

Sun Life Financial

One Sun Life Executive Park, Wellesley Hills, MA 02481



Group Enrollment Form

Sun Life Assurance Company of Canada
One Sun Life Executive Park
Wellesley Hills, MA 02481

Employer use (check one): New employee Change COBRA

1. General Information

Employer Name Colorado Higher Education Insurance Benefits Alliance Trust - Metropolitan State University of Denver	Account / Policy Number 935916	Location
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2. Employee Information

Employee's Full Legal Name (First, M.I., Last)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Street Address	City	State	Zip Code
Occupation	Eligibility Class (if applicable)	Social Security Number	Phone Number
Date employed: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Date: _____	<input type="checkbox"/> Return from layoff <input type="checkbox"/> Rehire	Date: _____
Current Active Employment Type _____ # of hours <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Earnings \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other: _____		

3. Dependent Information

Please complete this entire section if you are selecting dependent coverage. No employee can be insured as a dependent when he/she is also insured as an employee for any benefit under the same policy.

If more space is needed, please add additional pages.

Relationship	Full legal name (First, M.I., Last)	Gender	Social Security number	Date of birth	Student Y / N
Spouse					
Children					

4. Benefit Elections

You need to complete all sections of the enrollment form including electing or refusing insurance coverage below and sign it. This must be done either during the enrollment period or within 31 days of your eligibility date. Benefits completely paid by your employer ("non-contributory benefits") cannot be refused. Not all of the benefit options listed below will be necessarily available to you. Your employer will tell you which benefits are available and what your Maximum Guaranteed Issue amount is.

Elect	Refuse	Coverage
<input type="checkbox"/>	<input type="checkbox"/>	Employee Voluntary Life Insurance \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Spouse Voluntary Life Insurance \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Child Voluntary Life Insurance \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Accident: <input type="checkbox"/> Employee <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Employee + Family
<input type="checkbox"/>	<input type="checkbox"/>	Critical Illness: Employee amount \$ _____ Spouse amount \$ _____ Child(ren) amount \$ _____

Employer provided benefits--Your employer pays the premiums for the following benefits if you are eligible for them. Enrollment is automatic; no election is required.

Long-Term Disability (LTD)

5. Beneficiary Designation Information

Primary Beneficiary Designation

On the lines below, list the individual(s) who should receive proceeds in the event of your death. You may specify as many individuals as you like, but the total proceeds must equal 100%. This is your primary beneficiary. Attach additional pages if necessary. If you do not name a beneficiary or if no beneficiary is alive at the time of your death, proceeds will be payable in accordance with your Group insurance policy. Designation applies to all coverages for which a beneficiary designation is required.

Primary Beneficiary(ies)

Percent share of proceeds*

1 Name (First, M.I., Last)	Relationship to employee	Social Security number	%
Address	Phone number	Date of birth	
2 Name (First, M.I., Last)	Relationship to employee	Social Security number	%
Address	Phone number	Date of birth	

*Must equal 100%

Secondary Beneficiary Designation

On the lines below, list the individual(s) who should receive the proceeds ONLY IF ALL of the individuals listed above are not living at the time of your death. This is your secondary (or contingent) beneficiary. The Secondary beneficiary is not paid if a primary beneficiary is alive at the time of your death. Attach additional pages if necessary.

Secondary Beneficiary(ies) Percent share of proceeds*

1 Name (First, M.I., Last)	Relationship to employee	Social Security number	%
Address	Phone number	Date of birth	
2 Name (First, M.I., Last)	Relationship to employee	Social Security number	%
Address	Phone number	Date of birth	

*Must equal 100%

6. Signature and authorization information

I understand that:

- I am requesting coverage under a Group Insurance policy offered by my employer. This coverage will end when my employment terminates, subject to any portability or continuation provisions available under the Group Insurance policy.
- My employer will deduct all or part of the premium for contributory coverage from my pay.
- If applying for coverage more than 31 days past my eligibility date, Evidence of Insurability (EOI) may be required.
- For Life, Critical Illness, and Long-Term Disability insurance, Evidence of Insurability may be required for amounts over my Guarantee Issue for this enrollment.
- Increases to current Life and Critical Illness benefits may require Evidence of Insurability.
- If I decline coverage for myself or, if applicable, for my family now and want it at a later date, I/we will have to submit an Evidence of Insurability application, if required for the elected coverage(s), to be approved by Sun Life Assurance Company of Canada (Wellesley, MA).
- Coverages include limitations, exclusions and a pre-existing conditions provision that may affect my entitlement to benefits.
- If I am not actively at work due to injury, illness, layoff or leave of absence on the date that any initial or increased coverage is scheduled to start under the plan, such coverage will not start until the date I return to work.
- When required by the coverage, if my spouse or any of my dependent children are confined due to an injury or illness, as required by the coverage, on the date that any initial or increased coverage is scheduled to start under the plan, such coverage will not start until the date they are no longer confined and are able to perform their normal activities.

