

SECTION IV

BENEFITS

For the purpose of computing the benefits to which an Insured Person is entitled under this policy, all Injuries sustained by an Insured Person in any one Accident shall be considered a single Injury

Principal Sum

As applicable to each Insured Person, Principal Sum means the amount of insurance in force under this Policy on the date of the Accident, as described in the Schedule.

Deductible (Applies to Accident Medical Expense Benefits only)

The applicable Deductible Amounts shown in the Schedule apply per Covered Loss and to each Insured Person sustaining a particular type of Covered Loss. For Accidents causing more than one Covered Loss, each deductible amount is applied to the total benefits payable.

Accidental Death Benefit

If Injury to the Insured Person, directly caused by an Occupational Accident, results in the death of that Insured Person within the Incurral Period shown in the Schedule, the Company will pay a Survivor's Benefit, subject to the terms and conditions described in the Survivor's Benefit section below, and subject to any applicable Deductible Amount for the Accidental Covered Loss shown in the Schedule. The Incurral Period starts on the date of the accident that caused such Injury.

The Company shall have the right to develop a structured benefit distribution plan for the payment of any benefit(s) payable under this policy, whether through an annuity or otherwise. We do not need the consent or agreement of the Insured Person,

beneficiary, or any other person to develop and implement such a plan. Upon the purchase of an annuity, the obligation to make any and all future payments under this policy will be transferred to the company issuing the annuity. It is agreed that, in that event, the Insured Person or Designated Beneficiary will rely solely on that company to satisfy any and all further obligations for such benefits under this policy and no further demands or claims can or will be made against the Company for such benefits. If any person entitled to receive benefits is a minor or not competent to give a valid release, such benefits shall be paid to such person's legally appointed guardian or conservator.

Survivor's Benefit

If the Insured Person suffers accidental death such that an Accidental Death Benefit is payable under this Policy, the Company will pay a monthly Survivor's Benefit to the surviving Spouse, up to the Principal Sum shown in the Schedule. The Monthly Benefit Amount is determined by dividing the remainder of the Principal Sum after payment of any Lump Sum by the number of months shown in the Schedule of Benefits.

If the Insured Person is not survived by a Spouse, or if the Insured Person's Spouse dies or remarries, the Company will pay or continue to pay the Survivor's Benefit to the Insured Person's surviving Dependent Children, if any. If there is more than one surviving Dependent Child, the Survivor's Benefit will be distributed equally among the surviving Dependent Children. The payment of the monthly Survivor's Benefit will end on the earliest of the following dates:

1. the date the Spouse dies or remarries, if there are no Dependent Children;
2. as to each Dependent Child, the date that Dependent Child dies or is no longer within the definition of Dependent Child as defined in Section I of this Policy; or
3. the date the Principal Sum has been paid.

If the Insured Person is not survived by a Spouse or Dependent Child, the Company will pay only the Accidental Death Benefit in accordance with the Payment of Claims provisions of this Policy.

Exposure and Disappearance

If, by reason of an Occupational Accident, an Insured Person is unavoidably exposed to the elements and as a result of such exposure suffers a loss which is otherwise covered under this Policy, the loss will be considered a Covered Loss under the terms of this Policy.

If the body of an Insured Person has not been found within one year after the disappearance, forced landing, stranding, sinking, or wrecking of a conveyance in which that Insured Person was an occupant, then it will be deemed, subject to all other terms and provisions of this Policy, that the Insured Person has suffered Accidental Death within the meaning of this Policy. If, within 7 years, the Insured Person is later found living, all benefits paid must be immediately refunded to the Company.

Accidental Dismemberment Benefit

All Injuries sustained by an Insured Person in any one Accident shall be considered a single Injury.

