



AG Accident Choice Plus®

Policy Specifications

POLICY HIGHLIGHTS

- **Dollar-for-dollar reimbursement** – pays directly to you (up to coverage amount)
- **No network restrictions** – access any hospital, physician or medical facility
- **No waiting period to use benefits** – submit claims immediately
- **No lifetime limit** – no matter how many accidents you have
- **No coordination with major medical** – pays benefits related to accidents regardless of other health coverage
- **Critical illness lump sum payout** – if diagnosed with 1 of 3 major critical illnesses (see available riders)
- **Monthly payout for disability income** as a result of a covered accident (see available riders)
- **Lump sum payout** as a result of a covered accidental death or dismemberment (see available riders)

POLICY FEATURES

Deductibles	Accident expense benefit deductible options: \$100, \$300 or \$500 <ul style="list-style-type: none">• The deductible only has to be satisfied once per calendar year for each individual covered on the policy.• With a family plan, the maximum deductible is two times the policy deductible chosen in a calendar year.
Available Riders	<p>Critical Illness Rider: Pays one-time lump sum upon initial diagnosis of invasive cancer, heart attack or stroke.</p> <p>Accidental Death & Dismemberment Rider: Provides protection in the event of an accidental death or dismemberment. This rider also includes a common carrier benefit.</p> <p>Accidental Disability Income Rider: Can provide protection against loss of income should you be disabled the event of an accident.</p> <p>There will be a charge for each rider selected. See the rider for details regarding the benefit descriptions, limitations and exclusions.</p>
Renewability	The policy is guaranteed renewable to age 65
Issue Ages	0–64 (ages 0–17 cannot purchase coverage for a spouse or child)
Underwriting	Accident coverage is guaranteed issue.
Rate Structure	<ul style="list-style-type: none">• Unisex• Age-banded rates

Policy Specifications (continued)

BENEFIT SUMMARY

Benefit Amounts	<p>Accident coverage: \$5,000 to \$25,000, in \$5,000 increments.</p> <ul style="list-style-type: none"> Benefit amount is the maximum amount that can be paid per coverage group in the policy. Policy insured is one group, spouse is one group and for family plans, all children are included in one group.
Covered Benefits	<p>The following expenses are paid up to the calendar year maximum benefit as a result of a covered accident:</p> <ul style="list-style-type: none"> Emergency Room Urgent Care Center Ambulance Physician Charges (Maximum of three follow-up physician visits within 45 days of accidental injury—one visit per day) Surgery X-rays (One X-ray or set of X-rays if completed within 14 days of accidental injury.) Prosthesis Physical Therapy (Visits must begin within 45 days of accidental injury or hospital discharge. Benefits limited to one physical therapy/day, up to maximum of 10 visits for each accidental injury.) Major Diagnostic Exams (One per accident if within 14 days of accidental injury. Exams limited to CT scan, MRI and EEG.) Drugs administered in a hospital or urgent care center (no payment for drugs prescribed for use after initial care.) <p>Coverage is available for spouse and/or children under same policy if primary insured is covered. Spouse and children may have different benefit amounts for critical illness rider provided coverage for each does not exceed coverage of primary insured.</p>
Benefit Payment Conditions Refer to the Outline of Coverage for detailed information regarding benefits and exclusions.	<p>Once deductible is met, benefits are paid – less any adjustments or discounts – up to maximum benefit amount, per insured, per calendar year, as shown in the policy schedule, regardless of whether those costs are covered under another insurance plan. To qualify for accident benefits:</p> <ul style="list-style-type: none"> Injury must be result of an accident. Accident is defined as unforeseen occurrence of event that results in accidental injury to insured person wholly independent of disease, bodily infirmity, illness, infection or any other physical condition. Initial care must begin within 72 hours of the accidental injury. All follow up care must be completed within 45 days of the accident. Care must be received within the United States Explanation of Benefits statement (EOB) required by claims department in addition to medical expense billing. EOB reviewed to account for adjustments, discounts or allowances deducted in order to determine actual charges from medical provider.
Pre-existing Conditions	<p>No benefits paid for a critical illness caused by a pre-existing condition unless critical illness commences after this rider has been in force for 12 months from effective date or most recent reinstatement date. We will not use the existence of a pre-existing condition to deny benefits after this rider has been in force for a period of 12 months following the date of application to this rider.</p>

Policy Specifications (continued)

BENEFIT SUMMARY (continued)

Policy Exclusions

May vary by state

NO benefits are paid if covered services are not related to a covered accident. NO benefits are paid for any accident or any loss caused in whole or in part by, or resulting in whole or in part from the insured person's:

