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## **1. GENERAL PROVISIONS**

### **1.01 Consideration**

In this policy, and any attached riders, the insured is referred to as "you," "your" or "yours." United Transportation Union Insurance Association, a fraternal benefit society, is referred to as "we," "our," "us" or "UTUIA." We promise to insure you for the benefits described in this policy. We make this promise in consideration of the application for this policy and the payment of all premiums when due. This policy is a legal contract between you and UTUIA.

### **1.02 Entire Contract**

This policy, together with the application, endorsements, riders and attached papers, if any, along with our Articles of Incorporation, our Constitution and our Laws, constitutes the entire contract of insurance. A copy of the application is attached to and made part of this policy. No change in this policy is valid unless made in writing by us and approved by our President or our General Secretary and Treasurer. No other person has the authority to change this policy or to waive any of its provisions.

### **1.03 Time Limit on Certain Defenses**

After two years from the Policy Date, any misstatements made by you in the application shall not be used to void the policy or to deny a claim for care commencing after the expiration of such two-year period. In the absence of fraud, statements made by you in the application shall be deemed representations and not warranties. No statement made by you or the applicant will void this policy or be used in defense to a claim unless it is contained in the application.

### **1.04 Term**

The term of this policy begins at midnight, standard time, at the place where you reside on the Policy Date shown in the policy schedule. It ends at midnight, at the same standard time, on the first renewal date. Each renewal term ends at midnight, at the same standard time, on the next following renewal date. Renewal dates are determined by the mode of payment. The mode of payment for the original term of this policy is shown in the policy schedule.

### **1.05 Premium Payment**

Premium payments are due in advance at our office. This policy shall not take effect until the first payment is made in full. An annual premium will maintain this policy in force for 12 months, semiannual for six months, quarterly for three months, and monthly for one month. Premium for a term is due on the first day of that term. If you fail to pay your premium by the end of the grace period, coverage under this policy will terminate.

### **1.06 Misstatement of Age or Sex**

If an age or sex has been misstated on the application, the benefits will be those the premium paid would have purchased at the correct age and sex on the Policy Date. If your age was misstated on the application, we will refund all unearned premiums paid, less any benefits paid, if your correct age at the Policy Date was outside the age limits for this policy.

### **1.07 Reinstatement**

If your policy has lapsed for nonpayment of premium and we accept a later payment without requiring an application for reinstatement, your policy shall be reinstated. If we require a written application and provide you with a conditional receipt, your policy will be reinstated upon our approval of the application. If we do not notify you of our disapproval in writing within 45 days of the date of your application, your policy shall be deemed reinstated. The reinstated policy shall cover only loss resulting from accidental injury that takes place after the date of reinstatement. In all other respects, you and we will have the same rights as provided under the policy immediately before the due date of the unpaid premium, subject to any provisions added in connection with the reinstatement.

### **1.08 Grace Period**

A grace period of 31 days will be granted for the payment of each premium falling due after the first premium. During the grace period, the policy shall continue in force.

### **1.09 Conformity with State and Federal Statutes**

Any provision of this policy that, on its Policy Date, is in conflict with the statutes of the state in which it was issued or with any federal statute is hereby amended to conform to the minimum requirements of such statutes.

### **1.10 Guaranteed Renewable – Premium Subject to Change**

You are guaranteed the right to renew this policy by the timely payment of premiums at the rate in effect at the beginning of each term, until the first policy anniversary following your 80th birthday. We may change the established premium rate, but only if the rate is changed for all policies of this class. "Class" means all policies of this form number and premium classification in your state that are then in force.

### **1.11 Ownership**

The owner of this policy, while alive, may exercise all rights of this policy including the right to change the owner and beneficiary, unless restricted by the policy or by law. Any change must be shown in a written notice approved by our office. The change will take effect on the date the notice is signed, unless a later date is so requested. The change, however, will not apply to any amounts paid or to any action taken by us prior to receipt of the notice. We may require that any such change be endorsed at our office.

### **1.12 Assignment**

An assignment of this policy or any of its proceeds will not bind us until filed at our office. It must be in writing and acceptable to us. We will not be responsible for determining the validity of any assignment.