By signing below, I am representing that the information I have provided is true and correct to the best of my knowledge and belief.

X

Employee Signature

Today's Date

To the Employee: Make a copy of this form for your records before submitting it to your employer.

To the Employer: This original enrollment form should remain at the employer's site. Family status, coverage, or beneficiary changes should be recorded on another copy of the Enrollment Form.

Agent, Broker, and/or Enroller information:

Agent name
Agent / Broker name
Enroller name

Contact us



By mail

Sun Life Financial
One Sun Life Executive Park
Wellesley Hills, MA 02481



www.sunlife.com/us



Customer Service **800-247-6875** M-F 8:00 a.m.-8:00 p.m., ET

SUN LIFE ASSURANCE COMPANY OF CANADA
One Sun Life Executive Park, Wellesley Hills, MA 02481
(800) 247-6875

GROUP ACCIDENT-ONLY INSURANCE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

**BENEFITS PROVIDED ARE SUPPLEMENTAL AND NOT INTENDED TO
COVER ALL MEDICAL EXPENSES**

OUTLINE OF COVERAGE

Read Your Certificate Carefully. This outline of coverage provides a very brief description of the important features of coverage. This is not the insurance contract and only the actual Policy provisions will control. The Certificate and the Policy into which it is incorporated sets forth, in detail, the rights and obligations of both you and your insurance company and the terms and conditions under which benefits are paid. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**

Accident-only coverage is designed to provide, to persons insured, coverage from certain losses resulting from a covered accident **ONLY**, subject to any limitations contained in the Policy and Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

BENEFITS

The following benefits, subject to the election of your employer, **MAY** be covered under your Certificate. The benefit amount payable for each covered benefit will be shown in the Certificate Benefit Highlights.

Accident Emergency Treatment (non-Emergency Room, non-Urgent Care Facility) Benefit

An Accident Emergency Treatment (non-Emergency Room, non-Urgent Care Facility) Benefit is payable for each Insured who receives Treatment from a Physician as the result of Injuries received in a Covered Accident, provided the Treatment is received within 15 days after the date of the Covered Accident. This benefit is payable only once per Insured for each Covered Accident and not more than once per 24 hour period. If the Insured receives Treatment for the same Injuries in an Emergency Room or Urgent Care Facility within the same 15 day period, we will pay only the Emergency Room Treatment Benefit or the Urgent Care Facility Benefit.

Accidental Death Benefit

An Accidental Death Benefit is payable if an Insured dies within 365 days of the date of the Covered Accident as a result of Injuries received from that Accident. If we pay this benefit for an Insured, we will not pay the Accidental Death Common Carrier Benefit for the same Insured.

Accidental Death Common Carrier Benefit

An Accidental Death Common Carrier Benefit is payable if an Insured dies within 365 days of the date of the Covered Accident as a result of Injuries received from that Covered Accident, while a fare paying passenger on a Common Carrier. If we pay this benefit for an Insured, we will not pay the Accidental Death Benefit for the same Insured.

Accidental Dismemberment Benefit

An Accidental Dismemberment Benefit is payable if an Insured sustains the following:

- Loss of Hand — one hand;
- Loss of Foot — one foot;
- Loss of Leg — one leg;

- Loss of Arm — one arm;
- Loss of a Finger or Loss of a Toe — one or more fingers or toes;
- Loss of an Eye — one eye;
- irrecoverable Loss of Sight — one eye;
- Loss of an Ear — one ear; or
- irrecoverable Loss of Hearing — one ear;

due to Injuries received in a Covered Accident and the loss occurs within 365 days after the date of the Covered Accident.