- Suicide or attempt at suicide, or intentional self-inflicted injury or sickness, or any attempt at intentional self-inflicted injury or sickness while sane or insane
- Being under the influence of a controlled substance (unless administered by a physician and taken according to the physician's instructions) or illegal drugs or while intoxicated as that condition is defined by the law of the state in which the accident occurred
- Commission of or attempt to commit an assault or a felony
- Engaging in an illegal activity or occupation
- Voluntary participation in any riot or civil insurrection
- Operating, learning to operate, serving as a crew member of, or jumping, parachuting, or falling from an aircraft or hot air balloon, including those which are not motor driven
- Engaging in hang gliding, bungee jumping, parachuting, sailgliding, parasailing or parakiting or any similar activity
- Riding in or driving any motor driven vehicle in a race, stunt show or speed test
- Practicing for or participating in any semi-professional or professional competitive athletic contest, including officiating, coaching or umpiring, for which compensation or remuneration is received
- Operating any type of land, water, or air vehicle while having a blood alcohol content at or above the level made illegal for operation of such vehicle by the jurisdiction where the accidental injury occurred
- Driving any taxi for wage, compensation, or profit
- Engaging in mountaineering using ropes and/or other equipment or any similar activity

In addition, NO benefits are paid for any loss caused in whole or in part by, or resulting from the following:

- Declared or undeclared war, or any act of declared or undeclared war
- Hernia of any kind
- Bacterial infection that was not caused by an Accidental cut or wound
- Charges for treatment, services, drugs, medicines or supplies used to treat a Sickness
- Charges for services ordered, directed or performed by a Physician or supplies purchased from a provider who is an Insured Person; an Insured Person's Immediate Family Member; employed or retained by an Insured Person; an employer of an Insured Person; or ordinarily resides with an Insured Person.
- Any illness, loss or condition specifically excluded from the definition of any accident



Policies issued by American General Life Insurance Company (AGL), Policy Form Number 11120; Rider Form Numbers 11125, 11126, 11127. Issuing company AGL is responsible for financial obligations of insurance products and is a member of American International Group, Inc. (AIG). Guarantees are backed by the claims-paying ability of the issuing insurance company. AGL does not solicit business in the state of New York. Policies and riders not available in all states and product features may vary by state. Please refer to the policy for complete details. Important Note: All benefits payable are subject to the terms and conditions of the policy, including benefit durations, limitations and exclusions. Not all benefits and exclusions apply in every state. Please consult your agent or review the policy and outline of coverage for your state. Comprehensive medical coverage may be required in some states in order to apply for or maintain the policy.

