

SICKNESS AND ACCIDENT DISABILITY INCOME PLAN



IMPORTANT FEATURES

- ***Pays Directly to You***
- ***24-Hour Coverage (on & off the job)***
- ***Low Group Rates***
- ***Pays in Addition To All Other Insurance (Including Workers Compensation)***
- ***Issued thru age 69***
Guaranteed Renewable to Age 72
- ***You Can Take The Plan With You***
If You Leave Your Present Employer



Today's Solutions, Tomorrow's Needs

If your ability to earn a regular income was destroyed by
A DISABLING SICKNESS or ACCIDENT
WHAT WOULD YOU DO?

Wipe Out Your Savings?

Do you realize that even if you saved 5% of your income each year - 6 MONTHS of total disability could WIPE OUT 10 YEARS OF SAVINGS?

Send Your Spouse To Work?

Could you and your family live on just the income your spouse could earn? Do you want your spouse to be parent, private nurse, and employee - ALL AT THE SAME TIME?

Borrow Money?

Who is going to lend money to a DISABLED Person?

Liquidate Assets?

Could you get a fair market price if you are FORCED TO LIQUIDATE your most valuable assets?

Sickness & Accident Disability INCOME PLAN

THE IDEAL SOLUTION

- **HELPS PROTECT** one of your most valuable assets... your ability to earn an income.
- **PROVIDES** an income... when you are disabled due to a sickness or an accidental injury, on or off the job.
- **PAYS** cash benefits directly to you... when you are disabled
- **PLAN** available only through the cooperation of your employer
- **IMPORTANT ROLE** in financial planning
- **ALLOWS YOU** to focus on your recovery, not your finances



IMPORTANT NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may be subject to fines and confinement in prison.

Underwritten by: Life Insurance Company of Alabama

SICKNESS & ACCIDENT DISABILITY INCOME PLAN

May include one or more of the following forms: HD75109, HA35C109, HA35D109, HA35I109, HA35O109, HA35T109, HA35W109, HA35B109 This outline of coverage provides a brief description of the important features of the policy. *This is not the insurance contract, and only the actual policy provisions will control. It is therefore important that you Read Your Policy Carefully.*

■ **Monthly On or Off-The-Job Disability Income Benefit (Sickness or Accident)*** \$ _____
 Pays the monthly disability income benefit stated each month the primary insured is totally disabled as a result of a covered Sickness or Accident occurring On or Off-the-job. Monthly Income Selected

Accident Elimination Period

Benefits begin the
 1st day,
 8th day or
 15th day
 of total disability due to an Accident.

Sickness Elimination Period

Benefits begin the
 8th, 15th,
 31st, 61st,
 91st or 181st day
 of total disability due to a covered Sickness.

Disability Benefit Period

Benefits are payable for a period of up to
 3 months,
 6 months,
 1 year or
 2 years for each disability.

■ Waiver of Premium

After you are totally disabled for 90 consecutive days due to a covered injury or sickness, future premiums that fall due for the base policy and all riders will be waived for as long as the monthly disability income benefit is payable.

OPTIONAL BENEFITS

■ ACCIDENTAL DEATH BENEFIT

Payable in case of any type of accidental death due to accidental bodily injury which occurs within 90 days from the date of the accident.

Employee\$10,000.00

Double Indemnity Benefit

Payable when loss of life occurs due to accidental bodily injury within 90 days of injury sustained while riding as a fare-paying passenger in or on a licensed conveyance operated by a common carrier for the regular transportation of passengers.

Employee\$20,000.00

Double Dismemberment Benefit

Payable in case of the loss of both hands or both arms or both feet or sight in both eyes. Or the loss of one hand or arm and one foot or leg.

Employee\$10,000.00

Single Dismemberment Benefit

Payable in case of the loss of either hand, arm, foot, leg or sight in one eye.

Employee\$5,000.00

Loss of Finger or Toe Benefit

Payable in case of the loss of one or more entire fingers or toes.

Employee\$500.00

Premium	MO.	WK.
Employee	2.00	.47

■ INITIAL HOSPITAL CONFINEMENT BENEFIT

Pays the initial hospital confinement benefit when you are admitted to a hospital for at least 1 day, as a result of a covered accident or sickness. This benefit is paid once per confinement and only once per calendar year, per covered person.

