



Sample policy language
CIC1022KS | Kansas

ACCIDENT*assure*[®]

ACCIDENTAL INJURY & DISABILITY INCOME INSURANCE

For training purposes
For agent information only. This material should not be
distributed to the public or used in any solicitation.

Effective September 1, 2011, Conseco Insurance Company (CIC) merged into Washington National Insurance Company. The majority of consumer and agent materials are now issued with the Washington National Insurance Company name. However, the policy sample pages in this book may reference CIC as the underwriting company during our transition. Please note that your clients' policy will reflect the proper underwriting company name.

Accidental death and dismemberment base

*Conseco Insurance Company
Chicago, Illinois
Administrative Office: 11825 N. Pennsylvania Street
Carmel, IN 46032-4555 • Telephone: 1-800-981-8404*

ACCIDENTAL DEATH AND DISMEMBERMENT POLICY

**THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE
DISABILITY BENEFITS GUARANTEED RENEWABLE UNTIL AGE 70**

THIS IS AN ACCIDENT ONLY POLICY AND DOES NOT PAY BENEFITS FOR LOSS FROM SICKNESS. (INSURANCE FOR SICKNESS MAY BE INCLUDED IN A SEPARATE RIDER, REQUIRING ADDITIONAL PREMIUMS. IF SUCH INSURANCE IS INCLUDED, IT WILL BE INDICATED IN THE ATTACHED POLICY SCHEDULE.) THIS POLICY PROVIDES LIMITED BENEFITS. BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES.

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE MEDICARE SUPPLEMENT BUYER'S GUIDE AVAILABLE FROM THE COMPANY.

**THIS POLICY PROVIDES LIMITED BENEFITS –
PLEASE READ YOUR POLICY CAREFULLY**

This Policy ("Policy") is a legal contract between the Policyowner (shown on the Policy Schedule) and Conseco Insurance Company (the Company). Subject to all the terms and conditions set forth in the Policy, We agree to provide coverage to the Insured against Loss based on the application and in return for Premium payments.

IMPORTANT NOTICE

Please read the copy of the application attached to the Policy. Carefully check the application and write to Us at Our administrative office, within 10 days, if any information shown on it is not correct and complete, or if any past medical history has been left out of the application. This application is a part of the Policy and the Policy was issued on the basis that answers to all questions and the information shown on the application are correct and complete.

TEN DAY RIGHT TO RETURN POLICY: If for any reason the Policyowner is not satisfied with this Policy, it may be returned to an authorized agent of the Company or to Our Administrative Office within 10 days after it is received for a complete refund of Premium and cancellation of the Policy.

GUARANTEED RENEWABILITY PRIVILEGE - PREMIUM CHANGE: This Policy is continuously renewed by the payment of Premiums when due. However, disability benefits are guaranteed renewable only until age 70, if included. We reserve the right to change Premium rates upon written notice to the Insured's last known address at least 31 days before the change is to become effective. We will only change Your premium if We change it for all policies of this form number in Your state of issue on a Class basis. Premium classification is determined by Class and payment method. Your Policy cannot be singled out for a Premium rate change.

This Policy is executed on behalf of Conseco Insurance Company by its President at its Administrative Office in Carmel, Indiana.

President

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SPECIMEN

SECTION 1: DEFINITIONS

When the terms below are used in this Policy, the following definitions apply:

ACCIDENT: means a sudden, unexpected and unforeseen event.

ACCIDENTAL INJURY: means all bodily injuries solely caused by and resulting from an Accident. Accidental Injury does not include injury as a direct or indirect result of bodily or mental infirmity or disease in any form or medical treatment of any kind.

BENEFICIARY(IES): means the person(s) You designate in writing to Us on Your application to receive any benefits which may be payable in the event of Your death.

CLASS: Is defined as one or more of the following: age on the effective date; state of issue; and type and level of benefits.

COMMON CARRIER: means:

- an airline carrier which is licensed by the United States Federal Aviation Administration and operated by a licensed pilot on a regularly scheduled route between established airports; common carrier does not include the chartering of private airplanes or flying on any airlines without schedules;
- a railroad train which is licensed and operated for passenger service only; or,
- a boat or ship which is licensed for passenger service and operated on a regularly scheduled route between established ports.

COVERED ACCIDENT: means an Accidental Injury that occurs while You are insured under this Policy and which is not excluded in this Policy.

DAY: means a 24-hour period.

DISMEMBERMENT: means:

- finger: the entire finger is permanently cut off at the joint where the finger is attached to the hand.
- arm: the arm is permanently cut off at or above the elbow joint.
- hand: the hand is permanently cut off at or above the wrist joint, or the use of the hand is permanently lost.
- toe: the entire toe is permanently cut off at the joint where the toe is attached to the foot.
- leg: the leg is permanently cut off at or above the knee joint.
- foot: the foot is permanently cut off at or above the ankle joint, or the use of the foot is permanently lost.
- eye: the central visual acuity of that eye becomes irrevocably incapable of being corrected to better than 20/200.

DOCTOR OR PHYSICIAN: means a person, other than the Insured or Immediate Family who:

- is licensed by the state to practice a healing art; and,
- performs services which are allowed by that license.

HOSPITAL: A medical facility which:

- is legally licensed and operated as a Hospital pursuant to law, on an inpatient basis;
- provides care of injured and sick people;
- is supervised by one or more Doctors;
- provides 24-hour-a-day nursing services supervised by or under a registered graduate Nurse (RN); and,
- provides on-site or prearranged use of x-ray equipment, laboratory and surgical facilities.

A Hospital is not a bed, unit, or facility that functions as a/an:

- skilled nursing facility;
- nursing home;
- extended care facility;
- convalescent home;
- rest home, or a home for the aged;
- sanatorium;
- rehabilitation center;
- place primarily providing care for alcoholics or drug addicts; or,
- facility for the care and treatment of mental disease or mental disorders.

HOSPITAL CONFINED/CONFINEMENT: Confinement as an inpatient for a minimum of 24 consecutive hours in a Hospital for which room and board charges are made.

IMMEDIATE FAMILY: Your parents, spouse, children, brothers, sisters, grandchildren, or grandparents.

INTENSIVE CARE UNIT: means a specifically designated facility of a Hospital which:

- is separate and apart from other Hospital areas;
- provides highest level of acute medical care;
- is restricted to critically ill or injured patients;
- contains special life-saving equipment for the care of critically ill or injured patients; and,
- has full-time nurses assigned exclusively to that area.

An Intensive Care Unit is not a/an:

- progressive care unit;
- sub-acute Intensive Care Unit;
- intermediate care unit;
- private, monitored room;
- observation unit;
- surgical recovery room; or,
- room, bed, or ward customarily used for patient confinement.

LOSS: means a specified event due to a Covered Accident for which We pay benefits under this Policy or any riders attached. For disability benefits, Loss means each full Day of Total Disability.

MEDICALLY NECESSARY: means care, other than custodial care, that is required based upon generally accepted medical practice for the diagnosis or treatment of Accidental Injury or sickness. When an insured person is confined to a Hospital when care could be, and typically is, given elsewhere, that confinement is not considered Medically Necessary. Care is considered to be custodial when its primary purpose is to meet personal needs that could be met by persons other than Physicians.

MOTORIZED VEHICLE: means a motorized vehicle which is limited to automobiles, trucks of all sizes, taxis, motor homes, vans, and buses, other than a Common Carrier. The vehicle must be licensed by proper authority and authorized to travel on city, state, and federal roads.

OFF-THE-JOB ACCIDENT: means a Covered Accident which does not occur while in the course of any occupation, activity, or employment for pay, benefit, or profit.

PEDESTRIAN: means an Insured is not a passenger in a Common Carrier or Motorized Vehicle, but is struck by such a vehicle.

POLICY: means the Entire Contract of insurance between the Policyowner and the Company.

POLICYOWNER: means the person named as the Policyowner in the Policy Schedule.

PREMIUM: means the amount of money You are required to pay Us in return for the insurance provided by this Policy.

TOTALLY DISABLED or TOTAL DISABILITY: means the period of time during which You are wholly and continuously unable to perform physical tasks that You can normally do and such inability prevents You from engaging in the material and substantial duties of Your own occupation for which You may be reasonably suited by, education, training, or experience. If You are doing any work for wages or profit, You are not considered Totally Disabled.

WE, US, OUR: means Conseco Insurance Company, "the Company".

