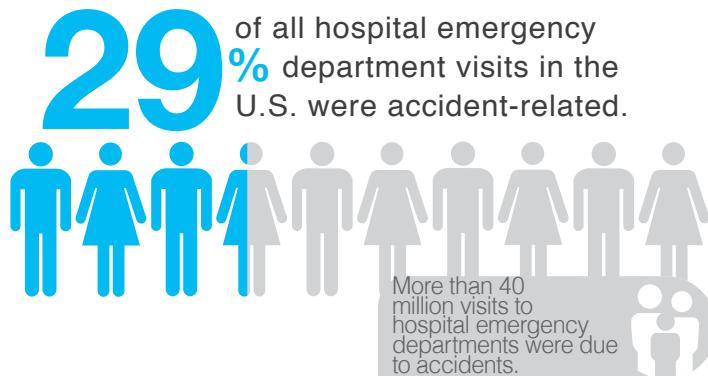




# Accident Insurance Program

UNCERTAIN ABOUT YOUR NEED FOR NTA LIFE'S ACCIDENT INSURANCE PROGRAM? **CONSIDER THESE FACTS!**



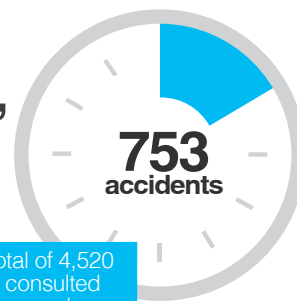
**Falls and motor vehicle incidents**

were the leading causes of injury-related emergency department visits.



**In the next 10-minutes,**

753 people will suffer an accident severe enough to require consultation with a medical professional.



That's a total of 4,520 medically consulted accidents every hour during the year.

In 2013 unintentional accidents reached over **\$820.6 BILLION IN TOTAL COSTS**



**ALL ACCIDENTS**

**\$820.6 Billion =** 51 cents of every dollar spent on food in the U.S.



**VEHICLE CRASHES**

**\$288.1 Billion =** purchasing 320 gallons of gasoline for each registered vehicle in the U.S.



**WORK ACCIDENTS**

**\$206.1 Billion =** more than the combined profits reported by the 12 largest Fortune 500 companies.



**HOME ACCIDENTS**

**\$226.1 Billion =** a \$364,200 rebate on each new single-family home built.



**PUBLIC ACCIDENTS**

**\$124.2 Billion =** a \$13.9 million grant to each public library in the U.S.

Source: 2011-2013 Data from National Safety Council Injury Facts, 2015 edition Center for Disease Control.

# ACCIDENT INSURANCE PROGRAM

## TREATMENT BENEFITS

BASIC

CLASSIC

ELITE

### INJURY CARE BENEFITS

#### EMERGENCY CARE BENEFIT

Maximum 1 visit per Covered Injury, & 2 visits per Calendar Year Maximum per Covered Person

#### EMERGENCY ROOM

Adult  
Child(ren)

\$75/visit  
\$37.50/visit

\$150/visit  
\$75/visit

\$225/visit  
\$112.50/visit

#### EMERGENCY CARE CLINIC

Adult  
Child(ren)

Not payable if the Emergency Care Benefit - Emergency Room is provided for the same Covered Accident.

\$75/visit  
\$37.50/visit

\$150/visit  
\$75/visit

\$225/visit  
\$112.50/visit

#### MEDICAL PRACTITIONER

Adult  
Child(ren)

Not payable if the Emergency Care Benefit - Emergency Room or the Emergency Care Benefit - Emergency Care Clinic is provided for the same Covered Accident.

\$25/visit  
\$12.50/visit

\$50/visit  
\$25/visit

\$75/visit  
\$37.50/visit

#### DIAGNOSTIC IMAGING BENEFIT

MRI, CT, PET  
X-Ray, Ultrasound, Other  
Maximum 1 image per Covered Injury, & 2 images per Calendar Year per Covered Person

\$200/imaging  
\$50/imaging

\$400/imaging  
\$100/imaging

\$600/imaging  
\$150/imaging

### HOSPITALIZATION & TRANSPORTATION BENEFITS

#### INITIAL HOSPITAL CONFINEMENT BENEFIT

Maximum 1 day per Covered Injury, & 1 day per Calendar Year per Covered Person

\$900/day

\$1,800/day

\$2,700/day

#### CONTINUING HOSPITAL CONFINEMENT BENEFIT

Maximum 30 days per Covered Injury, & 60 days per Calendar Year per Covered Person. Not payable for any Period of Confinement or portion thereof covered by the Initial Hospital Confinement Benefit

\$175/day

\$350/day

\$525/day

#### ATTENDING PHYSICIAN BENEFIT

Payable for any day of Hospital Confinement for which the Initial Hospital Confinement Benefit or the Continuing Hospital Confinement benefit is payable.

\$50/day

\$100/day

\$150/day

#### INTENSIVE CARE UNIT CONFINEMENT BENEFIT

Maximum 15 days per Covered Accident, & 30 days per Calendar Year per Covered Person

\$325/day

\$650/day

\$975/day

THIS IS AN ACCIDENT ONLY POLICY.

