

AMERICAN PUBLIC LIFE INSURANCE COMPANY

SUPPLEMENTAL ACCIDENT PLAN (A-3)

for:

LUBBOCK-COOPER INDEPENDENT SCHOOL DISTRICT

Presented By: Financial Benefit Services

BASE POLICY BENEFITS	1 Unit	2 Units	3 Units	4 Units
Accidental Injury We will pay the actual charges per accident (not to exceed maximum benefits for units selected) for physician's treatment, surgery, x-rays, reduction of fractures and dislocations or other emergency treatment expenses. In no case will the benefit exceed actual charges. There is a \$50 deductible for emergency room expenses, per occurrence, regardless of the number of units. Expenses must commence within 60 days of the covered accident.	\$500	\$1,000	\$1,500	\$2,000
Ambulance Benefit We will pay the actual charges (not to exceed maximum benefits for units selected) for emergency transportation for covered treatment (ground or air ambulance). Such emergency transportation must occur within 21 calendar days of the covered accident.	\$1,250	\$2,500	\$3,750	\$5,000
Hospital Confinement We will pay the daily hospital benefit, based upon the number of units selected, when a covered insured is confined to a hospital due to accident or injury. This benefit begins the first day of confinement and pays a maximum of 30 days per any one accident.	\$75	\$150	\$225	\$300
Accidental Death Benefit* We will pay the benefit shown for accidental death which results within 90 days of the accident, based upon the number of units selected.	\$5,000	\$10,000	\$15,000	\$20,000
Dismemberment* We will pay the following benefit, based upon the number of units selected, for dismemberment which results within 90 days of covered accident (dismemberment benefits are subject to a \$5,000 per unit cumulative maximum per accident).				
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
Loss of Sight Benefit We will pay the benefit, based upon the number units selected shown, for the loss of sight due to Accidental Injury.				
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

*Number of days may vary by state

BASE POLICY	MONTHLY PREMIUM			
	1 Unit	2 Units	3 Units	4 Units
Individual	\$10.80	\$17.10	\$21.50	\$24.50
Individual & Spouse	\$19.40	\$29.80	\$38.90	\$44.90
Individual & Children	\$21.20	\$34.90	\$45.20	\$52.00
Family (2 parents and children)	\$29.80	\$47.60	\$62.60	\$72.40

DEFINITIONS (Base Policy)

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."

DISABILITY means Your inability, as a result of covered Accidental Injury, to perform the substantial and material duties of Your occupation and You are not gainfully employed.

EXCLUSIONS AND LIMITATIONS (Base Policy)

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

1. sickness, illness or bodily infirmity; except as covered by the Sickness Disability Rider;
2. suicide, attempted suicide or intentional self-inflicted Injury, whether sane or insane;
3. dental care or treatment 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;
5. alcoholism or drug addiction;
6. travel or flight in or descent from any aircraft or device which can fly above the earth's surface in any capacity other than as a farepaying passenger on a regularly scheduled airline;
7. Injury originating prior to the effective date of the Policy;
8. Injury occurring while intoxicated (Intoxication means that which is determined and defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss is incurred.);
9. voluntary inhalation of gas or fumes or taking of poison or asphyxiation;
10. voluntary ingestion or injection of any drug, narcotic or sedative, unless administered on the advice and taken in such doses as prescribed by a Physician;
11. Injury sustained or sickness which first manifests itself while on full-time duty in the armed forces. Upon notice, the company will refund the proportion of unearned premium while in such forces.
12. Injury incurred while engaged in an illegal occupation;
13. Injury incurred while attempting to commit a felony or assault;
14. mental or emotional disorders;
15. Injury to a covered person while practicing for or being a part of organized or competitive rodeo, sky diving, hang gliding, parachuting or scuba diving;
16. driving in any race or speed test or while testing an automobile or any vehicle on any racetrack or speedway;
17. charges incurred outside the U.S. if an insured traveled to the location for the purpose of receiving medical services, drugs or supplies;
18. hernia, carpal tunnel syndrome or any complication therefrom;
19. 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 sprained or lame back, or any intervertebral disk conditions, such benefits shall be payable for a maximum period of time, not exceeding in the aggregate three (3) months for any Injury.

These exclusions and limitations are not applicable for all states. Please refer to your policy or outline for applicable exclusions and limitations.

This coverage should be viewed as a supplement to other health insurance. This is not the insurance contract, and only the actual policy provisions will apply. It is therefore important that you read your policy carefully. All products are not available in all states.

In West Virginia: 18 and 19 above are changed and read as follows:

18. hernia, within six (6) months after the Effective Date;
19. carpal tunnel syndrome or any complication therefrom;
20. any bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound).

In Idaho: Exclusions and Limitation

1. sickness, illness or bodily infirmity;
2. suicide, attempted suicide or intentional self-inflicted injury, whether sane or insane;
3. dental care or treatment 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;
5. alcoholism or drug addiction;
6. participation in any form of flight aviation other than as a fare-paying passenger in a licensed, passenger-carrying aircraft;
7. a Pre-Existing Condition incurred within 12 months following the effective date of coverage;
8. Injury occurring while intoxicated or under the influence of any narcotic, unless administered on the advice and taken in such doses as prescribed by a Physician;
9. Injury sustained or sickness which first manifests itself while on full-time duty in the armed forces. Upon notice, the company will refund the proportion of unearned premium while in such forces.
10. Injury incurred while engaging in an illegal occupation;
11. Injury incurred while attempting to commit a felony;
12. mental or emotional disorders;
13. Injury to a covered person while participating as a professional as a part or organized competitive rodeo, sky diving, hang gliding, parachuting or scuba diving;
14. driving as a professional in any race or speed test or while testing an automobile or any vehicle on any racetrack or speedway;
15. charges incurred outside the U.S. if an Insured traveled to the location for the purpose of receiving medical services, drugs or supplies.

This proposal does not constitute the full contract and is intended to provide basic information about American Public Life Insurance Company's Form A-3B Supplemental Accident product.



P. O. Box 925
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PROPOSAL IS BASED ON INFORMATION PROVIDED TO AMERICAN PUBLIC LIFE. FINAL RATES AND BENEFITS ARE SUBJECT TO VERIFICATION OF DATA ON WHICH THIS IS BASED. PROPOSAL IS VALID FOR 60 DAYS FROM DATE PROPOSED.

THIS PROPOSAL IS A BASIC OUTLINE OF THE BENEFITS AVAILABLE UNDER THE PLAN AND IS NOT A CONTRACT. THIS OUTLINE IS DESIGNED TO HIGHLIGHT THE MAIN FEATURES OF THE PLAN. PLEASE REFER TO THE POLICY FOR A COMPLETE DESCRIPTION OF BENEFITS AND EXCLUSIONS. PROVISIONS MAY VARY ACCORDING TO STATE REQUIREMENTS. DEFINITIONS, LIMITATIONS AND EXCLUSIONS ARE NOT APPLICABLE IN ALL STATES.