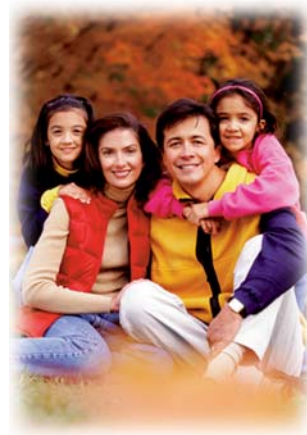


POLICY ADVANTAGES

- Your benefits are paid **DIRECTLY TO YOU**, unless you instruct us otherwise.
- Your benefits are paid **IN ADDITION** to any other insurance you have.
- Your coverage is **GUARANTEED RENEWABLE** for life—only you can cancel.
- Your benefits are **NEVER REDUCED**.
- Your premium **DOES NOT INCREASE** with age.
- You **CANNOT BE SINGLED OUT** for a rate increase. Your rates can be increased only if they are increased for all plans of this kind in your state.

Family Heritage is part of the Southwestern/Great American Group of Companies - serving American Families since 1868.



Family Heritage has *NEVER RAISED A RATE* on an existing policy!

This brochure is not the insurance contract. The policy explains in detail the rights and obligations of both Family Heritage and the insured. It is important to read your policy carefully.

The benefits described in this brochure are contained in policy series AIPOL

FAMILY HERITAGE®
Life Insurance Company Of America

P.O. Box 470608, Cleveland, Ohio 44147 (440) 922-5222
Please visit our website at www.familyheritagelife.com

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**ACCIDENTAL INJURY
INSURANCE**

FAMILY HERITAGE®
Life Insurance Company Of America

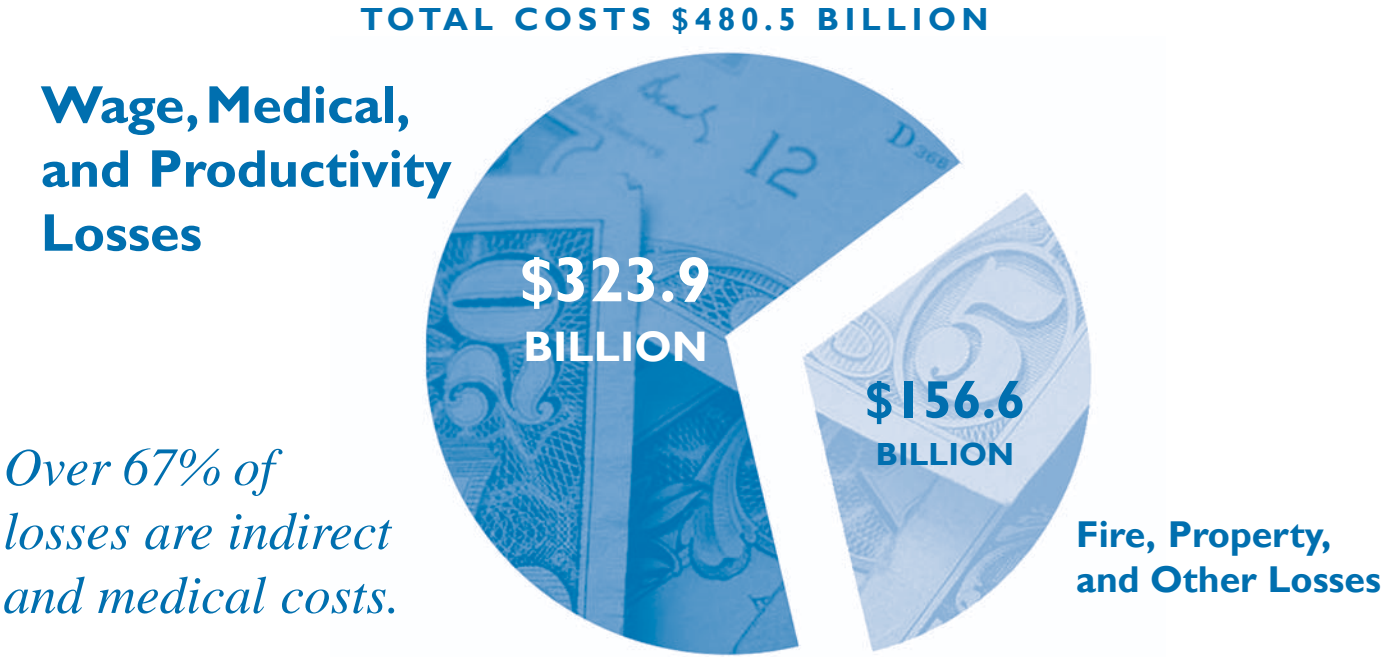
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ACCIDENT FACTS

