

[LOGO]  
**NATIONAL FAMILY CARE LIFE INSURANCE COMPANY**  
[13530 INWOOD ROAD DALLAS, TEXAS 75244]

AN OLD LINE LEGAL RESERVE COMPANY

Policy may be subject to premium increase upon renewal.

**ACCIDENT ONLY RECOVERY POLICY**

**THIS IS A LIMITED BENEFIT ACCIDENT ONLY POLICY AND IT DOES NOT PAY  
BENEFITS FOR LOSS FROM ANY OTHER CAUSE.  
READ YOUR POLICY CAREFULLY.**

This is Your Policy. You are insured. This Policy is in force as of the Effective Date. The Effective Date is shown in the Policy Schedule.

This Policy was issued on the basis that the information provided in the Application was correct and complete. Incorrect or incomplete information can result in the denial of a claim, rescission, or termination of this Policy. If any information on the Application is not correct or complete, contact Us at Our Office address within 10 days of receipt of this Policy.

**NOTICE OF TEN-DAY RIGHT TO CANCEL THIS POLICY**

If You are not satisfied with this Policy, contact Us or Our authorized agent within 10 days of receipt to request cancellation of coverage and refund of premium.

**RENEWABILITY**

This Policy is guaranteed renewable to age 72. You may renew this Policy by paying each premium on the premium due date, subject to the Grace Period.

**PREMIUM ADJUSTMENT**

Subject to any required regulatory approval, the Company has the right to adjust the premium rates on any Renewal Date on or after this Policy has been in force for at least one year.

This Policy is a legal contract between the Company and You. All material printed by the Company on the following pages are part of the Policy.

**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 NONSUBSCRIBERS AND THE REQUIRED  
NOTIFICATIONS THAT MUST BE FILED AND POSTED.**

**THIS IS NOT MEDICARE SUPPLEMENT COVERAGE. If You are eligible for Medicare, You should review the  
Guide to Health Insurance for People with Medicare available from the Company.**

IN WITNESS WHEREOF, National Family Care Life Insurance Company has caused this Policy to be executed, with  
coverage taking effect on the Effective Date.

[President  
Signature]

## TABLE OF CONTENTS

Policy Schedule.....	[X]
Definitions.....	[X]
Eligibility .....	[X]
Termination of Insurance .....	[X]
Policy Benefits.....	[X]
Exclusions .....	[X]
Premiums .....	[X]
Claims Provisions.....	[X]
General Provisions.....	[X]

## POLICY SCHEDULE

**POLICY NUMBER:** [0123456]      **COVERAGE TYPE:** Non-Occupational  
**EFFECTIVE DATE:** [mm/dd/yyyy]      **POLICY PREMIUM AMOUNT:** [XX.XX]  
**RENEWAL DATE:** [dd]      **RIDER PREMIUM AMOUNT:** [XX.XX]  
**PLACE OF DELIVERY:** [State]      **PREMIUM MODE:** [Monthly]  
**ELIMINATION PERIOD, SICKNESS RIDER ONLY:** 0

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**INSURED PERSON:** [John Doe]  
**INSURED PERSON'S ISSUE AGE:** [XX]

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<b>BENEFIT AMOUNT per Covered Person</b>	<b>Insured Person</b>
<b>ACCIDENT RECOVERY BENEFIT</b> Per day	[\$50-200]
<b>SICKNESS RECOVERY BENEFIT</b> Per day	[\$50-200]
<b>MAXIMUM BENEFIT PERIOD per Policy Year</b>	[14-60] days

## DEFINITIONS

**Accidental Injury Recovery Period or Recovery Period** means the period following a Covered Accident during which a Covered Person is unable to work because he/she cannot perform all the material duties of his/her regular occupation due to Injury or Injuries sustained in a Covered Accident.

The Covered Person must be under the regular care of a Physician due to the Injury or Injuries which resulted in being in a Recovery Period.

**Actively at Work** means You [and Your Spouse] are at work for pay on a permanent basis at least 17<sup>1</sup>/<sub>2</sub> hours per week performing the normal duties of Your job[s].

**Covered Accident** means an unintended and unexpected event which results in an Injury that:

- occurs on or after the Effective Date; and
- occurs while this Policy is in force; and
- is not excluded by name or specific description in this Policy.

No benefits are payable for any treatment or expenses incurred prior to the Effective Date.

**Covered Person** means You or a person who:

1. is accepted for coverage or is automatically added; and
2. has paid the required premium; and
3. whose coverage has become effective and has not been terminated.

No person who is on active-duty status for the military service of any country may be covered under this Policy.

