



CONTINENTAL AMERICAN INSURANCE COMPANY

Home Office: 2801 Devine Street, Columbia, South Carolina 29205
800.433.3036

DEPENDENT ACCIDENT RIDER TO CERTIFICATE OF INSURANCE FOR ACCIDENTAL INJURY

This Rider is a part of the Certificate to which it is attached. We have issued this Rider to you because: (1) you paid the additional premium for this Rider; and (2) we relied on the Application you made. Unless amended by this Rider, Certificate Definitions, Exclusions and Limitations, other Provisions and terms apply to this Rider.

Effective Date - If issued at the same time as the Certificate, this rider becomes effective when the Certificate becomes effective. If issued after the Certificate becomes effective, this Rider will have a later Effective Date, which will be shown in the Rider Schedule issued with this Rider. The insurance of a dependent will become effective on the rider date if such person is active on that date. Otherwise, the Effective Date will be deferred until the day following the date he or she becomes active.

DEFINITIONS

When the terms below are used in this rider, the following definitions will apply:

YOU, YOUR Means the person named in the Certificate Schedule.

SPOUSE Means the person married to you on the Effective Date of this Rider.

This Rider may only be issued to your spouse if your spouse is between ages 18 and 64, inclusive. Coverage on your spouse terminates when your spouse attains age 70.

CHILDREN Means your natural children, step-children, foster children, adopted children or children placed for adoption, who are younger than age 26.

Dependent Children also include grandchildren, who are (1) unmarried; (2) under age 26; and (3) if they are the employee's dependents for federal income tax purposes, or (4) if the employee must provide medical support under an order issued under Chapter 154, Family Code, or enforceable by a court in this state.

However, if any child is incapable of self-sustaining employment due to mental retardation or physical handicap and is dependent on his parent(s) for support, the above age of twenty-six (26) shall not apply. Proof of such incapacity and dependency must be furnished to the Company within thirty-one (31) days following such 26th birthday.

If your children are covered under this Rider, your children born or placed in your home after the Effective Date of this Rider will also be covered from the moment of live birth or placement. No notice or additional premium is required.

DEPENDENT Means your spouse, child, or children, named in the application for this rider for whom a premium is paid.

ACTIVE "Active" as used refers to a dependent who is not confined in a hospital and who is able to carry on regular activities customary of a person in good health of the same age and sex.

TREATMENT Means consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

BENEFITS

If a dependent is injured in an accident, we will provide the benefits contained in the Certificate under the Benefits Section. The appropriate benefit amounts we will pay for the dependent are shown in the Dependent Benefit Schedule issued with this Rider.

LIMITATIONS AND EXCLUSIONS

The applicable limitations and exclusions are shown in your Certificate under the Limitations and Exclusions section.

GENERAL PROVISIONS

If your spouse's coverage is terminated because of annulment or divorce, or a dependent child's coverage is terminated because of marriage or attainment of the limiting age, we will still pay benefits for any accident which occurred while the dependent was covered under this Rider.

TIME LIMIT ON CERTAIN DEFENSES After this Rider has been in force for a period of two years it shall become incontestable as to the statements contained in the Application.

CONTRACT This Rider is part of the Certificate, and will terminate when the Certificate terminates, or when premiums are no longer paid for this Rider.

This Rider is subject to all of the terms of the Certificate to which it is attached unless any such terms are inconsistent with the terms of this Rider.

Signed by the Company at its Home Office.



Paul S. Amos II, President



J. Matthew Loudermilk, Secretary

**DEPENDENT
BENEFIT SCHEDULE**

SPOUSE AND CHILD

FRACTURES	<u>Closed Reduction</u>	<u>Open Reduction</u>
Hip/thigh	2,500	3,750
Vertebrae	2,250	3,375
Pelvis	2,000	3,000
Skull (depressed)	1,875	2,813
Leg	1,500	2,250
Forearm/hand/wrist	1,250	1,875
Foot/ankle/knee cap	1,250	1,875
Shoulder blade/collar bone	1,000	1,500
Lower jaw (Mandible)	1,000	1,500
Skull (simple)	875	1,313
Upper arm/upper jaw	875	1,313
Facial bones (except teeth)	750	1,125
Vertebral processes	500	750
Coccyx/rib/finger/toe	200	300

DISLOCATIONS	<u>Closed Reduction</u>	<u>Open Reduction</u>
Hip	1,350	2,025
Knee (not knee cap)	975	1,462.50
Shoulder	750	1,125
Foot/ankle	600	900
Hand	525	787.50
Lower jaw	450	675
Wrist	375	562.50
Elbow	300	450
Finger/toe	120	180

