



**2023**

## **CONTINENTAL AMERICAN INSURANCE COMPANY**

**Columbia, South Carolina  
800.433.3036**

### **Endorsement to Policy and Certificate of Insurance**

This Endorsement alters the Policy and the Certificate to which it is attached. Unless specifically addressed by this Endorsement, all other Policy and Certificate provisions, definitions, and terms continue to apply.

Continental American Insurance Company's mailing addresses for claims and premium payments are changed as listed below.

**Notice of Claim and Proof of Loss** should be mailed to the Company at:

P.O. Box 84075, Columbus, Georgia, 31993-9103

**Premium Payments** should be mailed to the Company at:

P.O. Box 84069, Columbus, Georgia, 31908-4069

If applicable, references to 2801 Devine Street, Columbia, SC 29205 are deleted.

Signed for the Company at its Home Office,

**Teresa White, President**

**J. Matthew Loudermilk, Secretary**





## CONTINENTAL AMERICAN INSURANCE COMPANY

2801 Devine Street, Columbia, South Carolina 29205

800.433.3036

### **CERTIFICATE OF INSURANCE FOR NON-PARTICIPATING GROUP ACCIDENTAL INJURY POLICY**

**This is accident-only coverage.  
It does not pay benefits for loss from sickness.**

**(Coverage for sickness may be included in a separate Rider,  
requiring additional premiums.)**

**DEPARTMENT OF ADMINISTRATIVE SERVICES** (“the Policyholder”) applied for coverage under this Group Insurance Policy (the “Plan”). This Plan is issued by Continental American Insurance Company (the “Company,” “we,” “us,” or “our”). Based on the Application and based on the timely payment of premiums, the Company agrees to pay the benefits provided on the following pages. Your Application is maintained on a file and made part of this Certificate. (Please note that male pronouns—such as *he*, *him*, and *his*—are used for both males and females, unless the context clearly shows otherwise.)

You will notice that certain words and phrases (including some medical terms and the names of policy documents) in this document are capitalized. These refer to terms with very specific definitions as they apply to this insurance policy.

#### **Please read your certificate carefully.**

We certify that you are insured under the Group Accidental Injury Policy (the “Plan”). The Plan was issued to your employer, the Policyholder. This coverage provides benefits for loss resulting from Accidental Injury. The Certificate is subject to the definitions, exclusions, and other provisions of the Plan.

Certain provisions of the Plan are summarized in this Certificate. All provisions of the Plan, whether contained in your Certificate or not, apply to the insurance referred to by the Certificate.

The Certificate Effective Date is shown in the Certificate Schedule. This Certificate will remain in effect for the period for which the premium has been paid. This Certificate may be continued for further periods as stated in the Plan.

This Certificate, on its Effective Date, automatically replaces any Certificate or Certificates previously issued to you under the Plan.

## **Table of Contents**

<b>SECTION I</b>	-	Eligibility, Effective Date, and Termination
<b>SECTION II</b>	-	Premium Provisions
<b>SECTION III</b>	-	Definitions
<b>SECTION IV</b>	-	Benefit Provisions
<b>SECTION V</b>	-	Exclusions
<b>SECTION VI</b>	-	Claim Provisions
<b>SECTION VII</b>	-	General Provisions
<b>SECTION VIII</b>	-	Benefit Schedule
<b>SECTION IX</b>	-	Incorporation of Rider Provisions
<b>SECTION X</b>	-	Certificate Schedule

## **Section I – Eligibility, Effective Date, and Termination**

### **Eligibility**

An employee is eligible if he is:

1. Eligible to participate in the Flexible Benefits Program as follows:
  - (a) Regular full-time employees of the State of Georgia or of a state agency who work at least 30 hours a week on a continuing basis and whose employment is expected to last at least nine (9) months;
  - (b) Public school teachers who are employed in a professionally certificated capacity, work half-time (50%) or more, and at least seventeen and one-half (17.5) hours per week, and are not considered “temporary” or “emergency” employees;
  - (c) Employees of a local school system who hold a non-certificated position, are eligible to participate in the Teachers’ Retirement System or its equivalent, and work at least twenty (20) hours per week; or 60% of the time normally required for these positions, if that is more than 20 hours per week;
  - (d) Employees who are eligible to participate in the Public School Employees’ Retirement System and work at least fifteen (15) hours per week or 60% of the time normally required for these positions, if that is more than 15 hours per week;
  - (e) Employees of a county or regional library who works at least seventeen and one-half (17.5) hours per week;
  - (f) Employees who are in active employment and a member of the General Assembly, a constitutional officer, or an employee of an appropriate judicial branch;
  - (g) Other employees deemed eligible by Federal and State of Georgia law.
2. At least 18 years of age and under age 70 at initial eligibility date; **and**
3. Actively at work.

### **Effective Date**

An Employee’s Effective Date is the date his insurance takes effect. That date is either the date:

- Shown on the Certificate Schedule if the Employee is Actively at Work on that date, **or**
- The Employee returns to an Actively-at-Work status if he is not Actively at Work on the date shown on the Certificate Schedule.

An eligible Employee may enroll for coverage or change multiples of coverage during the Open Enrollment period. An eligible Employee may also enroll or increase coverage within thirty-one (31) days following a life event, if the plan permits a change.

An Employee may decrease or terminate coverage within thirty-one (31) days following a life event, if the plan permits a change.

If an Employee enrolls for coverage or increases coverage above the guarantee issue due to a life event, proof of medical insurability is required. The effective date will be the first of the month that follows the change request.

Changes must be on account of and consistent with the life event.

If the Employee ends employment and is rehired within 31 days of the same plan year, the Employee may be insured on his/her eligibility date for the coverage the Employee had under the plan when the Employee ended employment. The Employee cannot change his coverage until the next Open Enrollment period or a life event.

### **Leave Without Pay and Premium Payments**

Coverage is extended on a month-by-month basis. Normally, premiums are paid through payroll reduction/deduction in the month prior to coverage. When an employee is not in pay status, the employee must pay the monthly premium amount billed by GABreeze by the specified due date.

If the Employee ceases to be Actively at Work due to:

- suspension without pay, or
- approved leave of absence without pay with respect to which the employee has a scheduled date of return,

The Employee's insurance may be continued through the twelfth (12<sup>th</sup>) calendar month through personal premium payments. The exception to this rule is those Employees affected by The Uniformed Services Employment and Reemployment Right Act (USERRA), who may continue personal premium payments for 24 months.

If the Employee is absent from work without pay for any reason, he should discuss continuing his insurance with his personnel officer. If the Employee's coverage is terminated for failure to pay premium, his re-enrollment will be in accordance with the regulations of the Employee Benefit Plan Council and may include submitting new proof of insurability.

### **Plan Termination**

The Plan may terminate for any of the following reasons:

- The premium is not paid before the end of the Grace Period.
- The Company cancels the Plan any time after the end of the first premium year. To do this, the Company must give 60 days' written notice.
- The number of participating Employees is less than the number mutually agreed upon by the Company and the Policyholder in the signed master Application.