BASE AG ACCIDENT CHOICE PLUS PLAN							CRITICAL ILLNESS RIDER					ACCIDENTAL DEATH & DISMEMBERMENT RIDER			ACCIDENTAL DISABILITY INCOME RIDER			
State	Approved for Sale	Benefit Amounts	Rates	Primary Insured Issue Ages	Dependant Issue Age	Dependant Termination Age	Approved for Sale	Benefit Amounts	Rates	Covered Conditions	Waiting Period	Approved for Sale	Benefit Amounts	Rates	Approved for Sale	Benefit Amounts	Rates	
Std.	Yes	\$5,000, \$10,000, \$15,000, \$20,000, \$25,000	Standard or State Specific Rates	0-64	up to age 25	26	Yes	\$5,000 - \$50,000 in \$5,000 increments	Std.	Stroke, Heart Attack, Cancer	30 days: Stroke, Heart Attack 90 days: Cancer	Yes	Lump sum up to: \$50,000/unit (Primary); \$25,000/unit (Spouse); \$12,500/unit (Children)	Std.	Yes	Up to \$2500/month for six months	Std.	
NC	Yes	Std.	Std.	Std.	Std.	Std.	Yes	Std.	Std.	Std.	Std.	Yes	Std.	Std.	Yes	Std.	Std.	
ND	Yes	Std.	Std.	Std.	Std.	Std.	Yes	Std.	State Specific	Std.	State Specific	Yes	Std.	Std.	Yes	Std.	Std.	
NE	Yes	Std.	Std.	Std.	Std.	Std.	Yes	Std.	Std.	Std.	Std.	Yes	Std.	Std.	Yes	Std.	Std.	
NH	No - Please explore alternative AIG Accidental Injury Products available.																	
NJ	No - Please explore alternative AIG Accidental Injury Products available.																	
NM	Yes	Std.	Std.	Std.	Std.	Std.	Yes	Std.	Std.	Std.	Std.	Yes	Std.	Std.	Yes	Std.	Std.	
NV	Yes	Std.	Std.	Std.	Std.	Std.	Yes	Std.	Std.	Std.	Std.	Yes	Std.	Std.	Yes	Std.	Std.	
NY	No - Please explore alternative AIG Accidental Injury Products available.																	
OH	Yes	Std.	State Specific	Std.	Std.	Std.	Yes	Std.	State Specific	Std.	Std.	Yes	Std.	State Specific	Yes	Std.	State Specific	
OK	Yes	Std.	State Specific	Std.	Std.	Std.	Yes	State Specific	State Specific	Std.	State Specific	Yes	Std.	State Specific	Yes	Std.	State Specific	
OR	No - Please explore alternative AIG Accidental Injury Products available.																	
PA	Yes	Std.	Std.	Std.	Std.	Std.	No	N/A	N/A	N/A	N/A	No	N/A	N/A	No	N/A	N/A	
RI	No - Please explore alternative AIG Accidental Injury Products available.																	
SC	Yes	Std.	State Specific	Std.	Std.	Std.	Yes	State Specific	State Specific	Std.	Std.	Yes	Std.	State Specific	Yes	Std.	State Specific	
SD	Yes	Std.	State Specific	Std.	Std.	Std.	Yes	Std.	Std.	Std.	Std.	Yes	Std.	State Specific	Yes	Std.	State Specific	
TN	Yes	Std.	State Specific	Std.	Std.	Std.	Yes	Std.	State Specific	Std.	Std.	Yes	Std.	State Specific	Yes	Std.	State Specific	
TX	Yes	Std.	Std.	Std.	Std.	Std.	Yes	State Specific	Std.	Std.	Std.	Yes	Std.	Std.	Yes	Std.	Std.	
UT	Yes	Std.	Std.	Std.	State Specific	State Specific	Yes	Std.	State Specific	Std.	State Specific	Yes	Std.	Std.	Yes	Std.	Std.	
VA	No - Please explore alternative AIG Accidental Injury Products available.																	
VT	No - Please explore alternative AIG Accidental Injury Products available.																	
WA	No - Please explore alternative AIG Accidental Injury Products available.																	
WI	Yes	Std.	Std.	Std.	Std.	Std.	Yes	Std.	Std.	Std.	Std.	Yes	Std.	Std.	Yes	Std.	Std.	
WV	Yes	Std.	Std.	Std.	Std.	Std.	Yes	State Specific	State Specific	Std.	State Specific	Yes	Std.	Std.	Yes	Std.	Std.	
WY	Yes	Std.	Std.	Std.	Std.	Std.	Yes	Std.	Std.	Std.	Std.	Yes	Std.	Std.	Yes	Std.	Std.	

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TOP 10 REASONS

to consider AG Accident Choice PlusSM

1. Financial Discipline

AGENCY	RATING	DESCRIPTOR
Standard & Poors ^A	A+	Strong
Moody's Investors Service ^B	A2	Good
Fitch Ratings ^C	A+	Strong
A.M. Best Company ^D	A	Excellent

^AStable outlook ^BStable outlook ^CStable outlook ^DStable outlook
Ratings as of 2/14/2013. For more detailed information on specific insurer ratings, visit www.americangeneral.com/ratings.

2. Dollar-for-Dollar Reimbursement

- Up to policy amount for covered expenses including co-pays, ambulance bills, emergency room costs, or expensive deductibles

3. No Coordination of Benefits with Other Coverage

- Pays separately in addition to proceeds received from any other insurance

4. Customizable Policy with Variety of Riders

- Critical Illness
- Disability Income
- Accidental Death & Dismemberment

5. Guaranteed Issue

- No medical exam or health questionnaire required¹

6. List Billing Available

- Individuals
- Groups

7. Speedy Application Process with Streamlined Technology

- Multiple payment options including EFT and credit card
- Electronic submission
- Voice Signature²

8. Children Covered Through Age 25

- Not required to be a student

9. Builds Revenue

- Generous first year commissions

10. Maintains Income Streams

- Renewals support business growth

AG Accident Choice Plus Accidental Injury Insurance...

Lowers out-of-pocket expenses by providing benefits for a wide range of emergency medical costs related to accidental injuries.

Pays 100% reimbursement to policy holders, up to their policy amount for covered expenses. It also pays separately and in addition to any proceeds received from health insurance, without any coordination of benefits.

