

ACORN MedLife

24 HOUR ACCIDENT EXPENSE PLAN

PLAN FEATURES

- 1 or 2 units of coverage available
- Issue ages 0 - 75
- Guaranteed renewable to age 80
- Pays in addition to Worker's Compensation, Medicare or any other insurance
- Individual, Individual & Spouse, Single Parent, Family and Children Only coverage available
- Optional Accidental Disability Income Benefit for the Primary Insured

UNINSURABLE OCCUPATIONS AND ACTIVITIES

- Professional Athletes
- Window Washers
- Miners
- Crop Dusters
- Commercial Fishermen
- Rodeo Riders
- Loggers
- Quarry Workers
- Migrant Farm Workers
- Oil Field Roughnecks
- Federal Employees

(full list of uninsurable occupations is available upon request)

MONTHLY BANK DRAFT RATES

	1 Unit	2 Units
Insured	\$25.00	\$33.00
Insured & Spouse	\$47.50	\$61.50
Insured & Children	\$57.00	\$72.50
Family	\$79.50	\$101.00
Accident Disability Income Rider		
Type 1 12 mo.	\$ 9.00	\$17.00
Type 1 24 mo.	\$11.50	\$23.00
Type 2 12 mo.	\$18.00	\$34.00
Type 2 24 mo.	\$23.00	\$46.00

POLICY FORM NUMBERS

EAP, EAP-LA, EAP-OK, EAP-TX

BENEFIT FEATURES

BENEFIT	1 Unit	2 Units
MEDICAL EXPENSE BENEFIT This benefit pays the covered expenses for medical treatment due to accidental injury to a maximum of the amount shown. Covered expenses include physician's fees, surgery, x-rays, reduction of fractures and dislocations or other emergency first-aid expenses. If expenses are incurred at a hospital emergency room, a \$50 deductible will apply for each accidental injury.*	\$ 2,000	\$ 4,000
ACCIDENTAL DEATH BENEFIT This benefit pays a fixed amount if an insured suffers a fatality as a result of an accident.**	\$25,000	\$50,000
AIR AND GROUND AMBULANCE This benefit pays the covered expenses for ground or air ambulance transportation due to an accidental injury, to a maximum of the amount shown.*	\$ 5,000	\$ 10,000
DAILY HOSPITAL INCOME BENEFIT If an insured is hospitalized for an accidental injury, we will pay a fixed amount per day, beginning the first day of confinement, subject to the number of units purchased. Payment will be made to a maximum of 30 days per hospital confinement resulting from any one accidental injury.	\$ 150	\$ 300
ACCIDENTAL DISMEMBERMENT BENEFIT This benefit pays a fixed amount if the Primary Insured suffers any of the following dismemberments as a result of accidental injury. Benefits are for the Primary Insured only.***		
Loss of Finger or Toe		
Single Loss Benefit	\$ 500	\$ 1,000
Multiple Loss Benefit	\$ 1,000	\$ 2,000
Loss of Hand, Arm, Foot, Leg		
Single Loss Benefit	\$ 5,000	\$ 10,000
Multiple Loss Benefit	\$10,000	\$ 20,000
Loss of Sight		
Single Loss Benefit (one eye)	\$ 5,000	\$ 10,000
Multiple Loss Benefit (both eyes)	\$10,000	\$ 20,000
Maximum Dismemberment Benefit per Accident	\$10,000	\$ 20,000

*All covered expenses must be incurred within 28 days of the accident causing injury.

**Death must occur within 90 days of the accident.

***Dismemberment must occur within 90 days of the accident causing such injury.

OPTIONAL BENEFIT

ACCIDENTAL DISABILITY INCOME BENEFIT	1 Unit	2 Units
If the Primary Insured incurs an accident disability, we will pay a monthly disability benefit, on a weekly basis, beginning the 31st day, to a maximum benefit period of 12 or 24 months. This benefit applies only to the Primary Insured and pays a maximum of 60% of the insured's gross monthly income.	\$ 1,000	\$ 2,000

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CENTRAL UNITED LIFE
INSURANCE COMPANYSM

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