OUTLINE OF COVERAGE FOR HOSPITAL ACCIDENT POLICY FORMS HAJ, HAK, HAL
ACCIDENT ONLY COVERAGE
PLEASE RETAIN FOR YOUR RECORDS

THIS IS A LIMITED POLICY –

READ YOUR POLICY CAREFULLY – This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY.

☐ FAMILY – This policy covers the proposed insured, insured’s spouse named in the application for this policy and the insured’s eligible children.

☐ SINGLE PARENT – This policy covers the proposed insured, and the insured’s eligible children.

☐ INDIVIDUAL – This policy covers the proposed insured.

ACCIDENT ONLY COVERAGE – Policies of this category are designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the policy. Coverage is not provided for any loss from sickness.

BENEFITS – The benefits specified below cover losses due to hospital confinement, accidental death, and other specified loss resulting from accidental bodily injury. Such benefits will be subject to any conditions and limitations contained in the policy.

ACCIDENTAL DEATH AND DISMEMBERMENT

<table>
<thead>
<tr>
<th></th>
<th>Proposed Insured</th>
<th>Spouse (If Applicable)</th>
<th>Children (If Applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidental Death</td>
<td>$25,000</td>
<td>Accidental Death</td>
<td>Accidental Death</td>
</tr>
<tr>
<td>Death by Automobile Accident</td>
<td>$50,000</td>
<td>Death by Automobile Accident</td>
<td>$20,000</td>
</tr>
<tr>
<td>Death by Travel Accident</td>
<td>$250,000</td>
<td>Death by Travel Accident</td>
<td>$100,000</td>
</tr>
<tr>
<td>Loss of Eyesight</td>
<td>$20,000</td>
<td>Loss of Eyesight</td>
<td>Loss of Eyesight</td>
</tr>
<tr>
<td>Loss of One Limb</td>
<td>$10,000</td>
<td>Loss of One Limb</td>
<td>Loss of One Limb</td>
</tr>
<tr>
<td>Loss of Two or More Limbs</td>
<td>$20,000</td>
<td>Loss of Two or More Limbs</td>
<td>$20,000</td>
</tr>
</tbody>
</table>

LIMITATIONS

1. No benefit for accidental death will be payable if a benefit is payable for death by automobile accident or for death by travel accident;
2. No benefit for death by automobile accident will be payable if such death occurs while the automobile is being used for stunt driving or in racing or speed contests, any of which are organized or for profit, or if a benefit is payable for death by travel accident;
3. The maximum cumulative benefit for loss of limb is $20,000 for you, $20,000 for your spouse and $2,000 for each covered child;
4. The benefit payable per accident for multiple losses due to accidental death and dismemberment will be the largest benefit for any loss;
5. No benefit for accidental death and dismemberment will be payable for a covered child less than one year old.

DAILY HOSPITAL BENEFIT

<table>
<thead>
<tr>
<th>Years Policy in Force at Date of Accident</th>
<th>Daily Hospital Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 year</td>
<td>$150</td>
</tr>
<tr>
<td>1 year but less than 2</td>
<td>$250</td>
</tr>
<tr>
<td>2 years but less than 3</td>
<td>$350</td>
</tr>
<tr>
<td>3 years or more</td>
<td>$500</td>
</tr>
</tbody>
</table>

INITIAL HOSPITALIZATION BENEFIT – After the first 24 hours of your hospital confinement as a result of accidental bodily injury, we will pay you a $1,000 lump sum benefit. The Initial Hospitalization Benefit is payable only one time per calendar year.

DAILY HOSPITAL BENEFIT – We will pay the Daily Hospital Benefit as defined above for each day of a covered persons hospital confinement as a result of accidental bodily injury. The Daily Hospital Benefit amount is determined by the years the policy has been in force at the date of the accident. The initial confinement of a covered person must occur within ninety days of such injury. A day of hospital confinement is any day that a covered person is confined in a hospital in excess of twelve hours.

LIMITATIONS

1. Hospital benefits will be payable for a maximum of twenty-six weeks of hospital confinement due to any one accident;
2. Hospital benefits for all confinements will not be payable for more than twenty-six weeks during any period of fifty-two consecutive weeks.

