



**BENEFIT SCHEDULE SUMMARY BINDER for the Owner/Operators of:
Midwest Affinity Group Standard Class**

COVERAGE PROVIDED

Occupational Accident: Covered
Non-Occupational Accident: Covered
Occupational Disease: Covered
Cumulative Trauma: Covered
Hernia and Hemorrhoid: Covered

Accidental Death Benefit:	Occupational Injuries	Non-Occupational Injuries
Lump Sum Payable	\$25,000	\$10,000
Commencement Period	365 days	365 days
Survivor's Benefit:		
Remaining Principal Sum*	\$225,000	N/A
Monthly Benefit Percentage Payable	1%	N/A
Monthly Benefit Amount	\$2,250	N/A
Accidental Dismemberment Benefit:		
Principal Sum*	\$250,000	\$10,000
Commencement Period	365 days	365 days
Accidental Paralysis Benefit:		
Principal Sum*	\$250,000	N/A
Commencement Period	365 days	N/A
Accident Medical Expense Benefit:		
Commencement Period	90 days	90 days
Deductible Amount	\$0	\$0
Maximum Benefit Amount	\$1,000,000	\$10,000
Maximum Benefit Period	104 weeks	52 weeks
Dental Benefit Maximum	\$1,000	\$1,000
Physical, Occupational, or Work Hardening Therapies	To a maximum-combined 36 visits	N/A
Ambulance for Medically Necessary Services	1 round trip to and from a Hospital to a Maximum of \$10,000 per Accident	N/A
Acupuncture Care and Spinal Manipulation Care	\$1,000 per Injury	N/A
Mental and Nervous or Depressive Condition	1 visit per day to a maximum of \$25 per visit and 20 visits per Accident	N/A

Temporary Total Disability Benefit:

Commencement Period	90 days	N/A
Waiting Period	7 days (retroactive)	N/A
Benefit Percentage	70%	N/A
Minimum Weekly Benefit Amount	\$200	N/A
Maximum Weekly Benefit Amount	\$500	N/A
Maximum Benefit Period**	104 weeks	N/A

Continuous Total Disability Benefit: ***

Waiting Period	equals Maximum Benefit Period for Temporary Total Disability	N/A
Benefit Percentage	70%	N/A
Minimum Weekly Benefit Amount	\$200	N/A
Maximum Weekly Benefit Amount	\$500	N/A
Maximum Benefit Period	Up to Age 75 subject to Social Security Disability Award & Offset	N/A

Limits of Liability:

Combined Single Limit of Liability	\$1,000,000	\$5,000
Aggregate Limit of Liability	\$2,000,000	\$10,000

Combined Single Limit of Liability for:

Pre-Existing Condition	\$10,000	N/A
Occupational Disease	\$50,000	N/A
Occupational Cumulative Trauma Including hemorrhoids & hernia	\$50,000	N/A

Starting at age 65, the **Principal Sum** shall be based on the following schedule:

Age at Date of Loss	Percent of Principal Sum
65	80%
66	60%
67	40%
68	20%
69	15%
70 and over	10%

GENERAL EXCLUSIONS: This Plan does not cover any loss that may be covered by any Workers' Compensation, employers' liability, occupational disease or similar law; that may result from an intentionally self-inflicted injury; or from a suicide or attempted suicide, while sane or insane (while sane in Missouri); or resulting from boarding or alighting from any aircraft in motion ;that may result from war or act of war; whether declared or not; resulting from duty in the armed forces of any country or international authority; resulting from the Insured being under the influence of any narcotic unless administered on the advice of a Physician and taken as prescribed, or being intoxicated as defined by the state where the injury occurs; for claims arising due to emotional pain and suffering, unless specifically shown as "Covered" in the Schedule of Benefits; that may result from Cumulative Trauma unless specifically shown as "Covered" in the Schedule of Benefits; or from Occupational Disease unless specifically shown as "Covered" in the Schedule of Benefits; resulting from, or contributed to by the commission of, or attempt to commit a felony by the Insured from which the resulting injury is the basis of the claim; or to which the injury was due to a contributing cause due to the insured's being engaged in an illegal occupation or activity.

TO FILE A CLAIM: We have a 24 hour call center for handling your claims.

For full terms and conditions, a copy of the Policy Certificate of Insurance is available upon request.