

**COMBINED INSURANCE COMPANY OF AMERICA**  
**(We, Us, or Our)**  
111 E. Wacker Drive • Suite 700 • Chicago, Illinois 60601

**THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY.** If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the Company.

**ACCIDENT ONLY COVERAGE**  
**OUTLINE OF COVERAGE**  
**For Policy Form No. 14185**

- (1) **Read Your Policy Carefully** - This outline of coverage provides a very brief description of the important features of your Policy. This is not the insurance contract and only the actual policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both you and Combined Insurance Company of America. **It is, therefore, important that you READ YOUR POLICY CAREFULLY.**
- (2) **Accident Only Coverage** – Policies of this category are designed to provide, to persons insured, coverage for certain losses resulting from a covered accident **ONLY**, subject to any limitations contained in the policy. Coverage is not provided for basic hospital, basic medical-surgical, or major-medical expenses.
- (3) **Benefits.** The benefit amounts are shown in the Schedule of Benefits of the Policy and are payable for a Covered Person for Injuries received as the result of a Covered Accident. There are no deductible or co-payment provisions. Benefits may include the following:
- Abdominal and Thoracic Surgery Benefit
  - Accident Follow-Up Treatment Benefit
  - Air Ambulance Benefit
  - Ambulance Benefit
  - Appliance Benefit
  - Blood, Plasma, Platelets Benefit
  - Burn Benefit
  - Coma Injury Benefit
  - Concussion Benefit
  - Dislocation Benefit
  - Emergency Dental Benefit
  - Emergency Room Treatment Benefit
  - Eye Injury Benefit
  - Fracture Benefit
  - Herniated Disc Benefit
  - Hospital Admission Benefit
  - Hospital Admission ICU Benefit
  - Hospital Confinement Benefit
  - Hospital Confinement ICU Benefit
  - Initial Doctor's Office Visit Benefit
  - Internal Organ Loss Benefit
  - Knee Cartilage Torn Benefit
  - Laceration Benefit
  - Lodging Benefit
  - Loss of a Finger, Toe, Hand, Foot, or Sight Benefit
  - Major Diagnostic Exam Benefit
  - Physical Therapy Benefit

- Prosthetic Device or Artificial Limb Benefit
- Recovery Benefit
- Rehabilitation Admission Benefit
- Rehabilitation Unit Benefit
- Skin Grafts Benefit
- Sports Package Benefit
- Tendon/Ligament/Rotator Cuff Benefit
- Transportation Benefit
- Urgent Care Benefit
- X-Ray Benefit

**Your coverage may or may not include the following Benefits. Please read the Schedule of Your Policy carefully for benefit amounts, if any. If the amount shown for the benefit is zero, such benefit is not covered:**

- Accident First Occurrence
- Accidental Death Benefit
- Accidental Death Common Carrier Benefit
- Catastrophic Accident Benefit
- Chiropractic Treatment Benefit
- Family Care Benefit
- Non-Occupational Accidental Disability Benefit
- Outpatient Surgery Facility Service Benefit
- Wellness Benefit.

(4) **Exclusions:** No benefits will be paid for services rendered by a member of the Immediate Family.

No benefits will be paid for an Injury that is caused by, contributed to, or occurs as a result of a Covered Person's:

- 1) Being intoxicated, or under the influence of alcohol or any narcotic or other prescription drug unless administered on the advice of a Physician and taken according to the Physician's instructions (the term "intoxicated" means the minimum blood alcohol level required to be considered operating an automobile under the influence of alcohol in the jurisdiction where the accident occurred);
- 2) Participating in an illegal activity or attempting to commit or actually committing a felony ("felony" is as defined by the law of the jurisdiction in which the activity takes place);
- 3) Committing or attempting to commit suicide or intentionally injuring himself or herself;
- 4) Having dental treatment, except for such care or treatment due to Injury to sound natural teeth within twelve (12) months of the Covered Accident; or
- 5) War or any act of war, declared or undeclared, or serving in any of the armed forces or units auxiliary thereto.

No benefits will be paid for an Injury incurred while working for pay or profit if Your Coverage Type (shown in the Schedule of Benefits) is Non-Occupational.

No benefits will be payable for sickness or infection including physical or mental condition that is not caused solely by or as a direct result of a Covered Accident.

(5) **Premiums.** To keep your Policy in force, the Premium must be paid. The Premium amount is shown in the Schedule of Benefits.

(6) **Renewability.** The Policy is guaranteed renewable for life as long as Premiums are paid on or before the due date, subject to the Grace Period. The insurance company can change the premium.

