



## LifeSecure Insurance Company

### Personal Accident Insurance

*with Disappearing Deductible*

## Plan-At-A-Glance

### Annual Benefit Bank Amount

You choose an amount within the range below (in \$100 increments):

- Minimum = \$1,000
- Maximum = \$15,000 for individuals or \$25,000 for couples/families

Your Annual Benefit Bank represents the total dollar amount available to you for covered services rendered each calendar year. On January 1st of each year, your Annual Benefit Bank will restore to its full amount. This benefit can compliment your health insurance plan in the event of an accidental injury.

### Annual Deductible Amount

You choose an annual deductible amount of \$100, \$250 or \$500 – then watch it disappear!

Your annual deductible represents the dollar amount that an individual must incur in covered services in a calendar year before benefits are payable under the policy.

#### Disappearing Deductible Feature

On January 1st of each calendar year, your Annual Deductible Amount will decrease by 20% if no benefits are payable for the preceding calendar year. Your policy must be in force for at least three full months before the first reduction of the deductible will occur. If any benefits are payable for covered services rendered during a calendar year, your Annual Deductible Amount will reset on the following January 1 to the original Annual Deductible Amount. If no benefits are payable for five consecutive calendar years, your Annual Deductible Amount will be eliminated beginning with the next calendar year. Once your Annual Deductible Amount reaches zero, it will not reset.

#### Family Deductible (when spouse/domestic partner and/or dependents are included)

The deductible for family coverage is two-times (2X) the individual deductible amount and must be satisfied by at least two covered family members. Once the family deductible is satisfied, benefits would be payable for all covered family members for the remainder of the calendar year, up to your Annual Benefit Bank Amount. Benefits may be paid for an individual family member before the full family deductible is satisfied.

### Benefit Payout

If you suffer an accidental injury and receive initial care within 72 hours, simply submit your proof of claim for the dollar amount of your medical and/or recovery expenses. While you may have other insurance, benefits from this plan pay in addition to other coverage and require no coordination of benefits. All benefits are paid directly to you.

#### Covered expenses include:

- ambulance transportation
- emergency room, urgent care center or physician's office visits
- hospitalization, including intensive care unit (ICU)
- diagnostic exams
- x-rays
- follow-up visits
- rehabilitative therapies
- certain durable medical equipment and prosthetic devices
- drugs administered in a hospital, urgent care center or physician's office setting



**BudgetPointPricing**<sup>SM</sup>

Our **BudgetPointPricing**<sup>SM</sup> tool can help you determine the size of your Annual Benefit Bank Amount based on the premium you're most comfortable with. By entering your age and target monthly premium, you can quickly and easily find the Personal Accident plan design that best fits your budget.

Try it at [www.YourLifeSecure.com](http://www.YourLifeSecure.com) under "Quote Calculator" – Personal Accident.

### Example – Individual Benefit Payout

Donna chose an **Annual Benefit Bank of \$10,000** and **Annual Deductible of \$250**. She broke her collar bone while skiing with friends and required immediate medical attention.

Covered Expenses	Deductible	Benefit Payout
\$8,000	- \$250	= \$7,750

### Example – Family Benefit Payout

Dave purchased a policy which includes coverage for his wife, Kim, and their two children, with a shared **Annual Benefit Bank of \$15,000** and an **Annual Deductible of \$500 per person**; therefore, their **Family Deductible = \$1,000** (2 x Annual Deductible). The family deductible would be satisfied once covered expenses for two or more family members reach \$1,000. In one calendar year, each member of the family suffered an accidental injury, resulting in the benefit payout scenario shown below:

Accidental Injuries	Covered Expenses	Deductible Amount Paid	Benefit Payout
<b>Kim</b> – Sprained ankle/wrist (slipped on ice)	\$1,000	- \$500	= \$500
<b>Dave</b> – Lacerated finger (woodworking)	\$200	- \$200	= \$0
<b>Michael</b> – Broken nose (hit by wild pitch)	\$4,000	- \$300	= \$3,700
<b>***\$1,000 Annual Family Deductible satisfied***</b>			
<b>Mandy</b> – Broken leg (fall from trampoline)	\$8,000	- \$0	= \$8,000
<b>Total Benefit Payout:</b>			<b>\$12,200</b>

Note: The examples shown are for illustration purposes only.

