

Decide Today To Protect Tomorrow[®]



**American Public Life
Insurance Company**

A member of the American Fidelity Group[®]

Summary of Benefits

Benefit Description	Level 1 - 1 Unit	Level 2 - 2 Units	Level 3 - 3 Units	Level 4 - 4 Units
Accidental Death - per unit	\$5,000	\$10,000	\$15,000	\$20,000
Medical Expense Accidental Injury Benefit - per unit	actual charges up to \$500	actual charges up to \$1,000	actual charges up to \$1,500	actual charges up to \$2,000
Daily Hospital Confinement Benefit	\$75 per day	\$150 per day	\$225 per day	\$300 per day
Air and Ground Ambulance Benefit	actual charges up to \$1,250	actual charges up to \$2,500	actual charges up to \$3,750	actual charges up to \$5,000
Accidental Dismemberment Benefit - per unit				
■ Single Finger or toe	\$250	\$500	\$750	\$1,000
■ Multiple fingers or toes	\$500	\$1,000	\$1,500	\$2,000
■ Single hand, arm, foot or leg	\$2,500	\$5,000	\$7,500	\$10,000
■ Multiple hands, arms, feet or legs	\$5,000	\$10,000	\$15,000	\$20,000
Accidental Loss of Sight Benefit - per unit				
■ Loss of Sight in one eye	\$2,500	\$5,000	\$7,500	\$10,000
■ Loss of Sight in both eyes	\$5,000	\$10,000	\$15,000	\$20,000

Optional Rider (Primary Insured Only)

Gunshot Wound Benefit Rider (Primary Insured Only/Public Safety Personnel Only)	once per 24 hours \$1,000 benefit	once per 24 hours \$1,000 benefit	once per 24 hours \$1,000 benefit	once per 24 hours \$1,000 benefit
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Policy Benefit Highlights

Medical Expense Accidental Injury Benefit

Pays actual charges up to the benefit selected for an Insured Person when medical treatment is required as a result of an Accidental Bodily Injury. For medical treatment received on an out-patient basis, Covered Expenses include physician charges, surgery, x-rays, radiation of fractures or other emergency first-aid expenses incurred in a physician's office, clinic, out-patient hospital facility or ambulatory surgical center. If Covered Expenses are incurred at a Hospital emergency room, a \$50 deductible will apply for each Accidental Injury. For medical treatment received by the Insured Person confined in a Hospital as a resident bed patient, Covered Expenses include physician charges, hospital room and medically necessary hospital billed services and supplies.

Air and Ground Ambulance Benefit

Pays actual charges up to the benefit selected for an Insured Person that requires emergency air or ground ambulance transportation, to or from a Hospital, for covered treatment as a result of an Accidental Bodily Injury.

Daily Hospital Confinement Benefit

Pays a daily benefit each day an Insured Person is Hospital confined as the result of an Accidental Bodily Injury. The maximum benefit period for this benefit is 30 days per covered accident.

Accidental Death

Pays an indemnity benefit for an Insured Person when an Accidental Bodily Injury results in the loss of life.

Injury or Accidental Injury or Accidental Bodily Injury means physical damage to an Insured Person, sustained on or after the Effective Date, and while this Policy is in force, which is the direct cause of the loss, independent of disease, bodily infirmity or any other cause. All injuries sustained in any one accident and all complications arising therefrom and recurrence and complication shall be deemed to be a single "Injury".

Accidental Dismemberment Benefit

Pays an indemnity benefit, as shown below, for an Insured Person if an Accidental Bodily Injury results in Loss of finger, toe, hand, arm, foot, leg or sight.

Single Finger or Toe	\$250 Per Unit
Multiple Fingers or Toes	\$500 Per Unit
Single Hand, Arm, Foot or Leg	\$2,500 Per Unit
Multiple Hand, Arm, Foot or Leg	\$5,000 Per Unit

Accidental Loss of Sight Benefit

Pays an indemnity benefit, as shown below, for an Insured person if an Accidental Bodily Injury results in the Loss of Sight in one eye. Pays double the indemnity benefit, as shown below, for an Insured Person if an Accidental Bodily Injury results in the Loss of Sight in both eyes.

Loss of Sight in one eye	\$2,500 Per Unit
Loss of Sight in both eyes	\$5,000 Per Unit

Limitations and Exclusions

Eligibility

This policy will be issued to only those persons who meet American Public Life Insurance Company's insurability requirements. Persons not meeting APL's insurability requirements will be excluded from coverage by an endorsement attached to the policy.