The Policyholder has the sole responsibility to notify Employees of the Plan's termination. If the Plan terminates, it—and all Certificates and Riders issued under the Plan—will terminate on the specified termination date. The termination occurs as of 12:01 a.m. at the Policyholder's address. If the Plan terminates, we will provide coverage for claims arising from Covered Accidents that occurred while the Plan was in force.

### **Termination of An Employee's Insurance**

Your insurance will terminate on whichever occurs first:

- The date the Company terminates the Plan.
- The 61st day after the premium due date, if the premium has not been paid.
- The date you no longer meet the Plan's definition of an Employee.
- The date you no longer belong to an eligible class.

If the Plan terminates, we will provide coverage for claims arising from Covered Accidents that occurred while the Plan was in force.

## **Portability Privilege**

When you end employment with the Employer and your coverage would otherwise terminate, you may elect to continue your coverage under this Plan. You may continue the coverage that you had on the date your employment ended, including any in-force Spouse or Dependent Child coverage.

- To keep your Certificate in force, you must:
  - Apply to the Company in writing within 31 days after the date his insurance would otherwise terminate;  
**and**
  - Pay the required premium to the Company no later than 31 days after the date the Certificate would otherwise terminate and on each premium due date thereafter.
- Insurance will end on the earlier of these dates:
  - 31 days after the date you failed to pay any required premium
  - The date this Group Policy is terminated
- However, coverage may not be continued if:
  - You failed to pay any required premium, **or**
  - This Group Policy terminates.

If you qualify for this Portability Privilege, then the Company will apply the same Benefits, Plan Provisions, and Premium Rate as shown in your previously issued Certificate.

## **Section II – Premium Provisions**

### **Premium Calculations**

The Schedule of Premiums determines the premium amount payable on any premium due date. The rates shown in this Schedule will be guaranteed for 42 months after the Effective Date of this Plan. The Company will give the Policyholder written notice 60 days before any change in rates becomes effective.

### **Premium Increase**

The Company will notify the Policyholder and each employer group or subgroup insured under the Policy of the maximum amount of a group premium increase. This will be done no less than 60 days before the premium increase becomes effective.

### **Premium Payments**

The first premium is due on this Plan's Effective Date. After that, premiums are due on the first day of each month that the Plan remains in effect.

Aggregate premiums for this Plan should be paid to the Company at its home office in Columbia, South Carolina. Payment of any premium will not keep the Plan in force beyond the due date of the next premium, except as set forth in the Grace Period.

### **Premium Refund**

If coverage is terminated for any reason, the Company will return any unearned premium to the Insured on a pro-rata basis on or before the premium cancellation date.

### **Grace Period**

This Plan has a 60-day Grace Period. If a renewal premium is not paid on or before its due date, the premium may be paid during the next 60 days. During the Grace Period, the Plan will stay in force, unless the Policyholder has given the Company written notice of its intention to discontinue the Plan.

## Section III – Definitions

When the terms below are used in this Plan, the following definitions will apply:

**Accidental Injury** or **Injuries** means bodily Injury or Injuries resulting from an unforeseen and unexpected traumatic event that meets the definition of *Covered Accident*.

**Actively at Work** is defined as an Insured's ability to perform his regular employment duties for a full normal workday. The Insured may perform these activities either at his employer's regular place of business or at a location where the Insured may be required to travel to perform the regular duties of his employment.

**Calendar Year** is defined as January 1 through December 31 of the same year.

**Catastrophic Accident Elimination Period** is the period of days after the date of a Covered Accident for which no benefits are payable under this rider. This period of days is shown on the Rider Schedule.

**Catastrophic Loss** refers to an injury from a Covered Accident that causes total and irrecoverable:

- Loss of both hands or both feet; **or**
- Loss or loss of use of both arms or both legs; **or**
- Loss of one hand and one foot; **or**
- Loss of use of one arm and one leg; **or**
- Loss of sight of both eyes; **or**
- Loss of hearing in both ears; **or**
- Loss of the ability to speak.

Note:

- *The loss of use of an arm* means the functional loss of the entire arm from the shoulder to the hand.
- *The loss of use of a leg* means the functional loss of the entire leg from the hip to the foot.
- *The loss of sight* means both eyes are totally blind and that no sight can be restored.
- *The loss of hearing* means deafness in both ears, such that it cannot be corrected to any functional degree by any procedure, aid, or device.
- *The loss of the ability to speak* means loss of audible communication, such that it cannot be corrected to any functional degree by any procedure, aid, or device.

A **Conventional Firearm** is a weapon that fires a shot (bullet) by gun powder or compressed gas.

**Covered Accident** means an unforeseen and unexpected traumatic event resulting in bodily Injury. An event meets the qualifications of Covered Accident if it:

- Occurs on or after the Plan's Effective Date,
- Occurs while coverage is in force, **and**
- Is not specifically excluded.

**Dependent** means the Spouse of an Employee **or** the Dependent Child of an Employee. **Dependent Children** are an Employee's or an Employee's Spouse's natural children, step-children, legally adopted children, or children placed for adoption who are younger than age 26.

If Dependent Child coverage is not already in force, newborn children are automatically covered from the moment of birth for 30 days. Newly adopted children are also automatically covered from the date of placement for adoption or final decree of adoption, whichever occurs first, for 30 days. To extend coverage beyond 30 days, the Insured must contact the Company within the 30-day time period following the child's birth or adoption. If Dependent Child coverage is already in-force, no notice is required.



However, there is an exception to the age-26 limit listed above. This limit will not apply to any child who is incapable of self-sustaining employment due to mental or physical handicap and is dependent on a parent for support. The Employee or the Employee's Spouse must furnish proof of this incapacity and dependency to the Company within 31 days following the child's 26th birthday.

**Doctor** is defined as a person who is:

- Legally qualified to practice medicine,
- Licensed as a physician by the state where Treatment is received, **and**
- Licensed to treat the type of condition for which a claim is made.

A Doctor does not include the Insured or an Insured's Family Member.

**Employee** is a person who meets eligibility requirements under **Section I – Eligibility**, and who is covered under this Plan. The Employee is the primary Insured under this Plan.

**Family Member** includes the Employee's **Spouse** (who is defined as an Employee's legal wife or husband) as well as the following members of the Insured's immediate family:

- son
- daughter
- mother
- father
- sister
- brother

This includes Step-Family Members and Family-Members-in-law.

**Full-time Work** means that an Insured spends at least 30 hours per week performing his occupational duties.

**Part-time Work** means that an Insured spends less than 16 hours per week performing his occupational duties.

**Hospital** refers to a place that:

- Is legally licensed and operated as a Hospital;
- Provides overnight care of injured and sick people;
- Is supervised by a Doctor;
- Has full-time nurses supervised by a registered nurse;
- Has on-site or pre-arranged use of X-ray equipment, laboratory, and surgical facilities; **and**
- Maintains permanent medical history records.

A Hospital is **not**:

- A nursing home;
- An extended-care facility;
- A convalescent home;
- A rest home or a home for the aged;
- A place for alcoholics or drug addicts; **or**
- A mental institution.

