

## UNINSURABLE OCCUPATIONS & ACTIVITIES

- Professional Athletes
- Window Washers
- Miners
- Crop Dusters
- Commercial Fishermen
- Federal Employees
- Policemen
- Security Guards
- Highway Workers
- Rodeo Riders
- Loggers
- Quarry Workers
- Migrant Workers
- Oil Field Workers
- Taxi Drivers
- Firemen
- Entertainers

## 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.

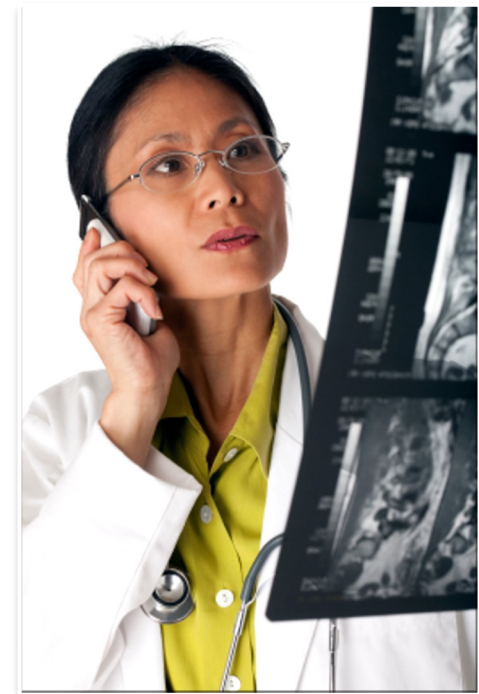
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Benefits and availability may vary by state, for more information about policy/plan benefits and limitations, please refer to the outline of coverage or policy as approved in your state as the benefits provided will be determined by the policy.

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



**PHILADELPHIA  
AMERICAN**  
LIFE INSURANCE COMPANY®

POLICY FORM H-0089  
Rev. 12.01.17

## 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

BENEFIT	1 UNIT	2 UNITS
<b>ACCIDENTAL INJURY BENEFIT</b> This benefit pays the actual charges for medical treatment due to accidental injury up to the amount shown per unit. Covered expenses include physician's fees, surgery, x-rays, fracture reduction and dislocations or other emergency first-aid expenses. <b>All covered expenses must be incurred within 45 days of the accident causing injury.</b> If the expenses are incurred at a hospital emergency room, a \$50 deductible will apply for each accidental injury.	\$2,000	\$4,000
<b>ACCIDENTAL DEATH BENEFIT</b> This benefit pays a fixed amount per unit if an insured suffers a fatality as a result of an accident.	\$50,000	\$100,000
<b>GROUND OR AIR AMBULANCE</b> This benefit pays the actual charges for ground or air ambulance transportation due to an accidental injury, up to the amount shown per unit.	\$5,000	\$10,000
<b>HOSPITAL INCOME BENEFIT</b> If an insured is hospitalized for an accidental injury, we will pay a fixed amount per day, beginning the first day of confinement, subject to the number of units purchased. Payment will be made up to 30 days per hospital confinement resulting from any one accidental injury.	\$150	\$300
<b>DISMEMBERMENT BENEFITS</b> This benefit pays a fixed amount per unit if the Primary Insured suffers any of the following dismemberments as a result of accidental injury. Benefits are for the Primary Insured only.		
<b>Loss of Finger or Toe</b>		
Single Loss Benefit	\$500	\$1,000
Multiple Loss Benefit	\$1,000	\$2,000
<b>Loss of Hand, Arm, Foot, Leg</b>		
Single Loss Benefit	\$5,000	\$10,000
Multiple Loss Benefit	\$10,000	\$20,000
<b>Loss of Sight</b>		
Single Loss Benefit (One Eye)	\$5,000	\$10,000
Multiple Loss Benefit (Both Eyes)	\$10,000	\$20,000

### MONTHLY BANK DRAFT RATES

	1 UNIT	2 UNITS
<b>24 Hour Accident Expense</b>		
INSURED	\$23.00	\$31.05
INSURED & SPOUSE	\$44.28	\$56.93
INSURED & CHILDREN	\$53.48	\$69.00
FAMILY	\$74.75	\$94.88
CHILD ONLY (per child)	\$16.10	\$20.13

### ISSUE AGES

	AGES
Accident Plan	0-75*
Optional Accident Disability Rider	18-64

### OPTIONAL BENEFITS

	1 UNIT	2 UNITS
<b>ACCIDENT DISABILITY INCOME BENEFIT</b>		
If the Primary Insured incurs an accident disability, we will pay a monthly disability benefit, on a weekly basis, beginning the thirty first day, up to a maximum benefit period of 12 months or 24 months. This benefit applies only to the Primary Insured and pays up to 60% of the insured's gross monthly income.	\$1,000	\$2,000

### MONTHLY BANK DRAFT RATES

Accident Disability Income Rider		1 UNIT	2 UNITS
Type 1	12 months	\$10.35	\$20.70
Type 1	24 months	\$13.23	\$26.45
Type 2	12 months	\$19.55	\$39.10
Type 2	24 months	\$26.45	\$52.90

### Rates may change by class

Modal Factors:  
Annual = 10.87 x MBD; Semi-Annual = 5.76 x MBD; Quarterly = 2.93 x MBD

Modal Factors for Florida:  
Annual = 12.0 x MBD; Semi-Annual = 6.0 x MBD; Quarterly = 3.0 x MBD

Age 65 & over are eligible for 1 unit only