### **1.13 Other Insurance with UTUIA**

If a person is covered under more than one accident indemnity policy, only one UTUIA policy chosen by you, your beneficiary, or your estate, as the case may be, will be effective. We will pay benefits under the policies for claims that may have been incurred since their respective Policy Dates. We will also return all premiums paid for the canceled policies from the date of duplication, less any benefits paid under these policies from such date.

### **1.14 Refund of Unearned Premium**

Upon termination by UTUIA or cancellation of the policy by the insured or the death of the Insured, we will refund all unearned premiums paid for any period beyond the end of the policy month in which termination, cancellation or death occurred.

### **1.15 Reserve Impairment**

If our reserves become impaired as a result of epidemics or extreme emergencies, we shall assess your policy and all other policies in your class, or your policy and all other policies. The assessment will be your share of the reserve impairment as set by us and approved by the State of Ohio. If the assessment is not paid by the owner, we shall place a lien against your policy for a like amount. The lien will carry interest at 5%, compounded annually, until paid.

## **2. DEFINITIONS**

### **2.01 Ambulatory Surgical Center**

It is a facility, licensed as such, that provides surgical services on an outpatient basis. This does not include a Physician's or dentist's office, clinic, or other such location.

**2.02 Coma**

It is a continuous state of profound unconsciousness, diagnosed or treated after the Policy Date, and lasting for a period of seven or more consecutive days, characterized by the absence of spontaneous eye movements, response to painful stimuli, and vocalization. The condition must require intubation for respiratory assistance.

**2.03 Chip Fracture**

It is a Fracture in which a piece of bone is broken off near a joint at a place where a ligament is usually attached. It must be diagnosed by a Physician through the use of an X-ray.

**2.04 Dislocation**

It is a completely separated joint. It must be diagnosed as a Dislocation by a Physician within 72 hours after the date of the accident. The Dislocation must require correction by a Physician. It can be corrected by open or closed Reduction.

**2.05 Fracture**

It is a break in a bone that can be seen by X-ray. It must be diagnosed as a Fracture by a Physician within 14 days after the date of the accident. The Fracture must require correction by a Physician. It can be corrected by open or closed Reduction.

**2.06 Hospital**

It is a legally operated institution licensed by the state in which it is located that maintains and uses a laboratory, X-ray equipment and an operating room on its premises or in facilities available to it on a pre-arranged, written, contractual basis. The institution must also have permanent and full-time facilities for the care of overnight resident bed patients under the supervision of one or more licensed Physicians, provide 24-hour-a-day nursing service by or under the supervision of a registered professional nurse, and maintain the patients' written histories and medical records on the premises. The term "Hospital" also includes Ambulatory Surgical Centers and satellite emergency centers. The term "Hospital" does not include any institution or part thereof used as a Rehabilitation Unit; a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial or educational care, care of treatment for persons suffering from mental disease or disorders, care for the aged, or care for persons addicted to drugs or alcohol.

**2.07 Hospital Confinement**

It is a stay of a covered person confined to a bed in a Hospital for which a room charge is made. The Hospital Confinement must be on the advice of a Physician and medically necessary.

**2.08 Immediate Family**

It is anyone related to you in the following manner: your spouse; brothers or sisters (includes stepbrothers and stepsisters); children (includes stepchildren); parents (includes stepparents); grandchildren, father-in-law or mother-in-law; and spouses of any of these.

**2.09 Injury**

It is a bodily injury caused directly by an accident, independent of Sickness, disease, bodily infirmity, or any other cause, occurring on or after the Policy Date of coverage and while coverage is in force. See the Limitations and Exclusions section for injuries not covered by this policy.

**2.10 Intensive Care Unit (ICU)**

It is a specifically designated facility of the Hospital that provides the highest level of medical care and which is restricted to those patients who are physically, critically ill or injured. Such facilities must be separate and apart from the surgical recovery room and from rooms, beds, and wards customarily used for patient confinement. The ICU must be permanently equipped with special life-saving equipment for the care of the critically ill or injured, and the patients must be under constant and continuous

observation by nursing staffs assigned exclusively to the ICU on a full-time basis. These units must be listed as Intensive Care Units in the current edition of the American Hospital Association Guide or be eligible to be listed therein.

