

# A PERSONAL ACCIDENT PROTECTION PROGRAM

Designed Specifically for You, Your Family and Your Employees.



PROFESSIONAL  
SERVICES

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Oklahoma City, OK 73112  
(405) 521-1600  
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## Introducing our Accidental Death & Dismemberment Program

We are pleased to present a High Limit Voluntary Accidental Death & Dismemberment Plan of Insurance through your association.

For the prudent person, Accidental Death & Dismemberment Insurance is important to a well-rounded financial program. It bridges the financial gap that occurs when a breadwinner meets with sudden, accidental death, loss of sight or dismemberment.

When loss is accidental, there is often great financial hardship because the estate is inadequate or assets are not readily convertible to cash. There is no time to plan. Accidental Death & Dismemberment Insurance provides the additional ready cash families need.

We urge you to examine your own individual or family needs and consider this plan.

### WHO IS ELIGIBLE?

You are eligible if you are an active member or an employee of a member of the sponsoring organization. Your spouse and unmarried children under age 19 are also eligible. Unmarried children who are full-time students and primarily dependent upon you for support are eligible up to age 23.

### DEFINITION OF INJURY

Injury means a bodily injury resulting directly from an accident, and independent of all other causes. Loss resulting from sickness or disease, or medical or surgical treatment of a sickness or disease is not covered. The accident must occur while you are covered under this policy.

### WHEN AM I COVERED?

You are covered 24 hours a day. Anywhere in the world. On the job or at home. And these benefits are payable in addition to any other insurance you have.

### SURVIVOR BENEFIT

If you have enrolled in Plan II and you or your spouse should die, a Survivor Benefit will also be payable equal to one percent of the death benefit each month for six consecutive months.

### ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS PAYABLE

If an injury results in any of the following losses within 365 days after the accident, this plan will pay benefits according to the schedule below:

Description of Loss	Amount
Life	Principal Sum
Both hands or feet or sight of both eyes	Principal Sum
One hand and one foot	Principal Sum
Either hand or foot and sight of one eye	Principal Sum
Speech and hearing	Principal Sum
Either hand or foot	1/2 Principal Sum
Sight of one eye	1/2 Principal Sum
Speech or hearing	1/2 Principal Sum
Thumb and index finger of either hand	1/4 Principal Sum

The total limit of liability for any one person for all losses due to the same accident will not exceed the amount of the Principal Sum.

Loss means with regard to:

1. Hands and feet, actual severance through or above wrist or ankle joints.
2. Sight, speech or hearing, entire and irrecoverable loss thereof.
3. Thumb and index finger, actual severance through or above the metacarpophalangeal joints.

### SEAT BELT BENEFIT

If you or your dependents (if insured) suffer loss of life due to a covered accident, and the accident occurs while riding in or operating a four-wheel vehicle, and secured by seat belts or child restraint, the Company will pay an additional 10% benefit (to a maximum of \$10,000).

### HOW MUCH INSURANCE CAN I BUY?

#### *Schedule of Benefit Options:*

You may choose a plan providing any Principal Sum from \$25,000 to \$250,000 in increments of \$25,000.

In addition to your own coverage, family coverage provides the following insurance for your dependents:

- If you have a spouse only, your spouse will be insured for 50% of your coverage.
- If you have a spouse and children, your spouse is insured for 40% of your Principal Sum and each child is insured for 10% of your Principal Sum.
- If you have children only, each child is insured for 15% of your Principal Sum.

## GENERAL EXCLUSIONS

Loss Caused by any of the following events is not covered:

- Intentionally self-inflicted injury, suicide or attempted suicide, whether sane or insane.
- War or act of war, whether declared or not.
- Injury sustained while in the armed forces of any country or international authority.
- Injury sustained while riding on any aircraft as a pilot, crew member, student pilot, flight instructor, or examiner.
- Injury sustained while riding on any aircraft owned, operated or leased by or for the policyholder or any employee or organization whose eligible persons are covered under the policy.