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**ACCIDENT ONLY COVERAGE**  
**OUTLINE OF COVERAGE**  
**For Policy Form No. 14185-AK**

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- Outpatient Surgery Facility Service Benefit
- Wellness Benefit.

**(4) Exclusions:** No benefits will be paid for services rendered by a member of the Immediate Family.

No benefits will be paid for an Injury that is caused by, contributed to, or occurs as a result of a Covered Person's:

- 1) Being intoxicated, or under the influence of a narcotic unless administered on the advice of a Physician (the term "intoxicated" means the minimum blood alcohol level required to be considered operating an automobile under the influence of alcohol in the jurisdiction where the accident occurred);
- 2) Participating in an illegal activity or attempting to commit or actually committing a felony ("felony" is as defined by the law of the jurisdiction in which the activity takes place);
- 3) Committing or attempting to commit suicide or intentionally injuring himself or herself;
- 4) Having dental treatment, except for such care or treatment due to Injury to sound natural teeth within twelve (12) months of the Covered Accident; or
- 5) War or any act of war, declared or undeclared, or serving in any of the armed forces or units auxiliary thereto.

No benefits will be paid for an Injury incurred while working for pay or profit if Your Coverage Type (shown in the Schedule of Benefits) is Non-Occupational.

No benefits will be payable for sickness or infection including physical or mental condition that is not caused solely by or as a direct result of a Covered Accident.

**(5) Premiums.** To keep your Policy in force, the Premium must be paid. The Premium amount is shown in the Schedule of Benefits.

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**ACCIDENT ONLY COVERAGE**  
**OUTLINE OF COVERAGE**  
**For Policy Form No. 14185-CO**

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  - Knee Cartilage Torn Benefit
  - Laceration Benefit
  - Lodging Benefit
  - Loss of a Finger, Toe, Hand, Foot, or Sight Benefit
  - Major Diagnostic Exam Benefit

- Physical Therapy Benefit
- Prosthetic Device or Artificial Limb Benefit
- Recovery Benefit
- Rehabilitation Admission Benefit
- Rehabilitation Unit Benefit
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- Sports Package Benefit
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- 1) Being intoxicated, or under the influence of alcohol or any narcotic or other prescription drug unless administered on the advice of a Physician and taken according to the Physician's instructions (the term "intoxicated" means the minimum blood alcohol level required to be considered operating an automobile under the influence of alcohol in the jurisdiction where the accident occurred);
- 2) Participating in an illegal activity or attempting to commit or actually committing a felony ("felony" is as defined by the law of the jurisdiction in which the activity takes place);
- 3) Committing or attempting to commit suicide or intentionally injuring himself or herself;
- 4) Having dental treatment, except for such care or treatment due to Injury to sound natural teeth within twelve (12) months of the Covered Accident; or
- 5) War or any act of war, declared or undeclared, or serving in any of the armed forces or units auxiliary thereto.

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**ACCIDENT ONLY COVERAGE**  
**OUTLINE OF COVERAGE**  
**For Policy Form No. 14185-KS**

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  - Initial Doctor's Office Visit Benefit
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  - Knee Cartilage Torn Benefit
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- Recovery Benefit
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- 1) Being intoxicated, or under the influence of alcohol or any narcotic or other prescription drug unless administered on the advice of a Physician and taken according to the Physician's instructions (the term "intoxicated" means the minimum blood alcohol level required to be considered operating an automobile under the influence of alcohol in the jurisdiction where the accident occurred);
- 2) Participating in an illegal activity or attempting to commit or actually committing a felony ("felony" is as defined by the law of the jurisdiction in which the activity takes place);
- 3) Committing or attempting to commit suicide or intentionally injuring himself or herself;
- 4) Having dental treatment, except for such care or treatment due to Injury to sound natural teeth within twelve (12) months of the Covered Accident; or
- 5) War or any act of war, declared or undeclared, or serving in any of the armed forces or units auxiliary thereto.

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No benefits will be payable for sickness or infection including physical or mental condition that is not caused solely by or as a direct result of a Covered Accident.



- (5) **Cancellation By Insured:** You may cancel this policy at any time by written notice delivered or mailed to Combined, effective upon receipt of such notice or on such later date as may be specified in such notice. In the event of cancellation or death of the Insured, Combined will promptly return the unearned portion of any premium paid. The refund of premium shall be computed on a pro rata basis. Cancellation will not affect any claim which began before the effective date of cancellation.