**2.11 Paralysis**

It is spinal cord injuries received in a covered accident that result in complete and total loss of use of two or more limbs for a period of not less than 30 days. Your paralysis must be confirmed by your attending Physician.

**2.12 Period of Hospital Confinement**

It is a time period of Hospital Confinement that starts while this policy is in force. If the confinement follows a previously covered confinement, it will be deemed a continuation of the first confinement unless the later confinement is the result of an entirely unrelated injury or the confinements are separated by 30 days or more.

**2.13 Physical Therapist (or Physiotherapist)**

The person is a licensed specialist in physical therapy.

**2.14 Physician**

The person is a legally qualified person, other than a member of your Immediate Family, who is licensed as a Physician by the state to treat the type of condition for which a claim is made.

**2.15 Policy Date**

It is the date shown in the Policy Schedule. The Policy Date of the policy is not the date you signed the application for coverage.

**2.16 Prosthetic Device (or Prosthesis)**

It is an artificial device designed to replace a missing part of the body.

**2.17 Reduction**

It is open (surgical) or closed (manipulative) repair of a Fracture or Dislocation.

**2.18 Sickness**

It is a disease, disorder, infection or any other abnormal physical condition that is not caused by an injury, including diseases or conditions resulting from insect bites or infestations by microorganisms.

**3. BENEFIT PROVISIONS (Refer to Section 3.09 Benefit Schedule for benefit amounts.)**

**THIS POLICY PAYS BENEFITS FOR ACCIDENTS ONLY**

You will be eligible for benefits under this policy if your injury is caused directly, and independently of all other causes, from accidental injury. The accidental injury must have occurred while this policy is in force, and we must receive at our office due proof of your claim for benefits.

**3.01 Accident Emergency Treatment Benefit**

If a covered person receives treatment for injuries sustained in a covered accident, we will pay this benefit for treatment received. This benefit is payable for treatment by a Physician, treatment received in a Hospital emergency room, or X-rays. 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.

**3.02 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 this benefit 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.

### **3.03 Intensive Care Unit Confinement Benefit**

While a covered person is receiving the Accident Hospital Confinement Benefit, we will pay this additional amount 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.

### **3.04 Specific-Sum Injuries**

If a covered person receives treatment for Injuries sustained in a covered accident, we will pay benefits for the treatments described below:

#### **A. Dislocation (reduced under general anesthesia)**

We will pay for no more than two Dislocations per covered accident, per covered person. Benefits are payable for only the first Dislocation of a joint.

#### **B. Burns (treated by a Physician within 72 hours after a covered accident)**

#### **C. Skin Grafts**

We will pay this benefit if a covered person receives one or more skin grafts for a covered burn. The total benefit paid will not exceed 50% of the burn benefit paid, regardless of the number of skin grafts received.

#### **D. Eye Injury**

If a covered person sustains an injury to their eye, we will pay this benefit for a surgical repair of the injured eye or for the removal of a foreign body from the eye by a Physician. We will only pay one of these benefits per eye, per covered accident.

#### **E. Lacerations**

If a covered person sustains a laceration, and is treated by a Physician to repair the laceration within 72 hours of the accident, we will pay this benefit. We will pay this benefit for lacerations not requiring sutures. For lacerations requiring sutures, we will pay based on the total length of all lacerations sustained in a covered accident.

#### **F. Fractures**

We will pay this benefit for no more than two Fractures per covered accident, per covered person.

#### **G. Coma**

If a covered person suffers a coma as a result of a covered accident, and the coma begins within 72 hours of the accident and lasts at least seven days, we will pay this benefit. A coma that is medically induced or sustained, as part of your course of treatment, is excluded from coverage.

#### **H. Paralysis**

If a covered person suffers Paralysis as a result of a covered accident, we will pay this benefit for Quadriplegia (paralysis of four limbs) or for Paraplegia (paralysis of the lower limbs). The duration of the Paralysis must be a minimum of 30 days. This benefit will be payable only once per covered person.

#### **I. Surgical Procedures**

We will pay this benefit for treatment received within 120 days of a covered accident. Two or more surgical procedures performed through the same incision will be considered one operation and benefits will be paid based upon the most expensive procedure.