**Elimination Period** means the number of consecutive calendar days that must pass after an Injury or Covered Sickness occurs before benefits are payable.

**Injury or Injuries** means an accidental bodily injury that resulted from a Covered Accident. It does not include sickness, disease or bodily infirmity.

**Insured Person** means the person has completed and signed the Application and who has been accepted for coverage by Us as named in the Policy Schedule.

**Maximum Benefit Period** means the longest period of time for which a benefit will be paid. The durations are shown in the Policy Schedule.

**Policy Year** means a consecutive 12-month period during which Your insurance is in force. The first Policy Year begins on Your Effective Date and ends after 12 consecutive months.

**Physician** means a person who is licensed by the Texas State Board of Medical Examiners, including a doctor of osteopathic medicine.

**Renewal Date** means the date premiums are paid and the date the next premium (renewal premium) is due.

**We, Our, Us or the Company** means National Family Care Life Insurance Company.

**You or Your** means the Insured Person named in the Policy Schedule.

## ELIGIBILITY

You are eligible for coverage under this Policy if:

1. Your application is approved by Us; and
2. You are Actively at Work on the Effective Date.

## TERMINATION OF INSURANCE

Your coverage will terminate at the earliest of:

1. The end of the period for which premium is paid, subject to the Grace Period;
2. The date You request to terminate Your coverage;
3. The date You enter into active-duty status for the military service of any country;

4. Upon Your death;
5. The first premium due date after Your 72<sup>nd</sup> birthday.

Termination of this Policy will be without prejudice to any claim for loss which began while coverage was in force.

### **Your Right to Cancel**

You may cancel this Policy and attached riders (if any) at any time by writing the Company. Coverage will end on the date the notice is received or on a later date You specify. The Company will return any unearned premium.

## **POLICY BENEFITS**

The Company will pay the Accident Recovery Benefit if a Covered Person is in an Accidental Injury Recovery Period (as defined by this Policy) which begins while this Policy is in force, subject to the terms and limitations set forth in this Policy.

### **Accident Recovery Benefit**

If, because of an Injury or Injuries and within 30 days of the Covered Accident that caused such Injury or Injuries, a Covered Person is in an Accidental Injury Recovery Period, We will pay the daily benefit shown in the Policy Schedule for each day the Covered Person is in an Accidental Injury Recovery Period after the Elimination Period shown in the Policy Schedule has passed. Such daily benefit is payable up to the Maximum Benefit Period shown in the Policy Schedule.

### **Concurrent Recovery Periods**

If a Covered Person is in an Accidental Injury Recovery Period as the result of more than one Covered Accident, only one Accident Recovery Benefit will be payable at any one time per Covered Person.

### **Recurrent Recovery Periods**

Successive Accidental Injury Recovery Periods will be considered one Accidental Injury Recovery Period, unless such periods are separated by at least 180 consecutive days or the Accidental Injury Recovery Periods resulted from different or unrelated Injuries.

Recurrent Accidental Injury Recovery Periods are not subject to a subsequent Elimination Period after the initial Elimination Period has been met.

### **Maximum Benefits Payable per Policy Year**

The Accident Recovery Benefits payable are limited to the Maximum Benefit Period (as shown in the Policy Schedule) each Policy Year. If the Maximum Benefit Period is exhausted in any Policy Year, any subsequent Accident Recovery Periods which commence in the same Policy Year will not be eligible for benefits under this Policy.

## **EXCLUSIONS**

No Accident Recovery benefits under this Policy will be paid for any loss that is caused by, or occurs as a result of:

1. Any sickness or disease.
2. Attempted suicide or intentionally self-inflicted injury.
3. If Your Coverage Type shown in the Policy Schedule is Non-Occupational, no benefits will be paid for an Injury incurred while working for pay or profit.
4. Injury covered by Worker's Compensation.

## **PREMIUMS**

The first premium is due on the Effective Date. Each premium after the first is due on the last day of the period for which the most recent premium was paid. Premiums must be accepted by Us at Our Home Office. Coverage will remain in effect as long as premiums are paid when due or on the last day of the Grace Period. Premiums will be at the premium rates then in effect on the Renewal Date.

We cannot, without Your consent, cancel, refuse to renew or restrict this Policy and attached riders (if any) as long as You pay the premium on time, except to make changes in premium rates.

We may change the premium rates for this Policy and attached riders (if any) on any anniversary. However, We may do so only if We change it for all policies and attached riders (if any) in Your class. We will send written notice at least 31

days in advance of any change in renewal premium. The notice will be mailed to Your last known address on record. No change in premiums is effective unless this notice is mailed.