- *On average, there are 11 accidental deaths and 2,210 disabling injuries every hour.*
- *Each year, more than 1 in 4 persons seek medical attention from an injury.*
 - *2.6 million people are hospitalized*
 - *34 million people are treated in hospital emergency rooms*
 - *There are 87 million visits to physician offices*
- *Injuries off the job continue to be significant.*
 - *Nearly 9 out of 10 accidental deaths occur off the job*
 - *60% of injuries occur off the job*
 - *30% of injuries occur in the home*
- *Motor Vehicle accidents are the leading cause of accidental deaths.*
- *Accidents are the leading cause of death among all persons up to age 33.*
- *Accidents are the fifth leading cause of death overall.*

* Source: National Safety Council, *Injury Facts*, 1999 Edition

COST OF ACCIDENTS



* Source: National Safety Council, *Injury Facts*, 1999 Edition

LIMITATIONS AND EXCLUSIONS

We will not pay benefits for an accident, injury, or death contributed to, caused by, or resulting from:

- Participating in war or any act of war, declared or not, or participating in or contracting with the armed forces of any country or international authority.
- Committing or attempting to commit suicide, regardless of mental capacity.
- Injuring or attempting to injure yourself intentionally, regardless of mental capacity.
- Having any disease or bodily/mental illness or degenerative process. We also will not pay benefits for any related medical/surgical treatment or diagnostic procedures for such illness.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test; or while testing any vehicle on any race course or speedway.
- Operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft, including those which are not motor-driven.
- Being legally intoxicated or being under the influence of any narcotic or other illegal substance, unless such narcotic or substance is taken on the advice of a physician and according to the physician's instructions. Having a blood alcohol level that exceeds the level permitted by the laws of the state where the accident occurs which pertain to driving a motor vehicle will be presumptive proof of intoxication.
- Participating or attempting to participate in an illegal act, or working at an illegal job.
- Participating in professional or semi-professional sports.
- Participating or competing for money in a rodeo event.

Covered children receive 50% of the adult benefits shown.

Hospital Confinement Benefit \$450

\$450 per day maximum of 180 days per confinement

Pays for each day that you are confined as an inpatient in a hospital.

Outpatient Physical Therapy Benefit \$75

\$75 per day maximum of up to 6 days per confinement

Pays for each day that you receive qualified outpatient physical therapy following a covered hospital confinement. This benefit pays up to the number of days that you receive benefits under the Hospital Confinement Benefit.

Prosthesis Benefit \$450

Lifetime maximum per person

Pays for prosthetic devices which are prescribed as a direct result of a covered accident.

Ambulance Benefit up to \$450

Charges up to \$450 per trip
2 one-way trips per confinement

Pays if, as a direct result of a covered accident, you are transported by a professional ambulance (including "air ambulance") service to a hospital where you are confined as an inpatient.

Surgery Benefit

Ligaments and Tendons	
-Single	\$900
-Multiple	\$1,350
Ruptured Disc	\$900
Torn Cartilage	\$900
Hernia	\$900

Pays if, within 90 days of a covered accident, you receive treatment from a physician and have surgical repair within 1 year of the accident.

Fracture Benefit

Examples:

	No Repair Incision	With Repair Incision
Hip or thigh	\$4,500	\$6,750
Leg	\$3,000	\$4,500
Wrist	\$2,400	\$3,600

Pays the amount shown in the Benefit Schedule if you fracture a bone in a covered accident and it is treated by a physician within 90 days.

For multiple fractures, the amount paid is limited to 150% of the fracture with the largest dollar value.

For chip fractures, we will pay 10% of the amount shown.

Outpatient Surgery Benefit \$900

Pays if the Surgery Benefit is payable and you are not confined to a hospital within 48 hrs. of your surgery. This benefit also pays if the Fracture Benefit is payable for an open reduction (with incision) and you are not confined to a hospital within 48 hrs. of the surgery.

Emergency Medical Fees Benefit up to \$75

Charges up to \$75

Pays if you require treatment by a physician within 30 days of an accident. We will only pay for:

Physician services	Emergency room service
Dental treatment for natural teeth	X-rays

This benefit is payable only if no other benefits are payable under the policy.

Laceration Benefit

Over 5"	\$300
2" to 5"	\$150
Less than 2"	\$75

Pays if you are lacerated in a covered accident that is repaired with stitches within 72 hours of the accident.

For multiple lacerations, the benefit is based on the largest single laceration which requires stitches.