**INTENSIVE CARE UNIT (ICU) BENEFIT** – For each day a covered person is confined in an ICU of a hospital as a result of accidental bodily injury upon the recommendation of a licensed physician, we will pay you two times the Daily Hospital Benefit up to a maximum of 30 days. The Daily Hospital Benefit amount is determined by the years the policy has been in force at the date of the accident. The ICU Benefit is in addition to the Daily Hospital Benefit. A day of ICU confinement is any day that a covered person is confined in an ICU of a hospital in excess of twelve hours. The term “intensive care unit” does not include lesser treatment units such as: progressive, intermediate or step down care units; private monitored rooms; isolation units; observation or telemetry units.

**EMERGENCY TREATMENT BENEFIT** – We will pay the actual expenses of a covered person, up to a maximum amount of $500 for each unit of coverage shown on page one of the policy, for emergency treatment as a result of accidental bodily injury. No benefits will be paid in excess of the usual and customary charges made by the provider of services or treatments. Such treatments must be received within forty-eight (48) hours of the injury.

**SPECIFIED INJURIES BENEFIT** – We will pay a benefit up to $200 for the treatment of joint dislocations and bone fractures. The maximum cumulative benefit payable per accident is one and one-half (1½) times the Specified Injuries Benefit.

**LIMITATIONS**

1. If a covered person dislocates the same joint more than once, we will only pay for the first dislocation;
2. If a covered person fractures multiple ribs, we will pay only one fracture benefit amount;
3. If a covered person receives multiple joint dislocations and/or bone fractures resulting from accidental bodily injury, we will pay for each accident a maximum benefit of one and one-half (1½) times the Specified Injuries Benefit.

**BLOOD AND PLASMA BENEFIT** – We will pay a benefit of $200 if whole blood or blood components are administered during the hospital confinement resulting from an accidental bodily injury. This benefit is payable only one time per accident.

**AMBULANCE BENEFIT** – We will pay a benefit of $300 if a professional ambulance or air ambulance is used to transport a covered person to a hospital or emergency center within 100 miles from the site of the accident which resulted in accidental bodily injury. This benefit is limited to one trip per accident.

**TRANSPORTATION BENEFIT** – We will pay a benefit of $300 for transportation to and from any hospital located more than 100 miles from the site of the accident or the residence of the covered person for special treatment and hospital confinement as the result of accidental bodily injury. This Transportation Benefit is payable only if your attending physician prescribes treatments which are not locally available. This benefit is limited to one trip per accident.

**WAIVER OF PREMIUMS** – If you have received benefits for continuous hospital confinement of thirty days or more, we will waive the payment of each premium which becomes due while hospital benefits continue. Any portion of premiums paid by you and attributable to this benefit period will be refunded. Premiums will become due and payable on the first premium due date following the end of the benefit period. In no event will this provision continue this policy in force after the termination date of this policy.

**EXCEPTIONS** – This policy does not cover death, injury, or other loss caused or contributed to by:

1. any disease, illness or infirmity or medical or surgical treatment therefor, unless the accidental injury aggravates, renders active, or sets in motion a latent or dormant disease or bodily infirmity leading to death;
2. participation in an assault, felony, riot, or insurrection;
3. mental or emotional disorders;
4. self-destruction or any attempt thereat whether sane or insane or injuries intentionally self-inflicted upon yourself whether sane or insane;
5. operating or riding or descending from any kind of aircraft of which a covered person is an officer, pilot or member of the crew; or in which a covered person is receiving training or giving instructions or has any duty;
6. war or act of war (declared or undeclared) whether or not the covered person is in military service;
7. any covered person being under the influence of alcohol or other intoxicant, or under the influence of any drug or narcotic unless taken on the advice of a physician. Being under the influence of alcohol is determined and defined by the laws of the geographical area in which the loss or cause of loss was incurred.

**GUARANTEED RENEWABLE; PREMIUMS SUBJECT TO CHANGE** – Your policy is guaranteed renewable until the policy anniversary immediately following your 65th birthday. Until such date and subject to the conditions of this policy, we cannot cancel or refuse to renew your policy. On such date this policy will terminate and cease to be in force. You may renew this contract before such date by paying each renewal premium as it falls due or during the grace period. Should we accept a premium for any period after this policy is to terminate, coverage will continue until the end of the period for which the premium has been accepted. We reserve the right to change premium rates. A change in the rates will apply to all policies having this form issued by us and in force in your state. If we change the rates, your premium will be determined by: your age on the effective date of this policy and the year of issue of this policy. Subject to the terms and conditions of this policy, we will not restrict or limit your policy in any other way while it is in force.

This outline of coverage is only a brief summary and is not the contract of insurance. Please refer to the policy for further policy provision.