Employee \$1,000.00

Premium	MO.	WK.
Employee	1.80	.42

■ INJURY TREATMENT BENEFIT**

Pays the injury treatment benefit for treatment in an Emergency Room, Physician's Office or Urgent Care Facility for any one covered accident.

Employee \$100.00

Premium	MO.	WK.
Employee	3.80	.88

■ HEALTH SCREENING BENEFIT

Pays the health screening benefit for routine examinations or other preventative testing after premiums have been paid for 30 days beyond the policy effective date. This benefit is payable once per person per policy per calendar year.

Employee \$50.00

Premium	MO.	WK.
Employee	2.50	.58

* Portions of a month will be paid at a daily rate of 1/30 of the monthly benefit. ** Injury Treatment Benefit can be increased to \$150 for Monthly Disability Amounts of \$600 per month. Increased to \$200 for Monthly Disability Amounts of \$800 per month. Increased to \$250 for Monthly Disability Amounts of \$1,000 per month. Increased to a maximum of \$300 for Monthly Disability Amounts of \$1,200 per month or more.

OPTIONAL ACCIDENTAL BODILY INJURY SPECIFIC LOSS RIDER

FRACTURES- (BROKEN BONES) up to \$1500

This benefit is payable if the fracture is diagnosed and treated by a doctor within 90 days after the covered accident. This benefit is payable for each covered person.

DISLOCATIONS- (SEPARATED JOINTS) up to \$1350

This benefit is payable if the dislocation is diagnosed by a doctor within 90 days after the covered accident. This benefit is payable for each covered person.

HOSPITAL INTENSIVE CARE BENEFIT \$150

Pays up to 16 days per confinement per covered accident. This benefit is payable for each covered person per covered accident.

BLOOD, PLASMA OR PLATELETS \$450

This benefit will pay for blood, plasma or platelets due to a covered accident and is payable for each covered person per covered accident.

MEDICAL EQUIPMENT \$375

We will pay for medical equipment prescribed by a doctor as a result of a dislocation or fracture. This benefit is payable for each covered person per covered accident. Equipment eligible: crutches, wheelchair, back brace, leg brace, neck brace, cast, splint and walker. Use must begin within the first 90 days after a covered accident.

X-RAYS \$75

This benefit will pay for x-ray examinations performed due to a covered injury. This benefit is payable for each covered person per covered accident.

AMBULANCE \$75

For transportation by a licensed professional ambulance company to a hospital. This benefit is payable once for each covered person per covered accident.

TRANSPORTATION \$450

By common carrier (air, rail or bus), to or from another city, for treatment or diagnostic study, when recommended by the physician making the diagnosis. This benefit is payable for each covered person per covered accident.

FRACTURES

Each Hip	\$1500
Each Thigh (<i>Femur</i>).....	\$1500
Spinal Cord (<i>Complete severance with resulting paralysis</i>)	\$1500
Vertebrae, body of (<i>except Vertebral process</i>).....	\$1350
Pelvis(<i>excluding coccyx</i>)	\$1200
Skull Depressed	\$ 525
<i>Simple</i>	\$1125
Each Leg(<i>Tibia and/or Fibula</i>)	\$ 900
Each Ankle	\$ 750
Each Knee Cap(<i>Patella</i>).....	\$ 750
Each Forearm (<i>Radius and/or Ulna</i>)	\$ 750
Each Foot (<i>except toes</i>).....	\$ 750
Each Hand	\$ 750
Each Wrist (<i>except fingers</i>).....	\$ 750
Lower Jaw (<i>except Alveolar process</i>).....	\$ 600
Each Shoulder Blade	\$ 600
Each Collar Bone	\$ 600
Each Arm (<i>elbow to shoulder</i>).....	\$ 525
Upper Jaw	\$ 525
Bones of Face (<i>except upper and lower jaw</i>).....	\$ 450
Vertebral Process	\$ 300
Coccyx	\$ 120
Each Rib, Finger, or Toe	\$ 120

