

**American Family Life Assurance Company of Columbus (AFLAC)
Worldwide Headquarters: 1932 Wynnton Road
Columbus, Georgia 31999
TOLL-FREE 1-800-99-AFLAC (1-800-992-3522)**

**ACCIDENT-ONLY COVERAGE
Outline of Coverage for Policy Series A-34200**

THIS POLICY PROVIDES LIMITED BENEFITS

**BENEFITS PROVIDED ARE SUPPLEMENTAL AND NOT INTENDED
TO COVER ALL MEDICAL EXPENSES**

THIS IS NOT A MEDICARE SUPPLEMENT POLICY.

If you are eligible for Medicare, review the *Guide to Health Insurance for People with Medicare* available from AFLAC.

- (1) Read Your Policy Carefully.** This outline of coverage provides a very brief description of the important features of the coverage. 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 AFLAC. It is, therefore, important that you READ YOUR POLICY CAREFULLY!
- (2) Accident-Only coverage is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.**
- (3) Benefits.** Benefit A is a preventive benefit; the death, Dismemberment, or Injury of a covered person is not required for this benefit to be payable.

A. WELLNESS BENEFIT: After this policy has been in force for 12 months, we will pay \$60 (sixty dollars) if you or any one family member undergoes routine examinations or other preventive testing during the following policy year. Services covered are: annual physical examinations, dental exams, mammograms, Pap smears, eye examinations, immunizations, flexible sigmoidoscopies, prostate-specific antigen tests (PSAs), ultrasounds, and blood screenings. This benefit will become available following each anniversary of the policy's Effective Date for service received during the following policy year and is payable only once per policy each 12-month period following your policy anniversary date. Eligible family members are your spouse and the dependent children of either you or your spouse. Service must be under the supervision of or recommended by a Physician, received while your policy is in force, and a charge must be incurred.

We will pay the following benefits as applicable if a covered person's death, Dismemberment, or Injury is caused by a covered accident that occurs on or off the job. Death, Dismemberment, or Injury must be independent of disease or bodily infirmity, or of any cause other than a covered accident. A covered accident must also occur while coverage is in force and is subject to the limitations and exclusions.

B. ACCIDENT EMERGENCY TREATMENT BENEFIT: If a covered person receives treatment for Injuries sustained in a covered accident, we will pay the following benefit for treatment received. This benefit is payable for treatment by a Physician, X-rays, or treatment received in a Hospital emergency room. Treatment must be received within 72 hours of the accident for benefits to be payable. This benefit is payable once per 24-hour period and only once per covered accident, per covered person.

<u>Insured</u>	<u>Spouse</u>	<u>Child</u>
\$120	\$120	\$70

C. ACCIDENT FOLLOW-UP TREATMENT BENEFIT: If a covered person receives emergency treatment for Injuries sustained in a covered accident and later requires additional treatment over and above emergency treatment administered in the first 72 hours following the accident, we will pay \$35 (thirty-five dollars) per treatment for such follow-up treatment. We will pay for one treatment per day for up to a maximum of six treatments per covered accident, per covered person. The treatment must begin within 30 days of the covered accident or discharge from the Hospital. Treatments must be furnished by a Physician in a Physician's office or in a Hospital on an outpatient basis. **This benefit is not payable for the same visit that the Physical Therapy Benefit is paid.**

D. INITIAL ACCIDENT HOSPITALIZATION BENEFIT: When a covered person is confined to a Hospital for at least 24 hours for Injuries sustained in a covered accident, we will pay an Initial Accident Hospitalization Benefit of \$1,000 (one thousand dollars), or we will pay \$2,000 (two thousand dollars) if the covered person is admitted directly to an Intensive Care Unit. This benefit is payable only once per Hospital or Intensive Care Unit Confinement and only once per calendar year, per covered person. Confinements must start within 30 days of the accident.