**Premium:** \$\_\_\_\_\_. To keep your Policy in force, the Premium must be paid.

**Agent's Name:** \_\_\_\_\_

**Agent's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

- (6) **Renewability.** The Policy is guaranteed renewable for life as long as Premiums are paid on or before the due date, subject to the Grace Period. The insurance company can change the premium.

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**ACCIDENT ONLY COVERAGE**  
**OUTLINE OF COVERAGE**  
**For Policy Form No. 14185-MO**

- (1) **Read Your Policy Carefully** - This outline of coverage provides a very brief description of the important features of your Policy. This is not the insurance contract and only the actual policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both you and Combined Insurance Company of America. **It is, therefore, important that you READ YOUR POLICY CAREFULLY.**
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- (3) **Benefits.** The benefit amounts are shown in the Schedule of Benefits of the Policy and are payable for a Covered Person for Injuries received as the result of a Covered Accident. There are no deductible or co-payment provisions. Benefits may include the following:
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  - Eye Injury Benefit
  - Fracture Benefit
  - Herniated Disc Benefit
  - Hospital Admission Benefit
  - Hospital Admission ICU Benefit
  - Hospital Confinement Benefit
  - Hospital Confinement ICU Benefit
  - Initial Doctor's Office Visit Benefit
  - Internal Organ Loss Benefit
  - Knee Cartilage Torn Benefit
  - Laceration Benefit
  - Lodging Benefit
  - Loss of a Finger, Toe, Hand, Foot, or Sight Benefit
  - Major Diagnostic Exam Benefit
  - Physical Therapy Benefit
  - Prosthetic Device or Artificial Limb Benefit

- Recovery Benefit
- Rehabilitation Admission Benefit
- Rehabilitation Unit Benefit
- Skin Grafts Benefit
- Sports Package Benefit
- Tendon/Ligament/Rotator Cuff Benefit
- Transportation Benefit
- Urgent Care Benefit
- X-Ray Benefit

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- 2) Participating in an illegal activity or attempting to commit or actually committing a felony ("felony" is as defined by the law of the jurisdiction in which the activity takes place);
- 3) Committing or attempting to commit suicide while sane, or intentionally injuring himself or herself;
- 4) Having dental treatment, except for such care or treatment due to Injury to sound natural teeth within twelve (12) months of the Covered Accident; or
- 5) War or any act of war, declared or undeclared, or serving in any of the armed forces or units auxiliary thereto.

Suicide while insane is not a defense to payment of accidental death benefits under this Policy, where the Policy is issued to a Missouri Citizen, unless We show that the Covered Person intended suicide when he or she applied for the Policy, regardless of any language to the contrary in this Policy.

No benefits will be paid for an Injury incurred while working for pay or profit if Your Coverage Type (shown in the Schedule of Benefits) is Non-Occupational.

No benefits will be payable for sickness or infection including physical or mental condition that is not caused solely by or as a direct result of a Covered Accident.

**(5) Premiums.** To keep your Policy in force, the Premium must be paid. The Premium amount is shown in the Schedule of Benefits.

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**For Policy Form No. 14185-NE**

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- 2) Commission of or attempt to commit a felony or being engaged in an illegal occupation ("felony" is as defined by the law of the jurisdiction in which the activity takes place);
- 3) Committing or attempting to commit suicide or intentionally injuring himself or herself;
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  - **Laceration Benefit**
  - **Lodging Benefit**
  - **Loss of a Finger, Toe, Hand, Foot, or Sight Benefit**
  - **Major Diagnostic Exam Benefit**
  - **Physical Therapy Benefit**

#### **Prosthetic Device or Artificial Limb Benefit**

- **Recovery Benefit**
- **Rehabilitation Admission Benefit**
- **Rehabilitation Unit Benefit**
- **Skin Grafts Benefit**
- **Sports Package Benefit**
- **Tendon/Ligament/Rotator Cuff Benefit**
- **Transportation Benefit**
- **Urgent Care Benefit**
- **X-Ray Benefit**

Your coverage may or may not include the following Benefits. Please read the Schedule of Your Policy carefully for benefit amounts, if any. If the amount shown for the benefit is zero, such benefit is not covered:

- **Accident First Occurrence**
- **Accidental Death Benefit**
- **Accidental Death Common Carrier Benefit**
- **Catastrophic Accident Benefit**
- **Chiropractic Treatment Benefit**
- **Family Care Benefit**
- **Non-Occupational Accidental Disability Benefit**
- **Outpatient Surgery Facility Service Benefit**
- **Wellness Benefit.**

- (4) **Exclusions:** No benefits will be paid for services rendered by a member of the Immediate Family of a Covered Person.