Monthly Benefit: If Injury to the Insured Person, sustained as a result of an Occupational Accident, results in any one of the Losses specified below, within the Policy Period shown in the Schedule (as measured from the date of the Accident that caused such Injury), the Company will pay a monthly benefit equal to the Percentage of the Principal Sum shown below for that Loss, subject to any applicable Deductible Amount for the Accidental Dismemberment Covered Loss shown in the Schedule. Benefits will be payable in equal monthly payments up to the Maximum Benefit Period shown in the Schedule, subject to the Maximum Monthly Benefit Amount shown in the Schedule of Benefits. The amount of the monthly benefit is determined by multiplying the applicable Percentage of the Principal Sum by the Principal Sum, and then dividing that amount by the numbers of months in the Maximum Benefit Period. The payment of the monthly benefit ceases on the earlier of:

- (1) the date the Insured Person dies; or
- (2) the date the total amount of monthly benefits paid equals the Percentage of the Principal Sum shown below for that Loss.

<u>For Loss of:</u>	<u>Percentage of the Principal Sum:</u>
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and the Sight of One Eye	100%
One Foot and the Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
One Arm or One Leg	75%
One Hand or One Foot	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Four Fingers of Same Hand	25%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand.	25%
All Toes of Same Foot	13%
One Thumb	10%
One Finger	2%
One Toe	1%

“Loss” of a hand or foot means complete severance through or above the wrist or ankle joint. “Loss” of sight of an eye means total and irrecoverable loss of the entire sight in that eye. “Loss” of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. “Loss” of speech means total and irrecoverable loss of the entire ability to speak. “Loss” of an arm or leg means complete severance through or above the shoulder or hip joint. “Loss” of four fingers means complete severance through or above the metacarpophalangeal joint of all four digits. “Loss” of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits. “Loss” of all toes means complete severance through or above the metatarsophalangeal joint of all five digits. “Loss” of one thumb means complete severance through or above the metacarpophalangeal joint of the digit. “Loss” of one finger means complete severance through or above the metacarpophalangeal joint of the digit. “Loss” of one toe means complete severance through or above the metatarsophalangeal joint of one digit.

If an Insured Person as a result of the same Accident sustains more than one Loss, only one amount, the largest, will be paid.

Severe Burn Benefit

All Injuries sustained by an Insured Person in any one Accident shall be considered a single Injury. The Accidental Dismemberment Benefit has been expanded to include Severe Burn as a covered loss.

If an Insured Person suffers an Injury that is a Severe Burn, the Company will pay a benefit as described below. The benefit payable is based on the Maximum Percentage of Accidental Dismemberment Principal Sum shown below and with respect to the specified body area shown below:

<u>Specified Body Area</u>	<u>Maximum Percentage of Principal Sum</u>
Face and Neck and Head	99%
Hand and Forearm Below Elbow Joint (Right)	22.5%
Hand and Forearm Below Elbow Joint (Left)	22.5%
Upper Arm Below Shoulder Joint to Elbow Joint (Right)	13.5%
Upper Arm Below Shoulder Joint to Elbow Joint (Left)	13.5%
Torso Below Neck to Shoulder Joints and Hip Joints (Front)	36%
Torso Below Neck to Shoulder Joints and Hip Joints (Back)	36%
Thigh Below Hip Joint to Knee Joint (Right)	9%
Thigh Below Hip Joint to Knee Joint (Left)	9%
Foot and Lower Leg Below Knee Joint (Right)	27%
Foot and Lower Leg Below Knee Joint (Left)	27%

If only one of the Insured Person's Specified Body Areas is Severely Burned in an accident and 100% of the surface of that Specified Body Area is Severely Burned, the benefit payable is 100% of the Maximum Percentage of Principal Sum shown for that Specified Body Area. If only one of the Insured Person's Specified Body Areas is Severely Burned in an accident and less than 100% of the surface of that Specified Body Area is Severely Burned, the benefit payable is that same lesser percentage of the Maximum Percentage of Principal Sum shown above for that Specified Body Area.

(For example: The Maximum Percentage of Principal Sum shown for the "foot and lower leg below knee joint (right)" Specified Body Area is 27%. If 100% of the surface of that Specified Body Area is Severely Burned, the benefit payable is 100% of 27%, or 27%, of the Principal Sum. If 50% of that surface is Severely Burned, the benefit payable is 50% of 27%, or 13.5%, of the Principal Sum. If 1/3 of that surface is Severely Burned, the benefit payable is 1/3 of 27%, or 9%, of the Principal Sum.)