E. ACCIDENT HOSPITAL CONFINEMENT BENEFIT: When a covered person is confined to a Hospital for at least 18 hours for treatment of Injuries sustained in a covered accident, we will pay \$250 (two hundred fifty dollars) for each day of Hospital Confinement for which a covered person is charged for a room. We will pay this benefit up to 365 days per covered accident, per covered person. Confinements must start within 30 days of the accident.

The Accident Hospital Confinement Benefit and the Rehabilitation Unit Benefit will not be paid on the same day. The highest eligible benefit will be paid.

F. INTENSIVE CARE UNIT CONFINEMENT BENEFIT: While a covered person is receiving the Accident Hospital Confinement Benefit, we will pay an additional \$400 (four hundred dollars) for each day the covered person is confined and charged for a room in an Intensive Care Unit. This Intensive Care Unit Confinement Benefit is payable for up to 15 days per covered accident, per covered person. Confinements must start within 30 days of the accident.

G. ACCIDENT SPECIFIC-SUM INJURIES BENEFITS: If a covered person receives treatment for Injuries sustained in a covered accident, we will pay \$35 (thirty-five dollars)-\$12,500 (twelve thousand five hundred dollars) for dislocations, burns, skin grafts, eye injuries, lacerations requiring sutures, fractures, concussion, emergency dental work, coma, paralysis, and miscellaneous surgical procedures. See policy for specific amounts payable.

H. MAJOR DIAGNOSTIC EXAMS: If a covered person requires one of the following exams for Injuries sustained in a covered accident and a charge is incurred, we will pay \$200 (two hundred dollars): CT (computerized tomography) scan, MRI (magnetic resonance imaging), or EEG (electroencephalogram). These exams must be performed in a Hospital, a Physician's office, or an Ambulatory Surgical Center. This benefit is limited to one payment per calendar year, per covered person. No lifetime maximum.

I. PHYSICAL THERAPY BENEFIT: If a covered person receives emergency treatment for Injuries sustained in a covered accident and later a Physician advises the covered person to seek treatment from a Physical Therapist, we will pay \$35 (thirty-five dollars) per treatment. Physical therapy must be for Injuries sustained in a covered accident and must start within 30 days of the covered accident or discharge from the Hospital. We will pay for one treatment per day for up to a maximum of 10 treatments per covered accident, per covered person. The treatment must take place within six months after the accident. **This benefit is not payable for the same visit that the Accident Follow-Up Treatment Benefit is paid.**

J. REHABILITATION UNIT BENEFIT: When a covered person is confined in a Hospital and is transferred to a bed in a Rehabilitation Unit of a Hospital for a covered Injury, we will pay \$150 (one hundred fifty dollars) per day for each day you are charged for a room. This benefit is limited to 30 days for each covered person per Period of Hospital Confinement and is limited to a calendar year maximum of 60 days. No lifetime maximum.

The Accident Hospital Confinement Benefit and the Rehabilitation Unit Benefit will not be paid on the same day. The highest eligible benefit will be paid.

K. APPLIANCES BENEFIT: If, as a result of Injuries sustained in a covered accident a covered person requires, as advised by a Physician, the use of a medical appliance as an aid in personal locomotion, we will pay \$125 (one hundred twenty-five dollars). Benefits include and are payable for crutches, wheelchairs, leg braces, back braces, and walkers. This benefit is payable once per covered accident, per covered person.

L. PROSTHESIS BENEFIT: If a covered person requires use of a Prosthetic Device as a result of Injuries sustained in a covered accident, we will pay \$750 (seven hundred fifty dollars). This benefit is not payable for hearing aids, wigs, or any dental aids to include false teeth. This benefit is payable once per covered accident, per covered person.

M. BLOOD/PLASMA/PLATELETS BENEFIT: If a covered person requires blood/plasma and/or platelets for the treatment of Injuries sustained in a covered accident, we will pay \$200 (two hundred dollars). This benefit does not pay for immunoglobulins and is payable only one time per covered accident, per covered person.

