ACCIDENT FOLLOW-UP TREATMENT

If hospital treatment or diagnostic study is recommended by the insured’s physician and is not available in the insured’s city of residence, we will pay the amount shown. Transportation must begin within 90 days from the date of the Covered Accident.

The distance to the hospital must be greater than 50 miles from your residence.

FAMILY LODGING BENEFIT (per night)

If an insured is required to travel more than 100 miles from his or her home for inpatient treatment of injuries received in a Covered Accident, we will pay this immediate adult family member’s lodging. Benefits are payable up to 36 days per accident and only while the insured is confined to the hospital. The treatment must be prescribed by the insured’s local physician.

LIMITATIONS AND EXCLUSIONS

This coverage will not replace any existing individual policy, please be aware that it may be in your best interest to maintain your individual guaranteed renewable policy.

We will not pay benefits for services rendered by a member of an employee’s immediate family. We will not pay benefits for loss from Sickness or the medical or surgical treatment of Sickness, except for an infection that is the result of a Covered Accident.

We will not pay benefits for loss from injury, or death contributively, unless resulting from 1) your participation in any act or art if your fee therefor was unreasonably shared, participation in a felony, riot or insurrection, or service in the Armed Forces or units auxiliary thereto; 2) Surgical or medical injuries; or 3) attempted suicide, or intentionally self-inflicted injuries; 3) Travelling — outside the United States or to any possessions of the countries of Canada and Mexico except under the Accidental Common Carrier Death Benefit.

We will pay for inpatient hospital treatment beginning within 30 days of the date of the Covered Accident or discharge from the hospital. 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.

For groups situated in New York, group coverage is underwritten by American Financial Services. This policy is intended to supplement existing basic hospital, basic medical, or major medical coverage as defined by the New York Department of Financial Services. This policy is intended to supplement existing basic hospital, basic medical, or major medical coverage. It is not intended to replace or be issued in lieu of that coverage. Underlying basic hospital, basic medical, or major medical coverage must be in force in order to purchase this accident-only coverage.

NOTICE TO BUYER: This is an Accident-Only Policy. It does NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York Department of Financial Services. This policy is intended to supplement existing basic hospital, basic medical, or major medical coverage. It is not intended to replace or be issued in lieu of that coverage. Underlying basic hospital, basic medical, or major medical coverage must be in force in order to purchase this accident-only coverage.

IMPORTANT NOTICE — THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS. READ YOUR POLICY CAREFULLY.
Do you know how much a trip to the emergency room could cost you?

An accident insurance plan provides benefits to help cover the costs associated with unexpected bills. You don’t budget for accidents if you’re like most people. When a Covered Accident occurs, the last thing on your mind is the charges that may be accumulating while you’re at the emergency room, including:

- The ambulance ride
- Use of the emergency room
- Surgery and anesthesia
- Stitches
- Casts
- Wheelchairs
- Crutches
- Bandages
- Prosthetic and medical appliances
- Prostheses
- X-rays
- Casts
- Wheelchairs
- Leg braces
- Back braces
- Walker
- Medical appliance due to injuries received in a Covered Accident.

You get the picture. These costs add up—fast. You hope they never happen, but at some point you may take a trip to your local emergency room. If that time comes, wouldn’t it be nice to have an insurance plan that pays benefits regardless of any other insurance you have? This group accident plan does just that.

**FEATURES**
- 24-hour coverage
- No limit on the number of claims
- Pays regardless of any other insurance plans you may have
- Benefits available for your Spouse and/or Dependent Children
- Benefits for both inpatient and outpatient treatment of Covered Accidents
- Guaranteed issue (No underwriting is required to qualify for coverage)
- Payroll deduction (Premiums are paid by convenient payroll deduction)

**ADDITIONAL BENEFITS**
- Employee
- Spouse
- Child

**HOSPITAL BENEFITS**

<table>
<thead>
<tr>
<th>Medical Fees (per each accident)</th>
<th>Employee Plan 4</th>
<th>Spouse All Plans</th>
<th>Child All Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,000</td>
<td>$250</td>
<td>$700</td>
<td>$700</td>
</tr>
<tr>
<td>AMBULANCE</td>
<td>Spouse $100</td>
<td>Children $75</td>
<td></td>
</tr>
<tr>
<td>AIR AMBULANCE</td>
<td>Spouse $125</td>
<td>Children $75</td>
<td></td>
</tr>
<tr>
<td>BLOOD/PLASMA</td>
<td>Spouse $200</td>
<td>Children $200</td>
<td></td>
</tr>
</tbody>
</table>

**ACCIDENTAL-DEATH AND -DISMEMBERMENT** (within 90 days)

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>Employee Plan 4</th>
<th>Spouse All Plans</th>
<th>Child All Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCIDENTAL-DEATH</td>
<td>$50,000</td>
<td>$30,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>ACCIDENTAL COMMON-CARRIER DEATH (plane, train, boat, or ship)</td>
<td>$50,000</td>
<td>$30,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>SINGLE DISMEMBERMENT</td>
<td>$12,500</td>
<td>$2,500</td>
<td>$1,250</td>
</tr>
<tr>
<td>DOUBLE DISMEMBERMENT</td>
<td>$50,000</td>
<td>$10,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>LOSS OF ONE OR MORE FINGERS OR TOES</td>
<td>$2,500</td>
<td>$500</td>
<td>$250</td>
</tr>
<tr>
<td>PARTIAL AMPUTATION OF FINGERS OR TOES (including at least one joint)</td>
<td>$200</td>
<td>$100</td>
<td>$100</td>
</tr>
</tbody>
</table>

**HOSPITAL CONFINEMENT (per day)**

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>Employee Plan 4</th>
<th>Spouse All Plans</th>
<th>Child All Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Confinement (per day)</td>
<td>$1,000</td>
<td>$600</td>
<td>$100</td>
</tr>
</tbody>
</table>

**APPLIANCES**

- Casts
- Wheelchairs
- Leg braces
- Back braces
- Walkers

This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions.