

CENTRAL UNITED LIFE

Date:

Group Name:
Group Number:
Insured:
Policy Number:

Dear ,

Thank you for choosing Central United Life Insurance Company to fulfill your insurance needs. Enclosed are your identification cards and certificate of coverage.

Listed below is the information we used to issue your policy. Please verify the accuracy of the information and inform us of any changes that need to be made.

Name of the Insured:

Address:

Type of Coverage:

Effective Date:

Mode of Payment:

Premium: \$

Central United offers personalized, responsive service to all of our policy owners. Although, your agent and our customer service representatives are readily available to answer your questions, we encourage you to access policy information on our website which is available 24 hours a day and 7 days a week. Our web address is www.manhattanlife.com. Once you arrive at our home page, click on Policy Inquiry Log-in, which is located under the Policy Holder Services menu. You will then be prompted to enter your Policy Number and Password. Your password has been initially set to the date of birth (YYYYMMDD) of the policy owner.

If you are unable to log-in successfully or need any additional information, you may contact your servicing agent or Customer Service Center at 1-800-669-9030.

Sincerely,



Reeta Chhabra, Director
New Business

CENTRAL UNITED LIFE 24 Hrs Accident
INSURANCE COMPANY Expense Policy

Block No:
Policy No:
Coverage:

Name:

Group Name
Group No:
Effective Date:

www.manhattaninsurancegroup.com

CENTRAL UNITED LIFE 24 Hrs Accident
INSURANCE COMPANY Expense Policy

Block No:
Policy No:
Coverage:

Name:

Group Name
Group No:
Effective Date

www.manhattaninsurancegroup.com

PREMIUM RATES MAY BE CHANGED ON A CLASS BASIS
GUARANTEED RENEWABLE TO AGE 80

CENTRAL UNITED LIFE INSURANCE COMPANY

10700 Northwest Freeway

Houston, Texas 77092

Customer Service: (800) 669-9030

ACCIDENT EXPENSE POLICY

Central United Life Insurance Company will be referred to in this Policy as "Company", "We", "Us", and/or "Our". The individual(s) as shown in the Application is referred to in this Policy as "Insured", "You" and/or "Your".

This Policy is issued in consideration of the statements made in the Application and the payment of the premiums specified herein. We hereby insure the Applicant, first named on the Policy Schedule, and all dependent members of the Insured's family, if any, named on the Application (copy of which is attached), and will pay for loss or expense of Accidental Bodily Injuries, as defined herein, which occur while this Policy is in force, subject to all provisions of this Policy.

The first premium is due on the Effective Date. Renewal premiums are due on the same date of each calendar month after the Effective Date on or before the due date or within the Grace Period. The name, sex and date of birth of the Insured and Effective Date are shown in the Application.

READ YOUR POLICY CAREFULLY

This Policy is a legal contract between You and Us.

SPECIAL NOTICE TO THE APPLICANT

This Policy is issued based on the "Representation and Questions of the Applicant" in the Application for this Policy. If any information shown on it is not correct and complete, or if any past medical history has been left out, write to Us immediately. A copy of Your Application is enclosed. If to Your knowledge, there is any fraudulent misstatement in Your Application or if any relevant part of Your medical history has been omitted, Your Policy may not be a valid contract. The best time to determine this matter is now, *before* a claim arises. If for any reason any such situation exists, contact Us at Our Administrative Office shown above.

NOTICE OF 10-DAY RIGHT TO EXAMINE POLICY

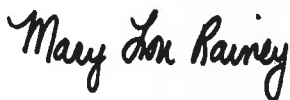
If this Policy for any reason is unsatisfactory, and within 10 days following receipt thereof it is returned to the Company's Administrative Office in Houston, Texas, the premium paid will be refunded. If returned, this Policy will be canceled and declared null and void from the Effective Date.

RENEWAL AND PREMIUM PAYMENT PROVISIONS

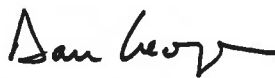
PREMIUM PAYING PERIOD: This Policy is guaranteed renewable to age 80 by the timely payment of premiums. It must be paid on or before its due date, or within the 31 days that follow. When an Insured's coverage terminates at age 80, coverage for other Insured Persons, if any, shall continue under this Policy. The payment of a premium will not continue this Policy in force beyond the next premium due date. We cannot refuse to renew this Policy or place any restrictions on it if the premium is paid on time.

We may change the premium rates for this Policy. We cannot change the premium rates unless We change them for this Policy form for every Insured in a state in the same class. If We change the premium rates, We will notify the Insured at least 45 days before the change becomes effective. We will notify the Insured at his last known address according to Our records. The initial premium for this Policy is guaranteed not to change for a period of 12 months.

IN WITNESS THEREOF, We have caused this Policy to be signed by Our President and Our Secretary. This Policy takes effect at 12:01 A.M. at Your residence on its Effective Date. This Policy terminates at 12:01 A.M. on the date any renewal premium is due and not paid, subject to the Grace Period.



Mary Lou Rainey
Secretary



Dan George
President

THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.

THIS IS AN ACCIDENT ONLY POLICY AND IT DOES NOT PAY BENEFITS FOR LOSS DUE TO SICKNESS.

