

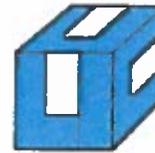


**WEST ORANGE COVE-CONSOLIDATED INDEPENDENT  
SCHOOL DISTRICT  
P.O. BOX 1107  
ORANGE, TEXAS 77630**

**STUDENT/ATHLETIC INSURANCE**

VENDOR	ATHLETIC & ACTIVITIES COVERAGE-PREMIUM	CATASTROPHIC COVERAGE PREMIUM
<b>TEXAS KIDS FIRST</b>	<b>\$17,500.00</b>	<b>\$2,268.00</b>
<b>TEXAS MONARCH MANAGEMENT CORP</b>	<b>\$19,900.00</b>	<b>\$1,556.00</b>
<b>THE BOKERAGE STORE</b>	<b>TX VALUE PLAN- \$27,100 TX STAR PLAN - \$18,950 TX BUDGET PLAN - \$16,100</b>	<b>CAT ONLY PREMIUM - \$1,560 OPTIONAL CASH PREMIUM - \$708 TOTAL PREMIUM - \$2,268</b>

**2014-2015**  
**Application for K-12 Blanket**  
**Athletics and Activities Accident**  
**Insurance**



REVISED  
 5/6/14

**UNIFIED LIFE INSURANCE COMPANY**

<b>GENERAL INFORMATION</b>					
School/District <u>West Orange Cove CISD</u>					
Address <u>902 Westpark Ave</u>					
City <u>Orange</u>		State <u>TX</u>		Zip <u>77631</u> County <u>Orange</u>	
Telephone: <u>(409) 882-5444</u>			Fax: <u>(409) 882-5452</u>		
Policy Effective Date: <u>8-01-2014</u>			1 <sup>st</sup> Day of Football Practice: <u>8-04-2014</u>		
<b>ENROLLMENT DATA</b>					
Student Enrollment:		Grades K -8 _____		Grades 9-12 _____	
Number of High Schools in District: <u>1</u>					

Deductible: \$ <u>0</u>							
<b>Texas Kids First Plan Selection</b>			<b>Plan Design</b>				
<i>One plan selection per application only. If additional plans are desired please submit with a new application.</i>			<b>Lone Star Custom</b>	<b>Lone Star Advantage</b>	<b>Lone Star</b>	<b>Interscholastic Football Rider</b>	<b>Premium</b>
			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Circle One Yes No	\$
<input checked="" type="checkbox"/> All School Activities and Athletics			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes No	\$ 17,500.00
<input type="checkbox"/> All Interscholastic Athletics and Activities			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes No	\$ _____
<input type="checkbox"/> All Interscholastic Athletics			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes No	\$ _____
<input type="checkbox"/> All School Activities Excluding Athletics			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	\$ _____
<input type="checkbox"/> Interscholastic Football Only			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	\$ _____

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

<b>AUTHORIZED SIGNATURES</b>	
School Official Name (print): _____	
School Official Title (print): _____	
School Official Signature: _____	Date: _____
Agent Name (print): <u>Mel Thomas</u>	
Agent Signature: _____	Date: _____

**Return to:**  
**Legend Insurance Agency, L.L.C.**  
 13931 Quail Pointe Drive  
 Oklahoma City, OK 73134  
 Phone: 800-366-8354 Fax: 405-608-0167

For Office Use Only:



ZURICH

# 2014 Enrollment Form for Catastrophic Coverage

Underwritten by Zurich

LEGEND INSURANCE AGENCY LLC, 13931 QUAIL POINTE DR, OKLAHOMA CITY, OK 73134

PHONE: 800-366-8354

X Participant Information

Name of Participating School or District: West Orange Cove CISD

Address: P.O. Box 1107 City: Orange State: TX Zip: 77631

Number of Schools Junior High: 1 Senior High: 1

Estimated Number of Students Grades K-8: \_\_\_\_\_ Grades 9-12: \_\_\_\_\_

Eligible Classes Junior High:  Yes  No Senior High:  Yes  No

\_\_\_\_\_ Class I: All enrolled Students of the School or School District, including all sports and activities (includes student coaches, student trainers and student managers. Football:  Yes  No

X Class II: All enrolled Students of the School or School District, while participating in gym classes and extracurricular school activities, including intramural and interscholastic sports, such as football, band members, cheerleaders, majorettes, student coaches, student trainers and student managers. Coverage also includes supervised travel to and from such games and practice sessions.

