

UNINSURABLE OCCUPATIONS & ACTIVITIES

- Professional Athletes
- Window Washers
- Miners
- Crop Dusters
- Commercial Fishermen
- Federal Employees
- Policemen
- Security Guards
- Highway Workers
- Rodeo Riders
- Loggers
- Quarry Workers
- Migrant Workers
- Oil Field Workers
- Taxi Drivers
- Firemen
- Entertainers

EFFECTIVE DATE

The insurance applied for shall not take effect until your application is approved, the policy is issued, and the required premium has been paid.

ACCIDENT PLANS - STAND ALONE

If the application is received in the Home Office on or before the 15th of the month, the effective date of the policy will be the 1st of the following month. If the application is received in the Home Office after the 15th of the month, the effective date of the policy will be the 15th of the following month, subject to underwriting approval.

ACCIDENT PLANS - WITH OTHER COVERAGE

If the application for Accident Coverage is sold in combination with other coverage, we will use the effective date of the other coverage subject to underwriting approval.

INJURY FACTS*

In 2016, unintentional injuries or accidents were the third [leading cause of death](#) accounting for an estimated 146,571 deaths.

- Number of injury-related visits: 39.0 million
- Number of visits per 100 persons: 43.3
- ER visits resulting in hospital admission: 12.3 million
- ER visits resulting in admission to a critical care unit: 1.5 million

* 2016 Center for Disease Control and Prevention.

EXCLUSIONS AND LIMITATIONS

Benefits otherwise provided by this Policy will not be payable for services or expenses or any such Loss resulting from or in connection with:

- (1) sickness, illness or bodily infirmity;
- (2) suicide, attempted suicide or intentional self-inflicted Injury, whether sane or insane;
- (3) dental care or treatment due to accidental Injury to natural teeth;
- (4) war or any act of war (declared or undeclared) or participating in a riot or felony;
- (5) alcoholism or drug addiction;
- (6) travel or flight in any aircraft or device which can fly above the earth's surface in any capacity other than as a fare paying passenger on a regularly scheduled airline;
- (7) the Insured's commission or attempt to commit a felony or to which a contributing cause was the Insured being engaged in an illegal occupation;
- (8) the Insured Person being intoxicated or under the influence of any narcotic or controlled or uncontrolled substance unless administered on the advice of a Physician;
- (9) charges incurred outside the U.S. if an Insured traveled to the location for the purpose of receiving medical services, drugs or supplies;
- (10) hernia.

Benefits and availability may vary by state. For more information about policy/plan benefits and limitations, please refer to the outline of coverage or policy as approved in your state.

Underwritten By:
Philadelphia American Life
Insurance Company

P.O. Box 4884
Houston, TX 77210-4848
1-800-552-7879

Enhanced 24 Hour ACCIDENT EXPENSE INSURANCE PLAN



WORLDWIDE PROTECTION



POLICY FORM H-0089

V4 02.15.19

Accidents happen when you least expect them:

- at home
- at work
- while playing or
- while traveling

You can't plan on them, but you can plan for them.

PLAN FEATURES

- 1 or 2 units of coverage is available
- Issue ages 0-75
- 1 unit is available for Ages 65 and older
- Guaranteed renewable to age 80
- \$50,000 or \$100,000 Accidental Death Benefit
- Pays in addition to any other insurance
- Optional Accident Disability Income Benefit for the Primary Insured
- Individual, Individual & Spouse, Single Parent, Family, and Children Only plans are available
- Optional Medical Expense Benefit Rider is available in conjunction with 2 units of the base plan.
 - The rider pays "in addition" to the base plan \$24,000 of Inpatient medical expenses and \$2,000 of Outpatient medical expenses.

BENEFIT FEATURES UNDER BASE PLAN

BENEFIT	1 UNIT	2 UNITS
ACCIDENTAL INJURY BENEFIT This benefit pays the actual charges for medical treatment due to accidental injury up to the amount shown per unit. Covered expenses include physician's fees, surgery, x-rays, fracture reduction and dislocations or other emergency first-aid expenses. All covered expenses must be incurred within 45 days of the accident causing injury. If the expenses are incurred at a hospital emergency room, a \$50 deductible will apply for each accidental injury.	\$2,000	\$4,000
ACCIDENTAL DEATH BENEFIT This benefit pays a fixed amount per unit if an insured suffers a fatality as a result of an accident.	\$50,000	\$100,000
GROUND OR AIR AMBULANCE This benefit pays the actual charges for ground or air ambulance transportation due to an accidental injury, up to the amount shown per unit.	\$5,000	\$10,000
HOSPITAL INCOME BENEFIT If an insured is hospitalized for an accidental injury, we will pay a fixed amount per day, beginning the first day of confinement, subject to the number of units purchased. Payment will be made up to 30 days per hospital confinement resulting from any one accidental injury.	\$150	\$300
DISMEMBERMENT BENEFITS This benefit pays a fixed amount per unit if the Primary Insured suffers any of the following dismemberments as a result of accidental injury. Benefits are for the Primary Insured only.		
Loss of Finger or Toe		
Single Loss Benefit	\$500	\$1,000
Multiple Loss Benefit	\$1,000	\$2,000
Loss of Hand, Arm, Foot or Leg		
Single Loss Benefit	\$5,000	\$10,000
Multiple Loss Benefit	\$10,000	\$20,000
Loss of Sight		
Single Loss Benefit (One Eye)	\$5,000	\$10,000
Multiple Loss Benefit (Both Eyes)	\$10,000	\$20,000

MONTHLY BANK DRAFT RATES*

24 Hour Accident Expense	1 UNIT	2 UNITS
INSURED	\$23.00	\$31.05
INSURED & SPOUSE	\$44.28	\$56.93
INSURED & CHILDREN	\$53.48	\$69.00
FAMILY	\$74.75	\$94.88
CHILD ONLY (per child)	\$16.10	\$20.13

*Age 65 and over are eligible for 1 (one) unit only

OPTIONAL MEDICAL EXPENSE BENEFIT RIDER

The benefits provided by this Rider are paid in addition to the Medical expenses paid under the base plan and is only available in conjunction with the 2 unit base plan.

Total Combined Inpatient and Outpatient Medical Expense Benefit - Maximum	\$26,000
Outpatient Medical Expense Benefit - Maximum	\$ 2,000

If as the result of Accidental Bodily Injury, an Insured requires medical treatment, the Company will pay the actual charges incurred for Inpatient and Outpatient Medical Expenses not to exceed either of the Maximums shown above. The benefits are limited to 2 accidents per Insured per Calendar Year.

MONTHLY BANK DRAFT RATES FOR RIDER

Medical Expense Benefit Rider

INSURED	\$ 43.00
INSURED & SPOUSE	\$ 78.90
INSURED & CHILDREN	\$ 95.60
FAMILY	\$131.40
CHILD ONLY (PER CHILD)	\$ 30.10

OPTIONAL ACCIDENT DISABILITY INCOME

If the Primary Insured incurs an accident disability, we will pay a monthly disability benefit, beginning the 31st day, up to the period selected (12 or 24 months). Applies only to the Primary Insured and pays up to 60% of their gross monthly income.

ACCIDENT DISABILITY INCOME BENEFIT	1 UNIT	2 UNITS
	\$1,000	\$2,000

MONTHLY BANK DRAFT RATES FOR RIDER

Type 1	12 months	\$10.35	\$20.70
Type 1	24 months	\$13.23	\$26.45
Type 2	12 months	\$19.55	\$39.10
Type 2	24 months	\$26.45	\$52.90