



**ALLOCATED BENEFIT CATASTROPHIC  
Accident Insurance  
Lifetime Benefits Available  
Marketing Agent**

Mass Benefits Consultants, Inc.  
PO Box 828  
Annandale, VA 22003

1-800-221-3083

**Underwritten by  
Mutual of Omaha Insurance Company**

Policy Form SB20CC Series 8342S  
TX – Policy Form SB20CC Series 8352S  
ID – Policy Form SB20CC Series 8365S  
OR – Policy Form SB20CC Series 8359S

MC31130\_0109

*\*Coverage not available to schools in Connecticut, Louisiana, Maryland and New York.*

This brochure describes: eligibility options, when coverage is provided (covered events) for eligible persons, benefits available under the coverage and what may not be covered. Actual eligibility, covered events and benefits selected will be shown in the coverage document issued to each individual institution. Please refer to the Memorandum of Coverage or plan of insurance document issued to your institution for a complete description of coverage.

## **WHO IS ELIGIBLE & WHEN THEY ARE COVERED**

**(As per the selections made on the enrollment form)**

**Class 1:** All students including coverage for interscholastic and intramural sports activities/events.

Coverage is provided for Class 1 Insureds: a) while on school premises during the hours and days when school is in session; b) while participating in interscholastic sports practice and games or while conditioning on school premises for interscholastic sports; c) while acting as a student coach, student manager or student trainer during an interscholastic sports practice or game; d) while participating in cheerleading practice for an interscholastic sport or while cheerleading at an interscholastic game; e) while participating in band or majorette practice and while performing as a band member or majorette at a school sponsored event; f) while participating in a school sponsored intramural sports game; g) while participating in a school sponsored gym class activity or h) while participating in a school sponsored non-sport extracurricular activity on or off school premises such as Drama Club, Chess Club, and Field Trips.

**Class 2:** All interscholastic athletes, cheerleaders, band members, majorettes, student coaches, student managers and student trainers.

Coverage is provided for Class 2 Insureds: a) while participating in interscholastic sports practice and games or while conditioning on school premises for interscholastic sports; b) while acting as a student coach, student manager or student trainer during an interscholastic sports practice or game; c) while participating in cheerleading practice for an interscholastic sport or while cheerleading at an interscholastic game; d) while participating in band or majorette practice or while performing as a band member or majorette at a school sponsored event.

**Class 3:** All interscholastic athletes, cheerleaders, band members, majorettes, intramural sports participants, gym class participants, student coaches, student managers, student trainers and student participants of school sponsored non-sport extracurricular activities.

Coverage is provided for Class 3 Insureds: a) while participating in interscholastic sports practice and games or while conditioning on school premises for interscholastic sports; b) while acting as a student coach, student manager or student trainer during an interscholastic sports practice or game; c) while participating in cheerleading practice for an interscholastic sport or while cheerleading at an interscholastic game; d) while participating in band or majorette practice or while performing as a band member or majorette at a school sponsored event; e) while participating in a school sponsored intramural sports game; f) while participating in a school sponsored gym class activity or g) while participating in any school sponsored non-sport extracurricular activity on or off school premises such as Drama Club, Chess Club, and Field Trips.

**Class 4:** All students excluding coverage for interscholastic and intramural sports activities/events.

Coverage is provided for Class 4 Insureds: (a) while on school premises during the hours and days when school is in session; (b) while participating in any school sponsored non-sport extracurricular activity on or off school premises such as Drama Club, Chess Club, and Field Trips; and (c) while participating in a school sponsored gym class activity.

Covered Travel, for all classes, means team or individual travel, for purposes of representing the Participating School, that is to or from the location of a Covered Event and is authorized by the Insured Person's Participating School, provided the travel is paid for or subject to reimbursement by the Participating School. Covered Travel to a Covered Event will commence upon embarkation from an authorized departure point and terminate upon arrival at the location of the Covered Event. Covered Travel from a Covered Event will commence upon departing from the location of the Covered Event and terminate upon return to the authorized place from which such Covered Travel to the Covered Event began.

## DEFINITIONS

**“Catastrophic Disability”** or **“Catastrophically Disabled”** (in CA, FL, OR, SC, SD, TX & VT) means for the first 12 months: the inability of the Insured Person, due to a Covered Accident, to engage in substantially the same activities as the Insured Person had engaged in immediately prior to the Covered Accident; and the irrecoverable loss suffered by the Insured Person, due to a Covered Accident, of: speech; hearing of both ears; sight in both eyes; use of both arms; use of both legs; use of one arm and one leg; or severely diminished mental capacity due to brain stem or other neurological Injury such that the Insured Person is unable to perform normal daily functions.