YOU, YOUR, YOURSELF, INSURED: The person(s) named as an Insured on the Policy Schedule:

- if this is Individual coverage, only the Insured;
- if this is Individual plus Child(ren) coverage, the Insured and the Insured's children;
- if this is Individual plus Spouse coverage, the Insured and the Insured's spouse; and,
- if this is Family coverage, the Insured, Insured's spouse and children.

Spouse means the insurable person named as spouse on the application and legally married to the Insured on the Effective Date of this Policy.

Child(ren) means the Insured's and spouse's natural child, step-child, legally adopted child, a child placed with the Insured for adoption, a foster child(ren), or court appointed guardianship/order/administrative order of a child including grandchild, who is:

- insurable and named on the application;
- unmarried;
- chiefly dependent on the Insured or spouse for support; and,
- the Limiting Age is younger than 22, or younger than 26 if a full-time student in a licensed or accredited school. The definition of "full-time student" is based on the criteria for "full-time student" in the school where the student is enrolled.

Children also includes dependent children, regardless of age, who:

- are mentally or physically handicapped;
- became or become handicapped prior to the Limiting Age; and,
- cannot support themselves because of their handicap.

For handicapped children We must be provided, where possible, with proof of the child's incapacity and dependency no more than 31 days after the child reaches the Limiting Age. Thereafter, such proof must be provided at Our request, but not more frequently than annually after the second Policy year following the attainment of the Limiting Age.

A child's insurance will terminate on the date on which that child ceases to meet the above conditions. Our acceptance of Premium after this date is considered as Premium only for the remaining persons who qualify under this Policy. It is the Insured's responsibility to notify Us when a child ceases to meet the above conditions.

Newborn children are insured from the moment of birth. If this is Family or Individual plus child(ren) coverage, no notice or additional Premium is required. If this is Individual coverage or Individual plus Spouse, a newborn child is covered from the moment of birth for 31 days. Coverage for such child may be extended beyond the initial 31 day period by notifying Us in writing within 31 days after the child's birth and paying any required additional Premium.

Benefits for newborns will be paid for the necessary care and treatment of medically diagnosed congenital defects, birth abnormalities and prematurity. Benefits are not payable for normal, newborn childcare.

A child(ren) placed for adoption, a foster child(ren), or court appointed guardianship of a child(ren) including grandchild after the Effective Date of this Policy will be covered from the date of placement; Pre-Existing Condition limitations and exclusions will not apply. If this is Family or Individual plus child(ren) coverage, no notice or additional Premium is required. If this is Individual or Individual plus Spouse coverage, a newly adopted child, a foster child(ren), or court appointed guardianship of a child is covered for 31 days from the date of placement. Coverage for such child may be extended beyond the initial 31 day period by notifying Us in writing within 31 days after the date of placement and paying any required additional Premium. Coverage on a child for whom adoption proceedings have been filed will terminate on the date such proceedings are terminated and the child is removed from placement.

SECTION 2: PREMIUMS

PAYMENT OF PREMIUMS: The first Premium is due on the Effective Date of this Policy. Each Premium after the first is due on the last day of the term for which the most recent Premium was paid and must be accepted by Us at Our Administrative Office.

EXCEPTION: During the time, if any, that it is agreed between You and Us that Premiums will be billed and remitted through payroll deduction or credit union share account deduction, Premium is due in Our Administrative Office on the due date indicated in the billing provided to the administrator coordinating Premium payments on Your behalf.

This Policy will not be in force until the first Premium is accepted by Us. If We accept a Premium, this Policy will continue in force until the end of the term for which that Premium was due.

The amount of the first Premium is shown in the Policy Schedule and is based on Your initial mode of payment. The amount of each Premium after the first is based on Your then current mode of payment and the Premium then being charged for Policies of this form number and Premium classification issued in the same state. If You do not pay Your Premium when due or within the grace period, coverage under this Policy will terminate.

GRACE PERIOD: A grace period of 31 days is granted for the payment of each Premium falling due after the first Premium. During this period the Policy will stay in force. The Policy will terminate on the due date of the unpaid Premium if You do not pay the Premium by the end of the grace period. A grace period is not provided if You send Us notice to terminate the Policy prior to a Premium due date. Termination for any reason will not prejudice a claim for Loss incurred prior to the due date of the unpaid Premium.

REINSTATEMENT: If this Policy terminates because the Premium is not paid by the last day of the grace period, We may allow You to reinstate Your Policy.

If We accept Your Premium and do not require a reinstatement application, this Policy will be reinstated as of 12:00 noon Standard Time at Your place of residence. The Effective Date of coverage will be the date We receive the Premium. If We require a reinstatement application at the time We receive the Premium, We will issue a conditional receipt for the Premium. Upon Our receipt and approval of the reinstatement application, this Policy will be reinstated as of 12:00 noon Standard Time on the date the reinstatement application is approved by Us. If We do not mail written notice of disapproval within 45 days after the date of the conditional receipt, then this Policy will automatically be reinstated as of 12:00 noon Standard Time on the 45th day.

The reinstated Policy will provide benefits for Loss resulting from such Accidental Injury as may be sustained after the reinstatement date. The reinstated Policy or riders will only provide benefits for other Losses, 10 days or more after the reinstatement date. If a Sickness Disability Rider is included in this Policy, the reinstated rider will only provide benefits for Losses, which result from any sickness that the rider provides benefits for, which start more than 10 days after the reinstatement.

We reserve the right to make changes in this Policy before We reinstate it. Any changes will be noted on or attached to the reinstated Policy. In every other way, Your rights and Our rights will be the same as existed immediately prior to termination.

TRANSFER FROM PAYROLL DEDUCTION: If this Policy was issued on a payroll deduction payment method as designated in Your application and if, after at least one Premium payment, Premiums cease to be remitted through a valid payroll group, You may continue Your insurance by remitting Premium through one of Our other payment methods then available.

At the time this Policy is issued, these payment methods include:

- monthly deduction from a checking or saving account; and,
- direct bill for an annual, or semi-annual premium.

The Premium rate will not be changed because of this transfer.

SECTION 3: CLAIM PROVISIONS

NOTICE OF CLAIM: Written notice of claim must be given to Us within 60 days after the start of a Loss or as soon as reasonably possible. The notice must be sent to Us at Our Administrative Office. The notice should include the Insured's name, and the Policy number.

CLAIM FORMS: When We receive written notice of a claim, We will send forms for filing Proof of Loss. If We do not send these forms within 15 days, You will meet the Proof of Loss requirements by giving Us a written statement of the nature and extent of the Loss within the time stated in the Proof of Loss provision.

PROOF OF LOSS: You must give Us satisfactory written Proof of Loss within 90 days after the Loss for which You are seeking benefits. If it is not reasonably possible to give written Proof of Loss in the time required, We will not reduce or deny benefits for this reason if the Proof of Loss is filed as soon as reasonably possible. However, the Proof of Loss required must be given no later than one year and 90 days from the date proof is otherwise required, unless You were legally incapacitated during that time.

If this Policy provides for periodic payments for continuing Loss, written Proof of Loss must be given to Us within 90 days after the end of each period for which We are liable.

One or more of the following together with Your written statement may be required as Proof of Loss:

- completed Company claim forms;
- marriage certificate, and death certificates;
- a Pathologist's report;
- a Physician's statement;
- itemized bills for services rendered;
- Hospital, medical and Physician records;
- autopsy report; and,
- medical and pharmaceutical receipts.

TIME OF PAYMENT OF CLAIMS: After We receive written Proof of Loss and determine that benefits are payable, We will pay monthly all benefits then due for claims providing a periodic payment. Benefits for any other Loss for which benefits are payable under this Policy will be paid immediately when We receive written Proof of Loss satisfactory to Us.

PAYMENT OF CLAIMS: Benefits will be paid to the Insured. We will not be bound by any assignment of benefits form unless We have given Our prior consent. Any benefits unpaid at the time of the Insured's death will be paid in the following order: any approved assignee, the surviving person legally married to the Insured at the Insured's death; the Insured's estate.

PHYSICAL EXAMINATION AND AUTOPSY: We have the right to have You examined as often as reasonably necessary while a claim is pending. We can require an autopsy where not forbidden by law. Either will be done at Our expense.

UNPAID PREMIUM: When a claim is paid, any Premium due and unpaid may, at Our sole discretion, be deducted from the claim payment.