**Hospital Intensive Care Unit** refers to a specifically designed Hospital facility that provides the highest level of medical care and is restricted to patients who are critically ill or injured. Hospital Intensive Care Units must be:

- Separate and apart from the surgical recovery room;
- Separate and apart from rooms, beds, and wards customarily used for patient confinement;
- Permanently equipped with special life-saving equipment to care for the critically ill or injured; **and**
- Under constant and continuous observation by nursing staffs assigned to the Intensive Care Unit on an exclusive, full-time basis.

**Psychiatrist** is a Doctor of medicine who specializes in the diagnosis and Treatment of mental disorders.

**Psychologist** is a clinical, mental health professional who works with patients. A Psychologist is not a Doctor of medicine who typically provides medical interventions and drug therapies, but provides analysis and counseling.

**Rehabilitation Unit** is a unit of a Hospital providing coordinated multidisciplinary physical restorative services. These services must be provided to inpatients under a Doctor's direction. The Doctor must be knowledgeable and experienced in rehabilitative medicine. Beds must be set up and staffed in a unit specifically designated for this service.

**Total Disability** or **Totally Disabled** means that due to an Accidental Injury the Insured is:

- Not able to perform the substantial and material duties of his occupation, **and**
- Receiving a Doctor's care that is appropriate for the condition causing the disability, **and**
- Not gainfully employed or occupied in any other occupation.

**Treatment** or **Medical Treatment** is the consultation, care, or services provided by a Doctor. This includes receiving any diagnostic measures and taking prescribed drugs and medicines.

**Your Occupation** means the occupation in which the Insured is regularly engaged at the time he becomes disabled.

## **Section IV – Benefit Provisions**

The language in this provision matches that of the Policy. As this Certificate is issued to you, the primary Insured, we included the use of "you" and "yours."

The benefit amounts payable under this section are shown in the Benefit Schedule.

### **Specific Injuries Benefits**

#### **Fracture Benefit**

*Fracture* is a break in a bone that can be seen by X-ray. If a bone is fractured in a Covered Accident, and it is diagnosed and treated by a Doctor within 90 days after the accident, we will pay the appropriate amount shown in the Benefit Schedule.

If the fracture requires open reduction, we will pay 150% of the amount shown in the Benefit Schedule.

*Multiple fractures* refers to more than one fracture requiring either open or closed reduction. If these fractures occur in any one Covered Accident, we will pay the appropriate amounts shown in the Benefit Schedule for each fracture. However, we will pay no more than 150% of the benefit amount for the bone fractured which has the highest dollar amount.

*Chip fracture* refers to a piece of bone that is completely broken off near a joint. If a Doctor diagnoses the fracture as a chip fracture, we will pay 10% of the amount shown in the Benefit Schedule for the affected bone.

#### **Dislocation Benefit**

*Dislocation* refers to a completely separated joint. If a joint is dislocated in a Covered Accident, and it is diagnosed and treated by a Doctor within 90 days after the accident, we will pay the amount shown in the Benefit Schedule.

If the dislocation requires open reduction, we will pay 150% of the amount shown in the Benefit Schedule.

We will pay benefits only for the first dislocation of a joint. We will not pay for recurring dislocations of the same joint. If the Insured dislocated a joint before the Effective Date of his Certificate and then dislocates the same joint again, it will not be covered by this Plan.

*Multiple dislocations* refers to more than one dislocation requiring either open or closed reduction in anyone Covered Accident. For each covered dislocation, we will pay the amounts shown in the Benefit Schedule. However, we will pay no more than 150% of the benefit amount for the dislocated joint that has the higher dollar amount.

*Partial dislocation* is one in which the joint is not completely separated. If a Doctor diagnoses and treats the Accidental Injury as a partial dislocation, we will pay 25% of the amount shown in the Benefit Schedule for the affected joint.

If an Insured has **both** fracture and dislocation in the same accident, we will pay for both. However, we will pay no more than 150% of the benefit amount for the fractured bone or dislocated joint that has the higher dollar amount.

### **Laceration Benefit**

If an Insured receives a laceration in a Covered Accident, we will pay the appropriate amount shown in the Benefit Schedule. The laceration must be repaired with stitches by a Doctor within 72 hours after the accident. The amount paid will be based on the length of the laceration.

The Insured may receive a laceration that does not require stitches. However, if that laceration is treated by a Doctor within 72 hours after the Covered Accident, we will pay the appropriate amount shown in the Benefit Schedule.

If the Insured suffers multiple lacerations in a Covered Accident, and the lacerations are repaired with stitches by a Doctor within 72 hours after the accident, we will pay this benefit based on the largest single laceration which requires stitches, as shown in the Benefit Schedule.

### **Concussion Benefit**

A *concussion* or *Mild Traumatic Brain Injury (MTBI)* is defined as a disruption of brain function resulting from a traumatic blow to the head. (Note: *Concussion* and *MTBI* are used interchangeably.)

If the Insured has a concussion from a Covered Accident, we will pay the amount shown for this benefit in the Benefit Schedule. The concussion must be diagnosed by a Doctor.

### **Coma Benefit**

*Coma* means a state of profound unconsciousness caused by a Covered Accident. If the Insured is in a coma lasting 30 days or more as the result of a Covered Accident, we will pay this benefit as shown in the Benefit Schedule.

### **Emergency Dental Work Benefit**

We will pay this benefit if the Insured has an Injury to sound natural teeth as the result of a Covered Accident. We will pay for extraction or repair with a crown as shown in the Benefit Schedule.

### **Eye Injuries Benefit**

For eye injuries requiring surgical repair, we will pay the amount shown in the Benefit Schedule, if, because of a Covered Accident:

- The Insured injures an eye,
- A Doctor repairs the eye through surgery, **and**
- The eye surgery occurs within 90 days after the Accident.

For eye injuries requiring removal of a foreign body, we will pay the amount shown in the Benefit Schedule if a Doctor removes a foreign body from the eye, with or without anesthesia.

### **Gunshot Wound Benefit**

We will pay this benefit if you receive a gunshot wound in a Covered Accident and if:

- You did not intentionally shoot yourself, **and**
- The gunshot wound does not cause you to die.

We will pay the amount shown in the Benefit Schedule once per Covered Accident if:

- The gunshot wound is caused by a shot from a Conventional Firearm,
- The gunshot wound requires treatment by a Doctor within 24 hours after the Covered Accident, **and**
- The gunshot wound requires you to be admitted to a hospital.

If you are shot more than once in a 24-hour period, we will pay benefits only for the first wound.

If, within 90 days, you lose a finger/toe, a hand/foot, or the sight of an eye or eyes, or die as the result of the same Covered Accident, we will pay only one benefit. We will pay the largest applicable benefit.

If you receive a fracture or a dislocation as the result of the same Covered Accident, we will pay the amount shown plus one-half of the Fracture Benefit or the Dislocation Benefit shown for the bone or joint involved. However, we will not pay more than \$5,000 for each Covered Accident.

The Gunshot Wound Benefit is not available for your Spouse and/or Dependent Children.