For any period thereafter, Catastrophic Disability or Catastrophically Disabled means: (in CA, FL & OR) the inability of the Insured Person, due to a Covered Accident, to perform the material and substantial duties of any gainful occupation or employment for compensation or profit for which he or she is or may become reasonably fitted by education, training, or experience; (in SC, SD, TX & VT) the inability of the Insured Person, due to a Covered Accident, to engage in substantially the same activities as the Insured Person had engaged in immediately prior to the Covered Accident; and the irrecoverable loss suffered by the Insured Person, due to a Covered Accident, of: speech; hearing of both ears; sight in both eyes; use of both arms; use of both legs; use of one arm and one leg; or severely diminished mental capacity due to brain stem or other neurological Injury such that the Insured Person is unable to perform normal daily functions.

**Full Excess Coverage:** Benefits are payable as excess over other valid and collectible insurance or similar benefit programs available to the Insured Person for a Covered Loss. In **Pennsylvania** Benefits are payable for the first \$100.00 of covered expenses, without regard to other insurance. Thereafter, benefits are payable for covered expenses over \$100.00 that are not recoverable from any other group insurance policies or service contracts.

**“Heart or Circulatory Malfunction Death Benefit”** means disease or illness of the heart or circulatory system which:

- (a) is first diagnosed and treated while the Insured’s coverage under the policy is in force and occurs in a scheduled game or supervised practice, within 24 hours after participation; and
- (b) the insured has not before such participation been medically advised of/or received any medical treatment for such heart or circulatory malfunction.

**Hospital** means an institution which meets all of the following requirements: (a) It is licensed (if required) as a Hospital by applicable licensing authorities; (b) It is open at all times; (c) It is operated mainly to diagnose and treat illnesses and Injuries on an inpatient basis; (d) It has a staff of one (1) or more Doctors on call at all times; (e) It has twenty-four (24) hour nursing services by registered nurses; (f) It is not mainly a skilled nursing facility, clinic, nursing home, rest home, convalescence home, or like place; and (g) It has organized facilities for major surgery or provides for such facilities for its patients through formal written agreement with other Hospitals.

**“Injury”** or **“Injuries”** means bodily Injury which results directly from an accident and which is independent from disease, sickness or other bodily functions.

**“Partial Disability”** or **“Partially Disabled”** means the inability as the direct result of Total Disability of an Insured Person who, following a period of Total Disability for which Total Disability Benefits were paid under this policy, is engaged in an occupation, to perform all of the important duties of such occupation, and to earn a Partial Disability Gross Earnings Amount per month, or more, as shown in the Plan of Insurance.

**“Reasonable and Customary”** means an expense that is determined by Us not to exceed the amount usually charged by most providers in the same geographic area for similar treatment, service or purchase, taking into account the nature and severity of the illness or injury. The same geographic area means the same city or town in which the treatment, service or purchase occurs, if the city or town is large enough to obtain a representative charge. In large cities, it may be a section or sections of the city. In smaller urban or rural areas, the geographic area will be expanded as necessary to obtain a representative charge.

**“Total Disability”** or **“Totally Disabled”** (in all other states where coverage is available) means for the first 12 months: the inability of the Insured Person, due to a Covered Accident, to engage in substantially the same activities as the Insured Person had engaged in immediately prior to the Covered Accident; and the irrecoverable loss suffered by the Insured Person, due to a Covered Accident, of: speech; hearing of both ears; sight in both eyes; use of both arms; use of both legs; use of one arm and one leg; or severely diminished mental capacity due to brain stem or other neurological Injury such that the Insured Person is unable to perform normal daily functions.

For any period thereafter, Total Disability or Totally Disabled means the inability of the Insured Person, due to a Covered Accident, to engage in any gainful occupation or employment for compensation or profit for which he or she is or may become reasonably fitted by education, training, or experience; and the irrecoverable loss suffered by the Insured Person, due to a Covered Accident, of: speech; hearing of both ears; sight in both eyes; use of both arms; use of both legs; use of one arm and one leg; or severely diminished mental capacity due to brain stem or other neurological Injury such that the Insured Person is unable to perform normal daily functions.