### Policy Limitations and Exclusions

Care or services must be provided within the United States, its territories or possessions or Canada to be considered eligible for benefits.

No benefits of this Policy are payable when the loss is caused by or contributed to:

- Any illness, loss, or condition specifically excluded from the definition of Accident; or
- Operating, learning to operate, or serving as a crew member of any aircraft; or
- Engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, or parasailing; or
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test; or
- Officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received; or
- Any act of war whether declared or undeclared; or
- Voluntary participation in any riot or civil insurrection; or
- Engaging in an illegal activity or occupation; or
- Commission or attempt to commit an assault or felony; or
- Dental care or treatment unless caused by Accidental Injury to natural teeth; or
- Suicide or attempted suicide, while sane or insane (CO & MO: while sane); or
- Intentionally self-inflicted injury (SD: treatment or medical condition that results from an attempt at suicide or self-inflicted injury); or
- Treatment for a mental or nervous disorder or disease; or
- Being intoxicated or under the influence of alcohol, drugs or any narcotic unless administered and used in accordance with the instructions of a Physician, (AL, LA & TX: being intoxicated or under the influence of any narcotic unless administered and used in accordance with the instructions of a Physician), (SD: exclusion not applicable).

THIS IS AN ACCIDENT ONLY POLICY AND PROVIDES LIMITED BENEFITS.

**For more information, contact your agent or call us at 1-866-582-7701,  
or visit us at [www.YourLifeSecure.com](http://www.YourLifeSecure.com)**

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LifeSecure Insurance Company

# Personal Accident Insurance Plan Monthly Premium Rates\*

Sample Plan Designs (unisex rates)

Annual Benefit Bank \$1,000	Issue Age	Individual Only	+ Spouse/ Domestic Partner	+ Children	+ Spouse/ Domestic Partner & Children
<b>\$100</b> Annual Deductible (Individual)	18-24	\$26.18	\$38.43	\$34.22	\$46.47
	25-34	\$19.72	\$28.94	\$27.76	\$36.98
	35-44	\$17.52	\$25.72	\$25.56	\$33.76
	45-54	\$16.98	\$24.93	\$25.02	\$32.97
	55-64	\$19.48	\$28.57	\$27.52	\$36.61
<b>\$250</b> Annual Deductible (Individual)	18-24	\$22.91	\$33.63	\$29.50	\$40.22
	25-34	\$17.25	\$25.31	\$23.84	\$31.90
	35-44	\$15.33	\$22.51	\$21.92	\$29.10
	45-54	\$14.86	\$21.81	\$21.45	\$28.40
	55-64	\$17.04	\$25.00	\$23.63	\$31.59
<b>\$500</b> Annual Deductible (Individual)	18-24	\$19.64	\$28.83	\$24.92	\$34.11
	25-34	\$14.79	\$21.70	\$20.07	\$26.98
	35-44	\$11.67	\$17.52	\$16.95	\$22.80
	45-54	\$11.31	\$16.98	\$16.59	\$22.26
	55-64	\$13.06	\$19.61	\$18.34	\$24.89

Annual Benefit Bank \$5,000	Issue Age	Individual Only	+ Spouse/ Domestic Partner	+ Children	+ Spouse/ Domestic Partner & Children
<b>\$100</b> Annual Deductible (Individual)	18-24	\$37.18	\$58.42	\$46.51	\$67.75
	25-34	\$28.09	\$44.14	\$37.42	\$53.47
	35-44	\$24.85	\$39.05	\$34.18	\$48.38
	45-54	\$24.08	\$37.84	\$33.41	\$47.17
	55-64	\$27.83	\$43.73	\$37.16	\$53.06
<b>\$250</b> Annual Deductible (Individual)	18-24	\$32.53	\$51.12	\$40.19	\$58.78
	25-34	\$24.58	\$38.62	\$32.24	\$46.28
	35-44	\$21.75	\$34.18	\$29.41	\$41.84
	45-54	\$21.07	\$33.11	\$28.73	\$40.77
	55-64	\$24.35	\$38.26	\$32.01	\$45.92
<b>\$500</b> Annual Deductible (Individual)	18-24	\$27.88	\$43.81	\$34.01	\$49.94
	25-34	\$21.07	\$33.11	\$27.20	\$39.24
	35-44	\$18.64	\$29.29	\$24.77	\$35.42
	45-54	\$18.06	\$28.38	\$24.19	\$34.51
	55-64	\$20.87	\$32.79	\$27.00	\$38.92