## TERMINATION DATE

Coverage will terminate on the earliest of the following dates:

- The date the policy is terminated.
- The premium due date on or next following the date you are no longer an eligible person or fail to pay premium.

Coverage for eligible dependents will terminate on the premium due date following the earlier of:

- The date you cease to be insured
- The date your dependent is no longer eligible.

## REDUCTION DUE TO AGE

A Covered Person's Principal Sum automatically reduces on the Premium Due Date on or next following the date he or she attains the age indicated below.

Age	Percentage of Principal Sum
75 - 79	55%
80 - 84	35%
85 & over	20%

## WHEN WILL MY COVERAGE BE EFFECTIVE?

Your coverage will become effective on the first day of the month on or next following the date your enrollment form is received by the Administrator.

## CAN I CHANGE MY COVERAGE AFTER I HAVE ENROLLED?

Yes. To request a change in coverage, simply complete a new enrollment form. The change will become effective on the first day of the month on or next following the date your new enrollment form is received by the Administrator.

## WHO WILL BE THE BENEFICIARY?

Benefits for loss of your life will be paid to the beneficiary you have designated. If you have not designated a beneficiary, the life benefit will be paid to your estate. Benefits for loss other than life will be paid to you. All dependent benefits are paid to you.

## HOW DO I APPLY?

To apply for this life coverage:

◆ Return your completed application indicating the principal sum you would like and specifying whether you want the optional coverage for your spouse and/or children.

◆ Fill out the attached enrollment form in ink or type and return to Beale Professional Services. No premium is required now. A policy will be sent to you along with a premium notice.

### ◆ Enrollment Instructions for Member or Employees Age 75 and Over

Select a Principal Sum and corresponding premium from the choices listed and indicate your choice on the enrollment form. Your benefit amount will be automatically reduced according to the percentage of the Principal Sum for your attained Age. See "Reduction Due to Age"



## PROFESSIONAL SERVICES

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 Oklahoma City, OK 73112

## ANNUAL PREMIUM SCHEDULE

Principal Sum*	Plan 1 Individual	Plan 2 Family
\$25,000	\$13.50	\$21.00
50,000	27.00	42.00
75,000	40.50	63.00
100,000	54.00	84.00
125,000	67.50	105.00
150,000	81.00	126.00
175,000	94.50	147.00
200,000	108.00	168.00
225,000	121.50	189.00
250,000	135.00	210.00

\*Principal Sum will reduce due to age.

Underwritten By



UNUM

15 Corporate Place  
 P.O. Box 1387  
 Piscataway, NJ 08855-1387

FOR COMPANY Policy No. \_\_\_\_\_ Policy Date \_\_\_\_\_ First Ren. Prem. Due Date \_\_\_\_\_  
USE ONLY Add. \_\_\_\_\_ Reg. \_\_\_\_\_ Initial Prem \$ \_\_\_\_\_ Ren. Term \_\_\_\_\_ Mos. Ren. Prem. \$ \_\_\_\_\_  
ORGANIZATION: \_\_\_\_\_

UNUM LIFE INSURANCE COMPANY OF AMERICA MEMBER APPLICATION FOR ACCIDENT INSURANCE

Member Only \_\_\_\_\_ Family Plan \_\_\_\_\_ Member and Children \_\_\_\_\_ Premium Payable: Annual \_\_\_\_\_ or Semi-Annual \_\_\_\_\_

1. Full Name of Applicant \_\_\_\_\_
2. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. Birth Date \_\_\_\_\_ Birth Date of Spouse \_\_\_\_\_
4. Amount of Principal Sum \$ \_\_\_\_\_ Relationship \_\_\_\_\_
5. Beneficiary \_\_\_\_\_
6. Is the policy being applied for to replace any similar insurance you now have? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes" furnish names of companies and amounts \_\_\_\_\_

The Applicant is the Beneficiary of the Spouse and Children.

LH 11603 Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_