## TREATMENT BENEFITS

BASIC

CLASSIC

ELITE

### STEPDOWN CARE UNIT CONFINEMENT BENEFIT

Maximum 15 days per Covered Injury, & 30 days per Calendar Year per Covered Person

\$150/day

\$300/day

\$450/day

### AMBULANCE BENEFIT

Land  
Air  
Maximum 1 trip per Covered Injury, & 2 trips per Calendar Year per Covered Person

\$150/trip  
\$750/trip

\$300/trip  
\$1,500/trip

\$450/trip  
\$2,250/trip

### ALTERNATIVE EMERGENCY TRANSPORTATION BENEFIT

Adult  
Child(ren)  
Maximum 1 trip per Covered Injury, & 2 trips per Calendar Year per Covered Person

\$25/trip  
\$12.50/trip

\$50/trip  
\$25/trip

\$75/trip  
\$37.50/trip

## SURGICAL BENEFITS

### SURGERY BENEFIT

Maximum 1 surgery per Covered Person per Covered Injury, & 2 surgeries per Calendar Year per Covered Person  
Not payable if the Surgery for Certain Internal Injuries Benefit is provided for the same Covered Accident.

\$75

\$150

\$225

### SURGERY FOR CERTAIN INTERNAL INJURIES BENEFIT

Maximum 1 surgery per Covered Person per Covered Injury, 2 surgeries per Calendar Year per Covered Person

\$500

\$1,000

\$1,500

### BLOOD, PLASMA, AND PLATELETS BENEFIT

Maximum 1 per Covered Accident, & 2 per Calendar Year per Covered Person

\$300

\$600

\$900

## ACCIDENTAL DEATH BENEFITS

### ACCIDENTAL DEATH BENEFIT

Adult  
Child(ren)

\$30,000  
\$7,500

\$60,000  
\$15,000

\$90,000  
\$22,500

### COMMON CARRIER ACCIDENTAL DEATH BENEFIT

Adult  
Child(ren)  
Payable in lieu of the Accidental Death Benefit

\$60,000  
\$15,000

\$120,000  
\$30,000

\$180,000  
\$45,000

Insurance Policy Series GRA-3004 (1/15) and Optional Rider Form GR-3014 (1/15) (if selected) and state specific versions. Premium and benefits will vary with the program selected. This brochure is only a summary. See your Policy for details on exclusions and limitations. Capitalized items are defined by your Policy. If the Owner is not satisfied with the policy for any reason, the Owner may return it to the Home Office or to the agent through whom it was purchased within 10 days after it is received. Once returned, premiums and fees will be refunded promptly. This policy is guaranteed renewable for life. If the premiums are paid on time, the Policy will not be canceled. Renewal premiums will be at the premium rates in effect on each Renewal Date. Premium rates may change, but only if they are changed for all policies in the same class.

# OPTIONAL ACCIDENT ENHANCEMENT RIDER & DEFINITIONS

## TREATMENT BENEFITS

## BASIC

## CLASSIC

## ELITE

### AT-HOME RECOVERY BENEFIT

Payable for any day of Hospital Confinement for which the Initial Hospital Confinement Benefit or the Continuing Hospital Confinement Benefit is payable.

\$200

\$400

\$600

### TRANSPORTATION BENEFIT

1 round trip maximum for Qualified Covered Person Travel, and 1 round trip maximum for Qualified Family Travel, per Covered Injury

Transportation Benefit - Common Carrier  
per round trip

\$500

\$1,000

\$1,500

Transportation Benefit - Car  
per round trip

Not payable if the Transportation Benefit - Common Carrier is provided for the same Covered Injury for an individual

\$0.25/mile

\$0.50/mile

\$0.75/mile

### FAMILY MEMBER LODGING BENEFIT

Maximum 30 days per Covered Injury, & 2 Covered Injuries per Calendar Year

\$75

\$150

\$225

**ACCIDENT** means a sudden, unexpected, and unforeseen event which results in a Covered Person's Injury.

**IN ORDER FOR AN ACCIDENT TO BE A COVERED ACCIDENT** the Accident must result in payable benefits under the terms, conditions, exclusions, and limitations of the Policy.

**INJURY** means bodily harm that is independent of disease or bodily infirmity. Bodily harm is not independent of disease or bodily infirmity if it is: (1) a recurrence, exacerbation, or aggravation of any bodily harm sustained prior to the Coverage Effective Date; (2) a recurrence, exacerbation, or aggravation of any condition for which diagnosis, treatment or medical care was received prior to the Coverage Effective Date; or (3) pain of unknown origin.

**IN ORDER FOR AN INJURY TO BE A COVERED INJURY, IT MUST:** (1) be sustained by a Covered Person; (2) be the result of an Accident that occurs while the insurance is in force; and (3) result in the Covered Person receiving Emergency Care within 72 hours of the Accident. Covered Injury does not include Injuries resulting from an unknown cause.