No benefits will be paid for an Injury that is caused by, contributed to, or occurs as a result of a Covered Person's:

- 1) Being intoxicated, or under the influence of alcohol or any narcotic or other prescription drug unless administered on the advice of a Physician and taken according to the Physician's instructions (the term "intoxicated" means the minimum blood alcohol level required to be considered operating an automobile under the influence of alcohol in the jurisdiction where the accident occurred);
- 2) Committing or attempting to commit suicide or intentionally injuring himself or herself;
- 3) Having dental treatment, except for such care or treatment due to Injury to sound natural teeth within twelve (12) months of the Covered Accident; or
- 4) War or any act of war, declared or undeclared, or serving in any of the armed forces or units auxiliary thereto.

If Your Coverage Type (shown in the Schedule of Benefits) is Non-Occupational, no benefits will be paid for an Injury incurred while working for pay or profit.

No benefits will be payable for sickness or infection including physical or mental condition that is not caused solely by or as a direct result of a Covered Accident.

- (5) **Premiums.** To keep your Policy in force, the Premium must be paid. The Premium amount is shown in the Schedule of Benefits.
- (6) **Renewability.** The Policy is guaranteed renewable for life as long as Premiums are paid on or before the due date, subject to the Grace Period. The insurance company can change the premium.

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**THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY.** If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the Company.

**ACCIDENT ONLY COVERAGE**  
**OUTLINE OF COVERAGE**  
**For Policy Form No. 14185-NC**

- (1) **Read Your Policy Carefully** - This outline of coverage provides a very brief description of the important features of your Policy. This is not the insurance contract and only the actual policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both you and Combined Insurance Company of America. **It is, therefore, important that you READ YOUR POLICY CAREFULLY.**
- (2) **Accident Only Coverage** – Policies of this category are designed to provide, to persons insured, coverage for certain losses resulting from a covered accident **ONLY**, subject to any limitations contained in the policy. Coverage is not provided for basic hospital, basic medical-surgical, or major-medical expenses.
- (3) **Benefits.** The benefit amounts are shown in the Schedule of Benefits of the Policy and are payable for a Covered Person for Injuries received as the result of a Covered Accident. There are no deductible or co-payment provisions. Benefits may include the following:
- Abdominal and Thoracic Surgery Benefit
  - Accident Follow-Up Treatment Benefit
  - Air Ambulance Benefit
  - Ambulance Benefit
  - Appliance Benefit
  - Blood, Plasma, Platelets Benefit
  - Burn Benefit
  - Coma Injury Benefit
  - Concussion Benefit
  - Dislocation Benefit
  - Emergency Dental Benefit
  - Emergency Room Treatment Benefit
  - Eye Injury Benefit
  - Fracture Benefit
  - Herniated Disc Benefit
  - Hospital Admission Benefit
  - Hospital Admission ICU Benefit
  - Hospital Confinement Benefit
  - Hospital Confinement ICU Benefit
  - Initial Doctor's Office Visit Benefit
  - Internal Organ Loss Benefit
  - Knee Cartilage Torn Benefit
  - Laceration Benefit
  - Lodging Benefit
  - Loss of a Finger, Toe, Hand, Foot, or Sight Benefit
  - Major Diagnostic Exam Benefit
  - Physical Therapy Benefit



- Prosthetic Device or Artificial Limb Benefit
- Recovery Benefit
- Rehabilitation Admission Benefit
- Rehabilitation Unit Benefit
- Skin Grafts Benefit
- Sports Package Benefit
- Tendon/Ligament/Rotator Cuff Benefit
- Transportation Benefit
- Urgent Care Benefit
- X-Ray Benefit

**Your coverage may or may not include the following Benefits. Please read the Schedule of Your Policy carefully for benefit amounts, if any. If the amount shown for the benefit is zero, such benefit is not covered:**

- Accident First Occurrence
- Accidental Death Benefit
- Accidental Death Common Carrier Benefit
- Catastrophic Accident Benefit
- Chiropractic Treatment Benefit
- Family Care Benefit
- Non-Occupational Accidental Disability Benefit
- Outpatient Surgery Facility Service Benefit
- Wellness Benefit.

(4) **Exclusions:** No benefits will be paid for services rendered by a member of the Immediate Family.

