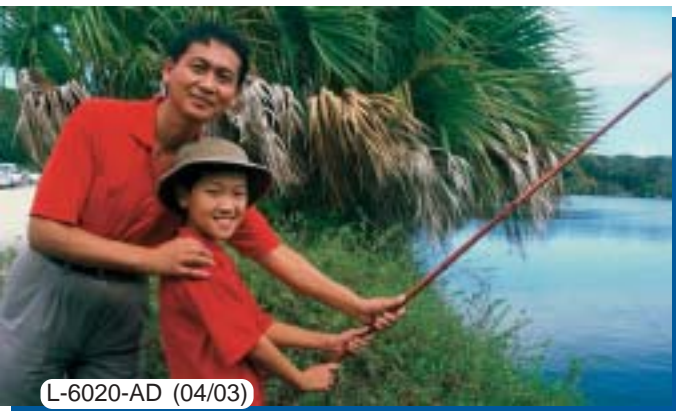




GREAT AMERICAN[®]

FINANCIAL RESOURCES

SUPPLEMENTAL BENEFITS



Accident Insurance Policy

Accidents Happen Fast, Without Warning, Anywhere, Anytime. Accidents Can Happen to Anyone! Even You!

Every 10 minutes, accidents cost Americans **\$9.7 million.***

In the United States, an accident occurs

- ✘ Every 4 seconds in the home.*
- ✘ Every 8 seconds on the job.*
- ✘ Every 14 seconds on the road.*

Don't take a chance with your financial health.

Transfer the financial risk to Loyal American Life Insurance Company[®], a member of Great American[®] Financial Resources, Inc.

Underwritten By:

Loyal American Life Insurance Company[®]
P.O. Box 559004, Austin, TX 78755-9004
Call Toll-Free 1-800-633-6752

Loyal American's Accident Policy Protects You **Eight** Ways

- ⚡ Ambulance Benefits
- ⚡ Indemnity Benefits
- ⚡ Hospital Benefits
- ⚡ Intensive Care
Confinement Benefits
- ⚡ Physical Therapy Benefits
- ⚡ Family Lodging & Transportation
- ⚡ Dismemberment Benefits
- ⚡ Accidental Death Benefits

Description of Benefits

Ambulance

Ambulance Benefit

Plan A \$150 Plan B \$75

Loyal American will pay this benefit if you require transportation by a licensed professional ambulance company to or from a hospital or between medical facilities within 90 days for injuries sustained after a covered accident. Payable once per accident.



Emergency Room Treatment Benefit

Insured and Spouse Plan A \$150 Plan B \$75
Children Plan A \$75 Plan B \$40

Loyal American will pay this benefit if you receive hospital emergency room treatment within 72 hours for injuries sustained in a covered accident and for which charges are submitted.



Specific Sum Injuries Benefit

The specific indemnity amount as listed in the policy's Benefit Schedule will be paid according to the type of injury received in a covered accident.

Loyal American will pay for dislocations (separated joint), burns, tendon (torn, ruptured, severed, ligaments, or rotator cuff), torn knee cartilage, eye injuries, lacerations, and fractures (broken bones).



Air Ambulance Benefit

Plan A \$600 Plan B \$300

Loyal American will pay this benefit if you require transportation by a licensed professional air ambulance company to or from a hospital or between medical facilities within 48 hours for injuries sustained after a covered accident. Payable once per accident.

Indemnity Benefits

Accident Follow-Up Treatment Benefit

Plan A \$50/visit Plan B \$25/visit

Loyal American will pay this benefit for three additional treatments of injuries sustained in a covered accident over and above emergency treatment administered during the first 72 hours following the accident. Treatment must begin within 30 days of the covered accident and must be within the 6 month period following the covered accident.

Blood, Plasma, Platelets Benefit

Plan A \$100 Plan B \$50

Loyal American will pay this benefit if you require transfusion, administration, cross matching, typing and processing of blood, plasma or platelets when administered within 90 days for injuries sustained in a covered accident. Payable once per accident.

Hospital Benefits

Initial Accident Hospitalization Benefit

Plan A \$500 Plan B \$250

Loyal American will pay this benefit if hospital confinement is required within six months for injuries sustained in a covered accident. Payable once per accident.



Hospital Confinement Benefit

Plan A \$200/day Plan B \$100/day

Loyal American will pay this benefit for a maximum of 180 days per confinement* if you require confinement in a hospital or in a hospital intensive care unit—sub acute within six months for injuries sustained in a covered accident.

Intensive Care

Hospital Intensive Care Unit Confinement Benefit

Plan A \$400/day Plan B \$200/day

Loyal American will pay this benefit for a maximum of 15 days per confinement* if you are confined in a hospital intensive care unit within 30 days because of injuries received in a covered accident.

*Confinements separated by less than 90 days will be considered as the same period of confinement.

Physical Therapy

Physical Therapy Benefit

Plan A \$50/treatment
Plan B \$25/treatment

Loyal American will pay this benefit, not to exceed five treatments per accident, for services prescribed by a doctor and rendered by a licensed physical therapist. Physical therapy must be for injuries sustained in a covered accident and must start within 60 days after the accident. Treatment must be completed within six months after the accident.



Prosthesis Benefit

One prosthetic device or artificial limb
More than one prosthetic device or artificial limb

	Plan A	Plan B
One prosthetic device or artificial limb	\$100	\$50
More than one prosthetic device or artificial limb	\$500	\$250

Loyal American will pay this benefit if a doctor prescribes the use of a prosthetic device due to the

loss of a hand, foot or sight of an eye in a covered accident. The prosthetic device must be received within one year of the covered accident. This benefit is payable once per accident and is not payable for hearing aids, dental aids, false teeth, or for cosmetic prosthesis (e.g. hair wigs). We will not pay for joint replacement (e.g. artificial hip or knee).