N. AMBULANCE BENEFIT: If a covered person requires ambulance transportation to a Hospital or emergency center for Injuries sustained in a covered accident, we will pay \$200 (two hundred dollars). Ambulance transportation must be within 72 hours of the covered accident. We will pay \$1,500 (fifteen hundred dollars) for transportation provided by an air ambulance. A licensed professional ambulance company must provide the ambulance service.

O. TRANSPORTATION BENEFIT: If a covered person requires special treatment and confinement in a Hospital for Injuries sustained in a covered accident, we will pay \$600 (six hundred dollars) per round trip. This benefit is not payable for transportation by ambulance or air ambulance to the Hospital. If the treatment is for a dependent child and commercial travel is necessary, the dependent child's parent or legal guardian who travels with the dependent child will also receive this benefit (only one person will be paid to travel with such dependent child). The local attending Physician must prescribe the treatment, and the treatment must not be available locally. This benefit is not payable for transportation to any Hospital located within a 100-mile radius of the site of the accident or residence of the covered person. This benefit is payable for up to three round trips per calendar year, per covered person.

P. FAMILY LODGING BENEFIT: If a covered person requires Hospital Confinement for the treatment of Injuries sustained in a covered accident, we will pay \$125 (one hundred twenty five dollars) per night for one motel/hotel room for a member(s) of the Immediate Family to accompany the covered person. This benefit is payable only during the same period of time the injured covered person is confined to the Hospital. The Hospital and motel/hotel must be more than 100 miles from the residence of the covered person. This benefit is payable up to 30 days per covered accident.

Q. ACCIDENTAL-DEATH BENEFIT: We will pay the applicable lump-sum benefit indicated below for Accidental Death. Death must occur as a result of Injuries sustained in a covered accident and must occur within 180 days of such accident.

	<u>Insured</u>	<u>Spouse</u>	<u>Child</u>
Common-Carrier Accidents	\$150,000	\$150,000	\$25,000
Other Accidents	\$40,000	\$40,000	\$12,500

R. ACCIDENTAL-DISEMBLEMENT BENEFIT: We will pay the applicable lump-sum benefit indicated below for Dismemberment. Dismemberment must occur as a result of Injuries sustained in a covered accident and must occur within 180 days of the accident.

Dismemberment or complete loss of, with or without reattachment:

	<u>Insured</u>	<u>Spouse</u>	<u>Child</u>
Both arms and both legs	\$40,000	\$40,000	\$12,500
Two eyes, feet, hands, arms, or legs	\$40,000	\$40,000	\$12,500
One eye, foot, hand, arm, or leg	\$10,000	\$10,000	\$3,750
One or more fingers and/or one or more toes	\$2,000	\$2,000	\$625

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

S. CONTINUATION OF COVERAGE BENEFIT: We will waive all monthly premiums due for the policy and riders for up to two months if you meet all of the following conditions:

1. Your policy has been in force for at least six months;
2. We have received premiums for at least six consecutive months;
3. Your premiums have been paid through payroll deduction and you leave your employer for any reason;
4. You or your employer notifies us in writing within 30 days of the date your premium payments cease because of your leaving employment; and
5. You re-establish premium payments through:
 - (a) your new employer's payroll deduction process or
 - (b) direct payment to AFLAC.

You will again become eligible to receive this benefit after:

1. You re-establish your premium payments through payroll deduction for a period of at least six months, and
2. We receive premiums for at least six consecutive months.

"Payroll deduction" means your premium is remitted to AFLAC for you by your employer through a payroll deduction process.

(4) OPTIONAL BENEFITS

- A. Off-the-Job Accident Disability Benefit Rider: (Series A-34050)** Applied For: Yes No
This rider does not apply to the spouse or dependents. It applies to the Insured only, as shown in the Policy Schedule.

PRE-EXISTING CONDITIONS: Disability or hospitalization caused by a Pre-existing Condition or reinjuries to a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage. A Pre-existing Condition is an Injury for which, within the 12-month period before the Effective Date of coverage, medical advice, consultation, or treatment was recommended or received, or symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment.