### **Tendons and Ligaments Benefit**

We will pay the appropriate amount shown in the Benefit Schedule if a Covered Accident causes the Insured to:

- Tear, sever, or rupture a tendon or ligament;
- Receive Treatment from a Doctor within 60 days; **and**
- Have surgical repair within 90 days after the accident.

The amount paid will be based on the number (single or multiple) of tendons or ligaments repaired.

### **Ruptured Disc Benefit**

We will pay the amount shown in the Benefit Schedule if a Covered Accident causes the Insured to:

- Rupture a disc in his spine,
- Receive Treatment from a Doctor within 60 days after the accident, **and**
- Have surgical repair by a Doctor within one year after the accident.

The amount paid will be based on when the accident occurred. See the Benefit Schedule for details.

### **Torn Knee Cartilage Benefit**

We will pay the amount shown in the Benefit Schedule if the Insured is injured in a Covered Accident and:

- Accidental injuries result in torn knee cartilage,
- This Injury requires Doctor Treatment within 60 days from the accident date, **and**
- This Injury requires surgical repair within one year from the accident date.

The amount paid will be based on when the accident occurred. See the Benefit Schedule for details.

### **Internal Injuries Benefit**

We will pay the amount shown in the Benefit Schedule if:

- A Covered Accident causes the Insured to have internal Injuries, and
- Those internal Injuries require open abdominal or thoracic surgery.

### **Exploratory Surgery Benefit**

We will pay the amount shown in the Benefit Schedule if a Covered Accident causes the Insured to have exploratory surgery (without repair). The exploratory surgery must be required as the result of an Injury.

## **Paralysis Benefit**

*Paralysis* means the permanent loss of movement of two or more limbs. We will pay the appropriate amount shown in the Benefit Schedule if, because of a Covered Accident:

- The Insured is injured,
- The Injury causes paralysis which lasts more than 90 days, **and**
- The paralysis is diagnosed by a Doctor within 90 days after the accident.

The amount paid will be based on the number of limbs paralyzed.

If this benefit is paid and the Insured later dies as a result of the same Covered Accident, we will pay the appropriate Death Benefit, less any amounts paid under the Paralysis Benefit.

## **Burns Benefit**

We will pay the appropriate amount shown in the Benefit Schedule if the Insured has burns in a Covered Accident. We will pay the Burns Benefit according to the percentage of body surface burned. The Insured must be treated for burns by a Doctor within 72 hours after the accident. First-degree burns are not covered.

## **Dismemberment Benefit**

We will pay the appropriate amount shown in the Benefit Schedule if, because of a Covered Accident, the Insured:

- Is injured **and**
- Loses a hand, a foot, or sight within 90 days after the accident as a result of the Injury.

If the Insured loses one hand, one foot, or the sight of one eye in a Covered Accident, we will pay the single loss benefit shown in the Benefit Schedule.

If the Insured loses both hands, both feet, the sight of both eyes, or a combination of any two, we will pay the double loss benefit shown in the Benefit Schedule.

If the Insured loses one or more fingers or toes in a Covered Accident, we will pay the finger/toe benefit shown in the Benefit Schedule.

*Dismemberment* means:

- **Loss of a hand** –The hand is removed at or above the wrist joint; **or**
- **Loss of a foot** –The foot is removed at or above the ankle; **or**
- **Loss of sight**–At least 80% of the vision in one eye is lost (such loss of sight must be permanent and irrecoverable); **or**
- **Loss of a finger/toe**–The finger or toe is removed at or above the joint where it is attached to the hand or foot.

If the Insured does not qualify for the Dismemberment Benefit but loses at least one joint of a finger or toe, we will pay the Partial Dismemberment Benefit shown in the Benefit Schedule.

If the Dismemberment Benefit is paid and the Insured later dies as a result of the same Covered Accident, we will pay the appropriate death benefit, less any amounts paid under this benefit.

## **Services Benefits**

### **Blood/Plasma Benefit**

We will pay the amount shown in the Benefit Schedule if, because of a Covered Accident, the Insured:

- Is injured **and**
- Receives blood or plasma within 90 days after the accident.

### **Ambulance Benefit**

We will pay the appropriate amount shown in the Benefit Schedule if, because of a Covered Accident, the Insured:

- Is injured **and**
- Requires transportation to a Hospital by a professional ambulance service. This transportation must occur within 90 days after the accident.

Ambulance service includes air ambulance service.

### **Transportation Benefit**

We will pay the applicable amount shown in the Benefit Schedule for train, plane, or bus transportation. This benefit is payable if, because of a Covered Accident, the Insured:

- Is injured **and**
- Requires Doctor-recommended Hospital Treatment or diagnostic study that is not available in the Insured's resident city.

Use of such transportation must begin within 90 days after the Covered Accident date. The distance to the Hospital Treatment or diagnostic study must be greater than 50 miles from the Insured's residence.

### **Family Member Lodging Benefit**

We will pay this benefit in the amount and for the number of days shown in the Benefit Schedule. We will pay this benefit for each night's lodging in a motel/hotel room for an adult member of the Insured's immediate family. For this benefit to be payable, because of a Covered Accident:

- The Insured must be confined to a Hospital for Treatment of an Injury,
- The Hospital and motel/hotel must be more than 100 miles from the Insured's residence, **and**
- The Treatment must be prescribed by the Insured's local Doctor.

### **Medical Fees Benefit**

We will pay the amount shown in the Benefit Schedule for the following medical fees:

- X-rays
- Doctor services

For benefits to be payable, because of a Covered Accident, the Insured must:

- Be injured **and**
- Receive initial Treatment from a Doctor within 72 hours after the accident.

We will pay the Medical Fees Benefit:

- For Treatment received due to injuries from a Covered Accident **and**
- For each Covered Accident up to one year after the accident date.

### **Prosthesis Benefit**

Prosthetic devices must be used as the result of Injury from a Covered Accident. For Covered Accidents, we will pay the amount shown in the Benefit Schedule for each prosthetic device the Insured uses.

Prosthetic devices **not** covered include:

- Hearing aids.
- Wigs.
- Dental aids (including, but not limited to, false teeth).

### **Appliances Benefit**

We will pay the amount shown in the Benefit Schedule if a Doctor advises the Insured to use a medical appliance. The medical appliance must be used as the result of an Injury received in a Covered Accident. It must be used as an aid in personal locomotion. *Medical appliance* means crutches, wheelchairs, leg braces, back braces, and walkers.

### **Accident Follow-Up Treatment Benefit**

For injuries received in a Covered Accident, we will pay this benefit under the following conditions:

- The Insured receives initial Treatment within 72 hours after the Covered Accident.
- The Insured receives Doctor-prescribed follow-up Treatment.
- The follow-up Treatment begins within 30 days after the Covered Accident or discharge from the Hospital.

We will pay for a maximum of 6 Treatments per Covered Accident.