Find out more: estation.americangeneral.com/acp

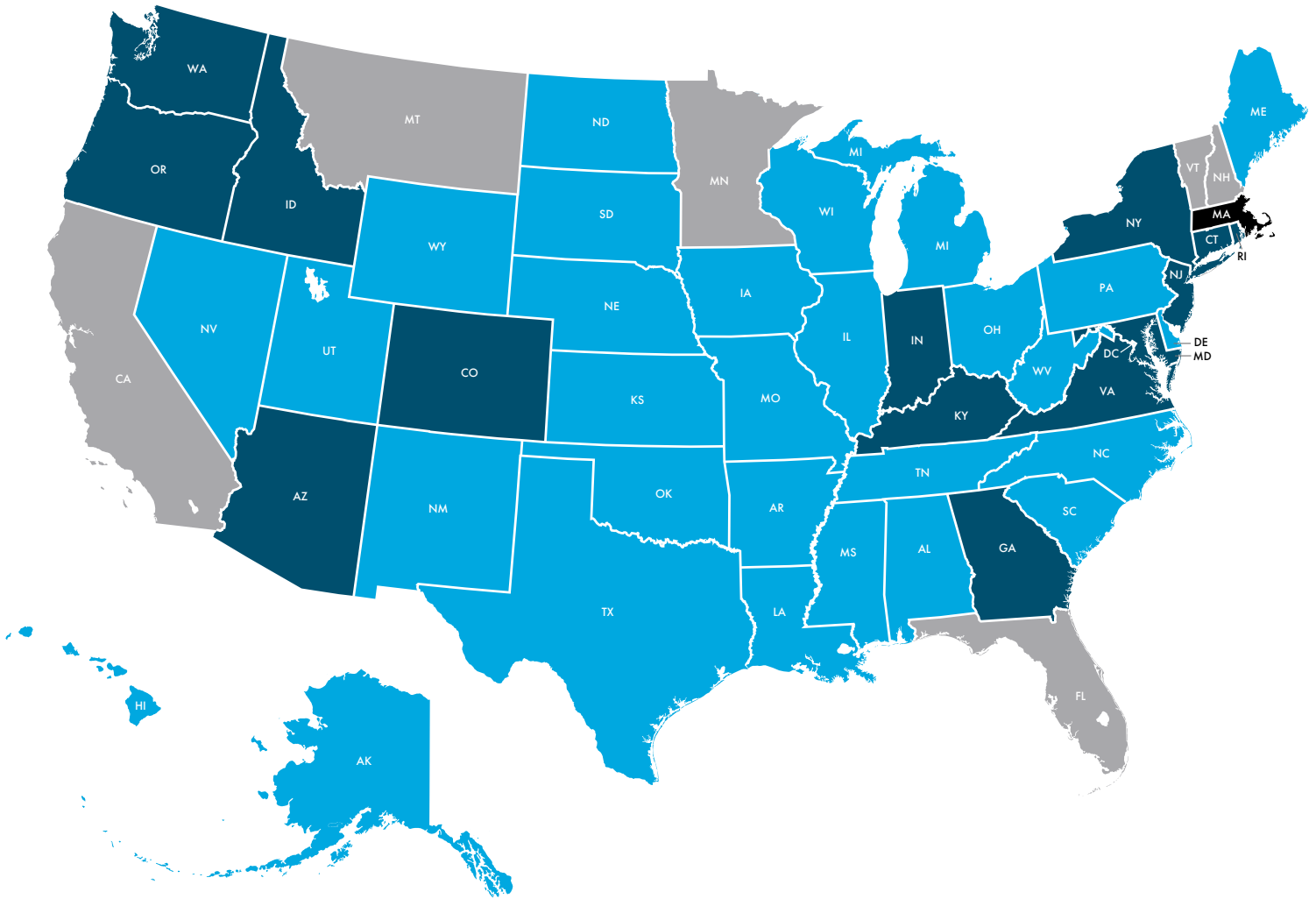
American General
Life Companies

¹ Some riders require limited underwriting.





² Voice signature set up process requires American General approval.



Accidental Injury Product Offering by State



PRODUCT AVAILABILITY BY STATE

-  AG Accident Choice Plus[®]
-  Accident Expense Plus[®]
-  Emergency Care Plus[®]: Available in all states, including where other accident products may also be available, except in MA and NY
-  Please see other A&H products

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AGLC109034 REV0117

AIG Underwriting Lab Score FAQs

What is Lab Scoring

Lab Scoring was first developed for use in clinical medicine to pull lab test results into a single number that could be used as a faster indicator for a disease or impairment, and to measure its progression or response to treatment.

