosmetic surgery or other elective procedures that are not medically necessary;
- 13) having dental treatment except as the result of an Injury;
- 14) having a hernia;
- 15) participating in or attempting to commit a felony;
- 16) being incarcerated in a penal institution or government detention facility;
- 17) driving any taxi for wage, compensation or profit;
- 18) engaging in an illegal activity or occupation;
- 19) self-inflicting an Injury intentionally; or
- 20) committing or attempting to commit suicide, while sane or insane;

## TERMINATION

Coverage will terminate and no Benefits will be payable under this Policy and the attached Riders, if any, on the earliest of the following:

- when any premium due for this Policy is not paid before the end of the Grace Period;
- when You give Us a written request to do so;
- when You establish residence in a foreign country;
- upon Your death;
- attainment of age 70

Coverage of a Dependent Child will terminate when this policy terminates, or when any such child no longer meets the definition of Dependent Child.

Coverage of a Spouse will terminate on the earliest of the following:

- when this policy terminates;
- upon Spouse's death;
- upon Spouse's attainment of age 70; or
- on the next premium due date after the date of divorce or legal separation from You, the named Insured.

It is Your responsibility to notify Us of an Insured's loss of eligibility of coverage. Our acceptance of premium for such person whose coverage has terminated will not extend coverage for such persons. Our only liability will be to return the premium for the period the person is not covered.

## CLAIM PROVISIONS

**Notice of Claim:** You should give Us notice that You have a claim in writing. Unless it's not possible, You should give Us notice within 20 days after You suffer a loss. Your notice should include Your name and Policy Number. Notice can be given to The Company at Our office.

**Claim Forms:** Once You give Us Notice of Claim, We will send claim forms. If We do not send these within 15 days of Notice of Claim, Your written statement will be accepted. The written statement must state the cause, nature, and extent of Your loss, and be given in the Proof of Loss time limit.

**Proof of Loss:** Proof of Loss ("Proof") is due within 120 days after the date you suffer a loss. If You cannot meet this deadline, You must submit Proof as soon as possible. We will not reduce or deny Benefits because Proof is late. However, You must give Us Proof within 12 months unless You lack legal capacity.

**Time of Payment of Claims:** When We receive Your Proof of Loss, We will pay the Benefits then due, except as otherwise stated in any benefit provision.

**Payment of Claims:** We pay Benefits to You. If You die, unpaid Benefits go to Your Beneficiary or Beneficiaries. If You have not named a Beneficiary, Benefits will be paid to Your estate. We can pay up to \$1,000 to a relative instead of Your estate. We can also do this if You lack legal capacity.

## GENERAL PROVISIONS

**Entire Policy:** The contract between You and Central United includes this Policy, Your Policy, application and any Riders or Endorsements attached to this Policy by Us. Your Policy is issued in return for Your application and the first premium.

Only Central United's President or any of Our Vice Presidents, Secretaries, or Assistant Secretaries can change or waive the terms of Our contract. No sales agent or any other person can do so. Any changes must be in writing and signed by one of these officers.

**Statements Made In Your Application:** After Your Policy has been in force for 2 years after the Issue Date, We cannot use Your application answers against You unless they are fraudulent. No claim for loss that starts after 2 years from the Issue Date will be reduced or denied because a physical condition existed before the Issue Date unless it is limited or was excluded by name or specific description.

**Misstatement of Age:** If Your Age was misstated in the application, the Policy Benefits will be changed to those the premium paid would have provided for the correct Age.

**Physical Examination:** We have the right to have You examined by Physicians when reasonably necessary. A claim must be pending. The exam is at Our expense.

**Conformity With State Statutes:** The law of Your state of residence applies. If this Policy conflicts with Your state's laws on the Issue Date, it is considered changed to meet those laws. The change will be to the law's minimum requirement.

**Legal Actions:** No legal action can be brought before 60 days or after 3 years after Proof of Loss is given.

**Term of Coverage:** The initial term of this Policy begins on the Issue Date shown in the Policy Schedule at 12:01 am, Standard Time of the place where You then reside and ends at 12:01 am, Standard Time of the place where You then reside on the date specified in the Termination provision.

### CENTRAL UNITED LIFE INSURANCE COMPANY

[10700 Northwest Freeway  
Houston, Texas 77092]  
Customer Service: [800-669-9030]

**24-HOUR ACCIDENT EXPENSE POLICY**  
**Guaranteed Renewable to age 70**  
**Company may change Table of Premium Rates**

**READ YOUR POLICY CAREFULLY**