No benefits will be paid for an Injury that is caused by, contributed to, or occurs as a result of a Covered Person's:

- 1) Being intoxicated, or under the influence of alcohol or any narcotic or other prescription drug unless administered on the advice of a Physician and taken according to the Physician's instructions (the term "intoxicated" means the minimum blood alcohol level required to be considered operating an automobile under the influence of alcohol in the jurisdiction where the accident occurred);
- 2) Participating in an illegal activity or attempting to commit or actually committing a felony ("felony" is as defined by the law of the jurisdiction in which the activity takes place);
- 3) Committing or attempting to commit suicide or intentionally injuring himself or herself;
- 4) Having dental treatment, except for such care or treatment due to Injury to sound natural teeth within twelve (12) months of the Covered Accident; or
- 5) War or any act of war, declared or undeclared, or serving in any of the armed forces or units auxiliary thereto.

No benefits will be paid for an Injury incurred while working for pay or profit if Your Coverage Type (shown in the Schedule of Benefits) is Non-Occupational.

No benefits will be payable for sickness or infection including physical or mental condition that is not caused solely by or as a direct result of a Covered Accident.

(5) **Premiums.** To keep your Policy in force, the Premium must be paid. The Premium amount is shown in the Schedule of Benefits.

(6) **Renewability.** The Policy is guaranteed renewable for life as long as Premiums are paid on or before the due date, subject to the Grace Period. The insurance company can change the premium. Written notice of an adjustment will be mailed to You at least 45 days in advance. Premium rates shall be approved by the state and guaranteed by Us for 12 months.

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**THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY.** If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the Company.

**ACCIDENT ONLY COVERAGE**  
**OUTLINE OF COVERAGE**  
**For Policy Form No. 14185-OH**

- (1) **Read Your Policy Carefully** - This outline of coverage provides a very brief description of the important features of your Policy. This is not the insurance contract and only the actual policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both you and Combined Insurance Company of America. **It is, therefore, important that you READ YOUR POLICY CAREFULLY.**
- (2) **Accident Only Coverage** – Policies of this category are designed to provide, to persons insured, coverage for certain losses resulting from a covered accident **ONLY**, subject to any limitations contained in the policy. Coverage is not provided for basic hospital, basic medical-surgical, or major-medical expenses.
- (3) **Benefits.** The benefit amounts are shown in the Schedule of Benefits of the Policy and are payable for a Covered Person for Injuries received as the result of a Covered Accident. There are no deductible or co-payment provisions. Benefits may include the following:
- Abdominal and Thoracic Surgery Benefit
  - Accident Follow-Up Treatment Benefit
  - Air Ambulance Benefit
  - Ambulance Benefit
  - Appliance Benefit
  - Blood, Plasma, Platelets Benefit
  - Burn Benefit
  - Coma Injury Benefit
  - Concussion Benefit
  - Dislocation Benefit
  - Emergency Dental Benefit
  - Emergency Room Treatment Benefit
  - Eye Injury Benefit
  - Fracture Benefit
  - Herniated Disc Benefit
  - Hospital Admission Benefit
  - Hospital Admission ICU Benefit
  - Hospital Confinement Benefit
  - Hospital Confinement ICU Benefit
  - Initial Doctor's Office Visit Benefit
  - Internal Organ Loss Benefit
  - Knee Cartilage Torn Benefit
  - Laceration Benefit
  - Lodging Benefit
  - Loss of a Finger, Toe, Hand, Foot, or Sight Benefit
  - Major Diagnostic Exam Benefit
  - Physical Therapy Benefit

- Prosthetic Device or Artificial Limb Benefit
- Recovery Benefit
- Rehabilitation Admission Benefit
- Rehabilitation Unit Benefit
- Skin Grafts Benefit
- Sports Package Benefit
- Tendon/Ligament/Rotator Cuff Benefit
- Transportation Benefit
- Urgent Care Benefit
- X-Ray Benefit

**Your coverage may or may not include the following Benefits. Please read the Schedule of Your Policy carefully for benefit amounts, if any. If the amount shown for the benefit is zero, such benefit is not covered:**

- Accident First Occurrence
- Accidental Death Benefit
- Accidental Death Common Carrier Benefit
- Catastrophic Accident Benefit
- Chiropractic Treatment Benefit
- Family Care Benefit
- Non-Occupational Accidental Disability Benefit
- Outpatient Surgery Facility Service Benefit

(4) **Exclusions:** No benefits will be paid for services rendered by a member of the Immediate Family.