**For benefits described herein to be payable the Covered Accident Deductible Amount must be satisfied.**

## ACCIDENT MEDICAL EXPENSE

We will pay benefits for Medical Expense incurred by an Insured in excess of the \$25,000 Covered Accident Deductible. Benefits will not exceed the Maximum Benefit Limit shown on the Schedule of Benefits. Medical Expense means the Reasonable and Customary charges: (a) of a professional ambulance service for Medically Necessary transportation to and from a Hospital; (b) of a Doctor for Medically Necessary care and treatment; (c) of a Hospital for Medically Necessary inpatient services, including room and board (not exceeding the semi-private room rate for each day of confinement unless a private room is Medically Necessary); (d) for Medically Necessary inpatient services and supplies, including intensive care services, and daily Hospital charges for personal Hospital services (including television, radio, telephone, barber, and beauty services); (e) for Medically Necessary out-patient and emergency room care and treatment; (f) for confinement in an Extended Care Facility; (g) for Home Health Care; (h) for medical or surgical services, prescription drugs, and other medical supplies commonly used for therapeutic or diagnostic services, which are Medically Necessary and prescribed by a Doctor operating within the scope of his or her license; (i) for care and treatment of mental and nervous disorders by a Doctor; and (j) for treatment of subluxation or dislocation of the spine or treatment for the general purpose of correction of nerve interference and its effects, by manual or mechanical means when interference results from or is related to distortion or misalignment of or in the vertebral column (k) physical therapy; and (l) prosthetic devices.

## ACCIDENTAL DEATH, DISMEMBERMENT OR LOSS OF SIGHT, SPEECH OR HEARING

We will pay the benefit amounts shown in the table below, based upon the Principal Sum shown in the Schedule of Benefits for Accidental Death, Dismemberment or Loss of Sight which: (a) Results solely from an Injury to an Insured Person which occurs during a Covered Event, and from no other contributory cause; and (b) Is sustained within the Loss Establishment Period after the date of Injury (no loss establishment period applicable in Pennsylvania). If an Insured Person sustains more than one such Loss as the result of one Accident, we will pay only one amount, the largest to which he is entitled.

| <u>Loss of:</u>   | <u>Benefit Amount</u> |
|---|-----------------------|
| Life .....  | The Principal Sum     |
| Both Hands <b>or</b> Both Feet <b>or</b> Entire Sight of Both Eyes .....                                      | The Principal Sum     |
| 1-Hand and 1-Foot <b>or</b> 1-Hand and Entire Sight of 1-Eye <b>or</b> 1-Foot and Entire Sight of 1-Eye ..... | The Principal Sum     |
| Speech <b>and</b> Hearing (both ears) .....   | The Principal Sum     |
| 1-Hand <b>or</b> 1-Foot <b>or</b> Entire Sight of 1-Eye .....   | ½ the Principal Sum   |
| Speech <b>or</b> Hearing (both ears) .....  | ½ the Principal Sum   |
| Thumb <b>and</b> Index Finger of the Same Hand .....  | ¼ the Principal Sum   |

## LOSS OF LIFE DUE TO HEART OR CIRCULATORY MALFUNCTIONS BENEFIT

If an Insured Person suffers loss of life within the Loss Establishment Period shown in the Schedule of Benefits that is the result of Heart or Circulatory Malfunction relative to the first diagnosis, We will pay the Maximum Benefit Amount shown in the Schedule of Benefits.

## ADDITIONAL ALLOCATED FEATURES

|  |  |
|--|--|
| Catastrophic/Total Disability Benefits | Special Expense Benefits                     |
| Partial Disability Benefits            | Ancillary Illness or Injury Expense Benefits |
| Resumption of Disability Benefits      | Vocational Rehabilitation Benefit            |
| Adjustment Expense Benefits            | Post-Incident Crisis Management Benefit      |
| Assimilation Benefits                  |  |

## OTHER INSURANCE/EXCESS NATURE OF POLICY

This insurance policy is excess over any other valid and collectible insurance or similar benefit program available to the Insured Person for a Covered Loss under this policy. If an Insured Person receives or is entitled to receive benefits or services from any source (herein called Other Insurance) for any benefit category of a Covered Loss for which he or she is entitled under this policy, such benefit under this policy will be in excess of the amount of such Other Insurance.