### **Physical Therapy Benefit**

For injuries received in a Covered Accident, we will pay this benefit under the following conditions:

- The Insured receives initial Treatment within 72 hours after the Covered Accident.
- The Insured receives Doctor-prescribed physical therapy Treatment.
- The physical therapy Treatment begins within 30 days after the Covered Accident or discharge from the Hospital.
- The physical therapy Treatment takes place within 6 months after the Covered Accident.

We will pay for a maximum of 6 physical therapy Treatments per Covered Accident. We will not pay this benefit for the same visit that the Accident Follow-up Treatment Benefit is paid.

### **Wellness Benefit**

We will pay the amount shown in the Benefit Schedule for the following:

- annual physical exams
- mammograms
- pap smears
- eye examinations
- immunizations
- flexible sigmoidoscopy
- PSA tests
- ultrasounds
- blood screening

This benefit is payable after premiums have been paid for 12 months and while the Insured's coverage is in force. This benefit is payable once each 12-month period. Covered insureds are eligible for Wellness benefits under both Accident and Critical Illness if they are covered under both plans.

### **Major Diagnostic Exams Benefit**

We will pay the amount shown in the Benefit Schedule if, because of Injuries sustained in a Covered Accident, the Insured requires one of the following exams, and a charge is incurred:

- computerized tomography (CT scan)
- magnetic resonance imaging (MRI)
- computerized axial tomography (CAT)
- electroencephalography (EEG)

These exams must be performed in a Hospital or a Doctor's office. This benefit is limited to one payment per Covered Accident.

### **Rehabilitation Unit Benefit**

We will pay the appropriate amount shown in the Benefit Schedule for injuries received in a Covered Accident if the Insured:

- Is admitted for a Hospital Confinement,
- Is transferred to a bed in a Rehabilitation Unit of a Hospital for Treatment, **and**
- Incurs a charge.

This benefit is limited to 30 days for each Insured per period of Hospital confinement. This benefit is also limited to a Calendar Year maximum of 60 days. We will not pay the Rehabilitation Unit Benefit for the same days that the Accident Hospital Confinement Benefit is paid. We will pay the highest eligible benefit.

## **Hospital Benefits**

### **Hospital Admission Benefit**

We will pay the Hospital Admission Benefit amount shown in the Benefit Schedule. We will pay this benefit when, because of a Covered Accident, the Insured:

- Is injured,
- Requires Hospital confinement, **and**
- Is confined to a Hospital for at least 24 hours within 6 months after the accident date.

We will pay this benefit once per Calendar Year. We will not pay this benefit for confinement to an observation unit. We will not pay this benefit for emergency room Treatment or outpatient surgery or Treatment.

### **Hospital Confinement Benefit**

We will pay the appropriate amount shown in the Benefit Schedule if, because of a Covered Accident:

- The Insured is injured, **and**
- Those injuries cause the Insured to be confined to a Hospital for at least 24 hours within 90 days after the accident.

The Benefit Schedule shows the maximum period for which the Insured can collect the Hospital Confinement Benefit for the same Injury. This benefit is payable once per Hospital confinement even if the confinement is caused by more than one Accidental Injury.

We will not pay this benefit for confinement to an observation unit. We will not pay this benefit for emergency room Treatment or outpatient surgery or Treatment.

### **Hospital Intensive Care Benefit**

We will pay the appropriate amount and number of days shown in the Benefit Schedule if, because of a Covered Accident:

- The Insured is injured, **and**
- Those injuries cause the Insured to be confined to a Hospital Intensive Care Unit.

This benefit is payable in addition to the Hospital Confinement Benefit.

## **Catastrophic Accident Benefit**

We will pay the appropriate amount shown in the Benefit Schedule at the end of the Catastrophic Accident Elimination Period if any Insured:

- Sustains a Catastrophic Loss as the result of a Covered Accident,
- Is under the appropriate care of a Doctor during the Catastrophic Accident Elimination Period, **and**
- Remains alive at the end of the Catastrophic Accident Elimination Period.

We will pay the Catastrophic Accident Benefit once per lifetime for each Covered Insured, subject to a 365 day Catastrophic Accident Elimination Period.

We will not pay the Catastrophic Accident Benefit for injuries that are caused by or are the result of any Insured being intoxicated or under the influence of any narcotic, unless administered on the advice of a Physician.

The Catastrophic Accident Benefit will be reduced by 50% when the Insured reaches age 65.



## Section V – Exclusions

We will not pay benefits for Injury, Total Disability, or death, including Catastrophic Accident, contributed to by, caused by, or resulting from:

- **War** –participating in war or any act of war, declared or not; participating in the armed forces of, or contracting with, any country or international authority. We will return the prorated premium for any period not covered by this Certificate when you are in such service.
- **Suicide** –committing or attempting to commit suicide, while sane or insane.
- **Sickness** –having any disease or bodily/mental illness or degenerative process. We also will not pay benefits for any related medical/surgical Treatment or diagnostic procedures for such illness.
- **Self-Inflicted Injuries** –injuring or attempting to injure yourself intentionally.
- **Racing** –riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.
- **Intoxication** –being legally intoxicated, or being under the influence of any narcotic, unless taken under the direction of a Doctor. *Legally intoxicated* means that condition as defined by the law of the jurisdiction in which the accident occurred.)
- **Illegal Acts** –participating or attempting to participate in an illegal activity, or working at an illegal job.
- **Sports** –participating in any organized sport –professional or semi-professional.
- **Cosmetic Surgery** –having cosmetic surgery or other elective procedures that are not medically necessary or having dental Treatment except as a result of a Covered Accident.
- **Driving** –driving any taxi or intrastate or interstate long-distance vehicle for wage, compensation, or profit.

## Section VI – Claim Provisions

### Notice of Claim

You must give written notice of claim:

- Within 60 days after a Covered Accident **or**
- As soon as reasonably possible.

Notice must include your name and the Certificate number. Notice can be mailed to the Company at:

**P.O. Box 427, Columbia, South Carolina, 29202**

### Claim Forms

When the Company receives notice of a claim, we will send you forms so that you can file Proof of Loss (details included in the **Proof of Loss** section below). If the Company does not provide the forms within 10 working days, you can meet Proof of Loss requirements by providing a written statement about the nature and extent of the loss. You will also need to provide a statement by the treating Doctor. You must provide this information within the time limit stated in the **Proof of Loss** section.

### Proof of Loss

*Proof of Loss* refers to documentation that supports a claim (this information is often found in standardized medical documents, such as hospital bills and operative reports). You must provide Proof of Loss to the Company at:

**P.O. Box 427, Columbia, South Carolina, 29202**

You must provide Proof of Loss documentation within 90 days after the date of the Covered Accident. However, the Company will not invalidate or reduce any claim if it was not reasonably possible for you to provide this proof within the required time. You must provide the proof as soon as reasonably possible. The Company will not accept proof any later than one year and three months after the Covered Accident, except in the absence of your legal mental capacity.

### **Claims Payment Timeframe**

Once we receive proper Proof of Loss, we will process your claim. If the claim can be paid, and a benefit provides for periodic payments, we will pay those benefits on a monthly basis. For other payable benefits, we will pay those claims after processing. We will process electronic claims within 15 working days and paper claims within 30 calendar days.