IMPORTANT NOTICE

To obtain information or make a complaint:

You may call Central United Life Insurance Company's toll-free telephone number for information or to make a complaint at:

1 (800) 669-9030

You may also write to Central United Life Insurance Company at:

10700 Northwest Freeway
Houston, Texas 77092

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

1 (800) 252-3439

You may write the Texas Department of Insurance:

P. O. Box 149104
Austin, Texas 78714-9104
Fax # (512) 475-1771
Web: <http://www.tdi.state.tx.us>
E-Mail: Consumerprotection@tdi.state.tx.us

PREMIUM OR CLAIM DISPUTES: Should you have a dispute concerning your premium or about a claim, you should contact the company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY: This notice is for information only and does not become a part or condition of the attached document.

ADVISO IMPORTANTE

Para obtener informacion o para someter una queja:

Usted puede llamar al numero de telefono gratis de Central United Life Insurance Company para informacion o para someter una queja al:

1 (800) 669-9030

Usted tambien puede escribir a Central United Life Insurance Company:

10700 Northwest Freeway
Houston, Texas 77092

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al:

1 (800) 252-3439

Puede escribir al Departamento de Seguros de Texas:

P. O. Box 149104
Austin, Texas 78714-9104
Fax # (512) 475-1771
Web: <http://www.tdi.state.tx.us>
E-Mail: Consumerprotection@tdi.state.tx.us

DISPUTAS SOBRE PRIMAS O RECLAMOS: Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con la compania primero. Si no se resuelve la disputa, puede entonces comunicarse con el Departamento (TDI).

UNA ESTE AVISO A SU POLIZA: Este aviso es solo para propósito de información y no se convierte en parte o condición del documento adjunto.

CENTRAL UNITED LIFE INSURANCE COMPANY

10700 Northwest Freeway
Houston, Texas 77092

POLICY SCHEDULE

SUPPLEMENTAL ACCIDENT EXPENSE POLICY

Primary Insured:
Insured Dependents:
Policy Number:
Effective Date:

Issue Age:
Mode of Payment:
First Renewal Date:
Initial Premium:

POLICY

Units Purchased	2
Accidental Death Benefit	\$50,000
Medical Expense Benefit	\$4,000
Daily Hospital Confinement Benefit	\$300
Air or Ground Ambulance Benefit	\$10,000
Accidental Dismemberment Benefit	
Loss of Finger or Toe	
Single Loss Benefit	\$1,000
Multiple Loss Benefit	\$2,000
Loss of Hand, Arm, Foot, Leg	
Single Loss Benefit	\$10,000
Multiple Loss Benefit	\$20,000
Loss of Sight	
Single Loss Benefit	\$10,000
Multiple Loss Benefit	\$20,000
Maximum Dismemberment Per Accident	\$20,000

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DEFINITIONS

A. AMBULATORY SURGICAL CENTER is defined as any licensed public or private establishment with one or more Physicians with permanent facilities that are equipped and operated primarily for the purpose of performing surgical procedures with continuous Physician services and registered professional nursing services whenever a patient is in the facility and which does not provide services or other accommodations for patients to stay overnight.

B. CHILD OR CHILDREN: unless excluded from coverage, means Your or Your spouse's unmarried Children, stepchildren, grandchildren and adopted Children who are dependent on You and under age 25.

Children also include any Children for whom You or Your spouse must provide medical support under a court order. A Child is considered Your Child if You or Your spouse are a party in a suit in which adoption of the Child is sought.

C. COVERED EXPENSES means the dollar amounts listed on health care providers statements, up to the specified limits and maximums shown on the Policy Schedule, which are:

- (1) for Medically Necessary services, supplies, care and treatment;
- (2) due to an Accidental Injury;
- (3) prescribed, performed or ordered by a Physician; and
- (4) incurred while the Insured is covered under this Policy.

D. HOSPITAL is identified as an institution that is licensed as a Hospital and operated pursuant to law. It does not mean to include convalescent homes, convalescent facilities, rest facilities and nursing facilities, home or facilities primarily for the aged, drug addicts, alcoholics, or those primarily affording care for mental or nervous disorders.

E. INJURY or ACCIDENTAL INJURY or ACCIDENTAL BODILY INJURY means physical damage to an Insured Person, which is caused by an injury, sustained on or after the Effective Date, and while this Policy is in force, which is the direct cause of the Loss, independent of disease, bodily infirmity or any other cause.

F. INSURED: If this is an Insured only or Child(ren) only Plan, "Insured" means only the Insured named on the Policy Schedule. If this is a Single Parent, Insured and Spouse or Family Plan, "Insured" means the following provided they are named on the Policy Schedule or added later as provided in the section "Additional Dependents": (1) the Insured; (2) the Insured's spouse; (3) the Insured's unmarried dependent Children; and (5) a Child for whom You must provide medical support under an order issued under Section 14.601, Family Code, or enforceable by a court in this state.

A Child born to the Insured while this Policy is in force will be covered from the moment of birth and will continue for 31 days. An adopted Child while this Policy is in force will be covered from the moment the Insured becomes a party in suit to adoption or adoption of the Child and will continue for 31 days. A child who is the subject of a medical support order will be automatically covered when We receive notice of the medical support order and will continue for 31 days. To continue coverage for such Children beyond 31 days, notice and payment of any applicable premium must be received by Us within 31 such days.