### **Payment of Premium**

The Policy and attached riders (if any) are issued in consideration of the premium and the statements in the Application. If payment of the initial premium is made by check or draft not honored, the Policy and/or attached riders shall be void.

### **Grace Period**

We will grant a grace period of 31 days for the payment of each premium falling due after the first premium. During the grace period, the Policy and/or any attached riders continue in force. If the premium is not paid by the end of the grace period, coverage will be terminated.

### **Reinstatement**

If any premium for this Policy and/or any attached riders is not paid before the grace period ends, this Policy and any attached riders (if any) will lapse. If We later accept premium without an application for reinstatement, the Policy and applicable riders (if any) will be reinstated upon Our receipt of the premium due.

If an application for reinstatement is required for reinstatement, We will issue a conditional receipt for the premium paid and received by Us. The Policy and applicable riders (if any) will then be reinstated upon the earlier of:

1. The day We approve your application for reinstatement; or
2. 45 days from the date of the conditional receipt unless We previously notified You, in writing, of Our disapproval of your application for reinstatement.

The reinstated Policy and attached riders (if any) will only cover an Accidental Injury Recovery Period that results from an Injury sustained after the reinstatement date; or if applicable, a Sickness Recovery Period that results from a Covered Sickness that starts more than 10 days after the rider reinstatement date. The rights of You[, Your Spouse,] and the Company will remain the same, subject to any provisions noted on or attached to the reinstated Policy.

Premium will be applied to a period for which premiums have not been previously paid.

### **Refund of Unearned Premium**

If this Policy terminates due to death, We will refund the portion of any premiums paid which were applied to periods following the date of the Covered Person's death to the beneficiary.

### **Unpaid Premiums**

When a claim is paid, any premium then due and unpaid may be deducted by Us from the claim payment and applied to the premium due. If the premium due is more than the amount payable for the claim, no benefit is payable.

## **CLAIMS PROVISIONS**

### **Notice Of Claim**

Written notice of claim must be given to Us within 20 calendar days after a loss covered by this Policy and attached riders (if any) occur, or as soon as reasonably possible. Notice given by or on behalf of the Insured Person or the beneficiary to Us at Our Home Office [13530 Inwood Rd. Dallas, TX 75244, or to Our authorized agent with information sufficient to identify the Insured Person will be deemed notice to Us. The notice should include the Policy Number as shown on the Policy Schedule and the name of the Covered Person. Notice should also include the name and address of the individual submitting the notice along with a description of their relationship to the Covered Person, if different, and a statement that payment of a claim is being requested.

### **Claim Forms**

When We receive the notice of claim, We will send You the forms for filing the required proof of loss. If We do not send these forms within 15 calendar days, it shall be deemed You met the proof of loss requirement by giving Us written proof of the cause, nature and extent of the loss within the time limit stated in the Proof of Loss section.

### **Proof Of Loss**

Written proof of loss satisfactory to Us must be given to Us within 90 calendar days after such loss. If it is not possible to give written proof in the time required, We will not reduce or deny the claim for this reason if such proof is filed as soon as reasonably possible. In any event, the proof required must be given to Us no later than one year after the time proof is otherwise required, unless You are legally incapacitated.

### **Timely Payment of Claims**

Benefits for any loss covered by this Policy will be paid immediately after We receive written proof satisfactory to Us and all other provisions herein are met.

### **Payment of Claims**

All benefits will be paid to You, if living, or to the beneficiary. If no beneficiary is living, benefits will be paid to Your estate. If benefits are payable to Your estate, We may pay up to \$1,000 to any relative of Yours who We find is entitled to it. Any payment made in good faith will fully discharge Us to the extent of the payment.

### **Other Insurance**

Benefits provided under this Policy and attached riders (if any) are payable in addition to those provided by any other insurance policy, except those excluded by name or specific description.

### **Overpayment Reimbursement**

We have the right to recoup or recover any overpayment We make, for any reason, in processing a claim. We can only do so no later than two years after the date of the error unless the overpayment was a result of a fraudulent or material misrepresentation. We will notify You within 15 days after We discover the error. Such notice will clearly state the nature of the error and the amount of the overpayment. We must be reimbursed in full for the amount of the overpayment.

### **Claim Review**

If We deny a claim, We will provide written notice of Our reason(s) for the denial and the provision(s) herein that We relied upon within 15 days of Our decision. You have the right to ask Us to review the claim and the right to submit additional information to Us that might change Our decision.