CLAIM REVIEW: If a claim is denied, We will give You written notice of the reason for denial; the Policy provision that relates to the denial; Your right to ask for a review of the claim; and any additional information that might allow Us to change Our decision. You may, upon written request, read any reports that are not confidential.

LEGAL ACTION: No Legal Action can be taken against Us to receive benefits under this Policy;

- within 60 days after written Proof of Loss has been furnished, in accordance with the requirements of this Policy; or,
- more than five years from the time written Proof of Loss is required to be given.

SECTION 4: GENERAL PROVISIONS

ENTIRE CONTRACT: The entire contract of insurance consists of:

- this Policy;
- the Policy Schedule;
- any attached amendments, riders or endorsements; and,
- the application and any supplemental application.

In the absence of fraud, all statements made by the Insured will be considered representations and not warranties. No written statement made by an Insured will be used in any contest unless a copy of the statement is furnished to the Insured, his or her beneficiary, or a personal representative.

POLICY CHANGES: No change to this Policy is valid unless it is in writing, endorsed by one of Our officers, and attached to this Policy. No one else has the authority to change this Policy or to waive any of its provisions.

ADDING ADDITIONAL INSURED: You may be able to add a spouse or child(ren) to this Policy as an Insured, subject to the You, Your, Yourself, Insured definition. To do so We must receive: (1) an application for the spouse or child(ren); (2) evidence satisfactory to Us that the person is eligible and insurable; and, (3) payment of any additional Premium for that person. If the application is approved, We will notify You of the date the added person's coverage becomes effective.

CHANGE OF BENEFICIARY: The Policyowner can ask Us to change the Beneficiary at any time. The request must be in writing and the change must be approved by Us. If approved, it will go into effect the day the Policyowner signs the request. The change will not have any bearing on payments made before We approved the request.

TERM: The first term begins at 12:00 noon Standard Time at the Insured's address on the Effective Date shown on the Policy Schedule. The first term ends at 12:00 noon Standard Time on the next following renewal date. Each renewal term begins at 12:00 noon Standard Time on the date the previous term ends. Each renewal term ends at 12:00 noon Standard Time on the date to which Premium is paid. Renewal dates are determined by Your mode of payment which is shown on the Policy Schedule.

CANCELLATION OF INSURANCE: The Policyowner may request cancellation of this Policy at any time. The Policyowner may also cancel any coverage provided to an Insured at any time. The request must be in writing and sent to Us at Our Administrative Office. Cancellation will become effective on the day We receive the request, or on a later date specified in the request.

In the event of cancellation, We will promptly return the unearned portion of any premium paid. The unearned premium will be returned based upon the pro-rata computation.

Cancellation will not prejudice a claim for Loss incurred prior to cancellation.

REFUND OF UNEARNED PREMIUM: Upon receipt of written proof of death of an Insured, We will return the unearned portion of any Premium paid to the Insured's estate.

CONTINUATION: If the Policyowner dies, any other Insureds may continue to have coverage under this Policy as long as the appropriate Premium is paid. Any disability benefits in the Policy or in any attached rider will not continue.

CONVERSION PRIVILEGE: If coverage terminates for reasons other than non-payment of Premium, if coverage of an Insured terminates due to divorce, or a child's insurance terminates due to marriage or reaching the Limiting Age, such Insured may convert to a separate Policy without having to provide Us with evidence of insurability. Any disability benefits in the Policy or in any attached rider will not be available for conversion. Obtaining that Policy is subject to the following conditions:

- a request in writing for the converted Policy must be made to Us within 31 days after the coverage under this Policy terminates;
- the applicable Premium must be paid. This Premium will be based upon the person's age and level of benefits;
- any benefit amounts paid for a person under this Policy will be applied to benefit limits under the converted Policy; and,
- the effective date of the converted coverage will be the date coverage terminates under this Policy.

The new coverage will provide the same benefits as provided in this Policy. All benefits accrued under this Policy will be credited to the new coverage with the exception of any premium returning rider, if included. The new coverage is subject to any limitations or exclusions which applied to this Policy. In addition, any benefit amounts paid under this Policy will be applied to benefit limits under the new coverage.

MISSTATEMENT OF AGE: If any age is misstated in the application, the benefits will be such as the Premium paid would have been if purchased at the correct age. If based on the correct age We would not have issued this Policy, Our only responsibility will be to refund any excess Premium paid.

TIME LIMIT ON CERTAIN DEFENSES: We rely on the statements made in the application when issuing this Policy. After this Policy has been in force for two years, We cannot cancel it or refuse to pay benefits for Losses commencing after such time because of any misstatements in the application, except fraudulent misstatements.

No claim for Loss incurred after twelve (12) months from the date You become covered under this Policy will be reduced or denied because a disease or physical condition, not excluded by name or specific description before the date of Loss, had existed before the Effective Date of Your Policy, subject to SECTION 6, ELIGIBILITY FOR BENEFITS.

CONFORMITY WITH THE STATE STATUTES: Any provision of this Policy which, on its Effective Date, is in conflict with the statutes of the state in which the insured resides on such date is hereby amended to conform to the minimum requirements of such statutes.

CHOICE OF LAW: This insurance Policy and claims arising under it are governed by the laws of the state where this Policy's application has been signed by the Insured, exclusive of such state's choice of laws provisions.

SECTION 5: LIMITATIONS AND EXCLUSIONS

We will not pay benefits for Loss contributed to, caused by, or resulting from Your:

FLYING: Operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft including those which are not motor-driven.

HAZARDOUS ACTIVITIES: Hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting, or mountaineering.

ILLEGAL ACTS: Participating or attempting to participate in an illegal act, or working at an illegal job.

INTOXICATION: Being legally intoxicated, or so intoxicated that mental or physical abilities are seriously impaired, being under the influence of any illegal drugs, or being under the influence of any narcotic, unless such narcotic is taken under the direction of and as directed by a Physician.

PRE-EXISTING CONDITIONS: Having any injury or conditions not otherwise excluded by name or specific description which was diagnosed by or for which You consulted a Physician within 12 months prior to the date You become insured under this Policy. Benefits will not be paid for Losses related to such injury or condition which occur during the first 12 months after the date You become insured under this Policy.

RACING: As a rider in or driving any motor-driven vehicle in a race, stunt show or speed test; or while testing any vehicle on any racecourse or speedway.

SELF-INFLICTED INJURIES (SANE OR INSANE): Injuring or attempting to injure Yourself intentionally, regardless of mental capacity.

SICKNESS: Having any disease, bodily or mental illness, or degenerative process. We also will not pay benefits for any related medical treatments or diagnostic procedures.

SPORTS: Participating in any sporting event for pay or prize money.

SUICIDE (SANE OR INSANE): Committing or attempting to commit suicide, regardless of mental capacity.

TRAVEL: Being in an Accident which occurs more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas and the Virgin Islands, Bermuda and Jamaica, except under the Accidental Death Benefit.

WAR/MILITARY SERVICE: Being exposed to war or any act of war, declared or not, or participating in or contracting with the armed forces (including Coast Guard) of any country or international authority. We will return, at Your request, the prorated Premium paid for You for any period You are not insured by this Policy while You are in such service.

SECTION 6: ELIGIBILITY FOR BENEFITS

You will be eligible for benefits under this Policy if:

- You have a Covered Accident;
- You incur a Loss while You are insured under this Policy; and,
- Your Loss is not excluded by name or specific description in this Policy.

SECTION 7: BENEFITS

OUR PROMISE TO PAY: Subject to the provisions of this Policy, We will pay the benefits listed below for Your Covered Accident. Benefit amounts are shown in the Benefit Schedule and are the maximum amounts payable per Covered Accident.

ACCIDENTAL DEATH: If an Accidental Injury causes an Insured to die within 90 days after the Covered Accident, We will pay one of the lump sum Accidental Death Benefits shown in the Benefit Schedule.

Accidental Death: a Covered Accident that occurs on or after the Effective Date of coverage and while coverage is in force and the Accident is other than defined below. We will pay the amount shown in the Benefit Schedule.

Motorized Vehicle Accident: a Covered Accident that occurs on or after the Effective Date of coverage and while coverage is in force directly involving a Motorized Vehicle. Operators are excluded if they are driving any taxi, intrastate or interstate vehicle for wage, compensation, or profit. We will pay the amount shown in the Benefit Schedule.

