



ACCIDENT PLUS

ACCIDENT DISABILITY



IMPORTANT FEATURES

- Provides Immediate Coverage for Accidents
- Pays in Addition To All Other Insurance (Including Workers Compensation)
- No reduction in benefits for on the job accidents
- Issued thru age 69
- Guaranteed Renewable to Age 72
- Can Take Plan With You If You Leave Your Present Employer
- 24-Hour Coverage for Accidents, On and Off the Job
- Sickness coverage is optional

ACCIDENT DISABILITY INCOME PLAN

ACCIDENTS CAN HAPPEN
ANY TIME, ANY WHERE

THEY CAN HAPPEN AT HOME, AT WORK,
AT SCHOOL, AND ON THE ROAD



If your ability to earn a regular income
was destroyed by

A DISABLING ACCIDENT
WHAT WOULD YOU DO?

*This is not the insurance contract, and only the actual policy provisions will control.
It is therefore important that you Read Your Policy Carefully.*

EMPLOYEE MONTHLY OFF-THE-JOB DISABILITY INCOME BENEFIT	\$400 to \$3,000	Pays the disability income benefit each month the primary insured is totally disabled as a result of a covered accident occurring Off-the-job. Benefits begin the very first day of total disability and are payable for a period of up to one (1) year for each disability. You may choose any monthly disability amount up to 60% of your gross income. *
EMPLOYEE MONTHLY ON-THE-JOB DISABILITY INCOME BENEFIT	\$400 to \$3,000	Pays the disability income benefit each month the primary insured is totally disabled as a result of a covered accident occurring On-the-job. Benefits begin the very first day of total disability and are payable for a period of up to one (1) year for each disability. You may choose any monthly disability amount up to 60% of your gross income. *
INITIAL HOSPITAL CONFINEMENT BENEFIT	\$1,000	Pays the initial hospital confinement benefit when you are admitted to a hospital for at least one day, as a result of a Covered Accident, as an overnight resident bed patient. This benefit is paid once per confinement and only once per calendar year, per covered person.
MONTHLY HOSPITAL CONFINEMENT BENEFIT	\$2,000	Pays the monthly hospital confinement benefit each month you are confined to a hospital as a result of a covered accident. Benefit is payable up to one year, per covered person. *
HOSPITAL INTENSIVE CARE BENEFIT	\$200	Pays up to 16 days per confinement per covered accident. This benefit is payable for each covered person per covered accident. †

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

ACCIDENT DISABILITY INCOME PLAN

With Specific Loss and Supplemental Injury

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AMBULANCE BENEFIT	\$150	Pays the ambulance benefit for transportation by a licensed or professional ambulance company to a hospital. \$50 provided by the base accident plan and \$100 provided by the specified loss rider. This benefit is payable once for each covered person per covered accident.
TRANSPORTATION	\$600	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. †
INJURY TREATMENT BENEFIT	\$200	Pays the injury treatment benefit for treatment in an Emergency Room, Physician's Office or Urgent Care Facility for any one covered accident. This benefit is payable for each covered person per covered accident.
X-RAYS	\$100	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. †
BLOOD, PLASMA OR PLATELETS	\$600	This benefit will pay for blood, plasma or platelets due to a covered accident. This benefit is payable for each covered person per covered accident. †
HEALTH SCREENING BENEFIT	\$50	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 and twice per family per policy per calendar year.
FRACTURES	up to \$3,000	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. List of fractures included in brochure. †
DISLOCATIONS	up to \$2,700	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. List of dislocations included in brochure. †
MEDICAL EQUIPMENT	\$500	We will pay for medical equipment prescribed by a doctor as a result of a dislocation or fracture. Equipment eligible: crutches, wheelchair, back brace, leg brace, neck brace, cast, splint and walker. This benefit is payable for each covered person per covered accident. Use must begin within the first 90 days after a covered accident. †
BURNS	\$1,125	This benefit will pay 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 for burns 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 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. †
WAIVER OF PREMIUM	INCLUDED	After you are totally disabled for 90 consecutive days due to a covered injury, 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.