## **GENERAL PROVISIONS**

### **Entire Contract**

This Policy, the attached application for the Policy, and any attached endorsements, amendments, or riders, if any, are the entire contract. No change in this Policy is effective unless approved by an officer of Ours. This approval must be attached to this Policy. No agent may change this Policy or waive any of its provisions.

### **Time Limit On Certain Defenses**

After this Policy and attached riders (if any) are in effect for 2 years during the lifetime of the Covered Person, no misstatements, except fraudulent misstatements, contained in the application shall be used to void the Policy and/or attached riders or deny any claim for loss commencing after such 2-year period.

No claim for loss incurred commencing after 2 years from the Effective Date, will be reduced or denied on the grounds that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss existed prior to the Effective Date.

### **Assignment**

You, or any Covered Person, may assign His rights, privileges and benefits under this Policy to the institution or person rendering services as allowed in the Payment of Claims provision. We will be bound by an assignment of the Covered Person's insurance under this Policy only when the original assignment or a certified copy of the assignment, signed by the Covered Person as assignor or any irrevocable beneficiary, is filed with Us. The assignee may exercise all rights and receive all benefits assigned only while the assignment remains in effect and insurance under this Policy for the assignor remains in force. The assignee takes only such rights as the assignor possessed and such rights are subject to state and federal laws and the terms of this Policy.

When We furnish You written acknowledgement of the assignment, the assignment becomes effective on the date You signed Our form unless You specify a later date. We are not liable for payments made or action taken prior to Our written acknowledgement of the assignment.

### **Change of Beneficiary**

Unless You indicate that a beneficiary cannot be changed, you may change the beneficiary at any time by written request. The beneficiary's consent is not needed. This change will take effect on the date the notice is signed. Any payment by Us prior to receipt of such change will fully discharge Us to the extent of such payment.

### **Conformity with State Statutes**

The laws of Your state of residence on the Effective Date apply. If this Policy conflicts with the laws of Your state on the Effective Date, they are considered changed to meet those laws. The change will be to the law's minimum requirement.

**Duty of Cooperation**

You, the Covered Person and any beneficiary shall reasonably cooperate during any investigation or adjudication of a claim. This cooperation shall include providing information We request and authorizing the release of medical records to Us.

**Legal Action**

You cannot bring a legal action to recover benefits under this Policy for at least 60 days after You have given Us written proof of loss. You cannot start such an action more than three years after the date proof of loss is required.

**Misstatement of Age and/or Gender**

If the Covered Person's age and/or gender has been misstated, an adjustment in premiums, coverage or both will be made based on the correct age and/or gender. If, according to the correct age, the coverage provided by this Policy and attached riders (if any) would not have become effective or would have ceased, Our only liability during the period in which the Covered Person was not eligible for coverage shall be limited to a refund of premiums.

**Physical Examination and Autopsy**

We have the right to have any Covered Person examined when and as often as is reasonable while a claim is pending and to have an autopsy performed where it is not forbidden by law. If We initiate the request, both will be done at Our expense.

**Time of Coverage**

Coverage starts on the Effective Date at 12:01 a.m. in the time zone of Your permanent residence. It ends at 12:01 a.m. in the same time zone on the renewal date, subject to the Grace Period. Each time this Policy and attached riders (if any) are renewed, the new term begins when the old term ends.



**[LOGO]**  
**NATIONAL FAMILY CARE LIFE INSURANCE COMPANY**  
[13530 INWOOD ROAD DALLAS, TEXAS 75244]

AN OLD LINE LEGAL RESERVE COMPANY

**SICKNESS ONLY RECOVERY RIDER**

**THIS IS A LIMITED BENEFIT RIDER. READ YOUR RIDER CAREFULLY.**

This Rider was issued on the basis that the information provided in the Application was correct and complete. Incorrect or incomplete information can result in the denial of a claim, rescission, or termination of this Rider. If any information on the Application is not correct or complete, contact Us at Our Office address within 10 days of receipt of this Rider.

This Rider is a part of the Policy to which it is attached. All terms and limitations of the Policy apply to the benefits provided by this Rider. Except as stated in this Rider, nothing in this Rider shall change any of the terms or limitations of the Policy.

**NOTICE OF TEN-DAY RIGHT TO CANCEL THIS RIDER**

If You are not satisfied with this Rider, contact Us or Our authorized agent within 10 days of receipt to request cancellation of coverage and refund of premium.

**RENEWABILITY**

This Rider is guaranteed renewable to age 72. You may renew this Rider by paying each premium on the premium due date, subject to the Grace Period.

**PREMIUM ADJUSTMENT**

Subject to any required regulatory approval, the Company has the right to adjust the premium rates on any Renewal Date on or after this Rider has been in force for at least one year.