Pedestrian Accident: a Covered Accident that occurs on or after the Effective Date of coverage and while coverage is in force. These types of Accidents are subject to the Limitations and Exclusions. We will pay the amount shown in the Benefit Schedule.

Common Carrier Accident: a Covered Accident that occurs on or after the Effective Date of coverage and while the coverage is in force directly involving a Common Carrier. These types of Accidents are subject to the Limitations and Exclusions. We will pay the amount shown in the Benefit Schedule.

DISMEMBERMENT: We will pay the appropriate amount shown in the Benefit Schedule if a Covered Accident causes the Dismemberment of a finger, hand, toe, foot, arm, leg, or eye within one year after the Covered Accident.

If You lose a finger or toe as a result of a Covered Accident, We will pay the single Loss benefit shown in the Benefit Schedule. If You lose two or more, We will pay the multiple Loss benefit shown in the Benefit Schedule.

If You lose an eye, hand, foot, arm, or leg as a result of a Covered Accident, We will pay the single Loss benefit shown in the Benefit Schedule. If You lose two or more, We will pay the multiple Loss benefit shown in the Benefit Schedule.

Any Fracture Benefit for a subsequently dismembered hand, finger, foot or toe resulting from the same Covered Accident will be deducted from the Dismemberment Benefit.

If this benefit is paid and You also die as a result of the same Covered Accident, We will reduce any Death Benefit by the amount We pay under the Dismemberment Benefit.

FRACTURE: A fracture is a break in a bone. Diagnosis must be by a Physician through an x-ray or other medical imaging device.

We will pay the appropriate amount shown in the Benefit Schedule if You fracture a bone as part of a Covered Accident and it is diagnosed and treated by a Physician within 90 days after the Covered Accident.

If the fracture requires a surgical incision to set the bone, We will pay an extra 50% of the amount shown in the Benefit Schedule.

MULTIPLE FRACTURES: If You have more than one fracture as part of a Covered Accident, We will pay the appropriate amount for each fracture; however, We will pay a total of no more than 150% of the benefit amount for the fracture which has the largest dollar value for which You are eligible.

CHIP FRACTURE: A chip fracture is a piece of bone which is completely broken off near a joint. If a Physician diagnoses and treats Your chip fracture without surgery, We will pay only 25% of the amount shown in the Benefit Schedule for the affected bone.

DISLOCATION: A dislocation is a completely separated joint. If You dislocate a joint as part of a Covered Accident, and it is diagnosed and treated by a Physician within 90 days after the Covered Accident, We will pay the appropriate amount shown in the Benefit Schedule.

If the dislocation requires a surgical incision to relocate the joint, We will pay an extra 50% of the amount shown in the Benefit Schedule.

We will pay benefits only for the first complete or partial dislocation of a joint. We will not pay for recurring dislocations of the same joint. If You dislocated a joint before You become insured under this Policy and You dislocate the same joint again, this benefit will not be paid.

MULTIPLE DISLOCATIONS: If You sustain more than one complete or partial dislocation in any one Covered Accident, We will pay the appropriate amount for each dislocation; however, We will pay a total of no more than 150% of the benefit amount for the dislocated joint which has the largest dollar value for which You are eligible.

PARTIAL DISLOCATION: A partial dislocation is a dislocation in which the joint is not completely separated. If a Physician diagnoses and treats Your Covered Accident as a partial dislocation, We will pay 25% of the amount shown in the Benefit Schedule for the affected joint.

LACERATION: A laceration is a cut in the skin. If You are lacerated as part of a Covered Accident and Your laceration is repaired with sutures by a Physician within 72 hours after the Covered Accident, We will pay the appropriate amount shown in the Benefit Schedule.

MULTIPLE LACERATIONS: If You suffer multiple lacerations as part of a Covered Accident and Your lacerations are repaired with sutures by a Physician within 72 hours after the Covered Accident, We will pay this benefit based on the combined length of all lacerations which require sutures.

INJURIES REQUIRING SURGERY:

EYE INJURY: If You injure Your eye as part of a Covered Accident and eye surgery is performed due to a Covered Accident by a Physician within 90 days after the Covered Accident, We will pay the amount shown in the Benefit Schedule. Eye surgery includes the removal of an object, with or without anesthesia.

TENDON AND LIGAMENT: If You tear, sever or rupture Your tendon or ligament as part of a Covered Accident and have the injured tendon or ligament repaired through surgical incision by a Physician within 90 days after the Covered Accident, We will pay the appropriate amount shown in the Benefit Schedule. The amount paid will be based on the number (single or multiple) of tendons and ligaments repaired.

This benefit is not payable if either the dislocation benefit or fracture benefit is payable due to the same Covered Accident.

RUPTURED DISC: If You rupture a disc in Your spine as part of a Covered Accident, receive treatment for the rupture from a Physician within 60 days after the Covered Accident, and have the rupture repaired through surgical incision by a Physician within one year after the Covered Accident, We will pay the appropriate amount shown in the Benefit Schedule. The amount paid will be based on the length of time You have been insured under this Policy on the date Your Covered Accident occurred.

TORN CARTILAGE: If You tear cartilage as part of a Covered Accident, receive treatment for the torn cartilage from a Physician within 60 days after the Covered Accident, and have the torn cartilage repaired through surgical incision by a Physician within one year after the Covered Accident, We will pay the appropriate amount shown in the Benefit Schedule. The amount paid will be based on the length of time You have been insured under this Policy on the date Your Covered Accident occurred.

HERNIA: If You suffer a hernia as part of a Covered Accident, receive treatment for the hernia from a Physician within 60 days after the Covered Accident, and have the hernia repaired through surgical incision by a Physician within one year after the Covered Accident, We will pay the appropriate amount shown in the Benefit Schedule. The amount paid will be based on the length of time You have been insured under this Policy on the date Your Covered Accident occurred. If Your hernia is a herniated disc, We will pay the ruptured disc benefit in lieu of the hernia benefit.

PARALYSIS: Paralysis means the permanent and complete cessation of function of two or more arms or legs. If You have a Covered Accident and the injury causes paraplegia or quadriplegia which is diagnosed by a Physician within 90 days after the Covered Accident, We will pay the amount shown in the Benefit Schedule.

If this benefit is paid and You also die as a result of the same Covered Accident, We will reduce any Death Benefit by the amount We pay under the paralysis benefit.

BURN: If You are burned as part of a Covered Accident and Your burns are treated by a Physician within 72 hours after the Covered Accident, We will pay the burn benefit shown in the Benefit Schedule, provided that, at a minimum:

- second degree burns cover at least 25% of Your body surface; or,
- third degree burns cover at least nine square inches of Your body surface.

This benefit is not payable for first degree burns.

HOSPITAL CONFINEMENT: While this coverage is in force, if an Insured requires Hospital Confinement for treatment of injuries sustained in a Covered Accident, We will pay the daily amount shown in the Benefit Schedule for each Day of confinement. Confinement must start within 30 days of the Accident. We will pay this benefit up to 365 days per Covered Accident. This daily benefit is payable for only one Hospital Confinement at a time per Insured, even if caused by more than one Covered Accident

INTENSIVE CARE UNIT: While an Insured is receiving this benefit, We will pay the amount shown in the Benefit Schedule for each Day the Insured is confined in an Intensive Care Unit. This Intensive Care Unit benefit is payable for up to 15 days per Covered Accident. This daily benefit is payable for only one Hospital Confinement at a time per Insured, even if caused by more than one Covered Accident.

EMERGENCY ROOM SERVICES: When an Insured is admitted to an emergency room for a Covered Accident We will pay the appropriate amount shown in the Benefit Schedule. Admission to the emergency room for a Covered Accident must occur within 72 hours of the Covered Accident. This benefit is payable once per 24 hour period and only once per Covered Accident per Insured.

AMBULANCE: We will pay the amount shown in the Benefit Schedule if, as the result of Your Covered Accident You require transportation to a Hospital and You are transported by a professional ambulance service (including "air ambulance" service) within 72 hours of the Covered Accident. Any ambulance service must be necessary to protect Your health and safety when other reasonable and customary travel methods are not available.

PHYSICIAN'S OFFICE VISIT BENEFIT: When an Insured person visits a Physician's office due to a Covered Accident for which a charge is made We will pay the amount shown in the Benefit Schedule per visit limited to 2 visits per Covered Accident per Insured.