Recently, insurance laboratories introduced lab scoring to pull the various test results, as well as physical measurements, into a single number that could enhance risk evaluation for insurance applicants. There are a couple different versions in the market today, but they essentially work the same way:

- Score each of the relevant lab tests
- Combine those results with scores for the physical measurements (build, blood pressure, pulse)
- Apply a modifying algorithm and calculate anticipated mortality based on the combination of all those elements:
 - This methodology* was developed based on research of long-term mortality associated with laboratory results and physical measurements in over 20 million insurance applicants from age 20 to over age 80. Information on this extensive research is included in this document.

* AIG has validated the methodology using our own claims and mortality experience and has been using lab scoring for the past 3 years.

How does Lab Scoring work

Lab Scores are based on actual mortality of life insurance applicants; and as a result, the usual lab reference ranges are de-emphasized.

- Example: GGT (Gamma Glutamyltransferase) is a liver enzyme that is present in various tissues. Elevations may be due to hepatitis, heavy alcohol consumption, diseases of the liver or pancreas, use of certain medications and a number of other impairments.
 - Normal value ranges may vary slightly among different laboratories, but a common normal range is 0 to 51 international units per liter (U/L).
 - Typical lab reference normal ranges are not based on actual mortality exhibited by individuals with the same age and gender. In other words, a GGT elevation of 75 for a 30 year old female presents a different mortality risk compared to the same elevation for a 50 year old male.
 - Lab scoring is based on age and sex, so the relative mortality risk of each applicant relative to peers is correctly identified. A 30 year old female is compared to other 30 year old females. A 50 year old male is compared to other 50 year old males.
 - Lab Scoring applies this same concept/methodology to more than 20 individual tests within the lab profile and provides a composite score of the overall results.

Explain potential negative impacts...

- Lab Scoring can adversely impact both Term and Permanent insurance risk evaluation on extremely abnormal results. Extremely abnormal lab scores are declined. It is very rare for a case to be declined solely on the basis of a lab score.
- In nearly every declined case involving lab scoring, the lab score reflects extremely adverse findings (such as a Glucose of 250, Hemoglobin A1C of 12, etc.). In rare instances, albumin, globulin or urine protein abnormalities will result in an adverse lab score. These are lab findings that require careful evaluation and follow-up with a physician.
- There are rare situations where a "clinically normal" lab result may still be adversely scored. These cases while rare reflect the higher risk profile for life insurance clients of similar age and gender as explained above.

What is Smart Scoring

AIG's proprietary Lab Scoring methodology is called a "Smart Score." It is a credit system that solidifies our commitment to enhance the competitiveness of our underwriting offers.

Did you know:

- Favorable lab scores may qualify as additional "healthy credits" and allow for improved offers, including preferred classes
- The bulk of applicants (over 95%) have lab scores that will not adversely impact their underwriting class
- We review all adverse scores to ensure the scoring is reasonable
- Our Smart Score is age and gender specific, and has actually allowed us to improve our pricing

Does AIG share its results

Applicants can obtain a copy of their lab results from our laboratory (CRL - Clinical Reference Laboratory). Along with their results, they will receive:

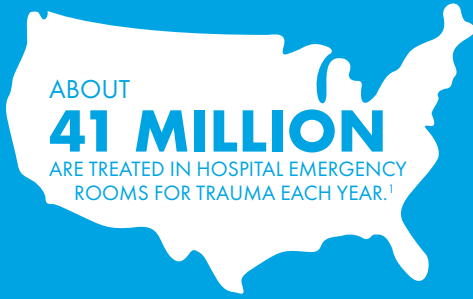
- The individual lab score components
- A one-page information sheet providing additional information on lab scoring



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AGLC109440



Think you're covered?

Major medical could leave you with more expenses than you can afford.

AG Accident Choice Plus®

Accidental Injury Insurance

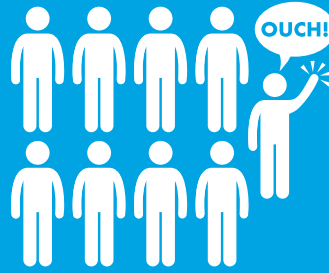


Policies issued by American General Life Insurance Company (AGL), member of American International Group, Inc. (AIG)

Ideal for individuals and families who would like to experience **fewer out-of-pocket medical expenses** in the case of a covered accident or critical illness.



MORE THAN
62% OF ALL
BANKRUPTCIES
IN AMERICA ARE
MEDICAL-RELATED.²



ABOUT
1 IN 9
AMERICANS SEEK MEDICAL
ATTENTION FOR AN INJURY
EACH YEAR.³

Imagine coverage that:

Can **rapidly reimburse you** for a wide variety of costs related to covered accidents

Can help **cover deductibles, co-pays and other expenses** not covered by your primary major medical plan

Pays benefits to you **regardless of other coverage** you have

Can also provide a **one-time lump sum payout** if you're diagnosed with a critical illness, suffer accidental death and dismemberment, and inability to work due to an accidental injury.⁴

How it Works

Tailor your benefits to your budget and your individual needs. Start with a base policy and add on any of the three optional riders below. The choice is yours!