### **Payment of Claims**

We will pay all benefits to you unless otherwise assigned. For any benefits that remain unpaid at the time of death, we will pay those benefits in the following order:

1. To any approved assignee;
2. To your beneficiary;
3. To your surviving spouse;
4. To your estate.

### **Changing Your Beneficiary**

You can ask us to change your beneficiary at any time. The request must be in writing and the change must be approved by us. If approved, it will go into effect the day you sign the request. The change will not have any bearing on payments made before we approved the request.

### **Unpaid Premium**

When a claim is paid, we may deduct any premium due and unpaid from the claim payment.

### **Physical Examination and Autopsy**

The Company may have an Insured examined as often as reasonably necessary while a claim is pending. In the case of death, the Company may also require an autopsy, unless prohibited by law. The Company will cover all costs for exams and/or autopsy.

### **Legal Action**

You cannot take legal action against us for benefits under this Plan:

- Within 60 days after you have sent us written Proof of Loss; **or**
- More than 3 years from the time written proof is required to be given.

## **Section VII – General Provisions**

### **Entire Contract Changes**

The *Entire Contract of Insurance* is made up of:

- This Policy,
- The Application,
- Certificates,
- Endorsements,
- Benefit agreements, **and**
- Riders (if any).

All statements (excluding fraudulent ones or intentionally misrepresented ones) that the Policyholder or an Insured have made in the Application will be considered representations, **not** warranties.

If statements on the Application require additional review, the Company will send a copy of the Application to:

- The Policyholder, **or**
- The Insured, **or**
- The Insured's beneficiary.

This will ensure that Policyholders have an opportunity to review the information they have provided in their Applications. The Company *will not* void insurance or reduce benefits (as a result of statements made on the Application) without sending Application copies as outlined above.

Changes to this Plan:

- Will not be valid unless approved in writing by an executive officer of the Company.
- Must be noted on or attached to the Contract.
- May not be made by any agent (nor can an agent waive any Plan provisions).

Any Rider, Endorsement, or Application that modifies, limits, or excludes coverage under this Plan must be signed by the Insured to be valid.

### **Misstatement of Age**

If an age has been misstated on the Application, the benefits will be those that the paid premium would have purchased at the correct age.

### **Time Limit on Certain Defenses**

After two years from your Effective Date of coverage, the Company may not void coverage or deny a claim for any loss because of misstatements made on your Application. This does not apply to fraudulent misstatements.

### **Clerical Error**

Clerical error by the Policyholder will not end coverage or continue terminated coverage. In the event of a clerical error, the Company will make a premium adjustment.

### **Individual Certificate**

The Company will give the Policyholder a Certificate for each Employee. The Certificate will set forth:

- The coverage,
- To whom benefits will be paid, **and**
- The rights and privileges under the plan.

### **Required Information**

The Policyholder will furnish all information and proofs which the Company may reasonably require with regard to the Plan.

### **Conformity With State Statutes**

Any Plan provision that conflicts with state statutes where this Plan was issued on its Effective Date is hereby amended to conform to the minimum requirements of those statutes.

## Section VIII – Benefit Schedule

### Specific Injuries Benefits

	<u>Closed Reduction</u>	<u>Open Reduction</u>
<b>COMPLETE FRACTURES</b>		
HIP/THIGH	\$4,500.00	\$6,750.00
VERTEBRAE (EXCEPT PROCESS)	\$4,050.00	\$6,075.00
PELVIS	\$3,600.00	\$5,400.00
SKULL (DEPRESSED)	\$3,375.00	\$5,062.50
LEG	\$2,700.00	\$4,050.00
FOREARM/HAND	\$2,250.00	\$3,375.00
FOOT/ANKLE/KNEE CAP	\$2,250.00	\$3,375.00
SHOULDER BLADE/COLLAR BONE	\$1,800.00	\$2,700.00
LOWER JAW	\$1,800.00	\$2,700.00
SKULL (SIMPLE)	\$1,575.00	\$2,362.50
UPPER ARM/UPPER JAW	\$1,575.00	\$2,362.50
FACIAL BONES (EXCEPT TEETH)	\$1,350.00	\$2,025.00
VERTEBRAL PROCESSES	\$900.00	\$1,350.00
COCCYX, RIB, FINGER, TOE	\$360.00	\$540.00
<b>COMPLETE DISLOCATIONS</b>		
HIP	\$3,600.00	\$5,400.00
KNEE (NOT KNEECAP)	\$2,600.00	\$3,900.00
SHOULDER	\$2,000.00	\$3,000.00
FOOT/ANKLE	\$1,600.00	\$2,400.00
HAND	\$1,400.00	\$2,100.00
LOWER JAW	\$1,200.00	\$1,800.00
WRIST	\$1,000.00	\$1,500.00
ELBOW	\$800.00	\$1,200.00
FINGER/TOE	\$320.00	\$480.00
<b>Laceration</b>		
2" – 5"		200
Under 2"		50
Lacerations not requiring stitches		25
<b>Concussion</b>		200
<b>Coma</b>		10,000
<b>Emergency Dental Work</b>		
Repair with crown		150
Extraction		50
<b>Eye Injuries</b>		
Requiring surgical repair		250
Removal of foreign body		50
<b>Tendons/Ligaments</b>		400

<b>Ruptured Disc</b>		
Injury occurs during first Certificate year		100
Injury occurs after first Certificate year		400
<b>Torn Knee Cartilage</b>		
Injury occurs during first Certificate year		100
Injury occurs after first Certificate year		400
<b>Internal Injuries</b>		1,000
<b>Exploratory Surgery</b> (without repair)		250
<b>Paralysis</b>		
Four limbs (quadriplegia)		10,000
Two limbs (paraplegia)		5,000
<b>Burns</b>		
<b>Second Degree</b>		
Less than 10%		100
At least 10% but less than 25%		200
At least 25% but less than 35%		500
35% or more		1,000
<b>Third Degree</b>		
Less than 10%		500
At least 10% but less than 25%		3,000
At least 25% but less than 35%		7,000
35% or more		10,000
<b>Dismemberment</b>		
Loss of hand, foot, or sight		
Single loss		6,250
Double loss		25,000
Loss of one or more fingers or toes		1,250
Partial amputation of finger or toe		100
<b>Gunshot Wound Benefit</b> (Employee only)		1,000
<b>Services Benefits</b>		
<b>Blood/Plasma</b>		200
<b>Ambulance</b>		200
<b>Air Ambulance</b>		1,500
<b>Transportation</b>		
Train or Plane		300
Bus		150
<b>Family Member Lodging</b>		100/per night
Maximum Benefit Period: 30 days		

<b>Medical Fees</b>	200
<b>Prosthesis</b>	500
<b>Appliances</b>	100
<b>Accident Follow-Up Treatment</b>	35
Maximum of 6 Treatments per Covered Accident	
<b>Physical Therapy</b>	50
Maximum of 6 Treatments per Covered Accident	
<b>Wellness</b>	60
Once per 12-month period	
<b>Major Diagnostic Exams</b>	200
Once per 12-month period	
<b>Rehabilitation Unit</b>	150/day
Maximum Benefit Period: 30 days per Hospital confinement	
Limited to 60-day Calendar-Year maximum	
<b><u>Hospital Benefits</u></b>	
<b>Hospital Admission</b>	1,000
Payable once per Calendar Year	
<b>Hospital Confinement</b>	250/day
Maximum Benefit Period: 365 days	
<b>Hospital Intensive Care</b>	500/day
Maximum Benefit Period: 30 days	
<b><u>Catastrophic Accident Benefit</u></b>	
Elimination Period: 365 days	100,000
Benefits are reduced by 50% at age 65.	