G. LOSS: For Dismemberment Benefits, "Loss" means: (1) with respect to finger or toe, severance at the joint closest to the wrist or ankle; (2) with respect to hand, or foot, severance at or above the wrist or ankle joint; (3) with respect to arm or leg, severance at or above the shoulder joint or pelvis; (4) with respect to sight, total and permanent blindness.

H. MEDICALLY NECESSARY: A service, type of care or procedure that is specified in a plan of care prepared by a Physician and is appropriate and consistent with the Physician's diagnosis that could not be omitted without adversely affecting the Insured's illness or condition.

I. PHYSICIAN is identified as any licensed practitioner of the healing arts practicing within the scope of his/her license and within the state of his/her licensure.

J. RIGHT OF SUBROGATION means in the event of any payment under this Policy, the Company may be subrogated to all the Insured's right of recovery therefore against any person or organization for negligence or any willful act resulting in Injury for which benefits are provided hereunder, but only to the extent of the benefits as provided. The Insured may execute and deliver instruments and papers and do whatever else is reasonably necessary to secure such rights. The Insured shall do nothing after the Loss for which such payment was incurred to prejudice such rights.

BENEFITS

PART I - ACCIDENTAL DEATH

If an Accidental Bodily Injury results in the loss of life of the Insured Person within 90 days of the accident causing such Injury, the Company will pay the Accidental Death Benefit shown on the Policy Schedule. The Accidental Death Benefit shall be paid to the Beneficiary, if any, otherwise to the estate of the Insured.

PART II – MEDICAL EXPENSE BENEFIT

If, as the result of Accidental Bodily Injury, an Insured Person requires medical treatment, the Company will pay for Covered Expenses which are incurred within 28 calendar days of the accident causing the Injury. The maximum benefit amount payable for any one accident for the Insured Person shall not exceed the Medical Expense Benefit shown on the Policy Schedule.

For medical treatment received by the Insured Person on an outpatient basis, Covered Expenses include Physician Charges, Surgery, X-rays, Reduction of Fractures or other emergency first-aid expenses incurred in a Physician's Office, Clinic, Outpatient Hospital Facility or Ambulatory Surgical Center which are incurred within 28 calendar days of the accident causing such Injury. If Covered Expenses are incurred at a Hospital emergency room, a \$50 deductible will apply for each Accidental Injury.

For medical treatment received by the Insured Person confined in a Hospital as a resident bed patient, Covered Expenses include Physician charges, Hospital room and Medically Necessary Hospital billed services and supplies which are incurred within 28 calendar days of the accident causing such Injury.

PART III – DAILY HOSPITAL CONFINEMENT BENEFIT

If, as the result of Accidental Bodily Injury, the Insured Person is Hospital confined, the Company will pay the Daily Hospital Confinement Benefit shown on the Policy Schedule for each day of such confinement, up to a maximum of 30 days of Hospital confinement resulting from any one accident.

PART IV – AIR AND GROUND AMBULANCE BENEFIT

If, as a result of Accidental Bodily Injury, an Insured Person requires Medically Necessary air or ground ambulance transportation to or from a Hospital, We will pay the Covered Expenses for such transportation which occurs within 28 calendar days of the accident causing such Injury. The maximum Air or Ground Ambulance Benefit payable for any one accident is shown on the Policy Schedule.

PART V – ACCIDENTAL DISMEMBERMENT BENEFIT

If an Accidental Bodily Injury results in Loss of finger, toe, hand, arm, foot, leg or sight of the Primary Insured within 90 days of the accident causing such Injury, the Company will pay the Accidental Dismemberment Benefit shown in the Policy Schedule. This benefit is provided for the Primary Insured only. This benefit is not provided for the spouse or dependent Children, if any, covered under this Policy.

The total amount payable for all Losses resulting from the same accident will not exceed the Maximum Dismemberment Benefit Per Accident shown in the Policy Schedule.

EXCLUSIONS AND LIMITATIONS

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

- (1) sickness, illness or bodily infirmity;
- (2) suicide, attempted suicide or intentional self-inflicted Injury, whether sane or insane;
- (3) dental care or treatment due to accidental Injury to natural teeth;
- (4) war or any act of war (whether declared or undeclared) or participating in a riot or felony;
- (5) alcoholism or drug addiction;
- (6) travel or flight in any aircraft or device which can fly above the earth's surface in any capacity other than as a fare paying passenger on a regularly scheduled airline;
- (7) the Insured's commission or attempt to commit a felony or to which a contributing cause was the Insured's being engaged in an illegal occupation;
- (8) the Insured Person's being intoxicated or under the influence of any narcotic or controlled or uncontrolled substance unless administered on the advice of a Physician;
- (9) charges incurred outside the U.S. if an Insured traveled to the location for the purpose of receiving medical services, drugs or supplies;
- (10) hernia.

DEATH OF INSURED/TERMINATION OF POLICY

This Policy is made with the Insured who has signed the Application heretofore. Such Insured is the Beneficiary of all Insured Persons, and every transaction relating to this Policy shall be between the Company and such Insured. In the event of death of such Insured, the spouse, if an Insured Person, shall automatically become the Insured and Beneficiary of all Insured Persons.