Other Important Benefits

Dismemberment Benefit

Entire finger or toe \$300

Hand, foot or eye:

Single \$15,000

Double \$30,000

Pays if a covered accident causes the dismemberment of a finger, hand, toe, foot or eye within one year of a covered accident.

This benefit is reduced by the Fracture Benefit resulting from the same covered accident.

Paralysis Benefit \$15,000

Pays if you are permanently paralyzed in two or more limbs within 90 days of a covered accident.

Accidental Death Benefit \$30,000

Pays if you are injured in a covered accident and the injury causes you to die within 90 days of the accident.

This benefit is reduced by the Fracture, Paralysis or Dismemberment Benefits paid for the same covered accident.

Return of Premium

- You are paid if you have claims or if you stay well!
- We will refund your premiums less any claims paid to you.
- If you are age 65 or under, we **REFUND YOUR PREMIUM EVERY 20 YEARS**, or at age 75, whichever comes first. Then after age 75, you receive half of your premiums back every 10 years.
- If you are 66 or older, we will refund half of your premiums every 10 years.
- After your money is returned, your protection continues, and you can collect again.

Three examples of what can happen...

	<u>No Claim</u>	<u>Small Claim</u>	<u>Large Claim</u>
PREMIUMS PAID	\$16,000	\$16,000	\$16,000
LESS CLAIMS PAID	- 0 -	- 2,000	- 36,500
REFUND	\$16,000	\$14,000	- 0 -

FAMILYHERITAGE		33470
PAY TO THE ORDER OF	<u>You</u>	\$ <u>\$\$\$\$\$\$</u>
<u>Total Premium Less Claims</u>		DOLLARS
SAMPLE CHECK NON-NEGOTIABLE		<u>Chief Financial Officer</u>

Please see the main policy brochure for a summary of the Limitations and Exclusions.

The benefits described in this brochure are covered in policy series AIPOL.

FAMILY HERITAGE®
Life Insurance Company Of America

P.O. Box 470608, Cleveland, Ohio 44147 (440) 922-5222

Covered children receive 50% of the adult benefits shown.

Hospital Confinement Benefit \$300

\$300 per day maximum of 180 days per confinement

Pays for each day that you are confined as an inpatient in a hospital.

Outpatient Physical Therapy Benefit \$50

\$50 per day maximum of up to 6 days per confinement

Pays for each day that you receive qualified outpatient physical therapy following a covered hospital confinement. This benefit pays up to the number of days that you receive benefits under the Hospital Confinement Benefit.

Prosthesis Benefit \$300

Lifetime maximum per person

Pays for prosthetic devices which are prescribed as a direct result of a covered accident.

Ambulance Benefit up to \$300

Charges up to \$300 per-trip
2 one-way trips per confinement

Pays if, as a direct result of a covered accident, you are transported by a professional ambulance (including "air ambulance") service to a hospital where you are confined as an inpatient.

Surgery Benefit

Ligaments and Tendons	
-Single	\$600
-Multiple	\$900
Ruptured Disc	\$600
Torn Cartilage	\$600
Hernia	\$600

Pays if, within 90 days of a covered accident, you receive treatment from a physician and have surgical repair within 1 year of the accident.

Fracture Benefit

Examples:

	No Repair <u>Incision</u>	With Repair <u>Incision</u>
Hip or thigh	\$3,000	\$4,500
Leg	\$2,000	\$3,000
Wrist	\$1,600	\$2,400

Pays the amount shown in the Benefit Schedule if you fracture a bone in a covered accident and it is treated by a physician within 90 days.

For multiple fractures, the amount paid is limited to 150% of the fracture with the largest dollar value.

For chip fractures, we will pay 10% of the amount shown.

Outpatient Surgery Benefit \$600

Pays if the Surgery Benefit is payable and you are not confined to a hospital within 48 hrs. of your surgery. This benefit also pays if the Fracture Benefit is payable for an open reduction (with incision) and you are not confined to a hospital within 48 hrs. of the surgery.

Emergency Medical Fees Benefit up to \$50

Charges up to \$50

Pays if you require treatment by a physician within 30 days of an accident. We will only pay for:

<i>Physician services</i>	<i>Emergency room service</i>
<i>Dental treatment for natural teeth</i>	<i>X-rays</i>

This benefit is payable only if no other benefits are payable under the policy.

Laceration Benefit

Over 5"	\$200
2" to 5"	\$100
Less than 2"	\$50

Pays if you are lacerated in a covered accident that is repaired with stitches within 72 hours of the accident.

For multiple lacerations, the benefit is based on the largest single laceration which requires stitches.