If more than one of the Insured Person's Specified Body Areas is Severely Burned as a result of the same accident, the benefit payable is the lesser of: (1) the sum of the benefit amounts calculated separately, according to the above rules, with respect to each such Specified Body Area; or (2) 100% of the Principal Sum.

The determination of whether or not a Specified Body Area is Severely Burned, and what proportion of its surface is Severely Burned, must be made by a Physician. The Company has the right, at its own expense, to have the determination verified by a Physician of the Company's choice.

Severe Burn/Severely Burned - means cosmetic disfigurement of the surface of a body area due to an Injury that is a full-thickness or third-degree burn as determined by a Physician. (A full-thickness or third-degree burn is the destruction of the skin through the entire thickness or depth of the dermis and possibly into underlying tissues, with loss of fluid and sometimes shock, by means of exposure to fire, heat, caustics, electricity or radiation).

Paralysis Benefit

All Injuries sustained by an Insured Person in any one Accident shall be considered a single Injury. The Accidental Dismemberment Benefit has been expanded to include Paralysis as a covered loss.

Monthly Benefit: If Injury to the Insured Person results in any type of paralysis specified below, within the Policy Period shown in the Schedule (as measured from the date of the Accident that caused such Injury), the Company will pay a monthly benefit equal to the Percentage of the Accidental Dismemberment Principal Sum shown below for that type of paralysis, subject to any applicable Deductible Amount for the Paralysis Covered Loss shown in the Schedule. Benefits will be payable in equal monthly payments, up to the Maximum Benefit Period shown in the Schedule, subject to the Maximum Monthly Benefit Amount. The monthly benefit is determined by multiplying the applicable Percentage of the Principal Sum by the Principal Sum, and then dividing that amount by the number of months in the Maximum Benefit Period.

The payment of the monthly benefit ceases on the earliest of:

- (1) the date the Insured Person is no longer paralyzed,
- (2) the date the Insured Person dies, or
- (3) the date the total amount of monthly benefits paid equals the Percentage of the Principal Sum shown below for that Type of Paralysis.

<u>Type of Paralysis:</u>	<u>Percentage of the Principal Sum</u>
Quadriplegia	100%
Paraplegia	50%
Hemiplegia	50%
Uniplegia	25%

"Quadriplegia" means the complete and irreversible paralysis of both upper and both lower limbs. "Paraplegia" means the complete and irreversible paralysis of both lower limbs. "Hemiplegia" means the complete and irreversible paralysis of the upper and lower limbs of the same side of the body. "Uniplegia" means the complete and irreversible paralysis of one limb. "Limb" means entire arm or entire leg. As used in this policy, neither quadriplegia, paraplegia, hemiplegia, uniplegia, nor paralysis includes paresis.

Paralysis benefits for more than one type of paralysis may not be combined. If an Insured Person sustains more than one type of paralysis as a result of the same Accident, the only paralysis benefit payable under this policy will be the largest single paralysis benefit that applies.

Temporary Total Disability Benefit

If Injury to the Insured Person results in Temporary Total Disability within the period between the date of Injury and the policy Anniversary/Termination date shown in the Schedule, and if the Insured Person is under age 70 on the day the Temporary Total Disability begins, the Company will pay the Temporary Total Disability Benefit specified below, subject to satisfaction of any applicable Waiting Period shown in the Schedule. The Waiting Period starts on the date of the Accident that caused such Injury. After the Waiting Period has been satisfied, the Temporary Total Disability Benefit shall be payable, retroactively from the date the disability began, provided the Insured Person remains Temporarily Totally Disabled.

The Temporary Total Disability Benefit with respect to each week of an Insured Person's Temporary Total Disability during a Single Period of Total Disability is equal to the lesser of:

1. 70% of the Insured Person's Average Weekly Earnings; or
2. the Maximum Weekly Benefit Amount shown in the Schedule.