BASE POLICY

Policy Summary ⁵	
Deductible (the amount of covered medical costs you're responsible for paying)	Three options: \$100, \$300 or \$500 annual deductible
Benefit Amounts (maximum per calendar year)	\$5,000 to \$25,000, in \$5,000 increments
Eligible Expenses	Emergent medical expenses for covered accidents including emergency room and urgent care center visits; hospital, surgery and physician charges; physical therapy; ambulance; major diagnostic exams; X-rays; prosthesis; drugs administered in a hospital or urgent care center.
Family Coverage Options	Spouse and children may be included in the AG Accident Choice Plus policy.
How to Qualify for a Policy	Are you age 64 or under? If so, you qualify. No questions asked.
Coordination of Benefits	Covered expenses are paid in addition to those received from other health insurance policies.

RIDERS

Option 1: Critical Illness Rider ⁵	
Deductible	None. If you're diagnosed with a covered critical illness, you receive a lump sum benefit. It's that simple.
Covered Critical Illnesses	Heart attack, stroke, invasive cancer
Benefit Amounts	One time lump sum payout of \$5,000 to \$50,000 in \$5,000 increments ⁶
Family Coverage Options	Spouse and children may be included in the rider
How to Qualify for Coverage	Six simple questions on the application
Coordination of Benefits	The rider does not coordinate with other insurance coverage. Benefits are paid in addition to those received from other health insurance policies.
Option 2: Accidental Death and Dismemberment Rider ⁵	
Deductible	None
Benefit Amounts	One time lump sum payout of up to \$50,000 (per unit) for primary insured; \$25,000 (per unit) for spouse and \$12,500 (per unit) for children. Units purchased for spouse and/or children must be the same as primary insured's units (max of 5 units). ⁶
Family Coverage Options	Spouse and children may be included in the rider.
How to Qualify for Coverage	Automatic - no questions, no underwriting.
Coordination of Benefits	No coordination with other insurance coverage. Benefits are paid in addition to those received from other health insurance policies.
Option 3: Accidental Disability Income Rider ⁵	
Deductible	None
Covered Accidents	Accident as defined/covered in base policy which causes insured to become totally disabled and unable to work. Doesn't cover disabilities due to sickness.
Family Coverage Options	Primary insured only – must be 18 years or older and work ≥ 30 hours a week
How to Qualify for Coverage	Three simple questions on the application



Some things are just better together

like your major medical plan and **AG Accident Choice Plus.**

Choosing a high-deductible health insurance plan may create enough savings to cover the cost of an AG Accident Choice Plus policy – and you'll enjoy peace of mind, knowing you'll receive prompt reimbursement for accidents and valuable lump sum benefits for critical illnesses.

Frequently Asked Questions

Who should consider an AG Accident Choice Plus policy?

- Anyone who has a major medical plan with a significant deductible or large co-payments
- Anyone with limited access to health care providers
- Anyone seeking to reduce their out-of-pocket health care expenses

What happens if I have an accidental injury?

This policy reimburses you up to your calendar year maximum benefit for emergency medical services required by the accident. Your deductible must be satisfied before reimbursement.

Accident expenses that may be covered include emergency room and urgent care center visits; hospital, surgery and physician charges; physical therapy; ambulance; X-rays and more.

My health plan has a relatively low deductible. Would this policy be of any benefit to me?

Absolutely. Because AG Accident Choice Plus can pay benefits regardless of other coverage you have, it may be of great value even when your primary plan has a relatively low deductible.

Can I purchase this policy if I do not have major medical coverage?

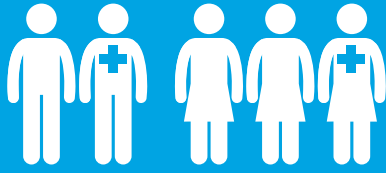
Although it is always a good idea to have major medical coverage, this is a stand-alone policy and does not require you to have major medical coverage. Some states, however, require you to own comprehensive medical coverage before applying for or purchasing an accident policy. Ask your agent for details regarding your state of residence.

How much does it cost?

Premiums for accidental injury coverage depend on your age, gender, the benefit amount and deductible you choose and whether the policy is individual or family coverage.

If my major medical plan covers my medical expenses, am I also eligible to receive benefits?