If the Insured loses a finger or a toe and later loses a hand, foot, arm or leg on the same side of the body within 365 days after the date of the Covered Accident as the result of the same Covered Accident, we will subtract the amount we paid for the loss of the finger or toe from the benefit we pay for the loss of the hand, foot, arm or leg.

For multiple Dismemberments resulting from the same Covered Accident that occur within 365 days after the date of the Covered Accident, we will pay 100% of each benefit amount listed in the Benefit Highlights for the applicable dismembered body part. If the Insured loses one arm or one leg and later loses the other arm or leg within 365 days of the Covered Accident as the result of the same Covered Accident, we will subtract the amount we paid for that loss of an arm or leg from the benefit we pay for the Catastrophic Accident Benefit. If the Insured loses one arm and one leg or one hand and one foot within 365 days of the Covered Accident as the result of the same Covered Accident, we will pay for the Catastrophic Accident Benefit. No Accidental Dismemberment Benefit will be paid in addition to the Catastrophic Accident Benefit.

Ambulance Benefit (Air)

An Ambulance Benefit is payable for a licensed professional air ambulance company to transport an Insured to or from a Hospital, or between medical facilities for Treatment of Injuries received in a Covered Accident. The air ambulance must provide the transportation services to the Insured within 72 hours after the date of the Covered Accident.

Ambulance Benefit (Ground)

An Ambulance Benefit is payable for a licensed professional ambulance company to transport an Insured by ground, to or from a Hospital or between medical facilities for Treatment of Injuries received in a Covered Accident. The ambulance must provide transportation services to the Insured within 72 hours after the date of the Covered Accident.

Anesthesia Benefit

An Anesthesia Benefit is payable for each Insured who requires Anesthesia as a result of Injuries received in a Covered Accident. The Anesthesia must be prescribed by a Physician and administered in a Hospital or Physician's office within 90 days after the date of the Covered Accident.

Blood/Plasma/Platelet Transfusion Benefit

A Blood/Plasma/Platelet Transfusion Benefit is payable for each Insured who requires a transfusion, administration, cross matching, typing and processing of blood, plasma or platelet as a result of Injuries received in a Covered Accident. The blood, plasma or platelet transfusion must be administered within 90 days after the date of the Covered Accident.

Brain Injury Benefit

A Brain Injury Benefit is payable for each Insured who sustains a brain Injury as a result of a Covered Accident. The brain Injury must be diagnosed within 72 hours of the Covered Accident. Brain Injury includes amnesia, loss of consciousness, temporary and complete blindness, seizures or other disruptions of the various chemical processes of the brain when incurred as a result of a Covered Accident. It does not include neurological disorders diagnosed as a coma or a concussion. If the Injury is diagnosed as temporary blindness and then results in permanent irrecoverable Loss of Sight of both eyes within 365 days of the Covered Accident as a result of the same Covered Accident, we will subtract from the Catastrophic Accident Benefit the amount we paid for the Brain Injury Benefit if the sole reason for paying the Brain Injury Benefit was due to blindness. Only one Brain Injury Benefit is payable for all brain Injuries sustained in the same Covered Accident.

Burn Benefit

A Burn Benefit is payable for each Insured who sustains covered burns shown in the Benefit Highlights as the result of Injuries received in a Covered Accident. The Insured must be treated by a Physician within 72 hours after the date of the Covered Accident. If the Insured meets more than one of the burn classifications, we will pay only the greater benefit amount as shown in the Benefit Highlights.

Catastrophic Accident Benefit

A Catastrophic Accident Benefit is payable if an Insured sustains the following:

- Loss of Hand — both hands;
- Loss of Foot — both feet;
- Loss of Arm or Loss of Leg — both arms or both legs;
- Loss of Hand and Loss of Foot — one hand and one foot;
- Loss of Arm and Loss of Leg — one arm and one leg;
- Loss of an Eye — both eyes;
- irrecoverable Loss of Sight — both eyes;
- Loss of an Ear — both ears;
- irrecoverable Loss of Hearing — both ears;
- irrecoverable Loss of Speech or the ability to speak; or
- any combination equaling two or more losses from: Loss of Arm, Loss of Hand, Loss of Leg, Loss of Foot, Loss of an Ear or Loss of an Eye;

due to Injuries received in a Covered Accident and occurs within 365 days after the date of the Covered Accident. Loss of Arm and Loss of Hand or Loss of Leg and Loss of Foot on the same side of the body are counted as one loss. If the Insured loses one arm or one leg and later loses the other arm or leg within 365 days of the Covered Accident as the result of the same Covered Accident, we will subtract the amount we paid for that loss of an arm or leg from the benefit we pay for the Catastrophic Accident Benefit. If the Injury is diagnosed as temporary blindness and then results in permanent irrecoverable Loss of Sight of both eyes within 365 days of the Covered Accident as a result of the same Covered Accident, we will subtract from the Catastrophic Accident Benefit the amount we paid for the Brain Injury Benefit if the sole reason for paying the Brain Injury Benefit was due to blindness.