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Annual Benefit Bank \$10,000	Issue Age	Individual Only	+ Spouse/ Domestic Partner	+ Children	+ Spouse/ Domestic Partner & Children
<b>\$100</b> Annual Deductible (Individual)	18-24	\$44.11	\$72.40	\$55.75	\$84.04
	25-34	\$31.97	\$52.47	\$43.61	\$64.11
	35-44	\$30.04	\$49.30	\$41.68	\$60.94
	45-54	\$29.10	\$47.76	\$40.74	\$59.40
	55-64	\$30.38	\$49.86	\$42.02	\$61.50
<b>\$250</b> Annual Deductible (Individual)	18-24	\$38.60	\$63.35	\$48.14	\$72.89
	25-34	\$27.98	\$45.92	\$37.52	\$55.46
	35-44	\$26.28	\$43.13	\$35.82	\$52.67
	45-54	\$25.46	\$41.79	\$35.00	\$51.33
	55-64	\$26.58	\$43.63	\$36.12	\$53.17
<b>\$500</b> Annual Deductible (Individual)	18-24	\$33.08	\$54.30	\$40.72	\$61.94
	25-34	\$23.98	\$39.36	\$31.62	\$47.00
	35-44	\$22.53	\$36.98	\$30.17	\$44.62
	45-54	\$21.83	\$35.83	\$29.47	\$43.47
	55-64	\$22.79	\$37.40	\$30.43	\$45.04

Annual Benefit Bank \$15,000	Issue Age	Individual Only	+ Spouse/ Domestic Partner	+ Children	+ Spouse/ Domestic Partner & Children
<b>\$100</b> Annual Deductible (Individual)	18-24	\$48.25	\$80.87	\$61.53	\$94.15
	25-34	\$34.97	\$58.61	\$48.25	\$71.89
	35-44	\$32.85	\$55.06	\$46.13	\$68.34
	45-54	\$31.83	\$53.35	\$45.11	\$66.63
	55-64	\$33.23	\$55.70	\$46.51	\$68.98
<b>\$250</b> Annual Deductible (Individual)	18-24	\$42.21	\$70.75	\$53.11	\$81.65
	25-34	\$30.60	\$51.29	\$41.50	\$62.19
	35-44	\$28.74	\$48.18	\$39.64	\$59.08
	45-54	\$27.85	\$46.68	\$38.75	\$57.58
	55-64	\$29.07	\$48.73	\$39.97	\$59.63
<b>\$500</b> Annual Deductible (Individual)	18-24	\$36.18	\$60.65	\$44.90	\$69.37
	25-34	\$26.23	\$43.96	\$34.95	\$52.68
	35-44	\$24.64	\$41.30	\$33.36	\$50.02
	45-54	\$23.87	\$40.01	\$32.59	\$48.73
	55-64	\$24.92	\$41.77	\$33.64	\$50.49

\* To review monthly premiums for different benefit amounts, visit [www.YourLifeSecure.com](http://www.YourLifeSecure.com) and click on the Personal Accident Quote Calculator.

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# LifeSecure Insurance Company

## Hospital Recovery Insurance

### Plan-At-A-Glance

#### Daily Benefit Amount

You choose an amount between \$100 and \$999.

Your Daily Benefit Amount represents the amount payable to you, or someone you designate, upon discharge, for each day you are hospitalized.

#### Annual Benefit Bank Amount

You will have an Annual Benefit Bank Amount equal to your Daily Benefit Amount multiplied by 15.

Your Annual Benefit Bank represents the total dollar amount available to you per calendar year. The maximum number of hospital days covered per calendar year = 15.

Daily Benefit Amount		Maximum Days		Annual Benefit Bank
\$500	X	15	=	\$7,500

#### Benefit Payout

Upon discharge from a qualified inpatient hospital stay, we will pay a cash benefit to you, or someone you designate, as illustrated in the example below.

#### A Benefit Example

Mary chooses a Daily Benefit Amount of **\$500**, which provides an Annual Benefit Bank of **\$7,500**.

She is later hospitalized for 5 days. Upon discharge, Mary's benefit payout will be **\$2,500** and her remaining Benefit Bank balance will be **\$5,000**.