The Temporary Total Disability Benefit shall cease on the earliest of the following:

1. the date the Insured Person is no longer Temporarily Totally Disabled;
2. the date the Insured Person dies;
3. the date the Insured Person attains age 70; or
4. the date the Maximum Benefit Period shown in the Schedule has been reached.

The Temporary Total Disability Benefit with respect to less than a full Benefit Week of Temporary Total Disability equals 1/7th of the weekly benefit for each day of Temporary Total Disability.

As used above in this Temporary Total Disability Benefit section:

Average Weekly Earnings means the Insured Person's average weekly gross income from Occupational services as reported to the Internal Revenue Service as Adjusted Gross Income on the Insured Person's federal tax return for the tax year immediately preceding the year in which the Temporary Total Disability began.

Benefit Week means a 7-day period of time that begins on the first day of Temporary Total Disability after the Waiting Period shown in the Schedule for Temporary Total Disability and on the same day of each Week thereafter.

Maximum Benefit Period means, with respect to Temporary Total Disability, the maximum period for which benefits shall be payable for a Temporary Total Disability Covered Loss during a Single Period of Total Disability. The length of the Maximum Benefit Period for Temporary Total Disability is shown in the Schedule.

Single Period of Total Disability means all periods of Temporary Total Disability due to the same or related causes (whether or not this insurance has been interrupted) except any of the following which are considered separate periods of disability:

- (1) successive periods of Temporary Total Disability, due to entirely different and unrelated causes, separated by at least one full day during which the Insured Person is not Temporarily Totally Disabled; and
- (2) successive periods of Temporary Total Disability, due to the same or related causes, separated by at least 6 months during which the Insured Person is not Temporarily Totally Disabled.

Temporary Total Disability and Temporarily Totally Disabled refer to disability that:

- (1) prevents an Insured Person from performing the duties of his or her regular, primary occupation; and
- (2) requires and results in the Insured Person's receiving Continuous Care.

Continuous Care means medical monitoring and/or evaluation of the disabling condition by a Physician on a monthly or more frequent basis. The Company must receive proof of continuing Temporary Total Disability on at least a monthly basis.

Continuous Total Disability Benefit

If Injury to the Insured Person, resulting in Temporary Total Disability, subsequently results in Continuous Total Disability, the Company will pay the Continuous Total Disability Benefit specified below, provided:

1. benefits payable for a Temporary Total Disability Covered Loss ceased solely because the Maximum Benefit Period shown in the Schedule for Temporary Total Disability has been reached, but the Insured Person remains disabled; and
2. the Insured Person is under age 70 on the day after the Maximum Benefit Period shown in the Schedule for Temporary Total Disability has been reached; and
3. the Insured Person has been granted a Social Security Disability Award for his or her disability; and
4. the Insured Person's disability is reasonably expected to continue without interruption until the Insured Person dies.

The Continuous Total Disability Benefit with respect to each month of an Insured Person's Continuous Total Disability is equal to four and three-tenths (4.3) times the weekly benefit for Temporary Total Disability, less the Insured Person's primary Social Security Disability Award.

The Continuous Total Disability Benefit with respect to less than a full Benefit Week of Continuous Total Disability equals 1/7th of the weekly Benefit for Temporary Total Disability for each day of Continuous Total Disability.

Benefits payable under the Temporary Total Disability Benefit before the Maximum Benefit Period shown in the Schedule for Temporary Total Disability has been reached, will not be considered a continuous Total Disability Benefit.

The Continuous Total Disability Benefit shall cease on the earliest of the following dates:

1. the date the Insured Person is no longer Continuously Totally Disabled,
2. the date the Insured Person dies,
3. the date the Insured Person's Social Security Disability Award ceases,
4. the date the Insured Person attains age 70,
5. the date the Maximum Benefit Period shown in the Schedule for Continuous Total Disability has been reached.

As used in this Continuous Total Disability benefit section:

Benefit Week means a one-week period of time that begins on the day after the Maximum Benefit Period for Temporary Total Disability has been reached and on the same day of each week thereafter.