Coma Benefit

A Coma Benefit is payable for each Insured who is in a Coma as the result of Injuries received in a Covered Accident.

Concussion Benefit

A Concussion Benefit is payable for each Insured who sustains a concussion as the result of a Covered Accident up to the Lifetime Maximum Benefit shown in the Benefit Highlights. The concussion must be diagnosed by a Physician using x-ray, Computed Tomographies (CT Scan), or Magnetic Resonance Imaging (MRI) within 72 hours of the Covered Accident.

Diagnostic Exam Benefit

A Diagnostic Exam Benefit is payable for each Insured who requires a diagnostic examination to determine the extent of Injuries received in a Covered Accident. The Insured must schedule an examination and the examination must be performed within 90 days after the date of the Covered Accident. Diagnostic exams include arteriogram, angiogram, Computed Tomographies (CT Scan), Computerized Axial Tomography (CAT), Electrocardiography (EKG), Electroencephalogram (EEG), Magnetic Resonance Imagings (MRIs) and x-rays. This benefit is payable only once per Benefit Year for each Insured.

Dislocation Benefit

A Dislocation Benefit is payable for each Insured who sustains a Dislocation as the result of Injuries received in a Covered Accident. The Dislocation must be diagnosed by a Physician within 90 days after the date of the Covered Accident. Treatment of the Dislocation must require Anesthesia by a Physician. It can be corrected by open (surgical) reduction or closed (non-surgical) reduction and it must be a complete Dislocation.

If the Dislocation requires reduction without Anesthesia by a Physician or a Physician diagnoses the dislocation as an Incomplete Dislocation, we will pay 25% of the applicable benefit amount shown in the Benefit Highlights for a Closed Reduction of the joint involved.

Benefits will only be payable for the first Dislocation of a joint sustained in a Covered Accident. Subsequent Dislocations of the same joint are not payable for the same Covered Accident.

If the Insured sustains more than one Dislocation in a Covered Accident that requires open or closed reduction, we will pay for no more than two Dislocations with the benefit paid being the two highest applicable benefit amounts as shown in the Benefit Highlights.

If the Insured sustains a Fracture or a Dislocation and tears, ruptures, or severs a tendon, ligament or rotator cuff in the same Covered Accident, only one benefit will be payable. We will pay the greater of the Tendon/Ligament/Rotator Cuff Benefit, the Fracture Benefit, or the Dislocation Benefit as shown in the Benefit Highlights.

Emergency Dental Benefit

An Emergency Dental Benefit is payable for each Insured who requires dental work as the result of Injuries received in a Covered Accident. The dental work must occur within 60 days after the date of the Covered Accident. This benefit is only payable for broken teeth repaired with crown(s) or broken teeth requiring extraction, regardless of the number of teeth involved.

Emergency Room Treatment Benefit

An Emergency Room Treatment Benefit is payable for each Insured who requires examination and treatment by a Physician in an Emergency Room as the result of Injuries received in a Covered Accident. The Emergency Room examination and treatment must occur within 72 hours after the date of the Covered Accident.

Epidural Pain Management Benefit

An Epidural Pain Management Benefit is payable for each Insured who receives an Epidural Injection administered for pain management for Injuries received in a Covered Accident. Epidural Injection means injection of drugs through a catheter placed into the epidural space. The epidural must be prescribed by a Physician and administered in a Hospital or Physician's office within 90 days after the date of the Covered Accident. This benefit is payable up to 2 times per Insured per Covered Accident. This benefit is not payable for an Epidural Injection administered during a surgical procedure and does not include epidural steroid injections.

Eye Injury Benefit

An Eye Injury Benefit is payable for each Insured who incurs an eye Injury as a result of a Covered Accident. The eye Injury must require surgery or the removal of a foreign object by a Physician and must be performed within 30 days of the Covered Accident. Only one Eye Injury Benefit is payable for all eye Injuries sustained in the same Covered Accident.

