UNINSURABLE OCCUPATIONS & ACTIVITIES

· Professional Athletes

Rodeo Riders

Window Washers

Loggers

Miners

Quarry Workers

Crop Dusters

Migrant Workers

Commercial Fishermen

Oil Field Workers

Federal Employees

Taxi Drivers

Policemen

• Firemen

Security Guards

Entertainers

Highway Workers

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 for both plans subject to underwriting approval.

INJURY FACTS*

- Number of emergency department visits for injuries: 41.0 million
- Number of visits (to physician offices, hospital outpatient and emergency departments) for injuries: 80.1 million
- 120,859 death by unintentional injury

* National Center for Health Statistics - 2012, 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's being engaged in an illegal occupation;
- (8) the Insured Person's 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 as the benefits provided will be determined by the policy.

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 V3 08.01.18

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.

Philadelphia American Life's Enhanced 24 -Hour Accident Plan More Protection When You Need It Most.

ENHANCED ACCIDENT PLAN FEATURES

- 1 or 2 units of coverage is available
- Issue ages 0-75
- Guaranteed renewable to age 80
- \$50,000 or \$100,000 of Accidental Death Benefit
- Pays in addition to any other insurance
- Individual, Individual & Spouse, Single Parent, Family, and Children Only Plans are available
- Optional Accident Disability Income Benefit for the Primary Insured

BENEFIT FEATURES			MONTHLY BANK DRAFT RATES		
BENEFIT	1 UNIT	2 UNITS	24 Hour Accident Expense	1 UNIT	2 UNITS
ACCIDENTAL INJURY BENEFIT	\$2,000	\$4,000	INSURED	\$23.00	\$31.05
This benefit pays the actual charges for			INSURED & SPOUSE	\$44.28	\$56.93
medical treatment due to accidental injury up to the amount shown per unit.			INSURED & CHILDREN	\$53.48	\$69.00
Covered expenses include physician's			FAMILY	\$74.75	\$94.88
fees, surgery, x-rays, fracture reduction and dislocations or other emergency			CHILD ONLY (per child)	\$16.10	\$20.13
first-aid expenses All covered expenses must be incurred within 45 days of			ISSUE AGES		4.050
the accident causing injury. If the expenses are incurred at a hospital			A :1 (D)		AGES
emergency room, a \$50 deductible will			Accident Plan		0-75*
apply for each accidental injury.			Optional Accident Disability Rider		18-64
ACCIDENTAL DEATH BENEFIT	\$50, 000	\$100,000			
This benefit pays a fixed amount per unit if an insured suffers a fatality as a					
result of an accident.			OPTIONAL BENE	FITS	
GROUND OR AIR AMBULANCE	\$5,000	\$10,000	A COLDENT BLOADILITY		
This benefit pays the actual charges for ground or air ambulance transportation			ACCIDENT DISABILITY INCOME BENEFIT	1 UNIT	2 UNITS
due to an accidental injury, up to the			If the Primary Insured incurs an accident	\$1,000	\$2,000
amount shown per unit.	¢450	6200	disability, we will pay a monthly disability		
HOSPITAL INCOME BENEFIT If an insured is hospitalized for an	\$150	\$300	benefit, on a weekly basis, beginning the thirty first day, up to a maximum benefit		
accidental injury, we will pay a fixed			period of 12 months or 24 months. This benefit applies only to the Primary Insured		
amount per day, beginning the first day of confinement, subject to the number			and pays up to 60% of the insured's gross		
of units purchased. Payment will be			monthly income.		
made up to 30 days per hospital confinement resulting from any one			MONTHLY BANK DRAF	T RATES	3
accidental injury.					
DISMEMBERMENT BENEFITS			Accident Disability Income Rider	1 UNIT	2 UNITS
This benefit pays a fixed amount per unit if the Primary Insured suffers any of			Type 1 12 months	\$10.35	\$20.70
the following dismemberments as a			Type 1 24 months	\$13.23	\$26.45
result of accidental injury. Benefits are for the Primary Insured only.			Type 2 12 months	\$19.55	\$39.10
Loss of Finger or Toe			Type 2 24 months	\$26.45	\$52.90
Single Loss Benefit Multiple Loss Benefit	\$500 \$1,000	\$1,000 \$2,000			
Loss of Hand, Arm, Foot, Leg	Ψ1,000	Ψ2,000	Rates may change by class		
Single Loss Benefit	\$5,000	\$10,000	Modal Factors:		
Multiple Loss Benefit	\$10,000	\$20,000	Annual = 10.87 x MBD; Semi-Annual = 5.76 x MB	ט; Quarterly = 2	2.93 X MBD
Loss of Sight Single Loss Benefit (One Eye)	\$5,000	\$10,000	Modal Factors for Florida: Annual = 12.0 x MBD; Semi-Annual = 6.0 x MBD; Quarterly = 3.0 x MBD		
Multiple Loss Benefit (Both Eyes)	\$10,000	\$20,000		-	
			Age 65 & over are eligible for 1 unit only		