## **Section IX — Incorporation of Rider Provisions**

The attached listed Certificate Riders are made a part of this Certificate.

### **Rider Name**

Gunshot Wound Rider  
Catastrophic Rider  
Dependent Child Rider

### **Form Number**

CAI7825  
CAI7835  
CAI78DAS53GA



## CONTINENTAL AMERICAN INSURANCE COMPANY

2801 Devine Street, Columbia, South Carolina 29205

800.433.3036

### **DEPENDENT ACCIDENT RIDER TO CERTIFICATE OF INSURANCE FOR ACCIDENTAL INJURY**

This Rider is part of the Certificate to which it is attached. We have issued this Rider because:

- You paid the additional premium for this Rider, **and**
- We have accepted your Application.

Unless amended by this Rider, all Certificate definitions, exclusions, limitations, terms, and other provisions apply.

#### **Effective Date**

If issued at the same time as the Certificate, this Rider becomes effective when the Certificate becomes effective. If issued after the Certificate, this Rider will have a later Effective Date, which is shown in the Rider Schedule following this Rider.

#### **Definitions**

When the terms below are used in this Rider, the following definitions will apply (other applicable terms and definitions are included in the **Definitions** section of your Certificate):

*Dependent* means your Spouse or child (or children) who is:

- Named in the Application for this Rider, **and**
- For whom a premium is paid.

*Spouse* is your legal wife or husband.

This Rider will be issued to your spouse only if he or she is at least age 18 and is not currently disabled or unable to work.

#### **Benefits**

If a Dependent is injured in a Covered Accident, we will provide the benefits contained in the Certificate under the Benefits Section. We will pay the appropriate benefit amounts shown in the Dependent Benefit Schedule issued with this Rider.

#### **General Provisions**

We will still pay benefits for any accident that occurred while your dependent was covered under this Rider, if:

- Your Spouse's coverage is terminated because of annulment or divorce, **or**
- A Dependent Child's coverage is terminated because he reaches age 26.



**Time Limit on Certain Defenses**

After this Rider has been in force for a two-year period, we will not contest the statements made in the Application.

**Contract**

This Rider is part of the Certificate. It will terminate when the Certificate terminates, or when premiums are no longer paid for this Rider.

This Rider is subject to all of the terms of the Certificate to which it is attached unless any such terms are inconsistent with the terms of this Rider.

Signed for the Company at its Home Office,



Teresa White, President



J. Matthew Loudermilk, Secretary

# Dependent Benefit Schedule

## Specific Injuries Benefits

	<u>Closed</u> <u>Reduction</u>	<u>Open</u> <u>Reduction</u>
<b>COMPLETE FRACTURES</b>		
HIP/THIGH	\$4,500.00	\$6,750.00
VERTEBRAE (EXCEPT PROCESS)	\$4,050.00	\$6,075.00
PELVIS	\$3,600.00	\$5,400.00
SKULL (DEPRESSED)	\$3,375.00	\$5,062.50
LEG	\$2,700.00	\$4,050.00
FOREARM/HAND	\$2,250.00	\$3,375.00
FOOT/ANKLE/KNEE CAP	\$2,250.00	\$3,375.00
SHOULDER BLADE/COLLAR BONE	\$1,800.00	\$2,700.00
LOWER JAW	\$1,800.00	\$2,700.00
SKULL (SIMPLE)	\$1,575.00	\$2,362.50
UPPER ARM/UPPER JAW	\$1,575.00	\$2,362.50
FACIAL BONES (EXCEPT TEETH)	\$1,350.00	\$2,025.00
VERTEBRAL PROCESSES	\$900.00	\$1,350.00
COCCYX, RIB, FINGER, TOE	\$360.00	\$540.00
 <b>COMPLETE DISLOCATIONS</b>		
HIP	\$3,600.00	\$5,400.00
KNEE (NOT KNEECAP)	\$2,600.00	\$3,900.00
SHOULDER	\$2,000.00	\$3,000.00
FOOT/ANKLE	\$1,600.00	\$2,400.00
HAND	\$1,400.00	\$2,100.00
LOWER JAW	\$1,200.00	\$1,800.00
WRIST	\$1,000.00	\$1,500.00
ELBOW	\$800.00	\$1,200.00
FINGER/TOE	\$320.00	\$480.00
 <b>Laceration</b>		
2" – 5"		200
Under 2"		50
Lacerations not requiring stitches		25
 <b>Concussion</b>		200
 <b>Coma</b>		10,000
 <b>Emergency Dental Work</b>		
Repair with crown		150
Extraction		50
 <b>Eye Injuries</b>		
Requiring surgical repair		250
Removal of foreign body		50
 <b>Tendons/Ligaments</b>		400

<b>Ruptured Disc</b>	
Injury occurs during first Certificate year	100
Injury occurs after first Certificate year	400
<b>Torn Knee Cartilage</b>	
Injury occurs during first Certificate year	100
Injury occurs after first Certificate year	400
<b>Internal Injuries</b>	1,000
<b>Exploratory Surgery</b> (without repair)	250
<b>Paralysis</b>	
Four limbs (quadriplegia)	10,000
Two limbs (paraplegia)	5,000
<b>Burns</b>	
<b>Second Degree</b>	
Less than 10%	100
At least 10% but less than 25%	200
At least 25% but less than 35%	500
35% or more	1,000
<b>Third Degree</b>	
Less than 10%	500
At least 10% but less than 25%	3,000
At least 25% but less than 35%	7,000
35% or more	10,000
<b>Dismemberment</b>	
Loss of hand, foot, or sight	
Single loss	6,250
Double loss	25,000
Loss of one or more fingers or toes	1,250
Partial amputation of finger or toe	100
<b><u>Services Benefits</u></b>	
<b>Blood/Plasma</b>	200
<b>Ambulance</b>	200
<b>Air Ambulance</b>	1,500
<b>Transportation</b>	
Train or Plane	300
Bus	150
<b>Family Member Lodging</b>	100/per night
Maximum Benefit Period: 30 days	

<b>Medical Fees</b>	200
<b>Prosthesis</b>	500
<b>Appliances</b>	100
<b>Accident Follow-Up Treatment</b>	35
Maximum of 6 Treatments per Covered Accident	
<b>Physical Therapy</b>	50
Maximum of 6 Treatments per Covered Accident	
<b>Wellness</b>	60
Once per 12-month period	
<b>Major Diagnostic Exams</b>	200
Once per 12-month period	
<b>Rehabilitation Unit</b>	150/day
Maximum Benefit Period: 30 days per Hospital confinement	
Limited to 60-day Calendar-Year maximum	
<b><u>Hospital Benefits</u></b>	
<b>Hospital Admission</b>	1,000
Payable once per Calendar Year	
<b>Hospital Confinement</b>	250/day
Maximum Benefit Period: 365 days	
<b>Hospital Intensive Care</b>	500/day
Maximum Benefit Period: 30 days	
<b><u>Catastrophic Accident Benefit</u></b>	
Elimination Period: 365 days	100,000
Benefits are reduced by 50% at age 65.	