ACCIDENT DISABILITY INCOME PLAN

With Specific Loss

BENEFIT	Employee & Spouse	Children	DETAILS
ACCIDENTAL DEATH BENEFIT	\$15,000	\$3,750	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.
DOUBLE INDEMNITY BENEFIT	\$30,000	\$7,500	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.
DOUBLE DISMEMBERMENT BENEFIT	\$15,000	\$3,750	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.
SINGLE DISMEMBERMENT BENEFIT	\$7,500	\$1,875	Payable in case of the loss of either hand, arm, foot, leg or sight in one eye.
LOSS OF FINGER OR TOE BENEFIT	\$750	\$195	Payable in case of the loss of one or more entire fingers or toes.

24 HOUR COVERAGE

MONTHLY DISABILITY INCOME:	\$500	\$600	\$700	\$800	\$900	\$1,000	Add For Family	
							Monthly	Weekly
Employee Monthly Premium:	38.00	40.85	43.70	46.55	49.40	52.25	Family \$25.80	Family \$ 5.95
Employee Weekly Premium:	8.77	9.43	10.08	10.74	11.40	12.06	1 Parent \$14.90	1 Parent \$ 3.44
Employee Monthly Premium:	57.95	63.65	69.35	75.05	80.75	95.00	Spouse \$10.90	Spouse \$ 2.52
Employee Weekly Premium:	13.37	14.69	16.00	17.32	18.63	21.92		

* Monthly benefits are prorated on a daily basis. † Refers to benefits provided by Specific Loss Rider. ‡ Refers to Supplemental Injury Benefit. The above benefits are provided by accident plan series HA35 (HA36 in AL and FL), 4 units of Specific Loss Rider, and 3 units of Supplemental Injury Benefit Rider. Additional employee monthly disability \$2.85 per \$100 per month.



OPTIONAL EMPLOYEE SICKNESS DISABILITY INCOME BENEFIT RIDER

Form No. HA35S109

Employee Sickness Disability Benefit...per \$100

Pays the monthly employee sickness disability benefit each month you are totally disabled as a result of a covered sickness occurring on or off-the-Job beginning after an elimination period of;

7th day, 14th day or 30th day

of total disability due to a sickness and is payable for a maximum period of;

6 months or 12 months

for each disability.

Monthly benefit is prorated on a daily basis. Portions of a month will be paid at a daily rate of 1/30th of the monthly benefit. A new disability is subject to a new elimination period, and a new benefit period applies. A disability that is considered a continuation of a previous disability is not subject to a new elimination period, and a new benefit period does not apply. Benefits will be paid for only one disability at a time even if it is caused by more than one covered sickness. Issue ages are 18-69 and coverage terminates at age 72.

\$100 EMPLOYEE SICKNESS DISABILITY BENEFIT

Elim. 6 Mo. Benefit 1 Yr Benefit Period

	MO.	WK.	MO.	WK.
7 Days	\$4.30	\$1.00	\$5.15	\$1.19
14 Days	\$3.35	\$.78	\$4.05	\$.94
30 Days	\$2.10	\$.49	\$2.50	\$.58

HOW TO FILE A CLAIM

Claim forms and instructions can be obtained from the following:

LICOA Home Office 1-800-226-2371

LICOA website <http://www.licoa.com/claim.asp>

*Please print and complete all forms.

1. Accident claims require a fully itemized statement of expenses (UB 04 or HCFA) from the facility for services rendered (example: ER visit, crutches, x-rays, etc)
2. An accident or police report is required for all motor vehicle accidents.
3. Medical certification is required for the entire period you are disabled.

Mail claim forms to **PO Box 349 Gadsden, AL 35902** or fax to our claims department at 256-399-0252.

Claim forms can not be accepted via email.