DISLOCATIONS

Each Hip	\$1350
Each Knee	\$ 975
Each Shoulder	\$ 750
Each Ankle	\$ 600
Bone or Bones of the Foot (<i>excluding toes</i>)	\$ 600
Bone or Bones of the Hand (<i>excluding fingers</i>)	\$ 525
Each Collar Bone	\$ 450
Each Wrist	\$ 375
Each Elbow	\$ 300
Each Toe or Each Finger	\$ 120

Benefit amounts shown above are for Closed Reductions. Fractures and dislocations requiring OPEN reductions are paid at 150% of the levels shown. If the Reduction is done without anesthesia or if the Physician diagnoses the Fracture as a chip Fracture, the Company will pay 25% of the benefit amount per unit that would have been paid for a Closed Reduction of the same joint. The Company will pay a benefit for only one Fracture or Dislocation per Injured Category shown above per Covered Person per Covered Accident.

Premium
Employee

MO.
4.20

WK.
.97

OPTIONAL SUPPLEMENTAL INJURY BENEFIT

BURNS.....\$1,125

Pays the amount shown for a second degree burn which covers at least 36% of the body surface or for a third degree burn which covers at least nine square inches of the body surface. Burns must be treated by a doctor within 72 hours after the accident. This benefit is payable once per covered person per covered accident.

LACERATIONS.....\$180

This benefit will pay for the treatment of a laceration. The laceration must require the use of stitches or staples to repair and be treated by a doctor within 72 hours after the accident. This benefit is payable once per covered person per covered accident.

TENDON/LIGAMENT/ROTATOR CUFF.....\$450

This benefit will pay for the surgical repair of one or more torn, ruptured, or severed tendon(s), or ligament(s), or rotator cuff(s). If a Covered Person who is also covered by a Specified Loss Rider receives a fracture or dislocation and tears, ruptures or severs a tendon, ligament or rotator cuff, benefits will be payable under the Rider providing the greater benefit but NOT both. This benefit is payable once per covered person per covered accident.

PREMIUM	MO.	WK.
Employee Only	\$1.05	\$.25

BENEFIT SELECTED

Amount of Monthly Disability \$_____

Accident Elimination 0 7 14 days

Sickness Elimination 7 14 30 60 90 180 days

Sickness & Accident
Disability Income \$_____

Initial Hospital Confinement \$_____

Injury Treatment Benefit \$_____

Health Screening Benefit \$_____

Supplemental Injury Benefit \$_____

Accidental Death \$_____

Specific Loss Rider \$_____

Intensive Care \$_____

TOTAL PREMIUM PER PAY PERIOD \$_____

OPTIONAL HOSPITAL INTENSIVE CARE

- Pays \$600.00, \$450.00 or \$300.00 per day (depending on amount selected) for Hospital Intensive Care Unit Confinement. (The term, "Intensive Care Unit" shall mean only that specifically designed 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.)
- Pays a benefit of one-half (1/2) the amount selected above per day for Confinement in a "Step Down" Hospital Intensive Care Unit. The term, "Step Down Hospital Intensive Care Unit" shall mean progressive care, subacute intensive care or other facilities which do not meet the standards for "Hospital Intensive Care Unit."
- Pays Triple the amount selected above per day Pays Triple the amount selected above per day for Intensive Care Confinement which occurs within 48 hours of an accident in which any covered insured is the operator or passenger of; an automobile, motor home, bus, motorcycle, or any truck with a load capacity of 2,000 pounds or less or as a fare paying passenger on any vehicle, boat, ship, aircraft, or train, or a school bus operated by or under the direction and supervision of school authorities.
- First Day Coverage Benefits are payable from first day of confinement due to injury or due to illness to include congenital anomalies of newborn children.
- Issued through age 70. Guaranteed renewable for life.
- Pays benefits for up to 30 days of Intensive Care Confinement in connection with any one hospital admission. If less than 30 days separates two periods of confinement, the second confinement will be considered a continuation of the initial confinement.
- Daily Hospital Intensive Care benefits will be reduced by 50% (one-half) at age 70. No Maximum Lifetime Benefit Limit

EMPLOYEE					
<u>\$600 per day</u>		<u>\$450 per day</u>		<u>\$300 per day</u>	
MO.	WK.	MO.	WK.	MO.	WK.
\$7.36	\$1.70	\$5.52	\$1.28	\$3.68	\$.85