Fracture Benefit

A Fracture Benefit is payable for each Insured who sustains Fractures as the result of Injuries received in a Covered Accident. The Fracture must:

- be a Fracture covered under the Policy as shown in the Benefit Highlights;
- be diagnosed by a Physician within 90 days after the date of the Covered Accident; and
- require open (surgical) reduction or closed (non-surgical) reduction by a Physician.

A partial benefit is payable for each Insured who sustains a Chip Fracture or other Fractures not reduced by open or closed reduction.

If an Insured sustains more than one Fracture in a Covered Accident which requires open or closed reduction, we will pay for no more than two Fractures with the benefit paid being the two highest applicable benefit amounts as shown in the Benefit Highlights.

If the Insured sustains a Fracture or a Dislocation and tears, ruptures, or severs a tendon, ligament or rotator cuff in the same Covered Accident, only one benefit will be payable. We will pay the greater of the Tendon/Ligament/Rotator Cuff Benefit, the Fracture Benefit, or the Dislocation Benefit as shown in the Benefit Highlights.

Gunshot Wound Benefit

A Gunshot Wound Benefit is payable for each Insured who sustains a gunshot wound as a result of a Covered Accident. The gunshot wound must be caused by:

- a bullet; or
- other object fired by rifle or pistol using gunpowder.

The gunshot wound must be treated by a Physician at a Hospital within 24 hours of the shooting. Only one Gunshot Wound Benefit is payable for all gunshot Injuries sustained in the same Covered Accident.

Hospital Admission Benefit

A Hospital Admission Benefit is payable for each Insured admitted to a Hospital as a result of Injuries received in a Covered Accident. Admission to the Hospital must occur within 30 days after the date of the Covered Accident. If the Insured is Confined immediately to the Intensive Care Unit, we will pay only the Hospital Intensive Care Unit Admission Benefit and not the Hospital Admission Benefit. This benefit is payable only once per Benefit Year for each Insured.

This benefit will not be paid for:

- Emergency Room treatment;
- Outpatient Treatment; or
- a stay of less than 24 hours in an Observation Unit.

Hospital Confinement Benefit

A Hospital Confinement Benefit is payable for each Insured Confined in a Hospital as a result of Injuries received in a Covered Accident. The Hospital Confinement must begin within 30 days after the date of the Covered Accident.

We will pay benefits for only one period of Confinement at a time even if it is caused by more than one Covered Accident. If the Insured is Confined in a Hospital, and is Confined once again within 90 days for Injuries received in the same Covered Accident or by a related condition, we will treat that Confinement as a continuation of the prior Confinement. If more than 90 days have passed between the periods of Hospital Confinement, we will treat the Confinement as a new Confinement.

The maximum benefit paid will not exceed number of days for the Hospital Confinement Benefit as shown in the Benefit Highlights.

This benefit will not be paid for:

- Emergency Room treatment;
- Outpatient Treatment; or
- Confinement of less than 24 hours to an Observation Unit.

Hospital Intensive Care Unit Admission Benefit

A Hospital Intensive Care Unit Admission Benefit is payable for each Insured who is admitted to the Hospital's Intensive Care Unit due to Injuries sustained in a Covered Accident. Admission to the Hospital's Intensive Care Unit must occur within 30 days after the date of the Covered Accident. This benefit is payable only once per Benefit Year for each Insured.

Hospital Intensive Care Unit Confinement Benefit

A Hospital Intensive Care Unit Confinement Benefit is payable for each Insured Confined in an Intensive Care Unit as a result of Injuries received in a Covered Accident. Confinement in a Hospital Intensive Care Unit must begin within 30 days after the date of the Covered Accident.

If the Insured is Confined in a Hospital Intensive Care Unit, and is Confined once again within 90 days for Injuries received in the same Covered Accident or by a related condition, we will treat this Confinement as a continuation of the prior Confinement. If more than 90 days have passed between the periods of Confinement in a Hospital Intensive Care Unit, we will treat the Confinement as a new Confinement.