Daily Benefit Amount	# Days in Hospital		Benefit Payout
\$500	X	5	= \$2,500

Mary's Annual Benefit Bank		Benefit Payout		Remaining Benefit Bank Balance (available through end of calendar year)
\$7,500	—	\$2,500	=	\$5,000

Mary's Annual Benefit Bank will replenish to the full amount of **\$7,500** on January 1st.



Our **BudgetPointPricing<sup>SM</sup>** tool can help you determine the size of your Daily Benefit Amount based on the premium you're most comfortable with. By entering your age and target monthly premium, you can quickly and easily find the Hospital Recovery plan design that best fits your budget.

Try it at [www.YourLifeSecure.com](http://www.YourLifeSecure.com) under "Quote Calculator" – Hospital Recovery.

## Policy Limitations and Exclusions

No benefits will be payable under this policy for confinement in a hospital for a sickness or injury that was directly or indirectly (**IL** residents – directly) a result of:

- operating, learning to operate, or serving as a crew member of any aircraft; or
- engaging in hazardous activities (as defined in the policy); or
- officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received; or
- an illness, treatment or medical condition that is due to war or act of war which is not an act of terrorism, whether declared or undeclared, while serving in the armed forces or any auxiliary unit; or
- participating in (**AK, AL, DC, IN, LA, MI, NM, SD, TN & UT** residents – voluntarily participating in) or attempting to participate in an illegal activity that is classified as a felony, whether charged or not (the term felony is as defined by the law of the jurisdiction in which the activity takes place); or
- dental treatment or plastic surgery for cosmetic purposes (this exclusion does not apply if the treatment or surgery is (a) due to an injury; or (b) to restore normal bodily functions); or
- elective surgery that is not medically necessary; or
- normal pregnancy except for complications of pregnancy; or
- an illness, treatment or medical condition that results from an attempt at suicide, while sane or insane (**CO & MO** residents – while sane), or an intentionally self-inflicted injury (**SD** residents – an illness, treatment or medical condition that results from an attempt at suicide or self-inflicted injuries); or
- expenses for treatment for a mental or nervous disorder or disease; or
- being intoxicated or under the influence of alcohol, drugs or any narcotic (**AL & LA** residents – being intoxicated or under the influence of any narcotic) unless administered on the advice and instructions of a Licensed Health Care Provider (**SD** residents – not applicable); or
- care or services provided outside the United States of America, its territories or possessions, or Canada.

Any pre-existing condition as defined in the policy that occurred within the 12 month (**NM, NV & WY** residents – 6 month) period before the policy effective date will not be covered for the first 6 months after the policy effective date.

For more information, contact your agent or call us at **1-866-582-7701**, or visit us at **www.YourLifeSecure.com**.

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LifeSecure Insurance Company  
**Hospital Recovery Insurance Plan**  
**Monthly Premiums\***

Daily Benefit Amount:	\$100	\$200	\$300	\$500	\$700	\$900
Annual Benefit Bank:	\$1,500	\$3,000	\$4,500	\$7,500	\$10,500	\$13,500
Issue Age						
18	\$10.66	\$12.32	\$13.99	\$17.31	\$20.63	\$23.96
19	\$10.71	\$12.42	\$14.14	\$17.56	\$20.98	\$24.41
20	\$10.76	\$12.52	\$14.29	\$17.81	\$21.33	\$24.86
21	\$10.82	\$12.65	\$14.47	\$18.12	\$21.77	\$25.42
22	\$10.87	\$12.75	\$14.62	\$18.37	\$22.12	\$25.87
23	\$10.94	\$12.87	\$14.81	\$18.68	\$22.56	\$26.43
24	\$10.99	\$12.97	\$14.96	\$18.93	\$22.91	\$26.88
25	\$11.05	\$13.10	\$15.15	\$19.25	\$23.34	\$27.44
26	\$11.10	\$13.20	\$15.30	\$19.50	\$23.69	\$27.89
27	\$11.16	\$13.32	\$15.48	\$19.81	\$24.13	\$28.45
28	\$11.22	\$13.45	\$15.67	\$20.12	\$24.57	\$29.02
29	\$11.27	\$13.55	\$15.82	\$20.37	\$24.92	\$29.47
30	\$11.34	\$13.67	\$16.01	\$20.68	\$25.36	\$30.03
31	\$11.39	\$13.77	\$16.16	\$20.93	\$25.71	\$30.48
32	\$11.45	\$13.90	\$16.35	\$21.25	\$26.14	\$31.04
33	\$11.52	\$14.05	\$16.57	\$21.62	\$26.67	\$31.72
34	\$11.61	\$14.22	\$16.83	\$22.06	\$27.28	\$32.50
35	\$11.70	\$14.40	\$17.10	\$22.49	\$27.89	\$33.29
36	\$11.77	\$14.55	\$17.32	\$22.87	\$28.42	\$33.97
37	\$11.86	\$14.72	\$17.58	\$23.31	\$29.03	\$34.75
38	\$11.97	\$14.95	\$17.92	\$23.87	\$29.82	\$35.76
39	\$12.07	\$15.15	\$18.22	\$24.37	\$30.52	\$36.66
40	\$12.19	\$15.37	\$18.56	\$24.93	\$31.30	\$37.68
41	\$12.30	\$15.60	\$18.90	\$25.49	\$32.09	\$38.69
42	\$12.41	\$15.82	\$19.23	\$26.06	\$32.88	\$39.70
43	\$12.57	\$16.15	\$19.72	\$26.87	\$34.01	\$41.16
44	\$12.72	\$16.45	\$20.17	\$27.62	\$35.06	\$42.51
45	\$12.89	\$16.77	\$20.66	\$28.43	\$36.20	\$43.97
46	\$13.05	\$17.10	\$21.15	\$29.24	\$37.34	\$45.44
47	\$13.21	\$17.42	\$21.63	\$30.05	\$38.48	\$46.90
48	\$13.46	\$17.92	\$22.38	\$31.30	\$40.23	\$49.15
49	\$13.72	\$18.45	\$23.17	\$32.62	\$42.06	\$51.51