Football:  Yes  No

Benefits:

X Accident Medical Expense (AME) Benefit Amount - Excess Coverage \$7,500,000

X Accidental Death Dismemberment (ADD) (\$10,000 Death, \$20,000 Dismemberment)

X Catastrophic Cash Benefit (Maximum Benefit Amount \$500,000)

Premium: Total Premium: \$ 2,268.00

Requested Effective Date:

The Effective Date will be the requested dates assuming We have accepted the risk and received the attached Enrollment Form. If the acceptance of the Enrollment Form or the Enrollment Form is not received prior to the requested effective date, the Effective Date will be the date We accept the Enrollment Form. The Expiration Date of the policy will be one (1) year from the Effective Date.

08 / 01 / 2014  
Month Day Year

Approval for Enrollment:

The authorized signer of this application represents to the best of his or her knowledge and belief that the statements set forth herein are true and include all material information. Signing of this application does not bind Zurich to offer nor the authorized signer to accept insurance, but it is agreed this questionnaire and any attachments thereto shall be the basis of the insurance.

Officer's Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Title (print): \_\_\_\_\_ Date: \_\_\_\_\_

General Statement

Any person who knowingly and with the intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

**SCHEDULE OF BENEFITS FOR BLANKET PLANS**

\*Maximums per Plan are for each injury.

	Lone Star Custom	Lone Star Advantage	Lone Star
Athletics/Activities Coverage Also Includes Day Field Trip Coverage Vocational Coverage	\$25,000	\$25,000	\$25,000
Motor Vehicle Injury	\$5,000	\$5,000	\$5,000

**INPATIENT**

Room and Board	Semi-Private room rate	Semi-Private room rate	Semi-Private room rate
Intensive Care (in lieu of R&B)	Semi-Private room rate	Semi-Private room rate	Semi-Private room rate
Hospital Miscellaneous	Usual & Customary	U&C up to \$750 1st day;\$250 per day thereafter/ \$5,000 maximum	U&C up to \$250 per day/ \$5,000 maximum
Registered Nurse	Usual & Customary	Usual & Customary	Usual & Customary
Physician Visits	Usual & Customary/5 days maximum	U&C up to \$40 per day	U&C up to \$40 per day
Family Travel (outside a 100 mile radius from home)	After 5 continuous days of inpatient hospital stay, \$150 per day for each continuous day thereafter/5 days max	After 5 continuous days of inpatient hospital stay, \$150 per day for each continuous day thereafter/5 days max	After 5 continuous days of inpatient hospital stay, \$150 per day for each continuous day thereafter/5 days max

**OUTPATIENT**

Ambulatory Surgical Center (facility charge)	Usual & Customary Charges up to \$3,500	Usual & Customary Charges up to \$1,750	Usual & Customary Charges up to \$1,500
Doctor Visits	Usual & Customary Charges/ 5 days maximum	Usual & Customary Charges up to \$40 per day	Usual & Customary Charges up to \$40 per day
Physiotherapy (limited to 1 visit per day)	\$50 per visit up to 20 visits total	\$50 1st visit; \$25 per visit thereafter up to 10 visits total	\$50 1st visit; \$25 per visit thereafter up to 8 visits total
Medical Emergency (for use of emergency room facility and services within 72 hours of Injury)	Usual & Customary Charges up to \$475	Usual & Customary Charges up to \$225	Usual & Customary Charges up to \$175
Medical Emergency Doctor	Usual & Customary Charges up to \$150	Usual & Customary Charges up to \$100	Usual & Customary up to \$50 maximum
Shots and Injections (within 24 hours of an Injury)	Usual & Customary Charges up to \$60 maximum	Usual & Customary Charges up to \$60 maximum	Usual & Customary Charges up to \$60 maximum
Diagnostic X-ray	Usual & Customary Charges up to \$300 and \$50 for reading	Usual & Customary Charges up to \$225 and \$50 for reading	Usual & Customary Charges up to \$200 and \$50 for reading
CAT Scan/MRI/Bone Scan	Usual & Customary Charges up to \$1,100 and \$50 for reading	Usual & Customary Charges up to \$750 and \$50 for reading	Usual & Customary Charges up to \$500 and \$50 for reading
Laboratory Procedures	Usual & Customary Charges	Usual & Customary Charges up to \$100	Usual & Customary Charges up to \$50