LIST OF FRACTURES & DISLOCATIONS

Fractures	Benefit
Each Hip	\$2,000
Each Thigh (<i>Femur</i>).....	\$2,000
Spinal Cord	\$2,000
Vertebrae, body of (<i>except Vertebral process</i>)	\$1,800
Pelvis (<i>excluding coccyx</i>)	\$1,600
Skull <i>Depressed</i>	\$700
<i>Simple</i>	\$1,500
Each Leg(<i>Tibia and/or Fibula</i>)	\$1,200
Each Ankle	\$1,000
Each Knee Cap(<i>Patella</i>)	\$1,000
Each Forearm (<i>Radius and/or Ulna</i>).....	\$1,000
Each Foot (<i>except toes</i>)	\$1,000
Each Hand	\$1,000
Each Wrist (<i>except fingers</i>).....	\$1,000
Lower Jaw (<i>except Alveolar process</i>).....	\$800
Each Shoulder Blade	\$800
Each Collar Bone	\$800
Each Arm (<i>elbow to shoulder</i>)	\$700
Upper Jaw	\$700
Bones of Face (<i>except upper and lower jaw</i>).....	\$600
Vertebral Process	\$400
Coccyx	\$160
Each Rib, Finger, or Toe	\$160
Dislocations	Benefit
Each Hip	\$1,800
Each Knee	\$1,300
Each Shoulder	\$1,000
Each Ankle	\$800
Bone or Bones of the Foot (<i>excluding toes</i>)	\$800
Bone or Bones of the Hand (<i>excluding fingers</i>)	\$700
Each Collar Bone	\$600
Each Wrist	\$500
Each Elbow	\$400
Each Toe or Each Finger	\$160

If the Physician diagnoses the Fracture as a chip Fracture, the Company will pay 25% of the amount per unit that would have been paid for a Closed Reduction of the same bone.

The benefit amounts per unit shown are for Closed Reductions. If an Open Reduction is required, the Company will pay 150% of the benefit amount per unit that would have been paid for a Closed Reduction of the same joint.

If the Reduction is done without anesthesia, 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.

LIMITATIONS AND EXCLUSIONS

The Accident Disability Plan – This is an Accident Policy, which provides Indemnity Benefits for Specified Events occurring in connection with treatment of Covered Injuries as a result of a Covered Accident. It does not provide benefits for any other sickness, condition or incapacity including pregnancy and childbirth or complications thereof. We will pay Total Disability benefits for Covered Injuries for the Primary Insured only. Benefits will be paid for only one disability at a time even if more than one Covered Injury 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 and The Monthly Hospital Confinement Benefit are 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.

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 for You and Your spouse, if covered, will continue until the monthly Policy Anniversary following the Primary Insured's 72nd birthday. Insurance coverage will terminate on the nineteenth (19th) birthday of a Dependent Child or the date of that child's twenty-fourth (24th) birthday, if a full-time student or the monthly Policy Anniversary following the child's marriage. 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 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 infection, except one caused by an accidental cut or wound: 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.

Optional Hospital Intensive Care – Newborn children are covered from the moment of birth.

Sickness Disability Rider – We will pay Total Disability benefits for Covered Sicknesses for the Primary Insured only. Benefits will be paid for only one disability at a time even if more than one Covered Sickness causes it. This benefit will not pay for periods of disability due to normal pregnancy and childbirth, including caesarean deliveries, in which the disability begins during the first ten months after the Rider's Effective Date. If the Total Disability is a result of normal pregnancy and childbirth, the Maximum Period of Disability will be limited to 6 weeks for vaginal deliveries and 8 weeks for caesarean deliveries.

BENEFIT SELECTED	
Pay Periods Per Year 52, 26, 24, 12, 10, etc _____	Amount of Monthly Disability \$ _____
<u>Premium Amount Per Pay Period</u>	
Accident Disability Income Plan	\$ _____
<input type="checkbox"/> Sickness Disability Benefit	\$ _____
<i>Total Premium Per Period</i>	\$ _____
<u>Additional Benefits Included</u>	
Initial Hospital Conf.	
Injury Treatment Benefit	
Health Screening Benefit	
Accidental Death	
Specific Loss Rider	
This outline of coverage provides a brief description of the important features of the policy. This describes an Accident Insurance Policy Form HA35A109, Off-The-Job Disability rider HA35N109, On-The-Job Disability rider HA35O109, Initial Hospital Confinement rider HA35Z1915 AO, Injury Treatment rider HA35T109, Wellness rider HA35W109, Accidental Death & Dismemberment rider HA35D109, Specific Loss Rider HA35B109. Supplemental Injury Rider HA35C109.	



Today's Solutions, Tomorrow's Needs

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