EXCEPTIONS, REDUCTIONS AND LIMITATIONS OF THIS RIDER: We will not pay benefits for a disability that is being treated outside the territorial limits of the United States or, if outside the United States, the territorial limits of the place where your policy was issued. Refer to your policy for additional Limitations and Exclusions.

- 1. Working Full Time:** While you are working at a Full-Time Job and while this coverage is in force, we will insure you as follows:

a) Through Age 69: If your covered Off-the-Job Accident causes you to become Totally Disabled within 90 days of your last treatment for your covered Off-the-Job Accident, we will pay you one-thirtieth per day of \$_____ for each day you remain Totally Disabled. This benefit is payable up to the Benefit Period you selected and is subject to the Elimination Period. Also see the Uniform Provision titled Term and the definitions of "Benefit Period" and "Successive Periods of Disability" in your policy.

b) Age 70 and above: If you require Hospital Confinement within 90 days of your last treatment for your covered Off-the-Job Accident, we will pay you one-thirtieth per day of \$_____ times three for each day you are confined. This benefit is payable up to the Benefit Period you selected and is not subject to the Elimination Period. Also see the Uniform Provision titled Term and the definitions of "Benefit Period" and "Successive Periods of Disability" in your policy.

- 2. Not Working Full Time:** If you are not working at a Full-Time Job and coverage is in force, we will insure you as follows:

a) Through Age 69: If your covered Off-the-Job Accident causes you to be unable to perform two or more ADLs, as certified by your Physician, and you require Direct Personal Assistance to perform such ADLs, we will pay you one-thirtieth per day of \$_____ for each day you cannot perform such ADLs. Such inability must occur within 90 days of your last treatment for your covered Off-the-Job Accident. This benefit is payable up to the Benefit Period you selected and is subject to the Elimination Period. Also see the Uniform Provision titled Term and the definitions of "Benefit Period" and "Successive Periods of Disability" in your policy.

b) Age 70 and above: If you require Hospital Confinement within 90 days of your last treatment for your covered Off-the-Job Accident, we will pay you one-thirtieth per day of \$_____ times three for each day you are confined. This benefit is payable up to the Benefit Period you selected and is not subject to the Elimination Period. Also see the Uniform Provision titled Term and the definitions of "Benefit Period" and "Successive Periods of Disability" in your policy.

Benefits will be paid for only one disability at a time, even if it is caused by more than one Injury. Benefits are not payable for Items 1a, 1b, 2a, or 2b for the same day. Turning age 70 will not stop benefits otherwise payable. **We reserve the right to meet with you during the pendency of a claim or to use an independent consultant and Physician's statement to determine whether you are Totally Disabled, or whether you are unable to perform two or more ADLs and require Direct Personal Assistance. You must be under the care and attendance of a Physician for these benefits to be payable. Benefits will cease on the date of your death.**

IF YOU HAVE ANY OTHER DISABILITY BENEFIT IN FORCE WITH US, ONLY ONE DISABILITY BENEFIT IS PAYABLE.

B. On-the-Job Accident Disability Benefit Rider: (Series A-34051) Applied For: Yes No
This rider does not apply to the spouse or dependents. It applies to the Insured only, as shown in the Policy Schedule.

PRE-EXISTING CONDITIONS: Disability or hospitalization caused by a Pre-existing Condition or reinjuries to a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage. A Pre-existing Condition is an Injury for which, within the 12-month period before the Effective Date of coverage, medical advice, consultation, or treatment was recommended or received, or symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment.

EXCEPTIONS, REDUCTIONS AND LIMITATIONS OF THIS RIDER: We will not pay benefits for a disability that is being treated outside the territorial limits of the United States or, if outside the United States, the territorial limits of the place where your policy was issued. Refer to your policy for additional Limitations and Exclusions.

