



Standard Life And Casualty Insurance Company
PO Box 510690
Salt Lake City, UT 84151-0690
(800) 327-0695
www.slacins.com

**PROTECTING AMERICAN
FAMILIES SINCE 1947**

UNINSURABLE OCCUPATIONS:

- Professional Athletes
- Rodeo Riders
- Migrant Farm Workers
- Loggers
- Quarry Workers
- Miners
- Window Washers
- Oil Field Roughnecks
- Crop Dusters
- Commercial Fishermen
- Entertainers
- Federal Employees
- Taxi Drivers
- Security Guards
- Highway Workers
- Prison or Jail Guards

We will not pay benefits under this policy for services or expenses or any such loss resulting from or in connection with:

1. Expenses due to loss beginning while this policy is not in force;
2. Expenses due to a Pre-Existing Condition or complications or subsequent effects of an accident which occurred before this policy is in force.
3. Any expense incurred in excess of the usual, customary and regular charges for any service or materials in the geographic area where furnished;
4. Injuries resulting from an act of declared or undeclared war or sustained while a member of an armed service (upon notice to the Company of entry into service, the pro-rata premium will be refunded); or
5. Suicide, attempted suicide or intentionally self-inflicted injuries, while sane or insane;
6. Sickness, illness or bodily infirmity. In connection with the benefits under Part 4 (Accidental Death), this does not apply to a loss due to bacterial infection resulting from Accidental Bodily Injury;
7. Dental care or treatment except due to accident dental injury to sound natural teeth;
8. Participating in a riot or felony; or engaging in an illegal occupation;
9. Alcoholism or drug addiction;
10. Travel or flight in any aircraft or device which can fly above the earth's surface in any capacity other than as a fare paying passenger on a regularly scheduled airline;
11. Participation in organized collegiate athletics;
12. An insured person's commission or attempt to commit a felony or to which a contributing cause was the insured's being engaged in an illegal occupation;
13. An insured person's being intoxicated or under the influence of any narcotic or controlled or uncontrolled substance unless administered on the advice of a physician;
14. Charges incurred outside the U.S. if an insured traveled to the location for the purpose of receiving medical services, drugs or supplies;
15. Hernia.



24-HOUR ACCIDENT MEDICAL EXPENSE PLAN

- Hospital Expenses
- Physician & Surgeon Fees
- Air or Ground Ambulance
- Accidental Death Benefit
- and more...

This is an Accident Insurance Policy.



Accidents strike when you least expect them...

Be prepared with AccidentGuard!

ACCIDENT FACTS

- About 29% of all Emergency Room visits are injury related.⁽¹⁾
- Injury-related medical treatment, per 100 people, shown below:⁽²⁾
 - All Visits52.9
 - Primary care offices 15.2
 - Surgical specialty offices 11.5
 - Medical specialty offices9.2
 - Hospital outpatient departments3.7
 - Hospital ER 13.3
- There was one inpatient hospitalization for injury for every 153 people in 2007.⁽³⁾
- The economic impact of unintentional injuries in the US amounted to \$820.6 billion in 2013. This is equivalent to about \$2,600 per capita, or about \$6,700 per household.⁽¹⁾
- The cost of all unintentional injuries in the US was equivalent to 51 cents of every dollar spent on food in the US.⁽¹⁾

"Injury-related" includes injuries, poisoning, and adverse effects of procedures; some of which are not included under the policy's definition of Injury.
⁽¹⁾ National Safety Council Injury Facts: 2015 Edition.
⁽²⁾ CDC Injury in the United States: 2007 Chartbook, p.108
⁽³⁾ CDC Ambulatory Medical Care Utilization Estimates for 2007, Table 8

AccidentGuard FEATURES

- Issued from Age 0 to Age 75
- Guaranteed Renewable to Age 80
- Broad choice of benefit levels
- Covers accidents that happen at home, at work, at play or while traveling—24 hour coverage
- Pays regardless of other insurance

30 DAY RIGHT TO RETURN POLICY

If after examining the policy you find it unsatisfactory in any way, you have thirty (30) days from the date you receive it in which to return it to receive a full refund of all amounts paid.