We will pay this benefit for open abdominal surgery (including exploratory laparotomy), cranial, hernia, or thoracic surgery. We will pay this benefit for miscellaneous surgery requiring general anesthesia that is not covered by any other specific-sum injury benefit. Only one miscellaneous surgery benefit is payable per 24-hour period even though more than one surgical procedure may be performed.

### 3.05 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 this benefit for a 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.

### 3.06 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 this benefit. 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.

### 3.07 Prosthesis Benefit

We will pay this benefit if a covered person requires the use of a Prosthetic Device as a result of Injuries sustained in a covered accident. 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.

### 3.08 Ambulance Benefit

We will pay this benefit if a covered person requires ambulance transportation to a Hospital or emergency center for Injuries sustained in a covered accident. Ambulance transportation must be within 72 hours of the covered accident. We will pay for transportation provided by an air ambulance. A licensed professional ambulance company must provide the ambulance service.

### 3.09 Benefit Schedule

	Benefit Level 1		Benefit Level 2	
Accident Emergency Treatment	\$ 75		\$100	
Accident Hospital Confinement	\$225		\$300	
Accident Intensive Care Unit Confinement	\$300		\$400	
Specific-Sum Injuries	Benefit Level 1		Benefit Level 2	
	Open Reduction	Closed Reduction	Open Reduction	Closed Reduction
Dislocation:				
Hip	\$1,800	\$450	\$2,400	\$600
Collar Bone	\$ 750	\$150	\$1,000	\$200
Knee or Shoulder	\$ 450	\$150	\$ 600	\$200
Ankle or Foot (not toes)	\$ 450	\$150	\$ 600	\$200
Lower Jaw	\$ 450	\$150	\$ 600	\$200
Wrist/Elbow	\$ 450	\$150	\$ 600	\$200
Toe or Finger	\$ 75	\$ 45	\$ 100	\$ 60

If a Dislocation is reduced with local or no anesthesia by a Physician, we will pay 25% of the amount shown for closed Reduction Dislocation.

Burns	Benefit Level 1		Benefit Level 2	
	2nd Degree	3rd Degree	2nd Degree	3rd Degree
Body surfaced burned:				
Less than 20 square centimeters	\$ 75	\$ 150	\$ 100	\$ 200
20 but less than 40 square centimeters	\$150	\$ 300	\$ 200	\$ 400
40 but less than 65 square centimeters	\$300	\$ 600	\$ 400	\$ 800
65 but less than 160 square centimeters	\$450	\$1,800	\$ 600	\$2,400
160 but less than 225 square centimeters	\$600	\$4,500	\$ 800	\$6,000
225 square centimeters or more	\$750	\$6,750	\$1,000	\$9,000

Skin Graft benefit is 50% of the Burn benefit paid.

Eye Injury	Benefit Level 1	Benefit Level 2
Repair	\$180	\$240
Remove foreign object	\$ 45	\$ 60

Lacerations	Benefit Level 1	Benefit Level 2
Without suture	\$ 30	\$ 40
With suture:		
Less than 5 centimeters	\$ 45	\$ 60
5 but less than 15 centimeters	\$120	\$160
15 centimeters or more	\$225	\$300

#### Fractures

	Benefit Level 1		Benefit Level 2	
	Open Reduction	Closed Reduction	Open Reduction	Closed Reduction
Hip	\$1,800	\$900	\$2,400	\$1,200
Leg	\$ 900	\$450	\$1,200	\$ 600
Vertebrae (body of), pelvis (excluding coccyx) or sternum	\$ 900	\$450	\$1,200	\$ 600
Vertebral processes	\$ 900	\$ 75	\$1,200	\$ 100
Upper or lower jaw, upper arm or forearm	\$ 450	\$225	\$ 600	\$ 300
Hand (excluding fingers)	\$ 450	\$225	\$ 600	\$ 300
Foot (excluding toes)	\$ 450	\$225	\$ 600	\$ 300
Wrist, elbow, ankle or kneecap	\$ 450	\$225	\$ 600	\$ 300
Shoulder blade or collar bone	\$ 450	\$225	\$ 600	\$ 300
Nose, face, rib or heel	\$ 450	\$ 75	\$ 600	\$ 100
Coccyx, toe or finger	\$ 150	\$ 75	\$ 200	\$ 100
Skull (depressed)		\$ 900		\$1,200
Skull (simple)		\$ 450		\$ 600

We will pay 25% of the benefit amount for a closed Reduction, for Chip Fractures and other Fractures not reduced by open or closed Reduction.