The spouse of the Insured shall cease to be an Insured Person at the end of the term during which the spouse becomes divorced from the Insured. The spouse shall be eligible for a Conversion Policy, at attained age and without evidence of insurability, then in use by the Company which most closely approximates the coverage provided by this Policy and will have the same effective date as this Policy. Written request for conversion and payment of the first premium must be made within 31 days after termination of insurance under this Policy.

The covered dependent Children of the Insured shall cease to be Insured Persons at the end of the term during which they have reached the limiting age or marry.

The attainment of the limiting age for a covered dependent will not cause coverage to terminate while that person is and continues to be both incapable of self-sustaining employment by reason of mental retardation or physical handicap and chiefly dependent on You for support and maintenance. Chiefly dependent means the covered dependent receives the majority of his/her financial support from You.

We will request in writing that You provide proof that the dependent is in fact a disabled and dependent person within 31 days of the date the dependent reaches the limiting age and, thereafter, We may request such proof no more frequently than annually. In the absence of such proof, We may terminate the coverage of such person after the attainment of the limiting age.

Termination of this Policy shall be without prejudice to any continuous loss that commenced while the policy was in force. The extension of benefits beyond the period the policy was in force is subject to the continuous total disability of the insured person and is limited to the duration of the policy benefit period, payment of the maximum benefits or three months.

GENERAL PROVISIONS

ENTIRE CONTRACT: This Policy, including the endorsements and the attached papers, if any, constitutes the entire contract of insurance. No change in this Policy shall be valid unless such approval is endorsed hereon or attached hereto. No agent has authority to change this Policy or to waive any of its provisions.

TIME LIMIT ON CERTAIN DEFENSES: After 2 years from the Effective Date of this Policy, no misstatement, except fraudulent misstatements, made by the Applicant in the Application for such Policy shall be used to void this Policy or to deny a claim for Loss incurred commencing after the expiration of such 2 year period.

GRACE PERIOD: A Grace Period of 31 days will be granted for the payment of each premium falling due after the first premium, during which Grace Period this Policy shall continue in force.

REINSTATEMENT: If any renewal premium is not paid within the time granted the Insured for payment, a subsequent acceptance of premium by the Company or by any agent duly authorized by the Company to accept such premium, without requiring in connection therewith an application for reinstatement, shall reinstate this Policy provided, however, that if the Company or such agent requires an application for reinstatement, this Policy will be reinstated upon approval of such Application by the Company or, lacking such approval, upon the 45th day following the date of such Application, unless the Company has previously notified the Insured in writing of its disapproval of such Application. The reinstated Policy shall cover only Loss resulting from such Accidental Injury as may be sustained after the date of reinstatement. In all other respects the Insured and Company shall have the same rights thereunder as they had under this Policy immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with the reinstatement. Any premium accepted in connection with a reinstatement shall be applied to a period for which premium has not been previously paid, but not to any period more than 60 days prior to the date of reinstatement.

NOTICE OF CLAIM: Written Notice of Claim must be given to the Company within 20 days after the occurrence or commencement of any Loss covered by this Policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the Insured or the Beneficiary to the Company at Houston, Texas, or to any authorized agent of the Company, with information sufficient to identify the Insured, shall be deemed notice to the Company.

CLAIM FORMS: The Company, upon receipt of a Notice of Claim, will furnish to the claimant such forms as are usually furnished by it for filing Proof of Loss. If such forms are not furnished within 15 days after the giving of such notice, the claimant shall be deemed to have complied with the requirements of this Policy as to Proof of Loss upon submitting, within the time fixed in this Policy for filing Proof of Loss, written proof covering the occurrence, the character and the extent of the Loss for which claim is made.

PROOF OF LOSS: Written Proof of Loss must be furnished to the Company at its said office within 90 days after the date of such Loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as is reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

TIME OF PAYMENT OF CLAIMS: Indemnities payable under this Policy for any Loss will be paid immediately upon receipt of due written proof of such Loss.

PAYMENT OF CLAIMS: Indemnity for Loss of life will be payable in accordance with the Beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such indemnity shall be payable to the estate of the Insured. Any other accrued indemnities unpaid at the Insured's death may, at the option of the Company, be paid either to such Beneficiary or to such estate. All other indemnities will be payable to the Insured. If any indemnity of this Policy shall be payable to the estate of the Insured, or to an Insured or Beneficiary who is a minor or otherwise not competent to give a valid release, the Company may pay such indemnity, up to an amount not exceeding \$1,000.00 to any relative by blood or connection by marriage to the Insured or Beneficiary who is deemed by the Company to be equitably entitled thereto. Any payment made by the Company in good faith pursuant to this provision shall fully discharge the Company to the extent of such payment. The Company retains the Right of Subrogation.

PHYSICAL EXAMINATION AND AUTOPSY: The Company at its own expense shall have the right and opportunity to examine the person of the Insured when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death where it is not forbidden by law.

LEGAL ACTION: No action at law or in equity shall be brought to recover on this Policy prior to the expiration of 60 days after written Proof of Loss has been furnished in accordance with the requirements of this Policy. No such action shall be brought after the expiration of 3 years after the time written Proof of Loss is required to be furnished.