EFFECTIVE DATE

Insurance becomes effective only after we receive your application and the required premium payment, and Standard Life And Casualty approves your application. This must all occur before any change in the insurability of any applicant. We reserve the right to reject any application which does not meet our underwriting requirements.



This brochure is not the policy or the required outline of coverage; it is a brief description only. In the event of discrepancy, policy language controls.



PER-ACCIDENT Per-Person Maximum Benefit Amounts							
Benefit Amounts:	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7
Medical Expenses	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500	\$4,000
Air & Ground Ambulance	\$2,500	\$2,500	\$5,000	\$5,000	\$7,500	\$7,500	\$10,000
Accidental Death	\$5,000	\$5,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Maximum Dismemberment Benefit, for losses shown below	\$5,000	\$5,000	\$10,000	\$10,000	\$15,000	\$15,000	\$20,000
Sight, both eyes	\$5,000	\$5,000	\$10,000	\$10,000	\$15,000	\$15,000	\$20,000
Sight, one eye	\$2,500	\$2,500	\$5,000	\$5,000	\$7,500	\$7,500	\$10,000
Hand, arm, foot or leg (multiple)	\$5,000	\$5,000	\$10,000	\$10,000	\$15,000	\$15,000	\$20,000
Hand, arm, foot or leg (single)	\$2,500	\$2,500	\$5,000	\$5,000	\$7,500	\$7,500	\$10,000
Finger or toe (multiple)	\$1,000	\$1,000	\$1,000	\$1,000	\$1,500	\$1,500	\$2,000
Finger or toe (single)	\$500	\$500	\$500	\$500	\$750	\$750	\$1,000

Benefit Descriptions: Benefits are payable subject to policy provisions, limitations and exclusions.
There is a \$50 deductible for an accidental injury which requires an Emergency Room visit.

Medical Expense Benefit: **Outpatient** covered expenses include physician charges, surgery, x-rays, reduction of fractures or other emergency first aid expenses incurred in a physician’s office, clinic, outpatient facility or ambulatory surgical center which are incurred within 28 days of the accident. **Inpatient** covered expenses include physician charges, hospital room & hospital billed services and supplies that are incurred within 28 calendar days of the accident.

Air & Ground Ambulance Benefit: Pays benefits for covered expense for ground or air ambulance transportation (within 28 days of accident) due to an accidental injury.

Accidental Death Benefit: For loss of life due to accidental injury (within 90 days of the accident).

Accidental Dismemberment Benefit: Pays benefits if the Primary Insured suffers a specified dismemberment due to accidental injury within 90 days of the accident. *This benefit applies only to the Primary Insured.*

The total amount payable for all losses resulting from the same accident will not exceed the Maximum Dismemberment Benefit Per Accident. Dismemberment benefits are paid in lieu of other benefits if they exceed other benefits payable under the policy. If both an Accidental Death Benefit and an Accidental Dismemberment Benefit would otherwise be payable, benefits will be paid under the provision that would pay the most.

Monthly Bank Draft Rates*	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7
Individual	\$18.25	\$21.38	\$24.50	\$26.75	\$29.00	\$30.25	\$31.50
Individual & Spouse	\$36.00	\$41.25	\$46.50	\$50.38	\$54.25	\$56.75	\$59.25
Individual & Children	\$44.00	\$50.00	\$56.00	\$60.00	\$64.00	\$66.88	\$69.75
Family	\$61.75	\$69.88	\$78.00	\$83.63	\$89.25	\$93.38	\$97.50
Child Only	\$14.00	\$15.50	\$17.00	\$18.00	\$19.00	\$20.00	\$21.00

Other Premium Modes: Annual - 10.87 x MBD Semi-Annual - 5.76 x MBD Quarterly - 2.93 x MBD
 * State-specific rates can apply. For South Dakota, please see the SD Application Kit for rates.