No benefits will be paid for an Injury that is caused by, contributed to, or occurs as a result of a Covered Person's:

- 1) Being intoxicated, or under the influence of alcohol or any narcotic or other prescription drug unless administered on the advice of a Physician and taken according to the Physician's instructions (the term "intoxicated" means the minimum blood alcohol level required to be considered operating an automobile under the influence of alcohol in the jurisdiction where the accident occurred);
- 2) Participating in an illegal activity or attempting to commit or actually committing a felony ("felony" is as defined by the law of the jurisdiction in which the activity takes place);
- 3) Committing or attempting to commit suicide or intentionally injuring himself or herself;
- 4) Having dental treatment, except for such care or treatment due to Injury to sound natural teeth within twelve (12) months of the Covered Accident; or
- 5) War or any act of war, declared or undeclared, or serving in any of the armed forces or units auxiliary thereto.

No benefits will be paid for an Injury incurred while working for pay or profit if Your Coverage Type (shown in the Schedule of Benefits) is Non-Occupational.

No benefits will be payable for sickness or infection including physical or mental condition that is not caused solely by or as a direct result of a Covered Accident.

(5) **Premiums.** To keep your Policy in force, the Premium must be paid. The Premium amount is shown in the Schedule of Benefits.

(6) **Renewability.** The Policy is guaranteed renewable for life as long as Premiums are paid on or before the due date, subject to the Grace Period. The insurance company can change the premium.

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| <b>THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY.</b> If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the Company. |
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**ACCIDENT ONLY COVERAGE**  
**OUTLINE OF COVERAGE**  
**For Policy Form No. 14185-OK**

- (1) **Read Your Policy Carefully** - This outline of coverage provides a very brief description of the important features of your Policy. This is not the insurance contract and only the actual policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both you and Combined Insurance Company of America. **It is, therefore, important that you READ YOUR POLICY CAREFULLY.**
- (2) **Accident Only Coverage** – Policies of this category are designed to provide, to persons insured, coverage for certain losses resulting from a covered accident **ONLY**, subject to any limitations contained in the policy. Coverage is not provided for basic hospital, basic medical-surgical, or major-medical expenses.
- (3) **Benefits.** The benefit amounts are shown in the Schedule of Benefits of the Policy and are payable for a Covered Person for Injuries received as the result of a Covered Accident. There are no deductible or co-payment provisions. Benefits may include the following:
- Abdominal and Thoracic Surgery Benefit
  - Accident Follow-Up Treatment Benefit
  - Air Ambulance Benefit
  - Ambulance Benefit
  - Appliance Benefit
  - Blood, Plasma, Platelets Benefit
  - Burn Benefit
  - Coma Injury Benefit
  - Concussion Benefit
  - Dislocation Benefit
  - Emergency Dental Benefit
  - Emergency Room Treatment Benefit
  - Eye Injury Benefit
  - Fracture Benefit
  - Herniated Disc Benefit
  - Hospital Admission Benefit
  - Hospital Admission ICU Benefit
  - Hospital Confinement Benefit
  - Hospital Confinement ICU Benefit
  - Initial Doctor's Office Visit Benefit
  - Internal Organ Loss Benefit
  - Knee Cartilage Torn Benefit
  - Laceration Benefit
  - Lodging Benefit
  - Loss of a Finger, Toe, Hand, Foot, or Sight Benefit
  - Major Diagnostic Exam Benefit
  - Physical Therapy Benefit

#### Prosthetic Device or Artificial Limb Benefit

- Recovery Benefit
- Rehabilitation Admission Benefit
- Rehabilitation Unit Benefit
- Skin Grafts Benefit
- Sports Package Benefit
- Tendon/Ligament/Rotator Cuff Benefit
- Transportation Benefit
- Urgent Care Benefit
- X-Ray Benefit

**Your coverage may or may not include the following Benefits. Please read the Schedule of Your Policy carefully for benefit amounts, if any. If the amount shown for the benefit is zero, such benefit is not covered:**

- Accident First Occurrence
- Accidental Death Benefit
- Accidental Death Common Carrier Benefit
- Catastrophic Accident Benefit
- Chiropractic Treatment Benefit
- Family Care Benefit
- Non-Occupational Accidental Disability Benefit
- Outpatient Surgery Facility Service Benefit
- Wellness Benefit.

(4) **Exclusions:** No benefits will be paid for services rendered by a member of the Immediate Family.

No benefits will be paid for an Injury that is caused by, contributed to, or occurs as a result of a Covered Person's:

- 1) Alcoholism or drug addiction;
- 2) Participating in an illegal activity or attempting to commit or actually committing a felony ("felony" is as defined by the law of the jurisdiction in which the activity takes place);
- 3) Committing or attempting to commit suicide or intentionally injuring himself or herself;
- 4) Having dental treatment, except for such care or treatment due to Injury to sound natural teeth within twelve (12) months of the Covered Accident; or
- 5) War, act of war, declared or undeclared, while serving in any of the armed forces or units auxiliary thereto, or working in an area of war whether voluntarily or as required by an employer.