CHANGE OF BENEFICIARY: Unless the Insured makes an irrevocable designation of Beneficiary, the right to change of Beneficiary is reserved to the Insured and the consent of Beneficiary or Beneficiaries shall not be requisite to surrender or assignment of this Policy or to any change of Beneficiary or Beneficiaries, or to any other changes in this Policy.

ADDITIONAL DEPENDENTS: Anyone who becomes a spouse or dependent Child of the Insured after the Effective Date of this Policy may be added by making written Application, providing evidence of eligibility and insurability satisfactory to the Company and upon payment of any required premium. The acceptance of additional dependents will be shown by an endorsement affixed to this Policy and the date of such endorsement shall be the Effective Date under this Policy with respect to such additional dependents.

With respect to a newborn Child, coverage is effective from the moment of birth for a period of 31 days without evidence of insurability or acceptance by the Company. After 31 days, such Child will remain a named dependent only if notice of birth is received by the Company before the next premium due date, or within the Grace Period, and any required premium is paid for such dependent.

An adopted Child's coverage is effective from the moment the Insured becomes a party in suit to adoption or adoption of the Child and will continue for 31 days. After 31 days, such Child will remain a named dependent only if notice of birth is received by the Company before the next premium due date, or within the Grace Period, and any required premium is paid for such dependent.

A Child who is the subject of a medical support order will be automatically covered for 31 days without evidence of insurability or acceptance by the Company after We receive notice of the medical support order. Within 31 days after We receive notice of the medical support order, We will complete all necessary forms and procedures to enroll the Child on a permanent basis:

- (1) on application of a parent of the Child, a custodial parent of the Child, a child support agency having duty to collect or enforce support for the Child or a Child over 18 years of age: and
- (2) if any required premium is paid within 31 days after We receive notice of the medical support order. However, We will not terminate coverage for such child if Our billing cycle does not coincide with this 31-day premium payment requirement until the next billing cycle has occurred and there has been nonpayment of any additional required premium within 30 days of the due date of such premium.

OTHER INSURANCE IN THIS COMPANY: Insurance effective at any one time on the Insured under a like Policy or policies in this Company is limited to one such Policy elected by the insured, his Beneficiary or his estate, as the case may be, and the Company will return all premiums paid for all other such policies.

UNPAID PREMIUM: Upon payment of a claim under this Policy, any premium then due and unpaid or covered by any note or written order may be deducted therefrom.

CONFORMITY WITH STATE STATUTES: Any provision of this Policy which, on its Effective Date, is in conflict with the statutes of the state in which the Insured resides on such date, is hereby amended to conform to the minimum requirements of such state.

PAYMENT TO THE TEXAS DEPARTMENT OF HUMAN SERVICES: In the event that the Texas Department of Human Services is paying benefits on behalf of an Insured Person under Chapters 31 or 32 of the Human Services Code, i.e., financial and medical assistance service program administered pursuant to the Human Services Code; and We are notified through an attachment to the claim when first submitted to Us which states that all benefits payable are to be paid directly to the Department of Human Services, We will pay all benefits under this Policy for the Insured Person to the Texas Department of Human Services.

PAYMENT TO THE TEXAS DEPARTMENT OF HUMAN RESOURCES: In the event that the Texas Department of Human Resources is paying benefits on behalf of an Insured Person, We will pay benefits under this Policy for the Insured Person to the Texas Department of Human Services.

PAYMENT TO MANAGING CONSERVATOR OF AN INSURED DEPENDENT CHILD: For a minor child who otherwise qualifies as a Child of the Insured, benefits may be paid on behalf of such child to a person who is not the Insured Member if an order issued by a court or competent jurisdiction in this or any other state appoints such person the possessory or managing conservator of the Child.

To be entitled to receive benefits, a possessory or managing conservator of a Child must submit to Us with the claim application written notice that such person is the possessory or managing conservator of the Child on whose behalf the claim is made and submit a certified copy of a court order establishing the person as a possessory or managing conservator or other evidence designated by rule of the Texas State Board of Insurance that the person qualifies to be paid the benefits. Such requirements shall not apply in the case of any unpaid medical bill for which a valid assignment of benefits has been exercised or to claims submitted by the Insured Person where the Insured Person has paid any portion of a medical bill that would be covered under the terms of this Policy.

CENTRAL UNITED LIFE INSURANCE COMPANY

10700 Northwest Freeway
Houston, Texas 77092

ACCIDENT EXPENSE COVERAGE POLICY FORM EAP-TX 06/08 Customer Service: (800) 669-9030

REQUIRED OUTLINE OF COVERAGE

PARAGRAPH 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 your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY.**

PARAGRAPH 2

This Policy is designed to provide you with coverage for (death, dismemberment, disability or hospital and medical care) resulting from a covered accident only. Coverage is provided for the benefits outlined in paragraph (3). The benefits described in paragraph (3) may be limited by paragraph (4).

PARAGRAPH 3

BENEFITS

PART I - ACCIDENTAL DEATH

If an Accidental Bodily Injury results in the loss of life of the Insured Person within 90 days of the accident causing such Injury, the Company will pay the Accidental Death Benefit shown on the Policy Schedule. The Accidental Death Benefit shall be paid to the Beneficiary, if any, otherwise to the estate of the Insured.