**OTHER (INPATIENT and/ or OUTPATIENT)**

Surgeon (limited to primary procedure including removal of surgical implanted pins within 2 years of Injury)	Usual & Customary Charges up to \$5,000	90% of Usual & Customary Charges up to \$4,500	75% of Usual & Customary Charges up to \$3,500
Anesthetist	25% of surgeon benefit	25% of surgeon benefit	25% of surgeon benefit
Assistant Surgeon	25% of surgeon benefit	25% of surgeon benefit	25% of surgeon benefit
Ambulance	Usual & Customary Charges up to \$5,000	Usual & Customary Charges up to \$5,000	Usual and Customary Charges up to \$5,000
Dental Treatment (benefits paid on Injury to Sound, Natural Teeth only)	Usual & Customary Charges up to \$10,000	Usual & Customary Charges up to \$10,000	Usual & Customary Charges up to \$5,000
Post Surgical Durable Medical Equipment	Usual & Customary Charges up to \$300	Usual & Customary up to \$200 maximum	Usual & Customary up to \$175 maximum
Eyeglasses, Contact Lenses and Hearing Aid Replacement (as a result of a covered Injury only)	Usual & Customary Charges	Usual & Customary Charges	Usual & Customary Charges
Prescription Drugs	Usual & Customary Charges	Usual & Customary Charges	Usual & Customary Charges
Post Surgical Orthopedic Braces & Appliances	Usual & Customary Charges up to \$500	Usual & Customary Charges up to \$500	Usual & Customary Charges up to \$500
Chronic Injury Benefit	Pays for Services per Schedule of Benefits up to \$350	Pays for Services per Schedule of Benefits up to \$350	Pays for Services per Schedule of Benefits up to \$350

\*Usual and Customary Charges are based on data provided by Context 4 Healthcare, Inc. using the 75th percentile.

This is a brief illustration of coverage offered through the Texas Kids First K-12 Student Accident Insurance Program.

The Policy issued will be the contract and will govern and control the payment of benefits.

The Policy is a one-year non-renewable term policy. This is not a Policy of Workers' Compensation Insurance.

## Schedule of Benefits for Voluntary Student Accident Plans

These benefits are paid up to the following maximums, not to exceed \$25,000 for each injury.