No benefits will be paid for an Injury incurred while working for pay or profit if Your Coverage Type (shown in the Schedule of Benefits) is Non-Occupational.

No benefits will be payable for sickness or infection including physical or mental condition that is not caused solely by or as a direct result of a Covered Accident.

(5) **Premiums.** To keep your Policy in force, the Premium must be paid. The Premium amount is shown in the Schedule of Benefits.

(6) **Renewability.** The Policy is guaranteed renewable for life as long as Premiums are paid on or before the due date, subject to the Grace Period. The insurance company can change the premium.

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**THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY.** If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the Company.

**ACCIDENT ONLY COVERAGE**  
**OUTLINE OF COVERAGE**  
**For Policy Form No. 14185-SD**

- (1) **Read Your Policy Carefully** - This outline of coverage provides a very brief description of the important features of your Policy. This is not the insurance contract and only the actual policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both you and Combined Insurance Company of America. **It is, therefore, important that you READ YOUR POLICY CAREFULLY.**
- (2) **Accident Only Coverage** – Policies of this category are designed to provide, to persons insured, coverage for certain losses resulting from a covered accident **ONLY**, subject to any limitations contained in the policy. Coverage is not provided for basic hospital, basic medical-surgical, or major-medical expenses.
- (3) **Benefits.** The benefit amounts are shown in the Schedule of Benefits of the Policy and are payable for a Covered Person for Injuries received as the result of a Covered Accident. There are no deductible or co-payment provisions. Benefits may include the following:
- Abdominal and Thoracic Surgery Benefit
  - Accident Follow-Up Treatment Benefit
  - Air Ambulance Benefit
  - Ambulance Benefit
  - Appliance Benefit
  - Blood, Plasma, Platelets Benefit
  - Burn Benefit
  - Coma Injury Benefit
  - Concussion Benefit
  - Dislocation Benefit
  - Emergency Dental Benefit
  - Emergency Room Treatment Benefit
  - Eye Injury Benefit
  - Fracture Benefit
  - Herniated Disc Benefit
  - Hospital Admission Benefit
  - Hospital Admission ICU Benefit
  - Hospital Confinement Benefit
  - Hospital Confinement ICU Benefit
  - Initial Doctor's Office Visit Benefit
  - Internal Organ Loss Benefit
  - Knee Cartilage Torn Benefit
  - Laceration Benefit
  - Lodging Benefit
  - Loss of a Finger, Toe, Hand, Foot, or Sight Benefit
  - Major Diagnostic Exam Benefit
  - Physical Therapy Benefit

- Prosthetic Device or Artificial Limb Benefit
- Recovery Benefit
- Rehabilitation Admission Benefit
- Rehabilitation Unit Benefit
- Skin Grafts Benefit
- Sports Package Benefit
- Tendon/Ligament/Rotator Cuff Benefit
- Transportation Benefit
- Urgent Care Benefit
- X-Ray Benefit

**Your coverage may or may not include the following Benefits. Please read the Schedule of Your Policy carefully for benefit amounts, if any. If the amount shown for the benefit is zero, such benefit is not covered:**

- Accident First Occurrence
- Accidental Death Benefit
- Accidental Death Common Carrier Benefit
- Catastrophic Accident Benefit
- Chiropractic Treatment Benefit
- Family Care Benefit
- Non-Occupational Accidental Disability Benefit
- Outpatient Surgery Facility Service Benefit
- Wellness Benefit.

(4) **Exclusions:** No benefits will be paid for services rendered by a member of the Immediate Family.

No benefits will be paid for an Injury that is caused by, contributed to, or occurs as a result of a Covered Person's:

- 1) Being intoxicated, or under the influence of alcohol or any narcotic or other prescription drug unless administered on the advice of a Physician and taken according to the Physician's instructions (the term "intoxicated" means the minimum blood alcohol level required to be considered operating an automobile under the influence of alcohol in the jurisdiction where the accident occurred, if the Covered Person is also committing a felony at the time);
- 2) Participating in an illegal activity or attempting to commit or actually committing a felony ("felony" is as defined by the law of the jurisdiction in which the activity takes place);
- 3) Committing or attempting to commit suicide or intentionally injuring himself or herself;
- 4) Having dental treatment, except for such care or treatment due to Injury to teeth within twelve (12) months of the Covered Accident; or
- 5) War or any act of war, declared or undeclared, or serving in any of the armed forces or units auxiliary thereto.