## EXCLUSIONS AND LIMITATIONS

No benefits are payable for:

- ❖ Illness or disease or medical or surgical treatment thereof, including diagnosis, except:
  - ❖ as may be specifically provided for in the policy;
  - ❖ as may result from an Injury sustained in a Covered Accident;
  - ❖ a cardiovascular accident, stroke or other similar traumatic event caused by exertion while participating in a Covered Event;
- ❖ bacterial infection, except infection of and through a wound accidentally sustained;
- ❖ suicide or intentionally self-inflicted Injury while sane;
- ❖ an act of declared or undeclared war;
- ❖ participation in a riot or engagement in or attempt to commit a felony or being engaged in an illegal activity;
- ❖ travel or flight in or descent from any aircraft, unless the Insured Person is a passenger for authorized group or team travel on a regularly scheduled flight on a commercial airline; or is a passenger on an aircraft chartered solely for the purpose of travel which has a valid airworthiness certificate from the jurisdiction in which operated and which is being operated by a duly licensed pilot;
- ❖ charges which exceed the Reasonable and Customary charges;
- ❖ charges Incurred for dental work unless the Insured Person sustains a Disablement which results in damage to his or her natural teeth;
- ❖ charges Incurred for television, telephone, water pitcher, and other personal convenience items, or expenses for other persons, except as may be specifically provided for elsewhere;
- ❖ charges Incurred for services or supplies not specifically provided for in the policy;
- ❖ charges which would not have been made in the absence of insurance or which the Insured Person is not legally obligated to pay;
- ❖ charges Incurred for cosmetic procedures, unless made necessary by a Disablement;
- ❖ charges Incurred for eyeglasses, contact lenses or hearing aids or for any examination or fitting related to these devices unless made necessary by a Disablement;
- ❖ charges Incurred for care, treatment or service, which is not Medically Necessary to the diagnosis or treatment of a Disablement;
- ❖ charges Incurred for the professional services of a person who either resides with or is an Immediate Family member;
- ❖ charges Incurred for experimental or investigational treatment or procedures;
- ❖ charges Incurred for articles of clothing which are intended for use more than once;
- ❖ treatment of a Disablement sustained as a result or consequence of being Intoxicated, as specifically defined in the policy, or under the influence of any controlled substance unless administered on the advice of a Doctor;
- ❖ the use by the Insured of drugs or narcotics unless used as prescribed by a Doctor for a condition other than drug addiction;
- ❖ routine medical examination and related medical services;
- ❖ charges which are recoverable from any other insurance policy, service contract, Workers' Compensation or other arrangements of insured or self-insured group coverage;
- ❖ elective treatment or surgery, health treatment, or examination where no Injury or Sickness is involved;
- ❖ drugs that promote fertility, treat infertility, enable sexual performance or provide sexual enhancement.

**NONDUPLICATION OF BENEFITS.** If any item of expense is payable under more than one provision of this policy, payment will be made only under the provision providing the greater benefit.

### FAST PRIORITY CLAIM SERVICE

Claims will be paid by the Mutual of Omaha Special Risks Services Department. Mutual of Omaha has years of experience in handling special risk and student accident/medical insurance claims. There is an 800 number for schools, parents and providers to use. We offer fast, accurate claims processing. The **claim procedure is prompt and efficient**. Each school is supplied with claim forms. When there is a school-related Injury, the school's responsibility is to verify the student's name and the circumstances of the Accident. Once the claim is filed by the parents and/or providers of the service, there is no further school involvement.

Mail your claim form to: **Mutual of Omaha Special Risk Services, P.O. Box 31156, Omaha, NE 68131**

Call our toll-free number with Claim questions: **1-800-524-2324**



**National Representative:**  
**Special Markets Insurance Consultants, Inc.**  
Stevens Point, WI 54481

**IMPORTANT NOTICE – THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.** This plan also covers all Mandated Benefits as required by the state in which the policy is issued. This brochure has been designed to illustrate the highlights of this insurance. All information in this brochure is subject to the provisions of Policy Form SB20CC, underwritten by Mutual of Omaha Insurance Company. If there is any conflict between this brochure and the policy, the policy will prevail.

**ALLOCATED CATASTROPHIC SCHEDULE OF BENEFITS**

**Covered Accident Deductible:** \$25,000  
 Eligible medical expenses payable under any other insurance policy or service contract will be used to satisfy or reduce the Covered Accident Deductible.

**Aggregate Limit of Liability:** \$1,000,000 or \$5,000,000\*  
 The maximum amount for which We are liable for an Insured Person for all benefits under this plan due to any one Accident.