Appliance Benefit

Plan A \$50 Plan B \$25

Loyal American will pay this benefit if a doctor advises you to use a medical appliance as an aid in personal locomotion within 90 days as a result of injuries sustained in a covered accident. Benefits are payable for crutches, wheelchairs, braces, etc. Benefits are payable for crutches and wheelchairs once per accident.



Family Lodging Benefit

Plan A \$100/day Plan B \$50/day

Loyal American will pay this benefit for a maximum of 30 days per accident, during the time you are confined in a

hospital, for one motel/hotel room for a family member to accompany you if injuries sustained in a covered accident require hospital confinement, and if the hospital and motel/hotel are more than 100 miles from your residence.

Family Lodging & Transportation

Transportation Benefit

Plan A \$300 Plan B \$150

Loyal American will pay this benefit for a maximum of three trips per calendar year if you require special treatment and confinement in a hospital located more than 100 miles from your residence or site of the accident for injuries sustained in a covered accident.

Accidental Death

Accidental Death* Benefit

This policy will pay the following benefit for death if it is the result of injuries sustained in a covered accident. Death must occur within 90 days of a covered accident.

Common-Carrier

Insured	<i>Plan A \$100,000</i>	<i>Plan B \$50,000</i>
Spouse	<i>Plan A \$50,000</i>	<i>Plan B \$25,000</i>
Child	<i>Plan A \$15,000</i>	<i>Plan B \$7,500</i>

(You must be a fare paying passenger on a common-carrier. Common-carrier vehicles are limited to

commercial airplanes, trains, buses, trolleys, subways, ferries and boats that operate on a regularly scheduled basis between predetermined points or cities. Taxis and privately chartered vehicles are not included.)

Other Accidents

Insured	<i>Plan A \$25,000</i>	<i>Plan B \$12,500</i>
Spouse	<i>Plan A \$10,000</i>	<i>Plan B \$5,000</i>
Child	<i>Plan A \$ 5,000</i>	<i>Plan B \$ 2,500</i>

(Other Accidents are those not classified as Common-Carrier and are not specifically excluded in the limitations and exclusions section of the policy.)

Dismemberment

Accidental Dismemberment* Benefit

This policy will pay a percentage of the Accidental Death-Other Accidents Benefit for the selected plan.

	<i>Plan A</i>	<i>Plan B</i>
Both arms and both legs	100%	100%
Two arms or legs	50%	50%
Sight of two eyes, hands, or feet	50%	50%

Sight of one eye, hand, foot, arm, or leg	20%	20%
One or more fingers and/or one or more toes	5%	5%

**Death or dismemberment must occur within 90 days of the accident. Only the highest single benefit will be paid for accidental dismemberment.*

This is a limited benefit policy. This policy does not pay for losses resulting from sickness.

RENEWABILITY CONDITIONS: The policy is guaranteed renewable. Premium rates may be changed on a class basis. A class may be defined by age, sex, occupation, premium payment method, issue state, elimination period, benefit period, etc.

WHAT IS NOT COVERED BY THIS POLICY. We will not pay benefits for any injury as a result of you(r):

- Operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft. Aircraft includes those which are not motor-driven.
- Engaging in hang gliding, bungee jumping, parachuting, sailgliding, parakiting, or hot-air ballooning.
- Participating or attempting to participate in an illegal activity.
- Riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.
- Intentionally causing a self-inflicted injury.
- Having any sickness or declining process caused by a sickness, including physical or mental infirmity. We also will not pay benefits to diagnose or treat the sickness. Sickness means any disease or disorder that is not caused by an injury.
- Practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received.
- Committing or trying to commit suicide, whether sane or insane.
- Being in an accident which occurs more than 40 miles outside the territorial limits of the United States, Canada, Puerto Rico, and Virgin Islands.
- Involvement in any period of armed conflict, even if it is not declared.

This brochure contains a summary of the Accident Insurance Policy form L-6020. Coverage as described in the brochure is provided only through the issuance of a policy. The policy should be consulted for full terms and conditions of coverage.

LOYAL AMERICAN LIFE INSURANCE COMPANY

ACCIDENT EXPENSE INSURANCE POLICY (L-6020)

Texas

Payroll Deduction Rates - Available for Issue Ages 18 - 64

	PLAN A					PLAN B						
	Monthly	8-mo	9-mo	10-mo	Bi-wkly	Wkly	Monthly	8-mo	9-mo	10-mo	Bi-wkly	Wkly
INDIVIDUAL	\$12.70	\$19.05	\$16.94	\$15.24	\$5.87	\$2.94	\$9.00	\$13.50	\$12.00	\$10.80	\$4.16	\$2.08
SINGLE PARENT	\$20.40	\$30.60	\$27.20	\$24.48	\$9.42	\$4.71	\$14.20	\$21.30	\$18.94	\$17.04	\$6.56	\$3.28
INSURED & SPOUSE	\$19.50	\$29.25	\$26.00	\$23.40	\$9.00	\$4.50	\$13.50	\$20.25	\$18.00	\$16.20	\$6.24	\$3.12
FAMILY	\$27.20	\$40.80	\$36.27	\$32.64	\$12.56	\$6.28	\$18.70	\$28.05	\$24.94	\$22.44	\$8.64	\$4.32

LOYAL-ACCIDENT

Accident Expense - payroll deduction