Maximum Benefit Period means, with respect to Continuous Total Disability, the maximum period for which benefits shall be payable for a Continuous Total Disability Covered Loss(es). If applicable, the length of the Maximum Benefit Period for Continuous Total Disability is shown in the Schedule.

Continuous Total Disability and Continuously Totally Disabled refer to disability that:

- (1) prevents an Insured Person from performing the duties of all occupations for which he or she is otherwise qualified by reason of education, training or experience; and
- (2) requires and results in the Insured Person's receiving Continuous Care.

Continuous Care means medical monitoring and/or evaluation of the disabling condition by a Physician on a monthly or more frequent basis. The Company must receive proof of continuing Continuous Total Disability at least on a quarterly basis.

Other terms used in this Continuous Total Disability benefit, but which refer to Temporary Total Disability and are defined in the Temporary Total Disability benefit section, are to be interpreted as defined in that section.

Accident Medical Expense Benefit

If an Insured Person suffers an Occupational Injury that, during the effective period of this policy shown in the Schedule, requires him or her to be treated by a Physician, the Company, will pay the Usual and Customary Charges incurred for Medically Necessary Covered Accident Medical Services received due to that Injury, up to the Maximum Benefit Amount and Incurral Period shown in the Schedule per Insured Person for all Injuries caused by a single Accident, subject to any applicable Deductible Amount. The Incurral Period starts on the date of the accident that caused such Injury. The Deductible Amount for the Accident Medical Expense Benefit is the Deductible Amount shown in the Schedule, if any, which must be met separately for each Accident from the Usual and Customary Charges for Medically Necessary Covered Accident Medical Services incurred due to Injuries sustained by the Insured Person in that Accident.

As used in this Accident Medical Expense Benefit provision:

Ambulatory Medical Center means a licensed public establishment with an organized staff of Physicians and permanent facilities that are equipped and operated primarily for the purpose of providing medical services or performing surgical procedures. Such establishment must provide continuous Physician and registered nursing (RN) services whenever a patient is in the facility. An Ambulatory Medical Center does not include a Hospital, a Physician's office, or a clinic.

Covered Accident Medical Service(s) means any of the following services:

1. Hospital semi-private room and board (or room and board in an intensive care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room); or use of an Ambulatory Medical Center;
2. services of a Physician, a Registered Nurse, LPNs, BSNs, nurse practitioners, PAs, or other kinds of licensed nursing personnel;
3. ambulance service to or from a Hospital;
4. laboratory tests;
5. radiological procedures;
6. anesthetics and the administration of anesthetics;
7. blood, blood products and artificial blood products, and the transfusion thereof;
8. physical therapy, Occupational therapy, and chiropractic care, up to the Physical Therapy, Occupational Therapy and Chiropractic Care Maximum, if any, shown in the Schedule;
9. rental of Durable Medical Equipment, up to the actual purchase price of such equipment;
10. artificial limbs, artificial eyes or other prosthetic appliances; or
11. medicines or drugs administered by a Physician or that can be obtained only with a Physician's written prescription; or
12. The following specific Dental Services, required to treat a dental Injury as a result of an Occupational Accident which happens while covered:
 - (1) Appliances and splints placed on or attached to sound natural teeth
 - (2) Full or partial dentures.
 - (3) Fixed bridgework if needed because of accidental injury to sound natural teeth
 - (4) Prompt repair to sound natural teeth if needed because of accidental injury to those teeth.

Custodial Services means any of the following kinds of services which are provided to care for an Insured Person's physical well-being, but are not intended primarily as medical treatment for a specific Injury. Custodial Services include, but shall not be limited to, services:

- (1) related to watching or protecting the Insured Person;
- (2) related to performing or assisting the Insured Person in performing any activities of daily living, such as: (a) walking; (b) grooming; (c) bathing; (d) dressing; (e) getting in or out of bed; (f) toileting; (g) eating; (h) preparing foods; or (i) taking medications that can usually be self-administered; and
- (3) that are not required to be performed by trained or skilled medical or paramedical personnel.

