

Gold

- \$4,000/month Injury
 - 0 day to age 70
 - \$5,000/month BOE Injury
 - \$300,000 AD&D (Family)
 - Base Fracture Accident Benefit
 - Lifestyle Protection Enhancer
- Monthly Premium: \$327.95**

Silver

- \$2,500/month Injury 118.75
 - 0 day to age 70
 - \$2,500/month BOE Injury 29.57
 - \$200,000 AD&D (Family) 31.2
 - Base Fracture Accident Benefit 20
 - Lifestyle Protection Enhancer 12
- Monthly Premium: \$211.52**

Bronze

- \$2,000/month Injury
 - 0 day for 5 years
 - \$1,000/month BOE Injury
 - \$100,000 AD&D (Single)
 - Base Fracture Accident Benefit
 - Lifestyle Protection Enhancer
- Monthly Premium: \$124.23**

Injury Rates (Includes \$10,000 Accident Medical Treatment Benefit)³

CLASS A RATE CHART		INJURY LOSS OF INCOME COVERAGE								
Coverage	EP/BP	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500	\$4,000	\$4,500	\$5,000
24 Hour	0/70	\$47.50	\$71.25	\$95.00	\$118.75	\$142.50	\$166.25	\$190.00	\$213.75	\$237.50
	0/5	\$34.20	\$51.30	\$68.40	\$85.50	\$102.60	\$119.70	\$136.80	\$153.90	\$171.00
	30/70	\$32.50	\$48.75	\$65.00	\$81.25	\$97.50	\$113.75	\$130.00	\$146.25	\$162.50
	30/5	\$21.13	\$31.69	\$42.25	\$52.81	\$63.38	\$73.94	\$84.50	\$95.07	\$105.62

Injury Business Overhead Expense (BOE)³

CLASS A RATE CHART										
Coverage		\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500	\$4,000	\$4,500	\$5,000
Premiums		\$11.83	\$17.74	\$23.66	\$29.57	\$35.49	\$41.40	\$47.32	\$53.23	\$59.15

Fracture Accident Benefit

PLAN	MONTHLY PREMIUM
Primary	\$10.00
Base	\$20.00

Accidental Death & Dismemberment (AD&D)

PLAN	\$50,000	\$100,000	\$200,000	\$300,000
Single	\$6.00	\$12.00	\$24.00	\$36.00
Family ¹	\$7.80	\$15.60	\$31.20	\$46.80

Lifestyle Protection Enhancer

MONTHLY PREMIUM
\$12.00

\$50,000 AD&D = Accident Medical Reimbursement Benefit \$10,000²
 \$100,000 AD&D = Accident Medical Reimbursement Benefit \$20,000²
 \$200,000 AD&D = Accident Medical Reimbursement Benefit \$40,000²
 \$300,000 AD&D = Accident Medical Reimbursement Benefit \$100,000²

Requested Coverage

COVERAGE			MONTHLY PREMIUM
Personal Injury	Monthly Benefit \$ _____ EP _____ BP _____		\$ _____
Business Overhead Expense	Monthly Benefit \$ _____ EP _____ BP _____		\$ _____
Accidental Death & Dismemberment	Principal Sum \$ _____ <input type="radio"/> Single <input type="radio"/> Family		\$ _____
Fracture	<input type="radio"/> Primary <input type="radio"/> Base		\$ _____
Lifestyle Protection Enhancer			\$ _____
Total Monthly Premium			\$ _____

1. Accident Medical Reimbursement Benefit (AMRB) not applicable to covered Spouses/Dependent Children where family coverage is selected. 2. Requires ownership of a Loss of Income plan. Benefits payable after the Accident Medical Treatment Benefit (AMTB) provided under the Loss of Income Coverage reaches either \$10,000 maximum or 365 days. 3. Illness coverages also available. Note: Please refer to the policy booklet for complete details. In the event of any inconsistencies, the actual policy wording a rates will apply. Class A Package rates illustrated. JUN19