## CONTINENTAL AMERICAN INSURANCE COMPANY

2801 Devine Street, Columbia, South Carolina 29205  
800.433.3036

### **GUNSHOT WOUND RIDER TO CERTIFICATE OF INSURANCE FOR ACCIDENTAL INJURY**

This Rider is part of the Certificate to which it is attached. We have issued this Rider because:

- You paid the additional premium for this Rider, **and**
- We have accepted your Application.

Unless amended by this Rider, all Certificate definitions, exclusions, limitations, terms, and other provisions apply.

#### **Effective Date**

If issued at the same time as the Certificate, this Rider becomes effective when the Certificate becomes effective. If issued after the Certificate, this Rider will have a later Effective Date, which is shown in the Rider Schedule following this Rider.

#### **Definitions**

When the term below is used in this Rider, the following definition will apply (other applicable terms and definitions are included in the **Definitions** section of your Certificate):

A *Conventional Firearm* is a weapon that fires a shot (bullet) by gun powder or compressed gas.

#### **Gunshot Wound Benefit**

We will pay this benefit if you receive a gunshot wound in a Covered Accident and if:

- You did not intentionally shoot yourself, **and**
- The gunshot wound does not cause you to die.

We will pay the amount shown in the Benefit Schedule once per Covered Accident if:

- The gunshot wound is caused by a shot from a Conventional Firearm,
- The gunshot wound requires treatment by a Doctor within 24 hours after the Covered Accident, **and**
- The gunshot wound requires you to be admitted to a hospital.

If you are shot more than once in a 24-hour period, we will pay benefits only for the first wound.

If, within 90 days, you lose a finger/toe, a hand/foot, or the sight of an eye or eyes, or die as the result of the same Covered Accident, we will pay only one benefit. We will pay the largest applicable benefit.

If you receive a fracture or a dislocation as the result of the same Covered Accident, we will pay the amount shown plus one-half of the Fracture Benefit or the Dislocation Benefit shown for the bone or joint involved. However, we will not pay more than \$1,500 for each Covered Accident.

The Gunshot Wound Benefit is not available for your Spouse and/or Dependent Children.

## **General Provisions**

### **Time Limit on Certain Defenses**

After this Rider has been in force for two years, we will not contest the statements made in the Application.

### **Contract**

This Rider and the Application for this Rider are part of the Policy and will terminate when the Policy terminates, or when premiums are no longer paid for this Rider.

This Rider is subject to all of the terms of the Policy to which it is attached unless any such terms are inconsistent with the terms of this Rider.

Signed for the Company at its Home Office,



Teresa White, President



J. Matthew Loudermilk, Secretary

## **Rider Benefit Schedule**

### **Benefit**

Employee Only

**Gunshot Wound**

\$1,000



## CONTINENTAL AMERICAN INSURANCE COMPANY

2801 Devine Street, Columbia, South Carolina 29205  
800.433.3036

### **CATASTROPHIC ACCIDENT RIDER TO CERTIFICATE OF INSURANCE FOR ACCIDENTAL INJURY**

This Rider is part of the Certificate to which it is attached. We have issued this Rider because:

- You paid the additional premium for this Rider, **and**
- We have accepted your Application.

Unless amended by this Rider, all Certificate definitions, exclusions, limitations, terms, and other provisions apply.

**The Benefits provided in this Rider are reduced by any benefits paid under the Certificate's Accidental Death, Dismemberment, or Paralysis Benefits.**

#### **Effective Date**

If issued at the same time as the Certificate, this Rider becomes effective when the Certificate becomes effective. If issued after the Certificate, this Rider will have a later Effective Date, which is shown in the Rider Schedule following this Rider.

#### **Definitions**

When the terms below are used in this Rider, the following definitions will apply (other applicable terms and definitions are included in the **Definitions** section of your Certificate):

***Catastrophic Accident Elimination Period*** is the period of days after the date of a Covered Accident for which no benefits are payable under this rider. This period of days is shown on the Rider Schedule.

***Catastrophic Loss*** refers to an injury from a Covered Accident that causes total and irrecoverable:

- Loss of both hands or both feet; **or**
- Loss or loss of use of both arms or both legs; **or**
- Loss of one hand and one foot; **or**
- Loss of use of one arm and one leg; **or**
- Loss of sight of both eyes; **or**
- Loss of hearing in both ears; **or**
- Loss of the ability to speak.



Note:

- *The loss of use of an arm* means the functional loss of the entire arm from the shoulder to the hand.
- *The loss of use of a leg* means the functional loss of the entire leg from the hip to the foot.
- *The loss of sight* means both eyes are totally blind and that no sight can be restored.
- *The loss of hearing* means deafness in both ears, such that it cannot be corrected to any functional degree by any procedure, aid, or device.
- *The loss of the ability to speak* means loss of audible communication, such that it cannot be corrected to any functional degree by any procedure, aid, or device.

## Catastrophic Accident Benefit

We will pay the appropriate amount shown in the Rider Schedule at the end of the Catastrophic Accident Elimination Period if any Insured:

- Sustains a Catastrophic Loss as the result of a Covered Accident,
- Is under the appropriate care of a Doctor during the Catastrophic Accident Elimination Period, **and**
- Remains alive at the end of the Catastrophic Accident Elimination Period.

We will pay the Catastrophic Accident Benefit once per lifetime for each Covered Insured.

## Limitations and Exclusions

We will pay the Catastrophic Accident Benefit once per lifetime for each Insured covered under this Rider.

In addition to the exclusions listed in the **Exclusion** provision of your Certificate or any Dependent Riders, we will also not pay the Catastrophic Accident Benefit for injuries that are caused by or are the result of any Insured being intoxicated or under the influence of any narcotic unless administered on the advice of a Doctor.

## General Provisions

- This Rider is part of the Accident Certificate and will terminate when that Certificate terminates, or when premiums are no longer paid for this Rider.
- The premium for this Rider is shown in the Rider Schedule.
- This Rider is subject to all of the terms of the Accident Certificate to which it is attached unless any such items are inconsistent with the terms of this Rider.

Signed for the Company at its Home Office,



**Teresa White, President**



**J. Matthew Loudermilk, Secretary**

# Rider Benefit Schedule

## Benefits

<b>Catastrophic Accident Elimination Period</b>		365 days
<b>Accident Occurs</b>		<b>Benefit Amount</b>
Before age 65	Insured	\$100,000
Age 65–70	Insured	50,000