COVERED EXPENSES	PREMIER PLAN	ECONOMY PLAN
In-Patient Hospital Services	the semi-private daily room rate	the semi-private daily room rate
Hospital Miscellaneous Expenses	100% of Usual and Customary Charges up to \$250 per day subject to a Maximum of \$5,000 per Hospital Stay	100% of Usual and Customary Charges up to \$250 per day subject to a Maximum of \$4,000 per Hospital Stay
Nurse Services	100% of Usual and Customary Charges up to \$400 per Covered Injury	100% of Usual and Customary Charges up to \$400 per Covered Injury
Orthopedic Appliances Outpatient	100% of Usual and Customary Charges up to \$300 per Covered Injury	100% of Usual and Customary Charges up to \$300 per Covered Injury
Emergency Room Treatment	100% of Usual and Customary Charges up to \$150 per Covered Injury	100% of Usual and Customary Charges up to \$75 per Covered Injury
Physician Services Surgery	75 % Usual and Customary Charges up to \$3,750 Maximum	75 % Usual and Customary Charges up to \$3,500 Maximum
Assistant Surgeon	25% of Surgeon's allowance	25% of Surgeon's allowance
Use of Physician's Surgical Facilities	100% of Usual and Customary Charges up to \$1,250 per Covered Injury	100% of Usual and Customary Charges up to \$750 per Covered Injury
Anesthesia and its Administration	25% of Surgeon's allowance	25% of Surgeon's allowance
In-Hospital Visits	100% of Usual and Customary Charges up to \$40 per visit (limited to one visit per day)	100% of Usual and Customary Charges up to \$20 per visit (limited to one visit per day)
Office Visits	100% of Usual and Customary Charges up to \$40 per visit (limited to one visit per day)	100% of Usual and Customary Charges up to \$20 per visit (limited to one visit per day)
Out Patient X-Ray	100% of Usual and Customary Charges up to \$200 per Covered Injury	100% of Usual and Customary Charges up to \$100 per Covered Injury
Out Patient CT Scan, MRI	100% of Usual and Customary Charges up to \$500 per Covered Injury	100% of Usual and Customary Charges up to \$250 per Covered Injury
Out Patient Laboratory Tests	100% of Usual and Customary Charges up to \$50 per Covered Injury	100% of Usual and Customary Charges up to \$25 per Covered Injury
Out Patient Physiotherapy	100% of Usual and Customary Charges up to \$20 per day up to a maximum of \$100 (limited to one visit per day)	100% of Usual and Customary Charges up to \$20 per day up to a maximum of \$40 (limited to one visit per day)
Ambulance Services	100% of Usual and Customary Charges (first trip to the Hospital only)	100% of Usual and Customary Charges up to \$100 Maximum (first trip to the Hospital only)
Medical Equipment (Post surgical only)	100% of Usual and Customary Charges up to \$150 per Covered Injury	100% of Usual and Customary Charges up to \$150 per Covered Injury
Dental Services	100% of Usual and Customary Charges up to \$150 per tooth	100% of Usual and Customary Charges up to \$150 per tooth
Motor Vehicle Injury	Up to \$5,000 per Covered Injury	Up to \$5,000 per Covered Injury
Extended Dental Benefits	100% Usual and Customary Charges for examinations, x-rays, endodontics and oral surgery to a maximum of \$10,000 and Dental expenses toward the cost of a bridge, denture or replacement in kind of previous dental repairs to a maximum of \$250	100% Usual and Customary Charges for examinations, x-rays, endodontics and oral surgery to a maximum of \$10,000 and Dental expenses toward the cost of a bridge, denture or replacement in kind of previous dental repairs to a maximum of \$250
Prescription Drugs (Out Patient)	100% Usual and Customary Charges	100% Usual and Customary Charges
Eyeglasses, Contact Lenses Hearing Aids	100% Usual and Customary Charges	100% Usual and Customary Charges
Consultant	No Benefits	No Benefits
Injections	No Benefits	No Benefits

*This is a brief illustration of coverage underwritten by AXIS Insurance Company. The Policy issued will be the contract and will govern and control the payment of benefits. If there is any conflict between the information in this illustration and the Policy, the Policy will control in all respects. The Policy is a non-renewable one year term policy.*

## MEDICAL BENEFITS

When injury covered by this policy results in treatment by a Licensed Physician within 180 days from the date of injury, the Company will pay the Usual and Customary expenses incurred for necessary Services and Supplies as listed below, for expenses actually incurred within one year from the date of injury up to a Maximum Medical Benefit of \$25,000 per injury. This policy will pay benefits only after all Other Valid and Collectible Coverage has been paid.