1. Working Full Time: While you are working at a Full-Time Job and while this coverage is in force, we will insure you as follows:

a) Through Age 69: If your covered On-the-Job Accident causes you to become Totally Disabled within 90 days of your last treatment for your covered On-the-Job Accident, we will pay you one-thirtieth of \$_____ for each day you remain Totally Disabled. This benefit is payable up to the Benefit Period you selected and is subject to the Elimination Period. Also see the Uniform Provision titled Term and the definitions of "Benefit Period" and "Successive Periods of Disability" in your policy.

b) Age 70 and above: If you require Hospital Confinement within 90 days of your last treatment for your covered On-the-Job Accident, we will pay you one-thirtieth of \$_____ times three for each day you are confined. This benefit is payable up to the Benefit Period you selected and is not subject to the Elimination Period. Also see the Uniform Provision titled Term and the definitions of "Benefit Period" and "Successive Periods of Disability" in your policy.

2. Not Working Full Time: If you are not working at a Full-Time Job and coverage is in force, we will insure you as follows:

a) Through Age 69: If your covered On-the-Job Accident causes you to be unable to perform two or more ADLs, as certified by your Physician, and you require Direct Personal Assistance to perform such ADLs, we will pay you one-thirtieth of \$_____ for each day you cannot perform such ADLs. Such inability must occur within 90 days of your last treatment for your covered On-the-Job Accident. This benefit is payable up to the Benefit Period you selected and is subject to the Elimination Period. Also see the Uniform Provision titled Term and the definitions of "Benefit Period" and "Successive Periods of Disability" in your policy.

- b) Age 70 and above:** If you require Hospital Confinement within 90 days of your last treatment for your covered On-the-Job Accident, we will pay you one-thirtieth of \$_____ times three for each day you are confined. This benefit is payable up to the Benefit Period you selected and is not subject to the Elimination Period. Also see the Uniform Provision titled Term and the definitions of "Benefit Period" and "Successive Periods of Disability" in your policy.

Benefits will be paid for only one disability at a time, even if it is caused by more than one Injury. Benefits are not payable for Items 1a, 1b, 2a, or 2b for the same day. Turning age 70 will not stop benefits otherwise payable. **We reserve the right to meet with you during the pendency of a claim or to use an independent consultant and Physician's statement to determine whether you are Totally Disabled, or whether you are unable to perform two or more ADLs and require Direct Personal Assistance. You must be under the care and attendance of a Physician for these benefits to be payable. Benefits will cease on the date of your death.**

IF YOU HAVE ANY OTHER DISABILITY BENEFIT IN FORCE WITH US, ONLY ONE DISABILITY BENEFIT IS PAYABLE.

- C. Sickness Disability Benefit Rider: (Series A-34052)** Applied For: Yes No
This rider does not apply to the spouse or dependents. It applies to the Insured only, as shown in the Policy Schedule.

PRE-EXISTING CONDITIONS: Disability or hospitalization caused by a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage. A Pre-existing Condition is a Sickness for which, within the 12-month period before the Effective Date of coverage, medical advice, consultation, or treatment was recommended or received, or symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment.

EXCEPTIONS, REDUCTIONS AND LIMITATIONS OF THIS RIDER: We will not pay benefits for a disability that is being treated outside the territorial limits of the United States or, if outside the United States, the territorial limits of the place where your policy was issued. We will not pay benefits for a disability that is caused by or occurs as a result of your: (1) Becoming Totally Disabled due to any of the following: bipolar affective disorder (manic depressive syndrome), delusional (paranoid) disorders, psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders, schizophrenia, anxiety disorders, depression, stress, or post-partum depression. This rider will pay, however, for covered disabilities resulting from Alzheimer's disease, or similar forms of senility or senile dementia, first manifested while coverage is in force; (2) Giving birth within the first ten months of the Effective Date of this rider as a result of a normal pregnancy, including cesarean (complications of pregnancy will be covered to the same extent as a Sickness); or (3) Donating an organ within the first 12 months of the Effective Date of this rider. Refer to your policy for additional Limitations and Exclusions.