Yes, the AG Accident Choice Plus policy can pay benefits under the terms of the contract in addition to any benefits received from your major medical policy. In order to determine the appropriate claim benefit, an Explanation of Benefits statement (EOB) will be required by the claims department in addition to the medical expense billing. The EOB will be reviewed to account for any adjustments, discounts or allowances deducted in order to determine the actual charges from the medical provider.



1 IN 2 MEN AND
1 IN 3 WOMEN
WILL DEVELOP SOME FORM OF CANCER.⁶



EVERY
34 SECONDS
ONE AMERICAN
HAS A CORONARY
EVENT.⁷

Frequently Asked Questions (continued)

How difficult is it to qualify for the policy?

There are no medical qualifications for accident coverage. Individuals up to age 64 are eligible for this plan. Qualification for the Critical Illness Rider depends on your answers to six simple health questions on the application. Qualification for Accidental Disability Income Rider is based on answers to vocational questions.

How does the family deductible work?

With a family plan, once out-of-pocket expenses reach twice the chosen deductible, additional claims for the year are paid from the first dollar. For example, a family of four chooses a \$300 deductible. If the husband has a claim for \$250 and the wife has a claim for \$200, neither has satisfied their \$300 deductible. However, if a child then has a covered accident, the family only has to pay \$150 out of pocket before benefits are paid by the policy, since the family's costs for the year have now reached twice the individual deductible of \$300. Since the family deductible has been met, claims made over the rest of the year will be eligible for payment, up to the maximum policy benefit.

How does the optional critical illness rider work?

The Critical Illness Rider⁵ pays a lump sum benefit upon initial diagnosis of a covered heart attack, stroke, or invasive cancer. Once you're paid benefits for a critical illness, the rider will terminate — along with the premium you were paying for that portion of the policy — unless your spouse or children are covered by the rider. In that case, the rider will remain in force.

Is the amount of critical illness protection separate from the accident expense benefit I choose?

Yes. You have the flexibility to choose the amount of critical illness coverage that meets your needs up to \$50,000.

If I have family coverage on the AG Accident Choice Plus policy, do I have to provide critical illness coverage to all family members?

No, the decision to provide critical illness coverage for your spouse and/or children is optional; however, the primary insured must have critical illness coverage in order to provide coverage for the spouse and children.⁵

If I have a \$3,000 deductible on my major medical policy, am I limited to a \$3,000 maximum benefit on AG Accident Choice Plus?

Not at all. Your AG Accident Choice Plus policy is completely independent of other coverage you may have. In fact, you may want to purchase a benefit that's even higher than your deductible to help cover co-payments or coinsurance in your medical policy in addition to the plan deductible.

Policy Specifications⁴

POLICY HIGHLIGHTS

- **Dollar-for-dollar reimbursement** – pays directly to you (up to coverage amount)
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- **No lifetime limit** – no matter how many accidents you have
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- **Monthly payout for disability income** as a result of a covered accident (see available riders)
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POLICY FEATURES

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Available Riders	<p>Critical Illness Rider: Pays one-time lump sum upon initial diagnosis of invasive cancer, heart attack or stroke.</p> <p>Accidental Death & Dismemberment Rider: Provides protection in the event of an accidental death or dismemberment. This rider also includes a common carrier benefit.</p> <p>Accidental Disability Income Rider: Can provide protection against loss of income should you be disabled the event of an accident.</p> <p>There will be a charge for each rider selected. See the rider for details regarding the benefit descriptions, limitations and exclusions.</p>
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Issue Ages	0–64 (ages 0–17 cannot purchase coverage for a spouse or child)
Underwriting	Accident coverage is guaranteed issue.
Rate Structure	<ul style="list-style-type: none"> • Unisex • Age-banded rates

Policy Specifications (continued)