Coma	Benefit Level 1	Benefit Level 2
	\$6,000	\$8,000

Paralysis	Benefit Level 1	Benefit Level 2
Quadriplegic	\$9,000	\$12,000
Paraplegic	\$4,500	\$6,000



Surgical Procedures	Benefit Level 1	Benefit Level 2
Repair of:		
Tendons and/or ligaments	\$375	\$500
Torn rotator cuffs	\$375	\$500
Ruptured discs	\$375	\$500
Torn knee cartilages	\$375	\$500
Arthroscopy without surgical repair	\$225	\$300
Open abdominal (including exploratory), cranial, hernia or thoracic surgery	\$375	\$500
Miscellaneous surgery	\$150	\$200
Major Diagnostic Exams	\$150	\$200
Physical Therapy Benefit	\$30	\$40
Prosthesis Benefit	\$450	\$600
Ambulance Benefit		
Ground	\$150	\$200
Air	\$900	\$1,200

#### 4. LIMITATIONS AND EXCLUSIONS

We will not pay benefits for services rendered by a member of the Immediate Family of a covered person or for any accident that is caused by or occurs as a result of a covered person's:

- A. 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);
- B. Voluntary taking, administering, absorbing or inhaling of poisons, gases or fumes;
- C. Underwater diving or the use of snowmobiles, dune buggies, motorcycles, or all-terrain vehicles (ATVs) except when an ATV is used on the job as part of your normal work duties and operated accordingly, mountaineering using ropes or other equipment, parachuting or hang gliding;
- D. 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;
- E. Intentionally self-inflicting bodily injury or attempting suicide, while sane or insane;
- F. Having any illness, disease, bodily infirmity or bacterial infection, unless such infection is caused by an accidental injury on the outside of the body and occurring within 30 days of the injury;
- G. Being exposed to war or any act of war, declared or undeclared; or actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve;
- H. Participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed, passenger-carrying aircraft;
- I. Participating in any sport or sporting activity for wage, compensation, or profit; or riding in or driving any motor-driven vehicle in a race, stunt show or speed test; or while testing any vehicle on any race course or speedway; or participating or competing in a rodeo event.

## **5. FILING A CLAIM**

### **5.01 Notice of Claim**

Written notice of claim must be given within 30 days after a covered loss starts or as soon as reasonably possible. Notice given by you, or for you, to us will suffice. The notice should include your name and the policy number.

### **5.02 Claim Forms**

When we receive a notice of claim, we will send you our forms for filing proof of loss. If we don't send these forms within 15 days after notice is given, you will meet the proof-of-loss requirements by giving us a written statement of facts as to the time, nature, and extent of the loss within the time limit stated in the Proof of Loss provision.

### **5.03 Proof of Loss**

Written proof of loss must be furnished to UTUIA at our offices within 90 days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate or reduce any claim if it was not reasonable possible to give proof within such time. However, such proof must be furnished as soon as reasonably possible and in no event (except in the absence of legal capacity) later than 12 months from the time proof is otherwise required.

### **5.04 Time of Payment of Claims**

All benefits payable under this policy will be paid upon receipt of written proof of loss.

### **5.05 Payment of Claims**

All benefits will be payable to you unless assigned by you or by operation of law. Any accrued benefits unpaid at your death will be paid to your estate.

### **5.06 Legal Actions**

No legal action may be brought to recover on this policy within 60 days after written proof of loss has been sent to us as required by this policy, or any later than three years after the time such proof must be sent.

### **5.07 Physical Examinations and Autopsy**

We have the right to examine you as often as necessary, within reason, while a claim is pending under this policy. We may also have an autopsy performed unless it is not allowed by law. We will pay for each examination by a doctor of our choice.