All Amounts Listed Below are Per Injury

<b>A. IN-PATIENT BENEFITS</b> 1. Hospital Room and Board ..... 2. Intensive Care (in lieu of Hospital Room and Board) ..... 3. Hospital Miscellaneous Services (All Charges except Room & Board) ..... 4. Physician's Non-Surgical Visits (other than Physical Therapy; not paid day of surgery) ..... 5. Physical Therapy Treatment (includes whirlpool, diathermy, EMS, massage, manipulation or adjustments in any form, and/or office visits connected therewith) ..... 6. X-ray and Radiology Services ..... 7. Registered Nurse .....	<b>TEXAS BUDGET</b> Semi-private Room Charge 1.5 X Semi-private Room Charge First day up to \$250, thereafter up to \$200 per day; max \$2,000  First day of treatment up to \$30, subsequent visits up to \$20, maximum 10 visits  Included in Hospital Misc. Benefit Included in Hospital Misc. Benefit 100% of U&C charges		
<b>B. OUT-PATIENT SURGERY BENEFITS</b> 1. Day Surgery (Facility Charge) Room supplies and all other expenses for out-patient surgery .....	up to \$750		
<b>C. OTHER OUT-PATIENT BENEFITS</b> 1. Hospital Emergency Room Charges ..... 2. X-ray and Radiology Services ..... 3. CAT Scans, MRI and Bone Scans ..... 4. Laboratory Services ..... 5. Physician's Non-Surgical Visits (not paid day of surgery) Treatment for concussion limited to 2 visits per injury ..... 6. Emergency Room Physician's Non-Surgical Care ..... 7. Orthopedic Appliances (when prescribed by a physician for healing) ..... 8. Shots and Injections (within 24 hours of an injury) ..... 9. Prescription Drugs ..... 10. Physical Therapy Treatment (includes whirlpool, diathermy, EMS, massage, manipulation or adjustments in any form, and/or office visits connected therewith) ..... 11. Ambulance Service (Air or Ground) ..... 12. Eyeglass Replacement (if medical treatment is also received for a covered injury) ..... 13. Durable Medical Equipment (Post-Surgical Only) .....	up to \$100 \$75 per injury; \$25 for reading \$250 per injury; \$25 for reading U&C, up to \$150  \$30 per visit, 10 visit maximum; Concussion \$40 per visit, 2 max U&C, up to \$50 \$500 maximum \$25 per injury \$25 per injury  \$20 per visit, maximum 5 visits \$200 per injury \$100 per injury \$100 per injury		
<b>D. OTHER PHYSICIAN SERVICES</b> 1. Dental Treatment (in lieu of all other medical benefits, including X-rays of sound & natural teeth) ..... 2. Physician's Surgical Care (In-Patient or Out-patient) Only one procedure will be allowed (the highest scheduled) when multiple procedures are performed through the same incision or in immediate succession. .... 3. Assistant Surgeon Charges (In-Patient or Out-patient) ..... 4. Anesthetist Charges (In-Patient or Out-patient) .....	\$150 per tooth  75% of U&C, up to maximum \$3,000 25% of Surgery Allowance 25% of Surgery Allowance		
<b>E. MOTOR VEHICLE INJURY</b> .....	\$1,000 maximum as scheduled above		
<b>F. OTHER BENEFITS</b> - Heat Stroke and Heat Exhaustion will be covered as any other accident.			
<b>G. FIELD TRIP COVERAGE</b> - all students will be covered for one day field trips, with no overnight stay. Basic benefits apply for up to \$2,000 per injury.			
<b>H. ACCIDENTAL DEATH AND DISMEMBERMENT</b> - When injury covered by this policy results in Accidental Death or Dismemberment within 180 days from the date of accident, the following benefits will be payable.			
Loss of Life	\$ 2,000	Double Dismemberment	\$10,000
Loss of an Eye	\$ 2,000	Single Dismemberment	\$ 2,000

For specific costs and further details of the coverage, including exclusions, reductions or limitations, and the terms under which the policy may be continued in force, see your agent or write the Company. The amount of benefits provided depends upon the plan selected and the premium will vary with the amount of benefits.

## MEDICAL BENEFITS

If an injury covered by this policy results in treatment by a Licensed Physician within 180 days from the date of injury, the Company will pay the Usual and Ordinary expenses incurred for necessary Services and Supplies as listed below, for expenses actually incurred within one year from the date of injury up to a Maximum Medical Benefit of \$25,000 per injury. This policy will pay benefits only after all Other Valid and Collectible Coverage has been paid.