BENEFIT SUMMARY	
Benefit Amounts	<p>Accident coverage: \$5,000 to \$25,000, in \$5,000 increments.</p> <ul style="list-style-type: none"> Benefit amount is the maximum amount that can be paid per coverage group in the policy. Policy insured is one group, spouse is one group and for family plans, all children are included in one group.
Covered Benefits	<p>The following expenses are paid up to the calendar year maximum benefit as a result of a covered accident:</p> <ul style="list-style-type: none"> Emergency Room Urgent Care Center Ambulance Physician Charges (Maximum of three follow-up physician visits within 45 days of accidental injury—one visit per day) Surgery X-rays (One X-ray or set of X-rays if completed within 14 days of accidental injury.) Prosthesis Physical Therapy (Visits must begin within 45 days of accidental injury or hospital discharge. Benefits limited to one physical therapy/day, up to maximum of 10 visits for each accidental injury.) Major Diagnostic Exams (One per accident if within 14 days of accidental injury. Exams limited to CT scan, MRI and EEG.) Drugs administered in a hospital or urgent care center (no payment for drugs prescribed for use after initial care.) <p>Coverage is available for spouse and/or children under same policy if primary insured is covered. Spouse and children may have different benefit amounts for critical illness rider provided coverage for each does not exceed coverage of primary insured.</p>
Benefit Payment Conditions Refer to the Outline of Coverage for detailed information regarding benefits and exclusions.	<p>Once deductible is met, benefits are paid – less any adjustments or discounts – up to maximum benefit amount, per insured, per calendar year, as shown in the policy schedule, regardless of whether those costs are covered under another insurance plan. To qualify for accident benefits:</p> <ul style="list-style-type: none"> Injury must be result of an accident. Accident is defined as unforeseen occurrence of event that results in accidental injury to insured person wholly independent of disease, bodily infirmity, illness, infection or any other physical condition. Initial care must begin within 72 hours of the accidental injury. All follow up care must be completed within 45 days of the accident. Care must be received within the United States Explanation of Benefits statement (EOB) required by claims department in addition to medical expense billing. EOB reviewed to account for adjustments, discounts or allowances deducted in order to determine actual charges from medical provider.
Pre-existing Conditions	<p>No benefits paid for a critical illness caused by a pre-existing condition unless critical illness commences after this rider has been in force for 12 months from effective date or most recent reinstatement date. We will not use the existence of a pre-existing condition to deny benefits after this rider has been in force for a period of 12 months following the date of application to this rider.</p>

Policy Specifications (continued)

BENEFIT SUMMARY (continued)

Policy Exclusions

May vary by state

NO benefits are paid if covered services are not related to a covered accident. NO benefits are paid for any accident or any loss caused in whole or in part by, or resulting in whole or in part from the insured person's:

- Suicide or attempt at suicide, or intentional self-inflicted injury or sickness, or any attempt at intentional self-inflicted injury or sickness while sane or insane
- Being under the influence of a controlled substance (unless administered by a physician and taken according to the physician's instructions) or illegal drugs or while intoxicated as that condition is defined by the law of the state in which the accident occurred
- Commission of or attempt to commit an assault or a felony
- Engaging in an illegal activity or occupation
- Voluntary participation in any riot or civil insurrection
- Operating, learning to operate, serving as a crew member of, or jumping, parachuting, or falling from an aircraft or hot air balloon, including those which are not motor driven
- Engaging in hang gliding, bungee jumping, parachuting, sailgliding, parasailing or parakiting or any similar activity
- Riding in or driving any motor driven vehicle in a race, stunt show or speed test
- Practicing for or participating in any semi-professional or professional competitive athletic contest, including officiating, coaching or umpiring, for which compensation or remuneration is received
- Operating any type of land, water, or air vehicle while having a blood alcohol content at or above the level made illegal for operation of such vehicle by the jurisdiction where the accidental injury occurred
- Driving any taxi for wage, compensation, or profit
- Engaging in mountaineering using ropes and/or other equipment or any similar activity

In addition, NO benefits are paid for any loss caused in whole or in part by, or resulting from the following:

- Declared or undeclared war, or any act of declared or undeclared war
- Hernia of any kind
- Bacterial infection that was not caused by an Accidental cut or wound
- Charges for treatment, services, drugs, medicines or supplies used to treat a Sickness
- Charges for services ordered, directed or performed by a Physician or supplies purchased from a provider who is an Insured Person; an Insured Person's Immediate Family Member; employed or retained by an Insured Person; an employer of an Insured Person; or ordinarily resides with an Insured Person.
- Any illness, loss or condition specifically excluded from the definition of any accident

¹ According to the National Trauma Institute website (http://www.nationaltraumainstitute.org/the_case_for_trauma_funding.html) on September 1, 2015

² "Medical Bankruptcy in the United States, 2007: Results of a National Study," The American Journal of Medicine, August 2009

³ National Safety Council, Injury Facts – 2011 Edition. Not all injuries would result in benefit payments.

⁴ There will be a charge for each rider selected. See the rider for details regarding the benefit descriptions, limitations and exclusions. Riders are not available in all states. Please consult your agent or review the policy and outline of coverage for your state.

⁵ For complete details of the coverage and the list of exclusions, contact your insurance agent.

⁶ American Cancer Society, Cancer Facts & Figures - 2009

⁷ American Heart Association, Heart Disease and Stroke Statistics - 2013 update



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