The Policy with this Rider is a legal contract between the Insured Person and National Family Care. **READ YOUR RIDER CAREFULLY.**

IN WITNESS WHEREOF, National Family Care Life Insurance Company has caused this Rider to be executed, with coverage taking effect on the Effective Date.

**[President  
Signature]**

## RIDER DEFINITION

In addition to the definitions set forth in the Policy, the following additional definitions apply to this Rider.

**Covered Sickness** means a sickness or disease a Covered Person incurs, including complications of pregnancy, which first manifests itself after the Effective Date and while this Rider is in force.

**Pre-Existing Condition** means a disease or physical condition for which a Covered Person received medical advice or treatment within the 24 months preceding the Effective Date.

**Sickness Recovery Period or Recovery Period** means the period following a Covered Sickness during which a Covered Person is unable to work because he/she cannot perform all the material duties of his/her regular occupation due to a Covered Sickness.

The Covered Person must be under the regular care of a Physician due to the Covered Sickness which resulted in being in a Sickness Recovery Period.

## RIDER BENEFITS

We will pay the Sickness Recovery Benefit if a Covered Person is in a Sickness Recovery Period (as defined by this Rider) which begins while this Rider is in force, subject to the terms and limitations set forth in the Policy and this Rider.

### **Sickness Recovery Benefit**

If, because of a Covered Sickness, a Covered Person is in a Recovery Period, We will pay the daily benefit shown in the Policy Schedule for each day the Covered Person is in a Sickness Recovery Period after the Elimination Period shown in the Policy Schedule has passed. Such daily benefit is payable up to the Maximum Benefit Period shown in the Policy Schedule.

### **Concurrent Recovery Periods**

If a Covered Person is in a Sickness Recovery Period as the result of more than one Covered Sickness, only one Sickness Recovery Benefit will be payable at any one time per Covered Person.

If a Covered Person is in a Sickness Recovery Period under this Rider and an Accidental Injury Recovery Period under the Policy at the same time, only one Recovery Benefit under the Policy and this Rider will be payable at any one time.

### **Recurrent Recovery Periods**

Successive Sickness Recovery Periods will be considered one Sickness Recovery Period, unless such periods are separated by at least 180 consecutive days or the Recovery Periods resulted from different or unrelated Covered Sicknesses.

Recurrent Sickness Recovery Periods are not subject to a subsequent Elimination Period after the initial Elimination Period has been met.

### **Maximum Benefits Payable per Policy Year**

The Sickness Recovery Benefits payable, in addition to any previously paid Accidental Injury Recovery Benefits, are limited to the Maximum Benefit Period (as shown in the Policy Schedule) each Policy Year. If the Maximum Benefit Period is exhausted in any Policy Year, any subsequent Sickness Recovery Periods which commence in the same Policy Year will not be eligible for benefits under this Rider.

## EXCLUSIONS AND LIMITATIONS

No Sickness Recovery benefits under this Rider will be paid for any loss that is caused by, or occurs as a result of, a Covered Person's:

1. Attempted suicide or intentionally self-inflicted injury.
2. Accidental bodily injury.
3. Alcoholism or drug addiction.
4. Mental or emotional disorders.
5. Normal pregnancy or childbirth.
6. Cosmetic surgery or other elective procedures which are not medically necessary.
7. Sickness covered by Worker's Compensation.
8. If Your Coverage Type shown in the Policy Schedule is Non-Occupational, no benefits will be paid for a Sickness incurred as a result of working for pay or profit.
9. Any other condition excluded by name or specific description.

### **Pre-Existing Condition Limitation**

We will not pay benefits for a sickness caused or contributed to by, or resulting from, a Pre-Existing Condition.

This Limitation will not apply to a sickness that occurs after coverage under this Rider is in force for the Covered Person for at least 24 months after the Covered Person's most recent Effective Date.

## EFFECTIVE DATE

This Rider is issued for the term for which premium has been paid. It begins and ends at 12:01 a.m., Standard Time, at the place where You reside. It is effective on the Effective Date shown in the Policy Schedule.

## TERMINATION

Your coverage under this Rider will terminate at the earliest of:

1. The date a required premium for the Policy and/or this Rider is not paid, subject to the Grace Period provision;
2. The date You request to terminate Your coverage under this Rider;
3. The date You enter into active-duty status for the military service of any country;
4. Upon Your death;
5. The date the Policy terminates;
6. The first premium due date after Your 72<sup>nd</sup> birthday.

Termination of this Rider will be without prejudice to any claim for loss which began while coverage was in force.

