

Your Choice of 3 Options for Medical & Hospital Benefits:

\$300.00, \$500.00, or \$1,000.00

For medical or hospital expense incurred within 90 days of accidental injury.

Plus... \$5,000.00 Accidental Death Benefit

For Accidental Death occurring within 90 days of an accident.

Plus... \$2,500.00 in Specific Loss Benefits

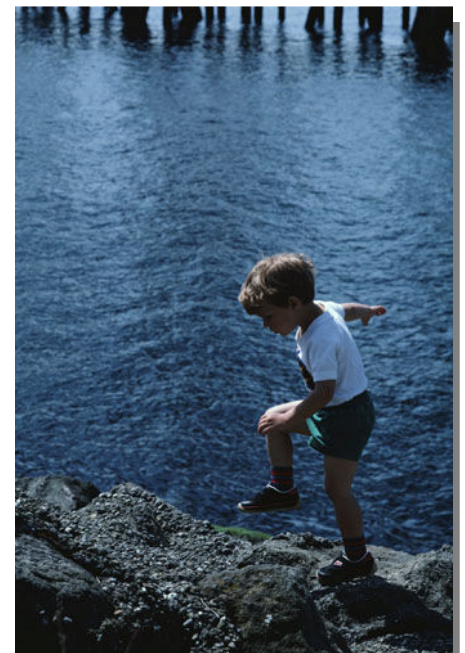
If Accident does not cause death, for loss of hand, foot or sight. Up to 2 specific losses payable for an accident.

- **Choose your own doctor or hospital**
- **Pays in addition to other insurance**
- **Covers individuals or families**
- **Guaranteed Renewable for Life**

We reserve the right to change policy premium rates on a class basis as provided in the policy. Your premium cannot change unless all policies of the same class in your state are changed.

Exclusions and Limitations:

Benefits not payable for: (1) Expenses due to loss occurring while this policy is not in force; (2) Any expense incurred in excess of the usual, customary and regular charges for any service or materials in the geographic area where furnished; and (3) Injuries resulting from an act of declared or undeclared war and sustained while a member of an armed service (upon notice to the Company or entry into service, the pro-rata premium will be refunded); or (4) Injuries resulting from air travel, other than as a passenger on a scheduled airline; or (5) Suicide, attempted suicide or intentionally self inflicted injuries, while sane or insane; or (6) Any loss incurred while engaged in an illegal occupation.



Standard Life and Casualty Insurance Company

P. O. Box 510690, Salt Lake City, Utah 84151-0690

ACCIDENT ONLY POLICY – FORM AC5-2007

REQUIRED OUTLINE OF COVERAGE

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

2. Accident only coverage is designed to provide you with coverage for death, dismemberment and hospital and medical care resulting from a covered accident only. Coverage is provided for the benefits outlined in Paragraph (3). The benefits described in Paragraph (3) may be limited to Paragraph (4).

3. **HOSPITAL AND MEDICAL EXPENSE INCURRED DUE TO INJURY**

Benefits for the hospital and physician's charges incurred for treatment and service received due to an injury. To be covered, treatment must commence within 90 days of the date of the injury. Hospital confinement is not required for payment of benefits. **Your choices of benefits are:** \$300.00 \$500.00 \$1,000.00

ACCIDENTAL DEATH

\$5,000.00 Accidental Death Benefit if death is due to an injury. To be covered, death must occur within 90 days after the date the injury was sustained and while this policy is in force.

SPECIFIC LOSSES DUE TO INJURY

\$2,500.00 Specific Loss Benefit for specific losses, shown below due to injury, if injury does not result in accidental death.

1. Loss of a hand
2. Loss of a foot
3. Loss of an eye.

With respect to a hand or foot, loss means dismemberment by severance through or above the wrist or ankle joint. With respect to an eye, loss means the entire and irrecoverable loss of sight in the eye. If the injury results in two or more of the specific losses shown above, the benefits will be paid for not more than two specific losses due to an injury.

4. **LIMITATIONS AND EXCLUSIONS**

Benefits are not payable under this policy for:

- Expenses due to loss beginning while this policy is not in force; or
- Any expense incurred in excess of the usual, customary and regular charges for any service or materials in the geographic area where furnished; and
- Injuries resulting from an act of declared or undeclared war and sustained while a member of an armed service (upon notice to the Company or entry into service, the pro-rata premium will be refunded); or
- Injuries resulting from air travel, other than as a passenger on a scheduled airline; or
- Suicide, attempted suicide or intentionally self inflicted injuries, while sane or insane; or
- Any loss incurred while engaged in an illegal occupation.

5. **RENEWABILITY**

This policy is guaranteed renewable for life, subject to the Company's right to change premium rates for all policies of the same class. This policy has a 31-day grace period.

PREMIUMS

	Annual	Semi-Annual	Quarterly	Monthly	10% Discount Monthly BSP
\$300.00 PLAN:					
Individual, Age 0-64.....	\$ 59.00	\$ 31.25	\$ 16.50	\$ 5.90	\$ 5.30
Family Group	118.00	62.50	33.00	11.80	10.60
\$500.00 PLAN:					
Individual, Age 0-64.....	\$ 94.00	\$ 49.75	\$ 26.30	\$ 9.40	\$ 8.45
Family Group	187.00	89.50	52.60	19.20	16.90
\$1,000.00 PLAN:					
Individual, Age 0-64.....	\$ 175.00	\$ 92.75	\$ 49.00	\$ 17.50	\$ 15.75
Family Group	350.00	185.50	98.00	35.00	31.50