PART II – MEDICAL EXPENSE BENEFIT

If, as the result of Accidental Bodily Injury, an Insured Person requires medical treatment, the Company will pay for Covered Expenses that are incurred within 28 calendar days of the accident causing the Injury. The maximum benefit amount payable for any one accident for the Insured Person shall not exceed the Medical Expense Benefit shown on the Policy Schedule.

For medical treatment received by the Insured Person on an outpatient basis, Covered Expenses include Physician Charges, Surgery, X-rays, Reduction of Fractures or other emergency first-aid expenses incurred in a Physician's Office, Clinic, Outpatient Hospital Facility or Ambulatory Surgical Center which are incurred within 28 calendar days of the accident causing such Injury. If Covered Expenses are incurred at a Hospital emergency room, a \$50 deductible will apply for each Accidental Injury.

For medical treatment received by the Insured Person confined in a Hospital as a resident bed patient, Covered Expenses include Physician charges, Hospital room and Medically Necessary Hospital billed services and supplies that are incurred within 28 calendar days of the accident causing such Injury.

PART III – DAILY HOSPITAL CONFINEMENT BENEFIT

If, as the result of Accidental Bodily Injury, the Insured Person is Hospital confined, the Company will pay the Daily Hospital Confinement Benefit shown on the Policy Schedule for each day of such confinement, up to a maximum of 30 days of Hospital confinement resulting from any one accident.

PART IV – AIR AND GROUND AMBULANCE BENEFIT

If, as a result of Accidental Bodily Injury, an Insured Person requires Medically Necessary air or ground ambulance transportation to or from a Hospital, We will pay the Covered Expenses for such transportation

which occurs within 28 calendar days of the accident causing such Injury. The maximum Air or Ground Ambulance Benefit payable for any one accident is shown on the Policy Schedule.

PART V – ACCIDENTAL DISMEMBERMENT BENEFIT

If an Accidental Bodily Injury results in Loss of finger, toe, hand, arm, foot, leg or sight of the Primary Insured within 90 days of the accident causing such Injury, the Company will pay the Accidental Dismemberment Benefit shown in the Policy Schedule. This benefit is provided for the Primary Insured only. This benefit is not provided for the spouse or dependent Children, if any, covered under this Policy.

The total amount payable for all Losses resulting from the same accident will not exceed the Maximum Dismemberment Benefit Per Accident shown in the Policy Schedule.

PARAGRAPH 4 EXCLUSIONS AND LIMITATIONS

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

- (1) Sickness, illness or bodily infirmity;
- (2) Suicide, attempted suicide or intentional self-inflicted Injury, whether sane or insane;
- (3) Dental care or treatment due to accidental Injury to natural teeth;
- (4) War or any act of war (whether declared or undeclared) or participating in a riot or felony;
- (5) Alcoholism or drug addiction;
- (6) Travel or flight in any aircraft or device which can fly above the earth's surface in any capacity other than as a fare paying passenger on a regularly scheduled airline;
- (7) The Insured's commission or attempt to commit a felony or to which a contributing cause was the Insured's being engaged in an illegal occupation;
- (8) The Insured Person's being intoxicated or under the influence of any narcotic or controlled or uncontrolled substance unless administered on the advice of a Physician;
- (9) Charges incurred outside the U.S. if an Insured traveled to the location for the purpose of receiving medical services, drugs or supplies;
- (10) Hernia.

PARAGRAPH 5 OPTIONAL BENEFIT RIDER (Available with additional premium)

Accident Disability Income Benefit Rider: Pays the Monthly Income Benefit (not to exceed 60% of the Insured's gross income) on a weekly basis, beginning on the day following the Elimination Period up to the Maximum Benefit Period. Benefits are provided under this Rider for the Primary Insured only. No benefits are provided under this Rider for the spouse or dependent Children, if any, covered under the Policy.

PARAGRAPH 6 RENEWABILITY

This Policy is Guaranteed Renewable to age 80.

PARAGRAPH 7 PREMIUM

Your premium for the policy is \$ _____ annually. If your premium is not annual, it is \$ _____ for _____ months. The Policy provides a 31-day grace period during which period the Policy will remain in force. Premiums are subject to change.

PRIVACY POLICY

A Commitment to Protecting, Preserving, and Respecting Your Privacy

Your privacy is important to us. This Privacy Policy ("Policy") describes the standards we follow in handling information about you that is not publicly available, herein called "nonpublic personal information". This Privacy Policy applies to the following: Manhattan Life Insurance Company, Central United Life Insurance Company, Investors Consolidated Insurance Company, Family Life Insurance Company, and all coinsurance and assumption reinsurance treaties administered and/or assumed.

This Privacy Policy is provided to you for informational purposes only. You do not need to call or take any action in response to this notice. We recommend that you read and retain this Privacy Policy with your insurance papers.

A Summary of the Guidelines for Manhattan Life Insurance Company Central United Life Insurance Company Investors Consolidated Insurance Company and Family Life Insurance Company ("The Companies")

- We collect nonpublic personal information to process and administer our customers' business and to ensure that we are satisfying their financial and insurance needs.
- We do not share any nonpublic personal information about our customers to anyone, except as permitted by law.
- We use our customers' information responsibly to provide them with benefits and improved products and services.
- We have policies and procedures in place to protect our customers' nonpublic personal information.
- We hold our employees to the highest standards of conduct in ensuring this confidentiality.
- We comply with federal and state privacy laws and regulations.
- Our privacy policy applies to customers with a current or former relationship.