If the Insured is Confined to a hospital intensive care unit that does not meet the definition of a Hospital Intensive Care Unit, we will pay the Hospital Confinement Benefit. The Hospital Intensive Care Unit Confinement Benefit is paid in addition to the Hospital Confinement Benefit for the first 15 days of Confinement in the Hospital Intensive Care Unit. If the Insured is Confined in a Hospital Intensive Care Unit for more than 15 days, benefits will continue to be paid under the Hospital Confinement Benefit beginning on the 16th day. The maximum benefits paid will not exceed the number of days for the Hospital Confinement Benefit and the number of days for the Hospital Intensive Care Unit Confinement Benefit as shown in the Benefit Highlights.

Laceration Benefit

A Laceration Benefit is payable for each Insured who sustains Lacerations as the result of Injuries received in a Covered Accident. The Laceration must be repaired by a Physician within 72 hours after the date of the Covered Accident. The benefit payable will be based on the total length of all Lacerations received in any one Covered Accident which requires repair. This benefit is payable only once for each Covered Accident.

Loss of Hearing/Ear Benefit

A Loss of Hearing Benefit is payable if an Insured sustains the irrecoverable Loss of Hearing of one ear or both ears or the Loss of an Ear or both ears due to Injuries received in a Covered Accident, and the loss occurs within 365 days after the date of the Covered Accident.

Loss of Sight/Eye Benefit

A Loss of Sight Benefit is payable if an Insured sustains the irrecoverable Loss of Sight of one eye or both eyes or the Loss of an Eye or both eyes due to Injuries received in a Covered Accident, and the loss occurs within 365 days after the date of the Covered Accident.

Medical Device Benefit

A Medical Device Benefit is payable for the use of a medical device as an aid in personal locomotion or mobility. The medical device must be prescribed by a Physician for the Insured as a result of Injuries received in each Covered Accident. Medical devices include wheelchairs, crutches, walkers, back braces, leg braces, neck braces and walking boots. The use of a medical device must begin within 90 days after the date of the Covered Accident. This benefit is payable only once for each Covered Accident.

Outpatient Visit Benefit

An Outpatient Visit Benefit is payable when the Insured is treated by a Physician on an Outpatient basis as a result of a Covered Accident. The Treatment must be given within 90 days after the date of the Covered Accident.

Paralysis Benefit

A Paralysis Benefit is payable for each Insured who becomes paralyzed as a result of Injuries received in a Covered Accident. The Paralysis must occur within 90 days of the Covered Accident. The Paralysis must be confirmed by a Physician and based on documented evidence that the Paralysis was caused by Injury. The duration of the Paralysis must be at least 30 days and expected to be permanent.

Physical and Occupational Therapy Benefit

A Physical and Occupational Therapy Benefit is payable for each Insured who requires physical or occupational therapy treatment as the result of Injuries received in a Covered Accident. The therapy must begin within 90 days after:

- the date of the Covered Accident; or
- the date on which the Physician prescribes physical or occupational therapy following surgery or other medical treatment required and provided for Treatment of the Injuries sustained in a Covered Accident.

The therapy must be rendered by a Physical or Occupational Therapist.

This benefit is limited to the maximum number of visits per Insured per Covered Accident as shown in the Benefit Highlights.

Physician Follow-Up Treatment Benefit

A Physician Follow-Up Treatment Benefit is payable for each Insured who receives follow-up Treatment for Injuries incurred from a Covered Accident when such follow-up Treatment is recommended or advised by a Physician. The follow-up Treatment must:

- be within 90 days after the date of the Covered Accident;
- be due to Injuries received as the result of a Covered Accident;
- occur after initial Treatment by a Physician; and
- not be for routine examinations or preventive testing.

This benefit includes follow-up Treatment provided by a licensed or certified chiropractor. This benefit is limited to the number of times per Insured per Covered Accident as shown in the Benefit Highlights.

Prescription Drug Benefit

A Prescription Drug Benefit is payable once per Covered Accident for each Insured who requires medication to treat an Injury sustained as a direct result of a Covered Accident. The medication must be prescribed by a Physician within 30 days of the Covered Accident.

Prosthesis Benefit

A Prosthesis Benefit is payable for an Insured who sustains Loss of Hand, Loss of Foot, Loss of Arm, Loss of Leg or Loss of an Eye as a result of Injuries received in a Covered Accident and requires a prosthetic device, artificial limb or eye which is prescribed by a Physician. The prosthetic device/artificial limb or eye must be received within 365 days after the date of the Covered Accident.