**QUALIFIED COVERED PERSON TRAVEL** means travel by a Covered Person that is: (1) for the purpose of care or treatment for the Covered Person's Covered Injury which has been prescribed by a Medical Practitioner; and (2) to and from a Hospital more than 100 miles from the Covered Person's home, within the U.S and possessions or Canada.

**QUALIFIED FAMILY TRAVEL** means travel by a Covered Person's Family Member that is: (1) for the purpose of care or treatment for the Covered Person's Covered Injury which has been prescribed by a Medical Practitioner; and (2) to and from a Hospital more than 100 miles from the Covered Person's home, within the U.S. and possessions or Canada. The Hospital the Covered Person is seeking care or treatment at must also be more than 100 miles from the Family Member's home. When a Family Member is travelling without the company of the Covered Person, the Family Member must be over the age of 18.

## EXCLUSIONS & LIMITATIONS

No benefits are provided for services or supplies that are not Medically Necessary or are attributable to a recurrence, exacerbation, or aggravation of any bodily harm sustained or any condition suffered by the Covered Person prior to the Coverage Effective Date of the Policy. This Policy does not provide benefits if the Covered Person's Injury is caused or contributed to by:<sup>1,2</sup>

1. Suicide, attempted suicide, or an intentionally self-inflicted injury;
2. Any poison, gas, or fumes voluntarily absorbed, inhaled, or taken; or medical or surgical treatment of these acts;<sup>3</sup>
3. Injury of a Covered Person resulting from the Covered Person's intoxication<sup>4,7</sup> or being under the influence of any intoxicant;<sup>3,5,6,7</sup>
4. The voluntary use or taking of any<sup>8</sup> narcotic (unless taken or used as prescribed by a Medical Practitioner);<sup>3,7</sup>
5. A Covered Person acting as a pilot or crew member in any aircraft; while a passenger in aircraft operated by the armed forces or used for training, practice, tests, experimental or exhibition or stunt purposes; or while a passenger (other than a fare-paying passenger) in any aircraft;
6. Cosmetic surgery, except that "cosmetic surgery" shall not include reconstructive surgery when the service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a Child that has resulted in a functional defect;
7. The Covered Person's commission or attempted commission of a felony; or being engaged in an illegal occupation; or while the Covered Person is incarcerated in a municipal, county, state, or federal correctional facility.
8. War or act of war (whether declared or undeclared);<sup>9,10</sup> participation in a felony, riot or insurrection; services in the armed forces or units auxiliary to it;
9. Engaging in parachuting, hang-gliding, mountaineering, bungee jumping, or similar activities;<sup>11,12</sup>
10. Participation in competitive athletic contests of any type where compensation or monetary awards are received;<sup>11</sup>
11. The use of any motor driven vehicle in a race, stunt show, or speed test;<sup>11</sup>
12. Syncope, seizure, or Transient Ischemic Attack (TIA);
13. Any disease, sickness, infection, or other disorder, unless such condition is a Medical Complication initially treated by a Medical Practitioner within 72 hours of the Covered Injury;
14. Any bodily infirmity, mental infirmity, or psychiatric illness; or medical or surgical treatment therefor;
15. Diseases or conditions resulting from the bite or sting of an insect or spider ; or
16. Infestation by any virus, bacteria, or microorganism including food poisoning unless such infestation is a Medical Complication initially treated by a Medical Practitioner within 72 hours of the Covered Injury.

This Policy pays benefits only for loss resulting from a Covered Injury which occurs while this Policy is in force and only up to the maximum limits shown on the Policy Benefits Schedule. If Emergency Care received is due to more than one Covered Injury resulting from the same Accident, benefits will be payable only for the Covered Injury with the greatest covered benefits.

This Policy does not provide benefits for a Covered Injury which occurs while a Covered Person is on active duty status in the armed forces. If we receive notice in advance<sup>13</sup> of such active duty, we will refund any premiums paid for any period for which no coverage is provided as a result of this exception.

<sup>1</sup> "Contributed to" not applicable in IL <sup>2</sup> "Contributed to" not applicable to exclusions 3 and 4 in TN <sup>3</sup> Not applicable in MI <sup>4</sup> Substitute "alcoholism" for "intoxication" in OK <sup>5</sup> Substitute "any intoxicant" with "narcotics (unless taken or used as prescribed by a Medical Practitioner)" in LA <sup>6</sup> Substitute "being under the influence of any intoxicant" with "drug addiction" in OK <sup>7</sup> Not applicable in NV <sup>8</sup> Substitute "narcotics" for "any narcotic" in LA <sup>9</sup> Add "while serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an employer" in OK <sup>10</sup> Substitute "(whether declared or undeclared)" with "(other than terrorism)" in FL <sup>11</sup> Not applicable in IL and OK <sup>12</sup> "or similar activities" not applicable in FL <sup>13</sup> "in advance" not applicable in TX