All Amounts Listed Below are Per Injury

	TEXAS VALUE	TEXAS STAR
<b>IN-PATIENT BENEFITS</b>		
Hospital Room and Board .....	Semi-private Room Charges .....	Semi-private Room Charges .....
Intensive Care (in lieu of Hospital Room and Board) .....	1.5 X Semi-private Room Charges .....	1.5 X Semi-private Room Charges .....
Hospital Miscellaneous Services (All Charges except Room & Board) .....	First day up to \$1,000, thereafter up to \$500 per day; max \$5,000 .....	First day up to \$500, thereafter up to \$250 per day; max \$2,500 .....
Physician's Non-Surgical Visits (other than Physical Therapy) (not paid day of surgery) .....	First day of treatment up to \$50, subsequent visits up to \$40, maximum 10 visits .....	First day of treatment up to \$40, subsequent visits up to \$30, maximum 10 visits .....
Physical Therapy Treatment (includes whirlpool, diathermy, EMS, massage, manipulation or adjustments in any form, and/or office visits connected therewith) .....	Included in Hospital Misc. Benefit .....	Included in Hospital Misc. Benefit .....
X-ray and Radiology Services .....	Included in Hospital Misc. Benefit .....	Included in Hospital Misc. Benefit .....
Registered Nurse .....	100% of U&C charges .....	100% of U&C charges .....
<b>OUT-PATIENT SURGERY BENEFITS</b>		
Day Surgery (Facility Charge) .....		
Room supplies and all other expenses for out-patient surgery .....	U&C up to \$2,000 .....	up to \$1,500 .....
<b>OTHER OUT-PATIENT BENEFITS</b>		
Hospital Emergency Room Charges .....	U&C up to \$300 .....	up to \$200 .....
X-ray and Radiology Services .....	U&C up to \$250, \$50 reading .....	\$175 per injury; \$25 reading .....
CAT Scans, MRI and Bone Scans .....	U&C up to \$750, \$50 reading .....	\$575 per injury; \$25 reading .....
Laboratory Services .....	U&C up to \$100 .....	\$50 per injury .....
Physician's Non-Surgical Visits (not paid day of surgery) Treatment for concussion limited to 2 visits per injury .....	\$50 per visit, 10 visit maximum; Concussion \$80 per visit, 2 max .....	\$40 per visit, 10 visit maximum; Concussion \$60 per visit, 2 max .....
Emergency Room Physician's Non-Surgical Care .....	U&C up to \$150 .....	U&C up to \$120 .....
Orthopedic Appliances (when prescribed by a physician for healing) .....	U&C up to \$500 maximum .....	\$500 maximum .....
Shots and Injections (within 24 hours of an injury) .....	\$50 per injury .....	\$25 per injury .....
Prescription Drugs .....	\$50 per injury .....	\$25 per injury .....
Physical Therapy Treatment (includes whirlpool, diathermy, EMS, massage, manipulation or adjustments in any form, and/or office visits connected therewith) .....	\$50 per visit, maximum 5 visits .....	\$30 per visit, maximum 5 visits .....
Ambulance Service (Air or Ground) .....	\$1,000 per injury .....	\$500 per injury .....
Eyeglass Replacement (if medical treatment is received for a covered injury) .....	\$200 per injury .....	\$100 per injury .....
Durable Medical Equipment (Post-Surgical Only) .....	\$100 per injury .....	\$100 per injury .....
<b>OTHER PHYSICIAN SERVICES</b>		
Dental Treatment (in lieu of all other medical benefits, including X-rays of sound & natural teeth) .....	\$1,000 per injury .....	\$500 per injury .....
Physician's Surgical Care (In-Patient or Out-patient) Only one procedure will be allowed (the highest scheduled) when multiple procedures are performed through the same incision or in immediate succession. .....	U&C up to \$3,000 per injury .....	\$1,500 per injury .....
Assistant Surgeon Charges (In-Patient or Out-patient) .....	25% of Surgery Allowance .....	25% of Surgery Allowance .....
Anesthetist Charges (In-Patient or Out-patient) .....	25% of Surgery Allowance .....	25% of Surgery Allowance .....
<b>MOTOR VEHICLE INJURY</b>		
	\$1,000 maximum as scheduled above .....	\$1,000 maximum as scheduled above .....
<b>OTHER BENEFITS - Heat Stroke and Heat Exhaustion will be covered as any other accident.</b>		
<b>FIELD TRIP COVERAGE - all students will be covered for one day field trips, with no overnight stay. Basic benefits apply for up to \$2,000 per injury.</b>		
<b>ACCIDENTAL DEATH AND DISMEMBERMENT - When injury covered by this policy results in Accidental Death or Dismemberment within 180 days from the date of accident, the following benefits will be payable.</b>		
Loss of Life .....	\$ 2,000 .....	Double Dismemberment .....
Loss of an Eye .....	\$ 2,000 .....	Single Dismemberment .....
		\$10,000 .....
		\$ 2,000 .....

Specific costs and further details of the coverage, including exclusions, reductions or limitations, and the terms under which the policy may be continued in force, our agent or write the Company. The amount of benefits provided depends upon the plan selected and the premium will vary with the amount of benefits.