**Excess Medical, Dental, Rehabilitative and Custodial Care Expense Benefits:** (Full Excess in all states except PA; \$100 Primary Excess in PA)

|   |   |
|---|---|
| Benefit Percentage  | 100%  |
| Deductible Establishment Period   | 24 Months   |
| Maximum Benefit Period  | Lifetime or 10 Years* from the accident date            |
| Maximum Benefit Amount  | \$1,000,000 or \$5,000,000*                             |
| Maximum for Medically Necessary Hospital Inpatient Services and Supplies  | Included in Medical Maximum                             |
| Maximum for Confinement in an Extended Care Facility Per Calendar Year  | \$365,000   |
| Daily Room And Board Limit For:   |   |
| Private Or Semi-Private Room  | Average Semi-Private Rate Of Hospital In Which Confined |
| Intensive Care  | Reasonable And Customary Charges                        |
| Combined Home Health and Custodial Care Maximum Benefit per Calendar Year   | \$100,000   |
| Treatment Of Mental Or Nervous Disorders  |   |
| Doctor Fees (Amount Per Visit / Visits Per Day / Visits Per Calendar Year)  | \$ 50 / 1 / 50  |
| Inpatient Hospital  | Up To 45 Days   |
| Chiropractic Benefit Maximum Amount Per Calendar Year   | \$ 1,000  |
| Maximum Outpatient Physical Therapy Benefit Amount per Calendar Year  | \$25,000  |
| Physical Therapy includes, but is not limited to: heat treatment, diathermy, microtherm, ultrasonic, adjustment, manipulation, massage therapy and acupuncture. |   |

**Prosthetic Devices Benefit:**

10 Year Benefit Period: The benefit amount during the first two years after the covered accident is \$100,000. The benefit amount payable for the remainder of the benefit period immediately thereafter shall not exceed \$100,000 (\$200,000 if amputation of the leg above the knee). The maximum benefit amount payable is \$200,000 (\$300,000 if amputation of the leg above the knee).

Lifetime Benefit Period: The benefit amount during the first two years after the covered accident is \$100,000. The benefit amount payable for each consecutive 10 year period immediately thereafter shall not exceed \$100,000 (\$200,000 if amputation of the leg above the knee). The maximum benefit amount payable is \$500,000 (\$750,000 if amputation of the leg above the knee).

**Accidental Death, Dismemberment, or Loss of Sight, Speech or Hearing Benefit:**

|   |          |
|---|----------|
| Principal Sum   | \$10,000 |
| Loss Establishment Period (no loss period applicable in Pennsylvania) | 365 Days |

**Loss of Life Due To Heart or Circulatory Malfunctions Benefit:**

|                           |          |
|---------------------------|----------|
| Maximum Benefit Amount    | \$10,000 |
| Loss Establishment Period | 90 Days  |

**Total or Catastrophic Disability Benefit:**

|   |                       |
|---|-----------------------|
| First 12 Months   | \$ 1,500 Per Month    |
| After First 12 Months                                   | \$ 1,500 Per Month    |
| Total or Catastrophic Disability Maximum Period Payable | Lifetime or 10 Years* |

**Partial Disability Benefit:**

|   |                       |
|---|-----------------------|
| Partial Disability Benefit Amount                           | \$ 1,000 Per Month    |
| Partial Disability Maximum Period Payable                   | Lifetime or 10 Years* |
| Percentage Increase After First 12 Months                   | None                  |
| Average Gross Monthly Earnings Limit For Partial Disability | \$ 2,500 For 6 Months |
| After-Tax Monthly Compensation                              | \$ 1,000              |

**Adjustment Expense Benefit:**

|   |                                    |
|---|------------------------------------|
| Medically Necessary Family Counseling Within Number Of Months After the Covered Accident / For Number Of Visit / Amount Per Visit               | 24 / 20 / \$70                     |
| Expense For Training Of Family Member / # Of Months   | \$ 2,500 / 24                      |
| Expense For Travel Per Member Within # Of Months Of Covered Accident  | \$ 2,000 / 24 Months               |
| % Of Gross Lost Earnings / Not To Exceed Amount Per Week / During The Specified # Of Weeks / Within The # Of Months After The Covered Accident. | 75% / \$500 / 13 Weeks / 24 Months |
| Maximum Lifetime Benefit  | \$ 30,000                          |

**Assimilation Benefit:**

|                                 |           |
|---------------------------------|-----------|
| Maximum Benefit Amount          | \$ 50,000 |
| Deductible Establishment Period | 24 Months |