Other Important Benefits

Dismemberment Benefit

Entire finger or toe	\$200
Hand, foot or eye:	
Single	\$10,000
Double	\$20,000

Pays if a covered accident causes the dismemberment of a finger, hand, toe, foot or eye within one year of a covered accident.

This benefit is reduced by the Fracture Benefit resulting from the same covered accident.

Paralysis Benefit \$10,000

Pays if you are permanently paralyzed in two or more limbs within 90 days of a covered accident.

Accidental Death Benefit \$20,000

Pays if you are injured in a covered accident and the injury causes you to die within 90 days of the accident.

This benefit is reduced by the Fracture, Paralysis or Dismemberment Benefits paid for the same covered accident.

Return of Premium

- You are paid if you have claims or if you stay well!
- We will refund your premiums less any claims paid to you.
- If you are age 65 or under, we **REFUND YOUR PREMIUM EVERY 20 YEARS**, or at age 75, whichever comes first. Then after age 75, you receive half of your premiums back every 10 years.
- If you are 66 or older, we will refund half of your premiums every 10 years.
- After your money is returned, your protection continues, and you can collect again.

Three examples of what can happen...

	<u>No Claim</u>	<u>Small Claim</u>	<u>Large Claim</u>
PREMIUMS PAID	\$16,000	\$16,000	\$16,000
LESS CLAIMS PAID	- 0 -	- 2,000	- 36,500
REFUND	\$16,000	\$14,000	- 0 -

FAMILYHERITAGE		33470
PAY TO THE ORDER OF	<u>You</u>	\$ <u>\$\$\$\$\$\$</u>
<u>Total Premium Less Claims</u>		DOLLARS
SAMPLE CHECK NON-NEGOTIABLE		<u>Chief Financial Officer</u>

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FAMILY HERITAGE®
Life Insurance Company Of America

Covered children receive 50% of the adult benefits shown.

Hospital Confinement Benefit \$150

\$150 per day maximum of 180 days per confinement

Pays for each day that you are confined as an inpatient in a hospital.

Outpatient Physical Therapy Benefit \$25

\$25 per day maximum of up to 6 days per confinement

Pays for each day that you receive qualified outpatient physical therapy following a covered hospital confinement. This benefit pays up to the number of days that you receive benefits under the Hospital Confinement Benefit.

Prosthesis Benefit \$150

Lifetime maximum per person

Pays for prosthetic devices which are prescribed as a direct result of a covered accident.

Ambulance Benefit up to \$150

Charges up to \$150 per-trip
2 one-way trips per confinement

Pays if, as a direct result of a covered accident, you are transported by a professional ambulance (including "air ambulance") service to a hospital where you are confined as an inpatient.

Surgery Benefit

Ligaments and Tendons	
-Single	\$300
-Multiple	\$450
Ruptured Disc	\$300
Torn Cartilage	\$300
Hernia	\$300

Pays if, within 90 days of a covered accident, you receive treatment from a physician and have surgical repair within 1 year of the accident.

Fracture Benefit

Examples:

	No Repair <u>Incision</u>	With Repair <u>Incision</u>
Hip or thigh	\$1,500	\$2,250
Leg	\$1,000	\$1,500
Wrist	\$800	\$1,200

Pays the amount shown in the Benefit Schedule if you fracture a bone in a covered accident and it is treated by a physician within 90 days.

For multiple fractures, the amount paid is limited to 150% of the fracture with the largest dollar value.

For chip fractures, we will pay 10% of the amount shown.

Outpatient Surgery Benefit \$300

Pays if the Surgery Benefit is payable and you are not confined to a hospital within 48 hrs. of your surgery. This benefit also pays if the Fracture Benefit is payable for an open reduction (with incision) and you are not confined to a hospital within 48 hrs. of the surgery.

Emergency Medical Fees Benefit up to \$25

Charges up to \$25

Pays if you require treatment by a physician within 30 days of an accident. We will only pay for:

<i>Physician services</i>	<i>Emergency room service</i>
<i>Dental treatment for natural teeth</i>	<i>X-rays</i>

This benefit is payable only if no other benefits are payable under the policy.

Laceration Benefit

Over 5"	\$100
2" to 5"	\$50
Less than 2"	\$25

Pays if you are lacerated in a covered accident that is repaired with stitches within 72 hours of the accident.

For multiple lacerations, the benefit is based on the largest single laceration which requires stitches.

Other Important Benefits

Dismemberment Benefit

Entire finger or toe	\$100
Hand, foot or eye:	
Single	\$5,000
Double	\$10,000

Pays if a covered accident causes the dismemberment of a finger, hand, toe, foot or eye within one year of a covered accident.