LIMITATIONS AND EXCLUSIONS

Sickness and Accident Disability Income Plan – This is a Sickness and Accident Disability Income Policy, which provides Indemnity Benefits for Specified Events occurring in connection with treatment of a Covered Injury or Sickness. We will pay Total Disability benefits for a Covered Injury or Sickness for the Primary Insured only. Benefits will be paid for only one disability at a time even if more than one Covered Injury or Sickness causes it. Indemnity Benefits under this Policy or any attached Riders are not payable for Specified Events that occur outside the United States of America or its territories. The Initial Hospital Confinement Benefit is not payable for the following: Emergency Room Treatment, Outpatient Treatment or Hospital Confinement of less than 18 hours. Only one Hospital Confinement Benefit will be paid per day of confinement. If Total Disability is due to a sprained, strained or lame back or for any cervical, thoracic or lumbar condition, the Maximum Benefit Period shall be limited to a maximum of three (3) months for one (1) Maximum Benefit Period.

Total Disability / Totally Disabled – You are considered Totally Disabled if 1) you are unable to work at your current job; and 2) you are not, in fact, working at any job for pay or profit; and 3) you are under the regular care of a Physician. The Physician must attest to the specific period of Total Disability.

Recurrent Disability – Recurrent disabilities will be treated as: a) a continuation of the previous disability, not a new disability, if you have returned to work for less than 6 months. b) a new disability, if you have returned to work for 6 months or more. c) a continuation of the previous disability for any circumstances not specifically listed above.

Concurrent Disability – means one continuous period of Total Disability that is caused or is continued by more than one covered injury or covered sickness. Benefits for a Concurrent Disability will be paid as if the Concurrent Disability was caused by one Injury or one Sickness. In no event will an insured be considered to have more than one continuous period of Total Disability at the same time.

Policy Effective Date – means the date the Policy is issued by Us and coverage begins. The Policy Effective Date is shown on the Policy Schedule Page.

Renewability – Coverage will continue until the monthly Policy Anniversary following the Primary Insured's 72nd birthday. We may change the premium rates for this policy. We cannot change the premium rates unless we change them for this policy form for every insured within a state in the same class. The initial premium for this policy is guaranteed not to change for a period of twelve (12) months.

We will not pay any loss that results from any of the following: Conditions for which symptoms existed prior to the Policy Effective Date that would cause an ordinarily prudent person to seek diagnosis, care or treatment or for which medical advice or treatment was recommended by a physician or received from a physician. These conditions will not be covered until your policy has been in force for two years (five years for the Hospital Intensive Care). Injury or sickness occurring prior to the Policy Effective Date; or Injury or Sickness occurring while Incarcerated; or committing or attempting to commit suicide while sane or insane; or commission of or an attempt to commit an assault or felony; or engaging in any illegal activity; or practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received; or driving or riding in any race of speed or endurance, or testing a motorized vehicle on any racetrack, raceway, race course or speedway; or declared or undeclared war, or any cause or act of war or regular military training, whether the covered person is a member of any armed force or a civilian; or travel in an aircraft, including those which are not motordriven, or hot air balloon other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline; or alcoholism or drug addiction; or voluntarily taking, inhaling or absorbing any poison, gas or fumes; or any intentionally self-inflicted Injury; or mental or physical infirmity or disease or treatment for the infirmity or disease; or normal pregnancy and childbirth except after ten (10) months from the Policy Effective Date, if the Total Disability is a result of normal pregnancy and childbirth, the Maximum Benefit Period will be limited to six (6) weeks for vaginal deliveries and eight (8) weeks for caesarean deliveries; or taking or using any hallucinogen, narcotic or drugs except on the advice of a licensed Physician; or occurs while intoxicated. "Intoxicated" means under the influence of alcohol or narcotics unless administered on the advice of the Insured's Physician or having a prohibited concentration of alcohol in the blood, breath, urine or other bodily substance, as determined by the law of the jurisdiction in which the loss occurred; or engaging in hang-gliding, bungee jumping, parachuting, sky-diving, sail gliding, parasailing, Para kiting or any similar activities.

Hospital Intensive Care – Children are covered from the moment of birth.

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