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Daily Benefit Amount:	\$100	\$200	\$300	\$500	\$700	\$900
Annual Benefit Bank:	\$1,500	\$3,000	\$4,500	\$7,500	\$10,500	\$13,500
Issue Age						
50	\$13.97	\$18.95	\$23.92	\$33.87	\$43.81	\$53.76
51	\$14.22	\$19.45	\$24.67	\$35.11	\$45.56	\$56.01
52	\$14.47	\$19.95	\$25.42	\$36.36	\$47.31	\$58.26
53	\$14.85	\$20.70	\$26.54	\$38.24	\$49.93	\$61.63
54	\$15.24	\$21.47	\$27.71	\$40.18	\$52.65	\$65.12
55	\$15.61	\$22.22	\$28.83	\$42.05	\$55.27	\$68.49
56	\$16.00	\$22.99	\$29.99	\$43.99	\$57.98	\$71.97
57	\$16.37	\$23.74	\$31.12	\$45.86	\$60.60	\$75.35
58	\$16.96	\$24.92	\$32.88	\$48.80	\$64.72	\$80.63
59	\$17.55	\$26.09	\$34.64	\$51.73	\$68.83	\$85.92
60	\$18.15	\$27.29	\$36.44	\$54.73	\$73.02	\$91.32
61	\$18.73	\$28.47	\$38.20	\$57.67	\$77.14	\$96.60
62	\$19.32	\$29.64	\$39.96	\$60.60	\$81.25	\$101.89
63	\$20.13	\$31.27	\$42.40	\$64.67	\$86.93	\$109.20
64	\$20.95	\$32.89	\$44.84	\$68.73	\$92.62	\$116.51
65	\$21.76	\$34.51	\$47.27	\$72.79	\$98.30	\$123.82
66	\$22.57	\$36.14	\$49.71	\$76.85	\$103.99	\$131.13
67	\$23.39	\$37.79	\$52.18	\$80.97	\$109.76	\$138.55
68	\$24.39	\$39.79	\$55.18	\$85.97	\$116.76	\$147.54
69	\$25.39	\$41.79	\$58.18	\$90.97	\$123.75	\$156.54
70	\$26.39	\$43.79	\$61.18	\$95.97	\$130.75	\$165.54
71	\$27.38	\$45.76	\$64.14	\$100.90	\$137.66	\$174.42
72	\$28.38	\$47.76	\$67.14	\$105.90	\$144.66	\$183.42
73	\$29.63	\$50.26	\$70.89	\$112.15	\$153.40	\$194.66
74	\$30.87	\$52.73	\$74.60	\$118.33	\$162.06	\$205.80
75	\$32.12	\$55.23	\$78.35	\$124.58	\$170.81	\$217.04

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