Base Policy

No benefits are payable for a pre-existing condition. Pre-existing condition means an Injury that pertains solely to an Accidental Bodily Injury which resulted from an accident sustained before the Effective Date of coverage. Pre-Existing Conditions specifically named or described as permanently excluded in any part of this contract are never covered.

A Hospital is not an institution which is primarily a place for alcoholics or drug addicts; the aged; a nursing, rest or convalescent nursing home; a mental institution or sanitarium; a facility contracted for or operated by the United States Government for treatment of members or ex-members of the armed forces (unless You are legally required to pay for services rendered in the absence of insurance); or, a long-term nursing unit or geriatrics ward.

Medical Expense Accidental Injury Benefit

Expenses must commence within 60 days of the covered accident. The maximum benefit amount payable for any one accident for the Insured Person shall not exceed the Medical Expense Benefit.

Air and Ground Ambulance Benefit

Emergency transportation must occur within 21 calendar days of the accident causing such Injury.

Daily Hospital Confinement Benefit

The maximum benefit period for this benefit is 30 days per covered accident.

Accidental Death

Accidental Death must result within 90 days of the covered accident causing the injury.

Accidental Dismemberment Benefit

The total amount payable for all Losses resulting from the same accident will not exceed the Maximum Dismemberment Benefit of \$5,000 cumulative per Accident. Loss must be within 90 days of the accident causing such Injury.

Benefits otherwise provided by this Policy will not be payable for services or expenses of any such Loss resulting from or in connection with:

- (1) sickness, illness or bodily infirmity;
- (2) suicide, attempted suicide or intentional self-inflicted Injury, whether sane or insane;
- (3) dental care or treatment unless due to accidental Injury to natural teeth;
- (4) war or any act of war (whether declared or undeclared) or participating in a riot or felony, or committing a felony;
- (5) alcoholism or drug addiction;
- (6) aviation other than as a fare paying passenger on a regularly scheduled airline;
- (7) Injury originating prior to the effective date of the Policy;
- (8) Injury sustained or sickness which first manifests itself while on full-time duty in the armed forces. Upon notice, We will refund the proportion of unearned premium while in such forces;
- (9) mental or emotional disorders;
- (10) charges incurred outside the U.S., if an Insured traveled to the location for the purpose of receiving medical services, drugs or supplies;
- (11) any bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound)

If You are entitled to benefits under this Policy, as a result of hernia or any complications therefrom, such benefits shall not be payable for a period of six (6) months, unless an emergency.

Guaranteed Renewable

You have the right to renew this Policy until the first premium due date on or after Your 69th birthday, if you pay the correct premium when due or within the Grace Period. When an Insured's coverage terminates at age 70, coverage for other Insured Persons, if any, shall continue under this Policy. We have the right to change premium rates by class.

Family Coverage

You can take advantage of several options to extend coverage to your family:

- Family Plan – You and your spouse and any Eligible Child* under age 21.
- Single Parent Family – You and any Eligible Child* under age 21.

**Please consult the policy for the definition of Eligible Child and full-time student eligibility.*

All Riders are subject to all the Provisions, Conditions, Limitations and Exclusions of the Policy to which it is attached, which are not in conflict with those of the Rider.

Supplemental Limited Benefit Accident Expense Insurance A-3

Base Plan Monthly Premiums*

	Individual	Individual & Spouse	One Parent Family	2 Parent Family
Level 1 - 1 Unit	\$10.80	\$19.40	\$21.20	\$29.80
Level 2 - 2 Units	\$17.10	\$29.80	\$34.90	\$47.60
Level 3 - 3 Units	\$21.50	\$38.90	\$45.20	\$62.60
Level 4 - 4 Units	\$24.50	\$44.90	\$52.00	\$72.40

Rooney Insurance
Tulsa, Oklahoma
Phone: 918-582-0565

Underwritten by:



**American Public Life
Insurance Company**

A member of the American Fidelity Group.

***The premium and amount of benefits may vary dependent upon the plan selected at time of application.**

This is a brief description of the coverage. For actual benefits and other provisions, please refer to the policy. This coverage does not replace Workers' Compensation Insurance. This product is inappropriate for people who are eligible for Medicaid coverage ■ Policy Form A-3 series ■ Oklahoma ■ Supplemental Limited Benefit Accident Expense Insurance ■ Employee Brochure ■ (09/10) ■ Tulsa Fraternal Order of Police