No benefits will be paid for an Injury incurred while working for pay or profit if Your Coverage Type (shown in the Schedule of Benefits) is Non-Occupational for which benefits are paid by worker's compensation.

No benefits will be payable for sickness or infection including physical or mental condition that is not caused solely by or as a direct result of a Covered Accident.

(5) **Premiums.** To keep your Policy in force, the Premium must be paid. The Premium amount is shown in the Schedule of Benefits.

(6) **Renewability.** The Policy is guaranteed renewable for life as long as Premiums are paid on or before the due date, subject to the Grace Period. The insurance company can change the premium.

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**THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY.** If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the Company.

**ACCIDENT ONLY COVERAGE**  
**OUTLINE OF COVERAGE**  
**For Policy Form No. 14185-TN**

- (1) **Read Your Policy Carefully** - This outline of coverage provides a very brief description of the important features of your Policy. This is not the insurance contract and only the actual policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both you and Combined Insurance Company of America. **It is, therefore, important that you READ YOUR POLICY CAREFULLY.**
- (2) **Accident Only Coverage** – Policies of this category are designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the policy. Coverage is not provided for basic hospital, basic medical-surgical, or major-medical expenses.
- (3) **Benefits.** The benefit amounts are shown in the Schedule of Benefits of the Policy and are payable for a Covered Person for Injuries received as the result of a Covered Accident. There are no deductible or co-payment provisions. Benefits may include the following:
- Abdominal and Thoracic Surgery Benefit
  - Accident Follow-Up Treatment Benefit
  - Air Ambulance Benefit
  - Ambulance Benefit
  - Appliance Benefit
  - Blood, Plasma, Platelets Benefit
  - Burn Benefit
  - Coma Injury Benefit
  - Concussion Benefit
  - Dislocation Benefit
  - Emergency Dental Benefit
  - Emergency Room Treatment Benefit
  - Eye Injury Benefit
  - Fracture Benefit
  - Herniated Disc Benefit
  - Hospital Admission Benefit
  - Hospital Admission ICU Benefit
  - Hospital Confinement Benefit
  - Hospital Confinement ICU Benefit
  - Initial Doctor's Office Visit Benefit
  - Internal Organ Loss Benefit
  - Knee Cartilage Torn Benefit
  - Laceration Benefit
  - Lodging Benefit
  - Loss of a Finger, Toe, Hand, Foot, or Sight Benefit
  - Major Diagnostic Exam Benefit
  - Physical Therapy and Chiropractic Therapy Benefit



- Prosthetic Device or Artificial Limb Benefit
- Recovery Benefit
- Rehabilitation Admission Benefit
- Rehabilitation Unit Benefit
- Skin Grafts Benefit
- Sports Package Benefit
- Tendon/Ligament/Rotator Cuff Benefit
- Transportation Benefit
- Urgent Care Benefit
- X-Ray Benefit

**Your coverage may or may not include the following Benefits. Please read the Schedule of Your Policy carefully for benefit amounts, if any. If the amount shown for the benefit is zero, such benefit is not covered:**

- Accident First Occurrence
- Accidental Death Benefit
- Accidental Death Common Carrier Benefit
- Family Care Benefit
- Non-Occupational Accidental Disability Benefit
- Outpatient Surgery Facility Service Benefit
- Wellness Benefit.

(4) **Exclusions:** No benefits will be paid for services rendered by a member of the Immediate Family.

No benefits will be paid for an Injury that is caused by or occurs as a result of a Covered Person's:

- 1) Alcoholism or drug addiction;
- 2) Participating in or attempting to commit or actually committing a felony ("felony" is as defined by the law of the jurisdiction in which the activity takes place);
- 3) Committing or attempting to commit suicide or intentionally injuring himself or herself;
- 4) Having dental treatment, except Emergency Dental, as defined in this policy, within 60 days of the Covered Accident; or
- 5) War or any act of war, declared or undeclared, or serving in any of the armed forces or units auxiliary thereto.

No benefits will be paid for an Injury incurred while working for pay or profit if Your Coverage Type (shown in the Schedule of Benefits) is Non-Occupational.

No benefits will be payable for sickness or infection including physical or mental condition that is not caused solely by or as a direct result of a Covered Accident.

(5) **Premiums.** To keep your Policy in force, the Premium must be paid. The Premium amount is shown in the Schedule of Benefits.

(6) **Renewability.** The Policy is guaranteed renewable for life as long as Premiums are paid on or before the due date, subject to the Grace Period. The insurance company can change the premium.