PHYSICAL THERAPY BENEFIT: When an Insured has physical therapy due to a Covered Accident, We will pay the amount shown in the Benefit Schedule per therapy session limited to 8 sessions per Covered Accident per Insured.

MEDICAL IMAGING BENEFIT: We will pay the amount shown on the Benefit Schedule when a Insured person receives an evaluation due to a Covered Accident using one of the following medical imaging exams: CT (computerized tomography) scan, MRI (magnetic resonance imaging), EEG (electroencephalogram).

These exams must be performed in a Hospital, an ambulatory surgical center, imaging center, or a Physician's office. This benefit is limited to one per Covered Accident per Insured.

MEDICAL APPLIANCES BENEFIT: We will pay the amount in the Benefit Schedule once per Covered Accident per Insured when a Physician prescribes medical appliances, for the aid of the Insured person due to a Covered Accident. This benefit is payable for wheelchair, walker, crutches, leg brace, or back brace.

BLOOD AND PLASMA BENEFIT: We will pay the amount shown in the Benefit Schedule if You incur a Loss for receiving whole blood, plasma, red cells, packed cells or platelets due to a Covered Accident whether Hospital Confined or as outpatient treatment. We do not pay for processing, administration, storage, laboratory charges, blood or blood components replaced by donors. This benefit is payable once per Covered Accident per Insured.

PROSTHESIS BENEFIT: We will pay this benefit for prosthetic devices prescribed by a Physician due to a Covered Accident for which You received benefits under this Policy. We will pay the amount shown in the Benefit Schedule. The amount listed is the maximum payable per device for each Insured person per Covered Accident. Devices must be obtained within three years after the date of the Covered Accident for which We paid a benefit.

TRANSPORTATION BENEFIT: If an Insured requires special treatment and confinement in a Hospital for injuries sustained in a Covered Accident, We will pay the benefit shown in the Benefit Schedule. This benefit is payable for the trip to the Hospital. The local attending Physician must prescribe the treatment, and the treatment must not be available locally. This benefit is not payable for transportation to any hospital located within a 100-mile radius of the site of the Accident or residence of the Insured. Ambulance or air ambulance transportation is only payable under the Ambulance benefit. This benefit is payable for up to three trips per calendar year per Insured.

FAMILY LODGING BENEFIT: When the Insured must travel more than 100 miles from their residence to be confined in a Hospital because treatment for injuries sustained in a Covered Accident are not available locally, We will pay the benefit shown in the Benefit Schedule for one hotel/motel room for the member(s) of their Immediate Family who accompanied the Insured. This benefit is only payable during the Insured's Period of Confinement. The local attending Physician must prescribe the treatment. This benefit is payable up to 30 days per Covered Accident. The Hospital and hotel/motel must be more than 100 miles from the residence of the Insured.

Washington National Insurance Company
Home Office: 11825 N. Pennsylvania St., Carmel, Indiana 46032-4555
Telephone: 1-800-888-4918

Amendment

This Amendment is a part of the policy to which it is attached. That Policy is called "the Policy" in this Amendment. This Amendment is subject to all of the terms, provisions, definitions and exclusions of the Policy, except as stated in this Amendment.

The Pre-Existing Conditions limitation is hereby removed from the Policy in its entirety.

The Child Definition is hereby amended as follows: the Limiting Age is younger than 26.

Secretary

SPECIMEN

24-hour accident short-term disability benefit

24 HOUR ACCIDENT SHORT TERM DISABILITY BENEFIT: The Policyowner will be eligible for this benefit, as shown in the Benefit Schedule, if employed at least 27.5 hours per week at the time the Covered Accident occurs and if, as the result of an Accidental Injury, the Policyowner is:

- Totally Disabled within 90 Days of the Covered Accident;
- not engaged in any employment or occupation for pay, benefit, or profit; and,
- being cared for on a regular basis (at least monthly) by a Physician. This requirement is waived if the Physician states that maximum recovery has been reached and continued future treatment is of no benefit.

We will pay this benefit beginning with the first full Day of the Policyowner's total disability.

If the eligible Policyowner is not Totally Disabled for a full month, We will pay benefits for each full Day of Total Disability during the Policyowner's eligibility for this benefit. Daily benefits will be paid at the rate of 1/30 of the monthly amount.

If the Policyowner becomes Totally Disabled again due to the same type of bodily injury within six (6) months of the end of a period during which the Policyowner was Totally Disabled, We will treat this disability as the same disability.

The maximum benefit period for a covered disability is 12 months.

We will pay only one disability benefit for a period of Total Disability even if the disability is caused by more than one Covered Accident.

This benefit is guaranteed renewable until the Policyowner's attainment of age 70. At age 70 this benefit will end.

SPECIMEN

Off-the-job accident total disability benefit

OFF-THE-JOB ACCIDENT TOTAL DISABILITY BENEFIT: The Policyowner will be eligible for this benefit, as shown in the Benefit Schedule, if employed at least 27.5 hours per week at the time the Off-The-Job Covered Accident occurs and if, as the result of Accidental Injury, the Policyowner is:

- Totally Disabled within 90 Days of the Covered Accident;
- not engaged in any employment or occupation for pay, benefit, or profit; and,
- being cared for on a regular basis (at least monthly) by a Physician. This requirement is waived if the Physician states that maximum recovery has been reached and continued future treatment is of no benefit.

If the eligible Policyowner is not Totally Disabled for a full month, We will pay benefits for each full Day of Total Disability during the Policyowner's eligibility for this benefit. Daily benefits will be paid at the rate of 1/30 of the monthly amount.

If the Policyowner becomes Totally Disabled again due to the same type of bodily injury within six (6) months of the end of a period during which the Policyowner was Totally Disabled, We will treat this disability as the same disability.

The maximum benefit period for a covered disability is 12 months.

We will pay only one disability benefit for a period of Total Disability even if the disability is caused by more than one Covered Accident.

This benefit is guaranteed renewable until the Policyowner's attainment of age 70. At age 70 this benefit will end.

SPECIMEN

Benefit schedule

**ACCIDENTAL DEATH AND DISMEMBERMENT
BENEFIT SCHEDULE**

	Policyowner	Spouse	Child(ren)
Accidental Death Benefit			
Accidental Death	\$50,000	\$50,000	\$12,500
Motorized Vehicle or Pedestrian	\$75,000	\$75,000	\$18,750
Common-Carrier	\$100,000	\$100,000	\$25,000
Dismemberment Benefit			
One finger or toe	\$1,250	\$1,250	\$313
More than one finger and/or toe	\$1,500	\$1,500	\$375
One eye, hand, foot, arm, or leg	\$7,500	\$7,500	\$1,875
More than one eye, hand, foot, arm, or leg	\$25,000	\$25,000	\$6,250
Fracture			
Hip or thigh	\$2,400	\$2,400	\$2,400
Vertebrae	\$2,200	\$2,200	\$2,200
Pelvis	\$2,000	\$2,000	\$2,000
Skull (depressed)	\$1,800	\$1,800	\$1,800
Leg	\$1,500	\$1,500	\$1,500
Foot, ankle, or knee cap	\$1,200	\$1,200	\$1,200
Forearm or hand	\$1,200	\$1,200	\$1,200
Lower jaw	\$1,000	\$1,000	\$1,000
Shoulder blade, collar bone, or sternum	\$1,000	\$1,000	\$1,000
Skull (simple)	\$900	\$900	\$900
Upper arm or upper jaw	\$900	\$900	\$900
Facial Bones	\$750	\$750	\$750
Vertebrae processes	\$500	\$500	\$500
Coccyx, rib, finger, toe, or nose	\$200	\$200	\$200
Dislocation			
Hip	\$2,200	\$2,200	\$2,200
Knee (not knee cap)	\$1,600	\$1,600	\$1,600
Shoulder	\$1,200	\$1,200	\$1,200
Foot or ankle	\$1,000	\$1,000	\$1,000
Hand	\$900	\$900	\$900
Lower jaw	\$750	\$750	\$750
Wrist	\$600	\$600	\$600
Elbow	\$500	\$500	\$500
Finger or toe	\$200	\$200	\$200
Laceration			
Combined length:			
Over 5"	\$300	\$300	\$300
2" to 5"	\$150	\$150	\$150
Up to 2"	\$75	\$75	\$75