This benefit is not payable for joint replacement such as an artificial hip or knee.

Rehabilitation Unit Benefit

A Rehabilitation Unit Benefit provides a daily benefit if the Insured is Confined in a Rehabilitation Unit for physical, occupational or speech therapy treatment of Injuries incurred from a Covered Accident. The rehabilitation unit confinement must begin within 90 days after the date of the Covered Accident and be preceded by Confinement in a Hospital. This benefit is limited to the maximum number of days per Insured per Covered Accident as shown in the Benefit Highlights. The Rehabilitation Unit benefit will not be paid if the Hospital Confinement Benefit is paid for the same day; only the highest eligible benefit will be paid.

Skin Graft Benefit

A Skin Graft Benefit is payable for each Insured who receives a skin graft within 90 days after the date of the Covered Accident for a burn for which a benefit was received under the Burn benefit. This benefit is payable once per Insured per Covered Accident.

Surgery Benefit

A Surgery Benefit is payable for each Insured who undergoes a surgical procedure listed in the Benefit Highlights for repair of internal Injuries received as the result of a Covered Accident. Treatment must be first provided by a Physician within 30 days and the Injury repaired through surgery within 180 days of the date of the Covered Accident. The surgery may be provided in a Hospital on an Inpatient or Outpatient basis or in a licensed ambulatory surgical facility. Benefits will be payable for Exploratory Surgery or other specified surgery without repair as shown in the Benefit Highlights.

Debridement Benefit

A Debridement Benefit is payable for each Insured who undergoes debridement as the result of an Injury received in a Covered Accident. Treatment must be first provided by a Physician within 30 days and the Injury must be repaired through surgery by a Physician within 180 days after the date of the Covered Accident.

Exploratory Surgery Benefit

An Exploratory Surgery Benefit is payable for each Insured who undergoes an operation performed for diagnostic purposes only as the result of an Injury received in a Covered Accident. Treatment must be first provided by a Physician within 30 days and the surgery must be performed by a Physician within 180 days after the date of the Covered Accident.

Hernia Repair Benefit

A Hernia Repair Benefit is payable for each Insured who sustains a hernia as the result of direct Injuries in a Covered Accident. The hernia must be diagnosed by a Physician within 30 days and must be repaired through surgery by a Physician within 180 days after the date of the Covered Accident.

Laparoscopic Surgery Benefit

A Laparoscopic Surgery Benefit is payable for each Insured who undergoes Laparoscopic Surgery for Injuries sustained in a Covered Accident. The Laparoscopic Surgery must occur within 90 days after the date of the Covered Accident.

Miscellaneous Surgery Benefit

A Miscellaneous Surgery Benefit is payable for each Insured who undergoes a surgery requiring Anesthesia received as the result of a Covered Accident that is not covered by any other Injury benefit in the Benefit Highlights. Treatment must be first provided by a Physician within 30 days and the Injury must be repaired through surgery by a Physician within 180 days after the date of the Covered Accident. Only one Miscellaneous Surgery Benefit is payable per 24 hour period even though multiple surgical procedures may be performed.

Open Surgery Benefit

An Open Surgery Benefit is payable for each Insured who undergoes open abdominal, cranial or thoracic surgery to repair internal Injuries received as the result of a Covered Accident. Treatment must be first provided by a Physician within 30 days and the Injury must be repaired through surgery by a Physician within 180 days after the date of the Covered Accident. Benefits will be payable for Exploratory Surgery or other specified surgery without repair as shown in the Benefit Highlights. We will pay this benefit once per Covered Accident.

Ruptured/Herniated Disc Benefit

A Ruptured/Herniated Disc Benefit is payable for each Insured who sustains a ruptured or herniated disc in the spine as the result of Injuries received in a Covered Accident. Treatment must be first provided by a Physician within 30 days and the Injury repaired through surgery by a Physician within 180 days after the date of the Covered Accident.

Tendon/Ligament /Rotator Cuff Benefit

A Tendon/Ligament/Rotator Cuff Benefit is payable for each Insured who injures a tendon, ligament, or rotator cuff as the result of Injuries received in a Covered Accident. The tendon, ligament, or rotator cuff must be torn, ruptured or severed. Treatment must be first provided by a Physician within 30 days and the Injury repaired through surgery by a Physician within 180 days after the date of the Covered Accident. If exploratory arthroscopic surgery is performed and no repair is done, the applicable amount payable is shown in the Benefit Highlights.