**Special Expense Benefit**

*(If Medical Benefit Period is Lifetime):*

|  |           |
|--|-----------|
| Limit During the First 10 Years Following The Date Of The Covered Accident | \$125,000 |
| Limit For Each 10 Year Period Thereafter                                   | \$ 50,000 |

*(If Medical Benefit Period is 10 Years):*

|                        |           |
|------------------------|-----------|
| Maximum Benefit Amount | \$125,000 |
|------------------------|-----------|

**Ancillary Illness Or Injury Benefit:**

\$2,000 per Calendar Year Deductible not to exceed a Combined Maximum Benefit for all Injuries and Illnesses of \$100,000

**Vocational Rehabilitation Benefit:**

|                           |          |
|---------------------------|----------|
| Maximum Charge (Per Hour) | \$ 100   |
| Maximum Benefit Amount    | \$20,000 |

**Post-Incident Crisis Management Benefit:**

|                        |   |
|------------------------|---|
| Maximum Benefit Amount | \$10,000 Per Incident Aggregate Benefit to cover all persons affected |
|------------------------|---|

\*Within the coverage documents issued, one of the options above will match the selections made by your authorized representative within the enrollment form for coverage.

**CATASTROPHIC MEDICAL SCHEDULE OF BENEFITS**

**Covered Accident Deductible:** \$25,000  
 Eligible medical expenses payable under any other insurance policy or service contract will be used to satisfy or reduce the Covered Accident Deductible.

**Aggregate Limit of Liability:** \$1,000,000 or \$5,000,000\*  
 The maximum amount for which We are liable for an Insured Person for all benefits under this plan due to any one Accident.

**Excess Medical, Dental, Rehabilitative and Custodial Care Expense Benefits:** (Full Excess in all states except PA; \$100 Primary Excess in PA)

|   |   |
|---|---|
| Benefit Percentage  | 100%  |
| Deductible Establishment Period   | 24 Months   |
| Maximum Benefit Period  | Lifetime or 10 Years* from the accident date            |
| Maximum Benefit Amount  | \$1,000,000 or \$5,000,000*                             |
| Maximum for Medically Necessary Hospital Inpatient Services and Supplies  | Included in Medical Maximum                             |
| Maximum for Confinement in an Extended Care Facility Per Calendar Year  | \$365,000   |
| Daily Room And Board Limit For:   |   |
| Private Or Semi-Private Room  | Average Semi-Private Rate Of Hospital In Which Confined |
| Intensive Care  | Reasonable And Customary Charges                        |
| Combined Home Health and Custodial Care Maximum Benefit per Calendar Year   | \$100,000   |
| Treatment Of Mental Or Nervous Disorders  |   |
| Doctor Fees (Amount Per Visit / Visits Per Day / Visits Per Calendar Year)  | \$ 50 / 1 / 50  |
| Inpatient Hospital  | Up To 45 Days   |
| Chiropractic Benefit Maximum Amount Per Calendar Year   | \$ 1,000  |
| Maximum Outpatient Physical Therapy Benefit Amount per Calendar Year  | \$25,000  |
| Physical Therapy includes, but is not limited to: heat treatment, diathermy, microtherm, ultrasonic, adjustment, manipulation, massage therapy and acupuncture. |   |

**Prosthetic Devices Benefit:**

**10 Year Benefit Period:** The benefit amount during the first two years after the covered accident is \$100,000. The benefit amount payable for the remainder of the benefit period immediately thereafter shall not exceed \$100,000 (\$200,000 if amputation of the leg above the knee). The maximum benefit amount payable is \$200,000 (\$300,000 if amputation of the leg above the knee).

**Lifetime Benefit Period:** The benefit amount during the first two years after the covered accident is \$100,000. The benefit amount payable for each consecutive 10 year period immediately thereafter shall not exceed \$100,000 (\$200,000 if amputation of the leg above the knee). The maximum benefit amount payable is \$500,000 (\$750,000 if amputation of the leg above the knee).

**Accidental Death, Dismemberment, or Loss of Sight, Speech or Hearing Benefit:**

|   |          |
|---|----------|
| Principal Sum   | \$10,000 |
| Loss Establishment Period (no loss period applicable in Pennsylvania) | 365 Days |

**Loss of Life Due To Heart or Circulatory Malfunctions Benefit:**

|                           |          |
|---------------------------|----------|
| Maximum Benefit Amount    | \$10,000 |
| Loss Establishment Period | 90 Days  |

\*Within the coverage documents issued, one of the options above will match the selections made by your authorized representative within the enrollment form for coverage.