BENEFIT SCHEDULE CONTINUED

	Policyowner	Spouse	Child(ren)
Injuries Requiring Surgery			
Eye Injury	\$150	\$150	\$150
Tendon or ligament:			
Single	\$600	\$600	\$600
Multiple	\$900	\$900	\$900
Ruptured disc:			
Covered accident occurs:			
During first year you are insured	\$150	\$150	\$150
After first year you are insured	\$600	\$600	\$600
Torn cartilage:			
Covered accident occurs:			
During first year you are insured	\$150	\$150	\$150
After first year you are insured	\$600	\$600	\$600
Hernia:			
Covered accident occurs:			
During the first year you are insured	\$150	\$150	\$150
After first year you are insured	\$300	\$300	\$300
Paralysis:			
Paraplegia	\$5,000	\$5,000	\$5,000
Quadriplegia	\$6,250	\$6,250	\$6,250
Burn	\$900	\$900	\$900
Hospital Confinement	\$300 per Day up to 365 days	\$300 per Day up to 365 days	\$300 per Day up to 365 days
Intensive Care Unit	\$600 per Day up to 15 days per Covered Accident	\$600 per Day up to 15 days per Covered Accident	\$600 per Day up to 15 days per Covered Accident
Ambulance	\$150 within 72 hours of the Covered Accident	\$150 within 72 hours of the Covered Accident	\$150 within 72 hours of the Covered Accident
Air Ambulance	\$1,000 within 72 hours of the Covered Accident	\$1,000 within 72 hours of the Covered Accident	\$1,000 within 72 hours of the Covered Accident
Emergency Room Services	\$300 per Covered Accident per Insured	\$300 per Covered Accident per Insured	\$200 per Covered Accident per Insured
Transportation	\$400 per trip to Hospital for injured person	\$400 per trip to Hospital for injured person	\$400 per trip to Hospital for injured person

BENEFIT SCHEDULE CONTINUED

	Policyowner	Spouse	Child(ren)
Family Lodging	\$100 per Day during time of hospitalization up to 30 days per Covered Accident	\$100 per Day during time of hospitalization up to 30 days per Covered Accident	\$100 per Day during time of hospitalization up to 30 days per Covered Accident
Physician's Visit	\$30 limit 2 per Covered Accident per Insured	\$30 limit 2 per Covered Accident per Insured	\$30 limit 2 per Covered Accident per Insured
Physical Therapy	\$30 limit 8 per Covered Accident per Insured	\$30 limit 8 per Covered Accident per Insured	\$30 limit 8 per Covered Accident per Insured
Medical Imaging Benefit	\$150 limited to one per Covered Accident per Insured	\$150 limited to one per Covered Accident per Insured	\$150 limited to one per Covered Accident per Insured
Medical Appliances Benefit	\$100 limited to one per Covered Accident per Insured	\$100 limited to one per Covered Accident per Insured	\$100 limited to one per Covered Accident per Insured
Prostheses Benefit	\$500 maximum benefit per device	\$500 maximum benefit per device	\$500 maximum benefit per device
Blood and Plasma	\$100 payable once per Covered Accident per Insured	\$100 payable once per Covered Accident per Insured	\$100 payable once per Covered Accident per Insured
[Off The Job Accident Total Disability Benefit – Policyowner only maximum benefit of 12 months]	[\$500/\$1,000/\$1,500/\$2,000]		
[24 Hour Accident Short Term Disability Benefit – Policyowner only maximum benefit of 12 months]	[\$500/\$1,000/\$1,500/\$2,000]		
[Sickness Disability Rider – Policyowner only maximum benefit of 12 months]	[\$500/\$1,000/\$1,500/\$2,000]		

**ACCIDENTAL DEATH AND DISMEMBERMENT
BENEFIT SCHEDULE**

	Policyowner	Spouse	Child(ren)
Accidental Death Benefit			
Accidental Death	\$75,000	\$75,000	\$18,750
Motorized Vehicle or Pedestrian	\$125,000	\$125,000	\$31,250
Common-Carrier	\$150,000	\$150,000	\$37,500
Dismemberment Benefit			
One finger or toe	\$2,000	\$2,000	\$500
More than one finger and/or toe	\$2,500	\$2,500	\$625
One eye, hand, foot, arm, or leg	\$12,000	\$12,000	\$3,000
More than one eye, hand, foot, arm, or leg	\$40,000	\$40,000	\$10,000
Fracture			
Hip or thigh	\$3,200	\$3,200	\$3,200
Vertebrae	\$2,900	\$2,900	\$2,900
Pelvis	\$2,550	\$2,550	\$2,550
Skull (depressed)	\$2,400	\$2,400	\$2,400
Leg	\$2,000	\$2,000	\$2,000
Foot, ankle, or knee cap	\$1,600	\$1,600	\$1,600
Forearm or hand	\$1,600	\$1,600	\$1,600
Lower jaw	\$1,300	\$1,300	\$1,300
Shoulder blade, collar bone, or sternum	\$1,300	\$1,300	\$1,300
Skull (simple)	\$1,200	\$1,200	\$1,200
Upper arm or upper jaw	\$1,200	\$1,200	\$1,200
Facial Bones	\$1,000	\$1,000	\$1,000
Vertebrae processes	\$750	\$750	\$750
Coccyx, rib, finger, toe, or nose	\$250	\$250	\$250
Dislocation			
Hip	\$3,000	\$3,000	\$3,000
Knee (not knee cap)	\$2,100	\$2,100	\$2,100
Shoulder	\$1,600	\$1,600	\$1,600
Foot or ankle	\$1,300	\$1,300	\$1,300
Hand	\$1,200	\$1,200	\$1,200
Lower jaw	\$1,000	\$1,000	\$1,000
Wrist	\$800	\$800	\$800
Elbow	\$650	\$650	\$650
Finger or toe	\$250	\$250	\$250
Laceration			
Combined length:			
Over 5"	\$400	\$400	\$400
2" to 5"	\$200	\$200	\$200
Up to 2"	\$100	\$100	\$100

BENEFIT SCHEDULE CONTINUED

	Policyowner	Spouse	Child(ren)
Injuries Requiring Surgery			
Eye Injury	\$200	\$200	\$200
Tendon or ligament:			
Single	\$800	\$800	\$800
Multiple	\$1,200	\$1,200	\$1,200
Ruptured disc:			
Covered accident occurs:			
During first year you are insured	\$200	\$200	\$200
After first year you are insured	\$800	\$800	\$800
Torn cartilage:			
Covered accident occurs:			
During first year you are insured	\$200	\$200	\$200
After first year you are insured	\$800	\$800	\$800
Hernia:			
Covered accident occurs:			
During the first year you are insured	\$200	\$200	\$200
After first year you are insured	\$400	\$400	\$400
Paralysis:			
Paraplegia	\$ 10,000	\$10,000	\$10,000
Quadriplegia	\$12,500	\$12,500	\$12,500
Burn	\$1,200	\$1,200	\$1,200
Hospital Confinement	\$500 per Day up to 365 days	\$500 per Day up to 365 days	\$500 per Day up to 365 days
Intensive Care Unit	\$1,000 per Day up to 15 days per Covered Accident	\$1,000 per Day up to 15 days per Covered Accident	\$1,000 per Day up to 15 days per Covered Accident
Ambulance	\$250 within 72 hours of the Covered Accident	\$250 within 72 hours of the Covered Accident	\$250 within 72 hours of the Covered Accident
Air Ambulance	\$1,500 within 72 hours of the Covered Accident	\$1,500 within 72 hours of the Covered Accident	\$1,500 within 72 hours of the Covered Accident
Emergency Room Services	\$500 per Covered Accident per Insured	\$500 per Covered Accident per Insured	\$350 per Covered Accident per Insured
Transportation	\$600 per trip to Hospital for injured person	\$600 per trip to Hospital for injured person	\$600 per trip to Hospital for injured person

