

# GROUP ACCIDENT INSURANCE LIFE CHANGING EVENTS BENEFITS – LOW

## **DISMEMBERMENT** (once per accident, within 6 months after the accident)

Payable if an insured loses a hand or foot or experiences loss of sight as the result of a covered accident.

Dismemberment means:

- Loss of a hand -The hand is removed at or above the wrist joint;
- Loss of a foot -The foot is removed at or above the ankle;
- Loss of a finger/toe - The finger or toe is removed at or above the joint where it is attached to the hand or foot; or
- Loss of sight - At least 80% of the vision in one eye is lost (such loss of sight must be permanent and irrecoverable).

If the Dismemberment Benefit is paid and the insured later dies as a result of the same covered accident, we will pay the appropriate death benefit (if available), less any amounts paid under this benefit.

### **SINGLE LOSS** (the loss of one hand, one foot, or the sight of one eye)

#### **BENEFIT AMOUNT**

Employee	\$6,250
Spouse	\$2,500
Child(ren)	\$1,250

### **DOUBLE LOSS** (the loss of both hands, both feet, the sight of both eyes, or a combination of any two)

Employee	\$12,500
Spouse	\$5,000
Child(ren)	\$2,500

### **LOSS OF ONE OR MORE FINGERS OR TOES**

Employee	\$625
Spouse	\$250
Child(ren)	\$125

### **PARTIAL DISMEMBERMENT (INCLUDES AT LEAST ONE JOINT OF A FINGER OR A TOE)**

Employee	\$62.50
Spouse	\$62.50
Child(ren)	\$62.50

## **PARALYSIS** (once per accident, diagnosed by a doctor within six months after the accident)

Payable if an insured has permanent loss of movement of two or more limbs for more than 90 days (in Utah, 30 days) as the result of a covered accidental injury.

Paraplegia	\$2,500
Quadriplegia	\$5,000

**Underwritten by Continental American Insurance Company (CAIC)**

A proud member of the Aflac family of insurers



<p><b>PROSTHESIS</b> (once per accident, up to 2 prosthetic devices and one replacement per device per insured)*</p> <p>Payable when an insured receives a prosthetic device, prescribed by a doctor, as a result of a covered accidental injury. Prosthetic Device/Prosthesis means an artificial device designed to replace a missing part of the body. This benefit is not payable for hearing aids, wigs, or dental aids (to include false teeth), repair or replacement of prosthetic devices* and /or joint replacements.</p> <p>* We will pay this benefit again once to cover the replacement of a prosthesis for which a benefit has been paid, provided the replacement takes place within three years of the initial benefit payment.</p>	\$1,500
<p><b>RESIDENCE/VEHICLE MODIFICATION</b> (once per accident, within one year after the accident)</p> <p>Payable for a permanent structural modification to an insured's primary residence or vehicle when the insured suffers total and permanent or irrevocable loss of one of the following, due to a covered accidental injury:</p> <ul style="list-style-type: none"><li>• The sight of one eye;</li><li>• The use of one hand/arm; or</li><li>• The use of one foot/leg.</li></ul>	\$1,000

**EXCLUSIONS**

For a complete list of exclusions and definitions applicable to this coverage, please refer to the Initial Accident Treatment insert.