Types of Nonpublic Personal Information We Collect and How We Use It

As part of our insurance business, employees, representatives, agents and selected third parties may collect nonpublic personal information about our customers. This includes the following:

- Information we have received from you on applications or other forms.
- Information about transactions with us, our affiliates or third parties.
- Information from others, such as credit reporting agencies, employers, and federal and state agencies.
- Nonpublic personal health information, like medical reports, for certain types of insurance policies in order to underwrite the policy, administer claims or perform other insurance or insurance related functions.
- Examples of nonpublic personal information we may collect are your name, address, social security number, date of birth, gender, medical history, account activity, account balances, income, assets, marital status, payment history, insurance premiums, and information received from a consumer and/or credit reporting agency.
- Please note: There may be instances when the agents and representatives referred to above may not be acting on behalf of "The Company", in which case they may collect nonpublic personal information on their own behalf or on behalf of another. In these instances, "The Companies" Privacy Policy would not apply.

Types of Nonpublic Personal Information We Share and with Whom We Disclose

- We do not share nonpublic personal information about our customers with anyone, except as permitted by law. We may disclose, as allowed by law, all types of nonpublic personal information as is necessary in order to conduct our business to: (1) affiliated companies, employees, agents, representatives and third parties that administer and service customer accounts on our behalf and that market our services; or (2) other insurance and/or financial institutions with which we have joint marketing agreements.
- Examples of the types of companies and individuals with whom we disclose nonpublic personal information are attorneys, trustees, third-party administrators, insurance agents, registered brokers/dealers, insurance companies, insurance support organizations, banks, credit reporting agencies, medical professionals, auditors, federal and state regulators, transfer agents, and reinsurers.
- If medical information is collected in the course of providing insurance services to you, this personally identifiable health information will not be used for any purpose, unless the customer or the applicable law authorizes further sharing.
- We do not sell nonpublic personal information about our customers to other companies so they may solicit you.
- We disclose this nonpublic personal information outside the company only as authorized by you or for a specific business purpose.

Our Safeguards to Protecting Nonpublic Personal Information

- We restrict access to nonpublic personal information to authorized individuals who need to know the information to provide benefits and improved products and services to our customers.
- We have guidelines in place that inform and give direction to our employees, agents, and representatives acting on our behalf on how to protect and use nonpublic personal information.
- We maintain physical, electronic, and procedural safeguards that protect nonpublic personal information.
- We will continue to enhance our security procedures, as new technologies become available.

Additional Privacy Policy Information

- This Policy is provided to you in accordance with the privacy provisions in Title V of the Gramm-Leach-Bliley Act. We may change this policy and/or related procedures at any time, in accordance with applicable federal and state laws. Customers with a continuing relationship will receive appropriate notice if our Policy changes.
- **Our Policy will be available to all interested parties on our web site at www.manhattanlife.com.**



HIPAA PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The terms of this Notice of Privacy Practices – Protected Health Information (“Notice”) applies to Protected Health Information (defined below) associated with Health Plans (defined below) issued by or as used in this notice The Manhattan Insurance Group (MIG), Central United Life Insurance Company, Manhattan Life Insurance Company, Investors Consolidated Insurance Company are members of this group. This Notice describes how MIG may use and disclose Protected Health Information to carry out payment and health care claims and/or operations and for other purposes that are permitted or required by law.

We are required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) to maintain the privacy of Protected Health Information and to provide our policyholders with notice of our legal duties and privacy practices concerning Protected Health Information. In the event applicable law, other than HIPAA, prohibits or materially limits our uses and disclosures of Protected Health Information, as set forth below; we will restrict our uses or disclosure of your Protected Health Information in accordance with the more stringent standard. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all Protected Health Information maintained by us. If we make material changes to our privacy practices, we will mail copies of revised notices to all policyholders then covered by a Health Plan. Copies of our current Notice may be obtained by contacting MIG at the telephone number or address below, or on our Web site at www.manhattanlife.com.

DEFINITIONS

Protected Health Information (“PHI”) means individually identifiable health information, as defined by HIPAA, that is created or received by MIG and that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and that identifies the individual or for which there is a reasonable basis to believe the information can be used to identify the individual. PHI includes information of persons living or deceased.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

The following categories describe different ways that we use and disclose PHI. For each category of uses and disclosures we will explain what we mean and, where appropriate, provide examples for illustrative purposes. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted or required to use and disclose PHI will fall within one of the categories.

Your Authorization – Except as outlined below, we will not use or disclose your PHI unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing except to the extent that we have taken action in reliance upon the authorization or that the authorization was obtained as a condition of obtaining insurance, and we have the right, under other law, to contest a claim under the policy or the policy itself.

Uses and Disclosures for Payment – We may make requests, uses and disclosures of your PHI as necessary for payment purposes. For example, we may use information regarding your medical procedures and treatment to process and pay claims. We may also disclose your PHI for the payment purposes of a health care provider or another Health Plan.