BENEFIT SCHEDULE CONTINUED

	Policyowner	Spouse	Child(ren)
Family Lodging	\$125 per Day during time of hospitalization up to 30 days per Covered Accident	\$125 per Day during time of hospitalization up to 30 days per Covered Accident	\$125 per Day during time of hospitalization up to 30 days per Covered Accident
Physician's Visit	\$50 limit 2 per Covered Accident per Insured	\$50 limit 2 per Covered Accident per Insured	\$50 limit 2 per Covered Accident per Insured
Physical Therapy	\$50 limit 8 per Covered Accident per Insured	\$50 limit 8 per Covered Accident per Insured	\$50 limit 8 per Covered Accident per Insured
Medical Imaging Benefit	\$200 limited to one per Covered Accident per Insured	\$200 limited to one per Covered Accident per Insured	\$200 limited to one per Covered Accident per Insured
Medical Appliances Benefit	\$125 limited to one per Covered Accident per Insured	\$125 limited to one per Covered Accident per Insured	\$125 limited to one per Covered Accident per Insured
Prostheses Benefit	\$750 maximum benefit per device	\$750 maximum benefit per device	\$750 maximum benefit per device
Blood and Plasma	\$200 payable once per Covered Accident per Insured	\$200 payable once per Covered Accident per Insured	\$200 payable once per Covered Accident per Insured
[Off The Job Accident Total Disability Benefit – Policyowner only maximum benefit of 12 months]	[\$500/\$1,000/\$1,500/\$2,000]		
[24 Hour Accident Short Term Disability Benefit – Policyowner only maximum benefit of 12 months]	[\$500/\$1,000/\$1,500/\$2,000]		
[Sickness Disability Rider – Policyowner only maximum benefit of 12 months]	[\$500/\$1,000/\$1,500/\$2,000]		

Sickness Disability rider

Conseco Insurance Company
Chicago, Illinois
Administrative Office: 11825 N. Pennsylvania Street
Carmel, IN 46032-4555 • Telephone: 1-800-981-8404

SICKNESS DISABILITY RIDER

This Rider is a part of the Policy to which it is attached. That Policy is called "the Policy" in this Rider. This Rider is subject to all of the terms, provisions, definitions and exclusions of the Policy, except as stated in this Rider.

CONSIDERATION – EFFECTIVE DATE

We have issued this Rider in consideration of: (1) the statements made in the application; and (2) the advance payment of the Premium (EXCEPTION: During the time, if any, that it is agreed between the Policyowner and the Company that Premiums will be billed and remitted through payroll deduction or credit union share account deduction, the Premium is due on the date indicated in the billing provided to the administrator coordinating Premium payments on the Policyowner's behalf). This Rider takes effect at the same time and will continue for the same term as the Policy unless a different Rider Effective Date is indicated on the Policy Schedule.

RENEWABILITY – TERMINATION

This Rider is renewable at the same time and under the same terms as the Policy, and is subject to the payment of the Rider Term Premium. The Rider Term Premium is shown in the Policy Schedule. Premium rates for this Rider may be changed in the same way as premium rates for the Policy. This Rider will terminate on the earliest of: (1) the date the Policy terminates; (2) the end of the last period for which the Rider Term Premium required to keep this Rider in force is paid, subject to the Grace Period in the Policy; or (3) the Policyowner's attainment of age 70.

REINSTATEMENT

This Rider may be reinstated subject to the terms of the Policy to which it is attached and subject to the Policyowner's age.

DEFINITIONS

When the terms below are used in this Rider, the following definitions will apply.

ELIMINATION PERIOD: means an initial period of Total Disability for which We will not pay benefits.

SICKNESS: means an illness, disease or condition, not due to an Accident, which first produces a clear or obvious symptom after the Effective Date of this Rider. Sickness does not include Sickness as a direct or indirect result of medical treatment or a diagnostic procedure.

ELIGIBILITY

You will be eligible for benefits under this Rider if, due to Sickness, You are Totally Disabled while You are insured under this Rider.

BENEFIT

TOTAL DISABILITY BENEFIT: The Policyowner will be eligible for this benefit, as shown in the Benefit Schedule, if employed at least 27.5 hours per week at the time the Sickness is diagnosed and if, as the result of Sickness, the Policyowner is:

- Totally Disabled;
- not engaged in any employment or occupation for pay, benefit, or profit; and,
- being cared for on a regular basis (at least monthly) by a Physician. This requirement is waived if the Physician states, that maximum recovery has been reached and continued future treatment is of no benefit.

The benefit contains an Elimination Period of 14 days for each Sickness. This means that We will not pay benefits for the first 14 days of Your Total Disability.

If the Policyowner is not Totally Disabled for a full month, We will pay benefits for each full Day of Total Disability during the Policyowner's eligibility for this benefit. Daily benefits will be paid at the rate of 1/30 of the monthly amount.

If the Policyowner becomes Totally Disabled again due to the same Sickness within six (6) months of the end of a period during which the Policyowner was Totally Disabled, We will treat this disability as the same disability. The maximum benefit period for a covered disability is 12 months.

We will pay only one Total Disability Benefit during a period of Total Disability even if the disability is caused by more than one Sickness.

LIMITATIONS AND EXCLUSIONS

We will not pay benefits for Loss contributed to, caused by, or resulting from Your:

COSMETIC/PLASTIC SURGERY: Surgery that is not for the diagnosis or treatment of Covered Sickness based upon generally accepted medical practice and is not medically necessary. The following procedures are not covered under any circumstances, even if performed for diagnosis or treatment of a Covered Sickness or medically necessary. Abdominoplasty (tummy tuck); Mammoplasty (breast enlargement); Rhinoplasty (nose job); or Suction Assisted Lipectomy (liposuction). Complications from any Cosmetic/Plastic surgery are not covered.

ELECTIVE SURGERY: Surgery that is not for the diagnosis or treatment of a Covered Sickness based upon generally accepted medical practice and is not medically necessary. Gastric Bypass Surgeries are not covered under any circumstances, even if performed for diagnosis or treatment of a Covered Sickness or medically necessary, voluntary abortion (except where the Policyowner would be endangered if the fetus were carried to term or where medical complications have arisen from abortion), or Sex changes. Complications from any Elective surgery are not covered.

MENTAL DISORDER: Having a behavioral or psychological disorder, disease, or syndrome, without demonstrable organic origin.

POSTPARTUM: No benefits will be paid for any postpartum disability under this Rider.

PREGNANCY: No benefits for normal pregnancy will be paid under this Rider. Sickness due to complications of pregnancy will be treated the same as for any other Sickness. A Cesarean is not considered a complication of pregnancy.

PRE-EXISTING CONDITIONS: Having any Sickness or conditions not otherwise excluded by name or specific description which was diagnosed by or for which You consulted a Physician within 12 months prior to the date You become insured under this Rider. Benefits will not be paid for such Sickness or condition which occur during the first 12 months after the date You become insured under this Rider.

SUBSTANCE ABUSE: Alcoholism, drug abuse, or chemical dependency.

Conseco Insurance Company

President

Washington National Insurance Company
Home Office: 11825 N. Pennsylvania St., Carmel, Indiana 46032-4555
Telephone: 1-800-888-4918

Amendment

This Amendment is a part of the policy to which it is attached. That Policy is called "the Policy" in this Amendment. This Amendment is subject to all of the terms, provisions, definitions and exclusions of the Policy, except as stated in this Amendment.

The Pre-Existing Conditions limitation is hereby removed from the Policy in its entirety, except as expressly stated in the Sickness Disability Rider, if attached.

The Child Definition is hereby amended as follows: the Limiting Age is younger than 26.

Any Disability Benefits elected in the Policy or attached Rider(s) are hereby amended as follows: The number of work hours per week is 18.

Secretary

SPECIMEN

Waiver of Premium rider

CONSECO INSURANCE COMPANY
Chicago, Illinois
Administrative Office: 11825 N. Pennsylvania Street
Carmel, IN 46032-4555 • Telephone: 1-800-981-8404

WAIVER OF PREMIUM RIDER

This Rider is a part of the Policy to which it is attached. That Policy is called "the Policy" in this Rider. This Rider is subject to all of the terms, provisions, definitions and exclusions of the Policy, except as stated in this Rider.

CONSIDERATION – EFFECTIVE DATE

We have issued this Rider in consideration of the advance payment of the Premium (EXCEPTION: During the time, if any, that it is agreed between the Policyowner and the Company that Premiums will be billed and remitted through payroll deduction or credit union share account deduction, the Premium is due on the date indicated in the billing provided to the administrator coordinating Premium payments on the Policyowner's behalf). This Rider takes effect at the same time and will continue for the same term as the Policy unless a different Rider Effective Date is indicated on the Policy Schedule.