1. Working Full Time: While you are working at a Full-Time Job and while this coverage is in force, we will insure you as follows:

- a) Through Age 69:** If your covered Sickness causes you to become Totally Disabled within 90 days of your last treatment for your covered Sickness, we will pay you one-thirtieth of \$_____ for each day you remain Totally Disabled. This benefit is payable up to the Benefit Period you selected and is subject to the Elimination Period. Also see the Uniform Provision titled Term and the definitions of "Benefit Period" and "Successive Periods of Disability" in your policy.

b) Age 70 and above: If you require Hospital Confinement within 90 days of your last treatment for your covered Sickness, we will pay you one-thirtieth of \$ _____ times three for each day you are confined. This benefit is payable up to the Benefit Period you selected and is not subject to the Elimination Period. Also see the Uniform Provision titled Term and the definitions of "Benefit Period" and "Successive Periods of Disability" in your policy.

2. Not Working Full Time: If you are not working at a Full-Time Job and coverage is in force, we will insure you as follows:

a) Through Age 69: If you are unable to perform two or more ADLs within 90 days of your last treatment for your covered Sickness, as certified by your Physician, and you require Direct Personal Assistance to perform such ADLs, we will pay you one-thirtieth of \$ _____ for each day you cannot perform such ADLs. This benefit is payable up to the Benefit Period you selected and is subject to the Elimination Period. Also see the Uniform Provision titled Term and the definitions of "Benefit Period" and "Successive Periods of Disability" in your policy.

b) Age 70 and above: If you require Hospital Confinement within 90 days of your last treatment for your covered Sickness, we will pay you one-thirtieth of \$ _____ times three for each day you are confined. This benefit is payable up to the Benefit Period you selected and is not subject to the Elimination Period. Also see the Uniform Provision titled Term and the definitions of "Benefit Period" and "Successive Periods of Disability" in your policy.

Disability due to pregnancy and childbirth is payable to the same extent as a covered Sickness. After this rider has been in force ten months, the maximum Benefit Period allowed for childbirth is six weeks for noncesarean delivery and eight weeks for cesarean delivery, less the Elimination Period, unless you furnish proof that you remain disabled, as defined in the rider, beyond these time frames.

Benefits will be paid for only one disability at a time even if it is caused by more than one Sickness. Benefits are not payable for Items 1a, 1b, 2a or 2b for the same day. Turning age 70 will not stop benefits otherwise payable. **We reserve the right to meet with you during the pendency of a claim or to use an independent consultant and Physician's statement to determine whether you are Totally Disabled, or whether you are unable to perform two or more ADLs and require Direct Personal Assistance. You must be under the care and attendance of a Physician for these benefits to be payable. Benefits will cease on the date of your death.**

IF YOU HAVE ANY OTHER DISABILITY BENEFIT IN FORCE WITH US, ONLY ONE DISABILITY BENEFIT IS PAYABLE.

D. Spouse Off-the-Job Accident Disability Benefit Rider: (Series A-34053) Applied For: Yes No
This rider applies to the Insured's spouse only, as shown in the Policy Schedule.

PRE-EXISTING CONDITIONS: Disability or hospitalization caused by a Pre-existing Condition or reinjuries to a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage. A Pre-existing Condition is an Injury for which, within the 12-month period before the Effective Date of coverage, medical advice, consultation, or treatment was recommended or received, or symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment.

EXCEPTIONS, REDUCTIONS AND LIMITATIONS OF THIS RIDER: We will not pay benefits for a disability that is being treated outside the territorial limits of the United States or, if outside the United States, the territorial limits of the place where your policy was issued. Refer to your policy for additional Limitations and Exclusions.