## SPOUSE ACCIDENT INDEMNITY RIDER

The policy to which this rider is attached is referred to as "this policy." We have issued this rider as part of this policy. Your spouse is insured for the same benefits payable to you as provided in Section 3: BENEFIT PROVISIONS in this policy. We will determine benefits in accordance with the eligibility requirements, benefit provisions, definitions, limitations and exclusions, and general provisions, as provided for under your policy.

### Definitions

**SPOUSE:** Means the person to whom you are married and is living in your household and who is not more than 80 years old on the preceding policy anniversary.

### General Provisions

**OTHER INSURANCE WITH US:** If your spouse is insured with us under more than one policy providing Accident indemnity benefits, only the policy chosen by you, your beneficiary, or your estate, will be permitted for the payment of benefits. We will refund all premiums paid for all other policies.

**OTHER PROVISIONS:** The provisions and conditions of this policy apply to this rider except as otherwise provided.

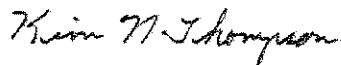
**CONTESTABLE PERIOD:** The contestable period, as applied to this rider, will begin on the rider date.

**MISSTATEMENT OF AGE:** If your spouse's age is misstated, insurance will expire under this rider based on their correct age. Insurance will not continue beyond the age in the definition of spouse.

**TERMINATION:** This rider will terminate on the earliest of the policy anniversary following your 80th birthday, or the policy anniversary following your spouse's 80th birthday, or the end of the grace period for any unpaid premium, or the termination date of this policy. The owner may terminate this rider on any premium due date. This request should be made to us in writing.

**CONSIDERATION:** The consideration for this rider is the application and the payment of the premium when due. If we accept a premium for this rider after coverage under this rider has terminated, the termination of coverage will not be waived. We will refund such premiums.

Signed at our office as of the rider date. The rider date is the policy date unless otherwise shown below.



General Secretary and Treasurer



President

## CHILDREN ACCIDENT INDEMNITY RIDER

The policy to which this rider is attached is referred to as "this policy." We have issued this rider as part of this policy. Your Insured children are insured for 50% of the benefits payable to you as provided in Section 3: BENEFIT PROVISIONS in this policy. We will determine benefits in accordance with the eligibility requirements, benefit provisions, definitions, limitations and exclusions, and general provisions, as provided for under your policy.

### Definitions

**INSURED CHILDREN:** Means your child, stepchild and adopted child living in your household, who is under the age of 19 on this rider date, and is named in the application for this rider or becomes a member of your household at a later date, and is unmarried and dependent upon you for their support. Each child ceases to be covered under this rider once they attain age 19, or age 23 if they are a full-time student. Each child that is mentally retarded or physically handicapped, and not capable of self-sustaining employment will not be subject to age limitations, however you must provide us proof of incapacity and dependency within 31 days of the date the child attains a limiting age for coverage and you must provide continued proof of incapacity and dependency as we require. We will not require proof more often than yearly once 2 years have elapsed since such child attained the limiting age.

### General Provisions

**OTHER INSURANCE WITH US:** If any Insured children are insured with us under more than one policy providing Accident Indemnity benefits, only the policy chosen by you, your beneficiary, or your estate, will be permitted for the payment of benefits. We will refund all premiums paid for all other policies.

**OTHER PROVISIONS:** The provisions and conditions of this policy apply to this rider except as otherwise provided.

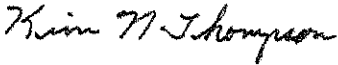
**CONTESTABLE PERIOD:** The contestable period, as applied to this rider, will begin on the rider date.

**MISSTATEMENT OF AGE:** If your child's age is misstated, insurance will expire under this rider based on their correct age. Insurance will not continue beyond the ages in the definition of Insured Children.

**TERMINATION:** This rider will terminate on the earliest of the policy anniversary following your 80th birthday, or the policy anniversary following the date when there are no Insured Children, or the end of the grace period for any unpaid premium, or the termination date of this policy. The owner may terminate this rider on any premium due date. This request should be made to us in writing.

**CONSIDERATION:** The consideration for this rider is the application and the payment of the premium when due. If we accept a premium for this rider after coverage under this rider has terminated, the termination of coverage will not be waived. We will refund such premiums.

Signed at our office as of the rider date. The rider date is the policy date unless otherwise shown below.

  
General Secretary and Treasurer

  
President