RENEWABILITY – TERMINATION

This Rider is renewable at the same time and under the same terms as the Policy, and is subject to the payment of the Rider Term Premium. The Rider Term Premium is shown in the Policy Schedule. Premium rates for this Rider may be changed in the same way as Premium rates for the Policy. This Rider will terminate on the earliest of: (1) the date the Policy terminates; (2) the end of the last period for which the Rider Term Premium required to keep this Rider in force is paid, subject to the Grace Period in the Policy; (3) the date any disability benefits or riders terminate; or (4) the Policyowner's attainment of age 70.

REINSTATEMENT

This Rider may be reinstated subject to the terms of the Policy to which it is attached and subject to the Policyowner's age.

BENEFITS

When the Policyowner is Totally Disabled as determined under the Policy or the Sickness Disability Rider (if attached to the Policy), We will waive the Premium for the period of disability. We will waive the Premium for no longer than a continuous period of Total Disability and for no longer than the maximum period of 12 months.

Premium payments are not required for Your coverage beginning the first of the month, in which You are determined to be Totally Disabled under the Policy or the Sickness Disability Rider (if attached to the Policy). Upon determination of Total Disability any Premium already received for that period will be proportionately refunded.

When the Policyowner is no longer Totally Disabled, waiver of premium will continue to the first of the next month. Thereafter, Premiums must be paid in order for the Policy to continue in force.

Secretary

Physician's Office Additional Benefit rider

CONSECO INSURANCE COMPANY
Chicago, Illinois
Administrative Office: 11825 N. Pennsylvania Street
Carmel, IN 46032-4555 • Telephone: 1-800-981-8404

PHYSICIAN'S OFFICE ADDITIONAL BENEFITS RIDER

This Rider is a part of the Policy to which it is attached. That Policy is called "the Policy" in this Rider. This Rider is subject to all of the terms, provisions, definitions and exclusions of the Policy, except as stated in this Rider.

CONSIDERATION – EFFECTIVE DATE

We have issued this Rider in consideration of the advance payment of the Premium (EXCEPTION: During the time, if any, that it is agreed between the Policyowner and the Company that Premiums will be billed and remitted through payroll deduction or credit union share account deduction, the Premium is due on the date indicated in the billing provided to the administrator coordinating Premium payments on the Policyowner's behalf). This Rider takes effect at the same time and will continue for the same term as the Policy unless a different Rider Effective Date is indicated on the Policy Schedule.

RENEWABILITY – TERMINATION

This Rider is renewable at the same time and under the same terms as the Policy, and is subject to the payment of the Rider Term Premium. The Rider Term Premium is shown in the Policy Schedule. Premium rates for this Rider may be changed in the same way as Premium rates for the Policy. This Rider will terminate on the earliest of: (1) the date the Policy terminates; or (2) the end of the last period for which the Rider Term Premium required to keep this Rider in force is paid, subject to the Grace Period in the Policy.

REINSTATEMENT

This Rider may be reinstated subject to the terms of the Policy to which it is attached and subject to the Policyowner's age.

BENEFIT

When an Insured person visits a Physician's Office due to a Covered Accident this Rider will pay an additional benefit for each Covered Accident as stated below:

1. \$50 when the Physician's Office Visit benefit and other Policy benefits are payable; or,
2. \$200 when the Physician's Office Visit benefit is the only Policy benefit payable.

We will only pay this benefit once per Covered Accident for each Insured.

LIMITATIONS AND EXCLUSIONS

DENTAL PROCEDURES: We will not pay benefits for Loss contributed to, caused by, or resulting from Your treatment for dental care or dental procedures, unless treatment is the result of a Covered Accident. Dental procedures as a result of a Covered Accident are limited to the natural teeth.

Secretary

Public Safety rider

Conseco Insurance Company
Chicago, Illinois
Administrative Office: 11825 N. Pennsylvania Street
Carmel, IN 46032-4555 • Telephone: 1-800-981-8404

PUBLIC SAFETY RIDER

This Rider is a part of the Policy to which it is attached. That Policy is called "the Policy" in this Rider. This Rider is subject to all of the terms, provisions, definitions and exclusions of the Policy, except as stated in this Rider.

CONSIDERATION – EFFECTIVE DATE

We have issued this Rider in consideration of: (1) the statements made in the application; and (2) the advance payment of the Premium (EXCEPTION: During the time, if any, that it is agreed between the Policyowner and the Company that Premiums will be billed and remitted through payroll deduction or credit union share account deduction, the Premium is due on the date indicated in the billing provided to the administrator coordinating Premium payments on the Policyowner's behalf). This Rider takes effect at the same time and will continue for the same term as the Policy unless a different Rider Effective Date is indicated on the Policy Schedule.

RENEWABILITY – TERMINATION

This Rider is renewable at the same time and under the same terms as the Policy, and is subject to the payment of the Rider Term Premium. The Rider Term Premium is shown in the Policy Schedule. Premium rates for this Rider may be changed in the same way as Premium rates for the Policy. This Rider will terminate on the earliest of: (1) the date the Policy terminates; or (2) the end of the last period for which the Rider Term Premium required to keep this Rider in force is paid, subject to the Grace Period in the Policy.

DEFINITIONS

When the term below is used in this Rider, the following definition will apply.

CONVENTIONAL FIREARM: means a weapon from which a bullet or shot is fired by gunpowder or compressed gas.

BENEFIT

GUNSHOT WOUND: The Policyowner must be working in the line of duty as a public safety officer and within the course and scope of duty. If a gunshot wound is received from a Conventional Firearm and within 24 hours of the shooting receives treatment for that wound from a Physician at a Hospital, We will pay \$2,000.

If this benefit is paid and, as a result of the same shooting, the Policyowner is later eligible for the Accidental Death Benefit, We will pay only the largest of these benefits for which the Policyowner is eligible.

MULTIPLE GUNSHOT WOUNDS: If the Policyowner receives two or more gunshot wounds within a 24-hour period, We will pay this benefit for only one wound.

ADDITIONAL LIMITATIONS AND EXCLUSIONS

OFF-THE-JOB SHOOTING: Benefits are not paid for any gunshot wound received while the public safety officer is not working in the line of duty and not within the course and scope of duty.

NON-CONVENTIONAL FIREARM: Benefits are not paid for any gunshot wound received from any weapon other than a Conventional Firearm.

Conseco Insurance Company

President

Cash Value rider

CONSECO INSURANCE COMPANY
Chicago, Illinois
Administrative Office: 11825 N. Pennsylvania Street
Carmel, IN 46032-4555 • Telephone: 1-800-981-8404

CASH VALUE RIDER

This Rider is a part of the Policy to which it is attached. That Policy is called "the Policy" in this Rider. This Rider is subject to all of the terms, provisions, definitions and exclusions of the Policy, except as stated in this Rider.

CONSIDERATION – EFFECTIVE DATE

We have issued this Rider in consideration of the advance payment of the Premium (EXCEPTION: During the time, if any, that it is agreed between the Policyowner and the Company that Premiums will be billed and remitted through payroll deduction or credit union share account deduction, the Premium is due on the date indicated in the billing provided to the administrator coordinating Premium payments on the Policyowner's behalf). This Rider takes effect at the same time and will continue for the same term as the Policy unless a different Rider Effective Date is indicated on the Policy Schedule.

RENEWABILITY – TERMINATION - REINSTATEMENT

This Rider is renewable at the same time and under the same terms as the Policy, and is subject to the payment of the Rider Term Premium. The Rider Term Premium is shown in the Policy Schedule. Premium rates for this Rider may be changed in the same way as Premium rates for the Policy. If the Premium for the Policy or any Rider changes for any reason, You will be notified of the revised Premium. We will calculate Your benefit based on both the original Premium paid and the revised Premium paid.

This Rider will terminate on the earliest of: (1) the date the Policy terminates; or (2) the end of the last period for which the Rider Term Premium required to keep this Rider in force is paid, subject to the Grace Period in the Policy. If You allow the Policy to terminate and it is later reinstated, then all Maturity Dates will be deferred by the period of time that the Policy was inactive.

EXCEPTION: If a Maturity Date occurs on the Rider anniversary date after You reach age 75, We will not defer that Maturity Date.

CONTINUATION PRIVILEGE

If this is family coverage and You die, Your spouse may elect to continue insurance under the Policy and this Rider by paying the Premium. All Maturity Dates will continue to be based on Your age. The benefit will be paid to Your spouse.

BENEFIT ASSIGNMENT NOT ALLOWED

You may not assign the benefits under this Rider.

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