1. **Working Full Time:** While you are working at a Full-Time Job and while this coverage is in force, we will insure you as follows:
 - a) **Through Age 69:** If your covered Off-the-Job Accident causes you to become Totally Disabled within 90 days of your last treatment for your covered Off-the-Job Accident, we will pay you one-thirtieth of \$_____ for each day you remain Totally Disabled. This benefit is payable up to the Benefit Period you selected and is subject to the Elimination Period. Also see the Uniform Provision titled Term and the definitions of "Benefit Period" and "Successive Periods of Disability" in your policy.
 - b) **Age 70 and above:** If you require Hospital Confinement within 90 days of your last treatment for your covered Off-the-Job Accident, we will pay you one-thirtieth of \$_____ times three for each day you are confined. This benefit is payable up to the Benefit Period you selected and is not subject to the Elimination Period. Also see the Uniform Provision titled Term and the definitions of "Benefit Period" and "Successive Periods of Disability" in your policy.
2. **Not Working Full Time:** If you are not working at a Full-Time Job and coverage is in force, we will insure you as follows:
 - a) **Through Age 69:** If your covered Off-the-Job Accident causes you to be unable to perform two or more ADLs, as certified by your Physician, and you require Direct Personal Assistance to perform such ADLs, we will pay you one-thirtieth of \$_____ for each day you cannot perform such ADLs. Such inability must occur within 90 days of your last treatment for your covered Off-the-Job Accident. This benefit is payable up to the Benefit Period you selected and is subject to the Elimination Period. Also see the Uniform Provision titled Term and the definitions of "Benefit Period" and "Successive Periods of Disability" in your policy.
 - b) **Age 70 and above:** If you require Hospital Confinement within 90 days of your last treatment for your covered Off-the-Job Accident, we will pay you one-thirtieth of \$_____ times three for each day you are confined. This benefit is payable up to the Benefit Period you selected and is not subject to the Elimination Period. Also see the Uniform Provision titled Term and the definitions of "Benefit Period" and "Successive Periods of Disability" in your policy.

Benefits will be paid for only one disability at a time, even if it is caused by more than one Injury. Benefits are not payable for Items 1a, 1b, 2a, or 2b for the same day. Turning age 70 will not stop benefits otherwise payable. **We reserve the right to meet with you during the pendency of a claim or to use an independent consultant and Physician's statement to determine whether you are Totally Disabled, or whether you are unable to perform two or more ADLs and require Direct Personal Assistance. You must be under the care and attendance of a Physician for these benefits to be payable. Benefits will cease on the date of your death.**

IF YOU HAVE ANY OTHER DISABILITY BENEFIT IN FORCE WITH US, ONLY ONE DISABILITY BENEFIT IS PAYABLE.

(5) Exceptions, Reductions and Limitations of this Policy (this is not a daily Hospital expense plan):

- A. **We will not pay benefits for services rendered by a member of the Immediate Family of a covered person.**

B. We will not pay benefits for an accident or Sickness that is caused by or occurs as a result of a covered person's:

1. Participating in any activity or event, including the operation of a vehicle, while under the influence of a controlled substance (unless administered by a Physician and taken according to the Physician's instructions) or while intoxicated ("intoxicated" means that condition as defined by the law of the jurisdiction in which the accident occurred);
2. Driving any taxi for wage, compensation, or profit;
3. Mountaineering using ropes and/or other equipment; parachuting; or hang gliding;
4. Participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not ("felony" is as defined by the law of the jurisdiction in which the activity takes place); or being incarcerated in any type penal institution;
5. Intentionally self-inflicting bodily Injury or attempting suicide, while sane or insane;
6. Having cosmetic surgery or other elective procedures that are not medically necessary, or having dental treatment except as a result of Injury;
7. Being exposed to war or any act of war, declared or undeclared;
8. Actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve;
9. Participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed, passenger-carrying aircraft;
10. Participating in any sport or sporting activity for wage, compensation, or profit, including officiating or coaching; or racing any type vehicle in an organized event.

(6) Renewability. The policy is guaranteed-renewable for life by payment of the premium in effect at the beginning of each renewal period. Premium rates may be changed only if changed on all policies of the same form number and class in force in your state.

**RETAIN FOR YOUR RECORDS.
THIS OUTLINE OF COVERAGE IS ONLY A BRIEF SUMMARY OF YOUR POLICY.
THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE
GOVERNING CONTRACTUAL PROVISIONS.**