Uses and Disclosures for Health Care Operations – We may use and disclose your PHI as necessary for our health care operations. Examples of health care operations include underwriting, premium rating or other activities relating to the creation, renewal, or replacement of a Health Plan, reinsurance, compliance, auditing, rating, business management, quality improvement and assurance, and other functions related to your Health Plan.

Family and Friends Involved in Your Care – If you are available and do not object, we may disclose your PHI to your family, friends, and others who are involved in your care or payment of a claim. If you are unavailable or incapacitated and we determine that a limited disclosure is in your best interest, we may share limited PHI with such individuals. For example, we may use our Professional judgment to disclose PHI with your spouse concerning the processing of a claim. If you do not wish MIG to share PHI with your spouse or others, you may exercise your right to request a restriction on MIG’s disclosures of your PHI (see below).

Business Associates – Certain aspects and components of our services are performed through contracts with outside persons or organizations. Examples of these outside persons and organizations include our duly appointed insurance agents and vendors that help us process your claims. At times it may be necessary for us to provide certain aspects of your PHI to one or more of these outside persons or organizations.

Other Products and Services – We may contact you to provide information about other health-related products and services that may be of interest to you. For example, we may use and disclose your PHI for the purpose of communicating to you about our health insurance products that could enhance or substitute for existing Health Plan coverage, and about health-related products and services that may add value to your Health Plan.

Other Uses and Disclosures – We may make certain other uses and disclosures of your PHI without your authorization.

- We may use or disclose your PHI for any purpose required by law. For example, MIG may be required by law to use or disclose your PHI to respond to a court order.
- We may disclose your PHI for public health activities, such as reporting of disease, injury, birth and death, and for public health investigations.
- We may disclose your PHI to the proper authorities if we suspect child abuse or neglect; we may also disclose your PHI if we believe you to be a victim of abuse, neglect or domestic violence.
- We may disclose your PHI if authorized by law to a government oversight agency (e.g., a state insurance department) conducting audits, investigations, or civil or criminal proceedings.
- We may disclose your PHI in the course of a judicial or administrative proceeding (e.g., to respond to a subpoena or discovery request).
- We may disclose your PHI to the proper authorities for law enforcement purposes.
- We may disclose your PHI to coroners, medical examiners, and/or funeral directors consistent with law.
- We may use or disclose your PHI for cadaver organ, eye or tissue donation.
- We may use or disclose your PHI for research purposes, but only as permitted by law.
- We may use or disclose your PHI to avert a serious threat to health or safety.
- We may use or disclose your PHI if you are a member of the military as required by armed forces services, and we may also disclose your PHI for other specialized government functions such as national security or intelligence activities.
- We may disclose your PHI to workers' compensation agencies for your workers' compensation benefit determination.
- We will, if required by law, release your PHI to the Secretary of the Department of Health and Human Services for enforcement of HIPAA.

RIGHTS THAT YOU HAVE

Access to your PHI – You have the right to copy and/or inspect your PHI that we maintain. Certain requests for access to your PHI must be in writing, must state that you want access to your PHI and must be signed by you or your representative (e.g., requests for medical records provided to us directly from your health care provider). Access request forms are available from MIG at the address below. We may charge you a fee for copying and postage.

Amendments to Your PHI – You have the right to request that PHI that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. To be considered, your amendment request must be in writing, must be signed by you or your representative, and must state the reasons for the amendment/correction request. Amendment request forms are available from MIG at the address below.

Accounting for Disclosures of Your PHI – You have the right to receive an accounting of certain disclosures made by us of your PHI. Examples of disclosures that we are required to account for include those to state insurance departments, pursuant to valid legal process, or for law enforcement purposes. To be considered, your accounting requests must be in writing and signed by you or your representative. Accounting request forms are available from MIG at the address below. The first accounting in any 12-month period is free; however, we may charge you a fee for each subsequent accounting you request within the same 12-month period.

Restrictions on Use and Disclosure of Your PHI – You have the right to request restrictions on our uses and disclosures of your PHI for insurance payment or health care operations, disclosures made to persons involved in your care, and disclosures for disaster relief purposes. For example, you may request that we do not disclose your PHI to your spouse. Your request must describe in detail the restriction you are requesting. HIPAA does not require us to agree to your request, but we will accommodate reasonable requests when appropriate. We retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction. By contacting MIG at the telephone number or address below you may make requests for a restriction (or termination of an existing restriction).

Request for Confidential Communications – You have the right to request that communications regarding your PHI be made by alternative means or at alternative locations. For example, you may request that messages not be left on voice mail or sent to a particular address. We are required to accommodate reasonable requests if you inform us that disclosure of all or part of your information could place you in danger. Requests for confidential communications must be in writing, signed by you or your representative, and sent to MIG at the address below.

Right to a Copy of the Notice – You have the right to a paper copy of this Notice upon request by contacting MIG at the telephone number or address below.

Complaints – If you believe your privacy rights have been violated, you can file a complaint with MIG in writing at the address below. You may also file a complaint in writing with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C., within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

FOR FURTHER INFORMATION

If you have questions or need further assistance regarding this Notice, you may contact MIG's Privacy Officer by writing to or by calling:

Manhattan Insurance Group
Attn: Privacy Officer
10700 Northwest Fwy, 3rd Floor
Houston, TX 77092
1-800-669-9030

EFFECTIVE DATE

This Notice is effective September 1, 2003.