

UNINSURABLE OCCUPATIONS & ACTIVITIES

- Professional Athletes
- Window Washers
- Miners
- Crop Dusters
- Commercial Fishermen
- Federal Employees
- Policemen
- Security Guards
- Highway Workers
- Rodeo Riders
- Loggers
- Quarry Workers
- Migrant Workers
- Oil Field Workers
- Taxi Drivers
- Firemen
- Entertainers

EFFECTIVE DATE

The insurance applied for shall not take effect until your application is approved, the policy is issued, and the required premium has been paid. If the application is received in the Home Office on or before the 15th of the month, the effective date of the policy will be the 1st of the following month, subject to underwriting approval. If the application is received in the Home Office after the 15th of the month, the effective date of the policy will be the 15th of the following month, subject to underwriting approval. The insured can return the policy for any reason within 10 days of its delivery. Any premium paid will be refunded.

INJURY FACTS*

- 120,000 people lost their lives by accidental injury in 2007.
- The costs of unintentional injuries amounted to \$684.4 billion in 2007.
- It is estimated that over 26 million people suffered disabling accidental injuries as a result of motor vehicle, work and home accidents combined in 2007.

Source: National Safety Council's report on injuries in America, 2009 Edition.

CONDITIONAL RECEIPT

Received from _____ for Accident

Insurance in the amount of \$ _____ for _____ months premium.

AGENT SIGNATURE

AGENT NAME (PRINT)

DATE

IMPORTANT NOTICE: This receipt is void if it is not signed by the Agent, has been modified, or if the payment is made by a check that is not honored when presented for payment.

PREMIUM CHECKS MUST BE MADE PAYABLE TO PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY. DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE PAYEE BLANK.

If applying for coverage, you will receive an Outline of Coverage from your representative.



**PHILADELPHIA
AMERICAN**
LIFE INSURANCE COMPANY®

P.O. BOX 4884
HOUSTON, TX 77210-4884
1-800-552-7879

Enhanced 24 Hour ACCIDENT EXPENSE INSURANCE PLAN

*COVERAGE 24 HOURS A DAY,
ANYWHERE IN THE WORLD*



**PHILADELPHIA AMERICAN
LIFE INSURANCE COMPANY**

Underwritten By:
Philadelphia American Life
Insurance Company
Houston, Texas
Policy form H-0089.TX

H-0089.BRO.TX

DOC-7880

Accidents happen when you least expect them – at home, at work, while playing or while traveling.

You can't plan on them, but you can plan for them.

Philadelphia American Life's Enhanced 24 -Hour Accident Plan – More Protection When You Need It Most.

ENHANCED ACCIDENT PLAN FEATURES

- 1 or 2 units of accident coverage available
- Issue ages 0-75
- Guaranteed renewable to age 80
- \$50,000 or \$100,000 of Accidental Death Benefit
- Pays in addition to any other insurance
- Individual, Individual & Spouse, Single Parent, Family, and Children Only coverage available
- Optional Accident Disability Income Benefit† for the Primary Insured

BENEFIT FEATURES

BENEFIT	1 UNIT	2 UNITS
ACCIDENTAL INJURY BENEFIT This benefit pays the actual charges for medical treatment due to accidental injury up to the amount shown per unit. Covered expenses include physician's fees, surgery, x-rays, reduction of fractures and dislocations or other emergency first-aid expenses. All covered expenses must be incurred within 21 days of the accident causing injury. If expenses are incurred at a hospital emergency room, a \$50 deductible will apply for each accidental injury.	\$2,000	\$4,000
ACCIDENTAL DEATH BENEFIT This benefit pays a fixed amount per unit if an insured suffers a fatality as a result of an accident.	\$50,000	\$100,000
GROUND OR AIR AMBULANCE This benefit pays the actual charges for ground or air ambulance transportation due to an accidental injury, up to the amount shown per unit.	\$5,000	\$10,000
HOSPITAL INCOME BENEFIT If an insured is hospitalized for an accidental injury, we will pay a fixed amount per day, beginning the first day of confinement, subject to the number of units purchased. Payment will be made up to 30 days per hospital confinement resulting from any one accidental injury.	\$150	\$300
DISMEMBERMENT BENEFITS This benefit pays a fixed amount per unit if the Primary Insured suffers any of the following dismemberments as a result of accidental injury. Benefits are for the Primary Insured only.		
Loss of Finger or Toe Single Loss Benefit	\$500	\$1,000
Multiple Loss Benefit	\$1,000	\$2,000
Loss of Hand, Arm, Foot, Leg Single Loss Benefit	\$5,000	\$10,000
Multiple Loss Benefit	\$10,000	\$20,000
Loss of Sight Single Loss Benefit (One Eye)	\$5,000	\$10,000
Multiple Loss Benefit (Both Eyes)	\$10,000	\$20,000

OPTIONAL BENEFITS

ACCIDENT DISABILITY INCOME BENEFIT†	1 UNIT	2 UNITS
If the Primary Insured incurs an accident disability, we will pay a monthly disability benefit, on a weekly basis, beginning the thirty first day, up to a maximum benefit period of 12 months or 24 months. This benefit applies only to the Primary Insured and pays up to 60% of the insured's gross monthly income.	\$1,000	\$2,000

ISSUE AGES

	AGES
Accident Plan	0-75*
Optional Accident Disability Rider†	18-64

MONTHLY BANK DRAFT RATES

	1 UNIT	2 UNITS
INSURED	\$23.00	\$31.05
INSURED & SPOUSE	\$44.28	\$56.93
INSURED & CHILDREN	\$53.48	\$69.00
FAMILY	\$74.75	\$94.88
CHILD ONLY (per child)	\$16.10	\$20.13

Accident Disability Income RIDER		1 UNIT	2 UNITS
(form H-0089.TX.DR)	Type 1 12 months	\$10.35	\$20.70
	Type 1 24 months	\$13.23	\$26.45
	Type 2 12 months	\$19.55	\$39.10
	Type 2 24 months	\$26.45	\$52.90

Rates may change by class

Modal Factors: Annual = 10.87 x MBD; Semi-Annual = 5.76 x MBD; Quarterly = 2.93 x MBD

*Age 65 & over are eligible for 1 unit only

†At additional cost