This benefit is reduced by the Fracture Benefit resulting from the same covered accident.

Paralysis Benefit \$5,000

Pays if you are permanently paralyzed in two or more limbs within 90 days of a covered accident.

Accidental Death Benefit \$10,000

Pays if you are injured in a covered accident and the injury causes you to die within 90 days of the accident.

This benefit is reduced by the Fracture, Paralysis or Dismemberment Benefits paid for the same covered accident.

Return of Premium

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REFUND	\$16,000	\$14,000	- 0 -

FAMILYHERITAGE		33470
PAY TO THE ORDER OF	<i>You</i>	\$ <i>\$\$\$\$\$\$</i>
<i>Total Premium Less Claims</i>		DOLLARS
SAMPLE CHECK NON-NEGOTIABLE		<i>Chief Financial Officer</i>

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The benefits described in this brochure are covered in policy series AIPOL.

FAMILY HERITAGE®
Life Insurance Company Of America

POLICYOWNER'S AGE AT ISSUE		INDIVIDUAL	COUPLE	FAMILY
ACCIDENT-ELITE				
0-50	ROP	\$41.25	\$63.00	\$91.25
51-55	ROP	\$41.25	\$71.75	\$95.50
56-60	ROP	\$50.00	\$89.00	\$112.75
61-65	ROP	\$73.75	\$130.25	\$156.25
66-70	ROP	\$61.25	\$116.25	\$133.75
ACCIDENT-PREFERRED				
0-50	ROP	\$32.75	\$47.75	\$73.75
51-55	ROP	\$32.75	\$52.25	\$76.00
56-60	ROP	\$39.25	\$63.00	\$86.75
61-65	ROP	\$54.25	\$93.25	\$119.25
66-70	ROP	\$46.50	\$81.50	\$101.75
ACCIDENT-STANDARD				
0-50	ROP	\$24.00	\$30.50	\$43.50
51-55	ROP	\$24.00	\$32.75	\$45.75
56-60	ROP	\$26.25	\$39.25	\$50.00
61-65	ROP	\$37.00	\$56.50	\$69.50
66-70	ROP	\$29.25	\$49.50	\$58.25

POLICYOWNER'S
AGE AT ISSUE

INDIVIDUAL

COUPLE

FAMILY

ACCIDENT-ELITE

0-50	ROP	\$247.50	\$378.00	\$547.50
51-55	ROP	\$247.50	\$430.50	\$573.00
56-60	ROP	\$300.00	\$534.00	\$676.50
61-65	ROP	\$442.50	\$781.50	\$937.50
66-70	ROP	\$367.50	\$697.50	\$802.50

ACCIDENT-PREFERRED

0-50	ROP	\$196.50	\$286.50	\$442.50
51-55	ROP	\$196.50	\$313.50	\$456.00
56-60	ROP	\$235.50	\$378.00	\$520.50
61-65	ROP	\$325.50	\$559.50	\$715.50
66-70	ROP	\$279.00	\$489.00	\$610.50

ACCIDENT-STANDARD

0-50	ROP	\$144.00	\$183.00	\$261.00
51-55	ROP	\$144.00	\$196.50	\$274.50
56-60	ROP	\$157.50	\$235.50	\$300.00
61-65	ROP	\$222.00	\$339.00	\$417.00
66-70	ROP	\$175.50	\$297.00	\$349.50

POLICYOWNER'S
AGE AT ISSUE

INDIVIDUAL

COUPLE

FAMILY

ACCIDENT-ELITE

0-50	ROP	\$495.00	\$756.00	\$1,095.00
51-55	ROP	\$495.00	\$861.00	\$1,146.00
56-60	ROP	\$600.00	\$1,068.00	\$1,353.00
61-65	ROP	\$885.00	\$1,563.00	\$1,875.00
66-70	ROP	\$735.00	\$1,395.00	\$1,605.00

ACCIDENT-PREFERRED

0-50	ROP	\$393.00	\$573.00	\$885.00
51-55	ROP	\$393.00	\$627.00	\$912.00
56-60	ROP	\$471.00	\$756.00	\$1,041.00
61-65	ROP	\$651.00	\$1,119.00	\$1,431.00
66-70	ROP	\$558.00	\$978.00	\$1,221.00

ACCIDENT-STANDARD

0-50	ROP	\$288.00	\$366.00	\$522.00
51-55	ROP	\$288.00	\$393.00	\$549.00
56-60	ROP	\$315.00	\$471.00	\$600.00
61-65	ROP	\$444.00	\$678.00	\$834.00
66-70	ROP	\$351.00	\$594.00	\$699.00