Durable Medical Equipment refers to equipment of a type that is designed primarily for use, and used primarily, by people who are injured (for example, a wheelchair or a hospital bed). It does not include items commonly used by people who are not injured, even if the items can also be used in the treatment of injury or for rehabilitation or improvement of health (for example, a stationary bicycle or a spa).

Hospital means a facility that:

- (1) is operated according to law for the care and treatment of injured people;
- (2) has organized facilities for diagnosis and surgery on its premises, or in facilities available to it on a prearranged basis;
- (3) has 24-hour nursing service by registered nurses (RNs), on duty or on call; and
- (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital in which a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing or other section of the hospital that is used for such purposes; or (3) any military or veterans' hospital or soldiers' or sailors' home or any hospital contracted for or operated by any government or government agency for the treatment of members or ex-members of the armed forces.

Incurral Period means, with respect to Accident Medical Expense, the maximum period for which benefits shall be payable for Covered Accident Medical Services for or in connection with a single Accident Medical Expense Covered Loss. The length of the Incurral Period for Accident Medical Expense is shown in the Schedule.

Medically Necessary means that a Covered Accident Medical Service: (1) is essential for diagnosis, treatment or care of the Occupational Injury for which it is prescribed or performed, (2) meets generally accepted standards of medical practice, and (3) is ordered by a Physician and performed either by a Physician or under his or her care, supervision or order.

Personal Comfort or Convenience Item(s) means those items that are not Medically Necessary for the care and treatment of the Insured Person's Occupational Injury. The term Personal Comfort or Convenience Item(s) includes, but is not limited to: (1) a private Hospital room, unless Medically Necessary; (2) television rental; and (3) Hospital telephone charges.

Sound Natural Teeth means natural teeth that either are unaltered or are fully restored to their normal function and are disease-free, have no decay, and are not more susceptible to injury than unaltered natural teeth.

Usual and Customary Charge(s) means a charge that: (1) is made for a Covered Accident Medical Service; (2) does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred (or, for a Hospital room and board charge, other than for a Medically Necessary stay in an intensive care unit, one that does not exceed the Hospital's most common charge for semi-private room and board); and (3) does not include charges that would not have been made if no insurance existed.

In addition to the Exclusions in Section VI of this policy, Usual and Customary Charges for Covered Accident Medical Services do not include, and benefits are not payable with respect to, any expense for or resulting from:

1. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or repair of existing Durable Medical Equipment, unless for the purpose of modifying the item because Injury has caused further impairment in the underlying bodily condition;
2. new or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums;
3. new eyeglasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless Occupational Injury has caused impairment of sight; or repair or replacement of existing eyeglasses or contact lenses unless for the purpose of modifying the item because Injury has caused further impairment of sight;
4. new hearing aids or hearing examinations, unless Injury has caused impairment of hearing-, or repair or replacement of existing hearing aids, unless for the purpose of modifying the item because Occupational Injury has caused further impairment of hearing;
5. rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company's sole judgment, Accident

Medical Expense Benefits for rental of Durable Medical Equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary Covered Accident Medical Expense Benefit in lieu of such rental expense);

6. Custodial Services; or
7. Personal Comfort or Convenience Items.

We will not pay for such items.

NON-OCCUPATIONAL COVERAGE

Non-Occupational Coverage. References in this Policy to an Injury or Accident, where applicable, are hereby deemed to include Non-Occupational Injury and Non-Occupational Accident, respectively. Benefits shall be payable for only those Covered Losses listed in the Schedule under Non-Occupational Accident Benefits, and shall be subject to the Non-Occupational Accident Benefit limitations shown therein.

Non-Occupational means, with respect to an activity, Accident, incident, circumstance or condition involving an Insured Person, that it is not proximately caused by the Insured Person's performing Occupational Services.

Non-Occupational Injury means physical Injury caused by a Non-Occupational Accident occurring while this policy is in force as to the person whose injury is the basis of claim and resulting directly and independently of all other causes in a Covered Loss.

All Injuries sustained by an Insured Person in any one Accident shall be considered a single Injury.