Torn Knee Cartilage Benefit

A Torn Knee Cartilage Benefit is payable for each Insured who sustains a torn knee cartilage (meniscus) as the result of direct Injuries in a Covered Accident. Treatment must be first provided by a Physician within 30 days and the Injury repaired through surgery by a Physician within 180 days after the date of the Covered Accident. If exploratory arthroscopic surgery is performed and no repair is done, or if the cartilage is shaved (debridement), the applicable benefit payable is shown in the Benefit Highlights.

If any Insured receives a Fracture or a Dislocation and tears, ruptures or severs a tendon, ligament, or rotator cuff in the same Covered Accident, only one benefit is payable. We will pay the larger of the Tendon/Ligament/Rotator Cuff Benefit, the Fracture Benefit or the Dislocation Benefit.

Urgent Care Facility Benefit

An Urgent Care Facility Benefit is payable for each Insured who requires emergency or urgent Treatment at an Urgent Care Facility for Injuries sustained in a Covered Accident. The Treatment must occur within 72 hours after the date of the Covered Accident.

Wellness Screening Benefit

A Wellness Screening Benefit is payable for each Insured who has any one of the following wellness screening tests performed:

- Breast Cancer Screening (clinical breast exam, mammography, MRI, thermography, ultrasound)
- CA15-3 (blood test for breast cancer)
- CA125 (blood test for ovarian cancer)
- Cardiac Exercise Stress Test
- Fasting Blood Glucose Test
- Colorectal Cancer Screening (fecal occult blood test, colonoscopy, sigmoidoscopy)
- Hemocult Stool Analysis
- CEA (blood test for colon cancer)
- Chest x-ray
- Lipid panel (cholesterol, triglycerides, HDL, LDL)
- Pap smear
- Prostate Cancer Screening (digital rectal exam, PSA blood test)
- Serum Protein Electrophoresis
- Skin Cancer Screening
- Diabetes tests (fasting blood glucose test, hemoglobin A1c)
- Carotid Doppler
- Echocardiogram
- Electrocardiogram (ECG)-resting or stress
- Immunizations
- Interscholastic Sports Physical Exam

To receive this benefit, you must notify us of which wellness screening test was performed. The benefit is payable once per Insured per Benefit Year.

EXCLUSIONS

Exclusions applicable to your Certificate may vary by state insurance law and regulation.

No benefits will be payable for any loss that is the result of a Covered Accident that is due to or results from:

- war or any act of war or your active duty in any armed service during a time of war (this does not include acts of terrorism);
- active participation in a war (declared or undeclared);
- active military duty;
- riding in or driving any motor-driven vehicle in a race, stunt show, speed test or driving while Intoxicated;
- Intoxication;
- operating, learning to operate, serving as a crew member of, jumping or falling from any aircraft, including those which are not motor-driven. This does not include:
 1. flying as a fare paying passenger in a scheduled or chartered flight operated by a commercial airline;
 2. flying as a passenger with no duties on board an aircraft operated by a private business to transport its personnel or guests;
 3. flying in your Employer's corporate aircraft as a passenger or crew member; or
 4. flying in a life-saving medevac or similar medical air transport service;
- Injuries sustained from any aviation activities, other than riding as a fare paying passenger;
- operating a taxi or any other delivery service for any kind of compensation or profit;
- engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting or mountaineering;

- participating in or practicing for any semi-professional or professional competitive athletic contest in which any compensation is received, including coaching or officiating;
- committing of or attempting to commit an assault, felony or other criminal act;
- active Participation in a Riot, Rebellion or Insurrection;
- committing or attempting to commit suicide, whether sane or insane, or injuring oneself intentionally;
- voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless administered on the advice of a Physician and used as directed;
- improper or illegal use of inhalants or huffing;
- a Sickness or infection including physical or mental condition which is not caused solely by or as a direct result of a Covered Accident;
- incarceration in a penal institution of any kind;
- An Injury arising out of or in the course of any work for pay or profit. This exclusion will not apply to an Insured who is enrolled for 24-Hour Coverage.

No benefits will be payable relating to or resulting from services or Treatment rendered or Confinement outside the United States or Canada.

GENERAL

Premium rates for the coverage may change.

Accident insurance coverage is subject to termination as stated in the Policy.

Notes

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