LACERATIONS

2" to 5" 100

Lacerations not requiring stitches 25

CONCUSSIONS 100

COMA 5,000

EMERGENCY DENTAL WORK

Repair with crown 100

Extraction 25

INJURIES REQUIRING SURGERY

Eye injuries

Requiring surgical repair	125
Removal of a Foreign Body	25

Tendons/ligaments

Single	400
Multiple	600

Ruptured disc

Date of injury occurs during first certificate year	100
Date of injury occurs after first certificate year	400

Torn knee cartilage

Date of injury occurs during first certificate year	100
Date of injury occurs after first certificate year	400

Internal injuries (resulting in abdominal or thoracic surgery)	500
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Exploratory surgery (without repair)	125
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PARALYSIS

Two limbs (Paraplegia)	2,500
Four Limbs (Quadriplegia)	5,000

BURNS

Second Degree

Less than 10%	180
At least 10% but less than 25%	360
At least 25% but less than 35%	900
35% or more	1,800

Third Degree

Less than 10%	900
At least 10% but less than 25%	5,400
At least 25% but less than 35%	12,600
35% or more	18,000

SERVICES

Blood/plasma	100
Ambulance	250
Air ambulance	750
Transportation	
Train Plane or Bus	150
Family Member Lodging	50 / per night
Maximum Benefit - 30 days	
Prosthesis	250
Appliances	50
Accident Follow-up Treatment	25
Maximum of 6 treatments per covered accident	
Physical Therapy	25
Maximum of 6 treatments per covered accident	
Wellness	30
Once per 12-month period	
HOSPITAL ADMISSION	750
Payable once per calendar year	
HOSPITAL CONFINEMENT	150 /day
Maximum Benefit – 365 days	
0 Day elimination Period	
HOSPITAL INTENSIVE CARE	300/ day
Maximum Benefit - 30 days	
0 Day elimination Period	
MAJOR DIAGNOSTIC EXAM	100
Once per 12 month period	
REHABILITATION UNIT BENEFIT	75 / day
Maximum Benefit –	
30 days per covered accident	
60 days per calendar year	

	SPOUSE	CHILD
Medical fees		
Maximum per accident	100	50
ACCIDENTAL DISMEMBERMENT		
Loss of hand, foot, or sight		
Single loss	1,250	625
Double loss	5,000	2,500
Loss of one or more fingers or toes	250	125
Partial Amputation of finger(s) or toe(s) Including at least one joint	100	100
ACCIDENTAL DEATH	15,000	5,000
ACCIDENTAL COMMON CARRIER DEATH	30,000	10,000
CATASTROPHIC ACCIDENT	25,000	25,000



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Children Definition Rider

This rider is a part of the document to which it is attached. Unless amended by this rider Policy, Certificate and Dependent Rider Definitions, Exclusions and Limitations, other term and provisions apply to this rider.

The definition of Children is deleted and replaced by the following:

Children means your natural children, step-children, foster children, adopted children or children placed for adoption, who are under age 26.

Children also include grandchildren, who are (1) unmarried; (2) under age 26; and (3) if they are the employee's dependents for federal income tax purposes, or (4) if the employee must provide medical support under an order issued under Chapter 154, Family Code, or enforceable by a court in this state.

Your natural Children born after the Effective Date of this Rider will be covered from the moment of birth. An adopted child of an insured may be enrolled, the date the insured becomes a party to a suit in which the insured seeks to adopt the child or the date the adoption becomes final, at the insured's option. If Employee or Employee/Spouse coverage is in force and an employee desires uninterrupted coverage for a newborn or adopted child, he must notify us within 31 days of the child's birth or the date the insured becomes a party to a suit in which the insured seeks to adopt the child or the date the adoption becomes final. Coverage for newborn or adopted children will be in effect through the 31st day following the date of such event. Upon notification, we will advise him of the additional premium due.

If your children are covered under this Rider, it is not necessary for an employee to notify us of the birth of a child or the date the insured becomes a party to a suit in which the insured seeks to adopt the child or the date the adoption becomes final, and an additional premium payment will not be required.

Coverage on a Children will terminate on the child's 26th birthday. However, if any child is incapable of self-sustaining employment due to mental retardation or physical handicap and is dependent on his parent(s) for support, the above age of twenty-six (26) shall not apply. Proof of such incapacity and dependency must be furnished to the Company within thirty-one (31) days following such 26th birthday.

This rider is subject to all of the terms of the document to which it is attached unless any such terms are inconsistent with the terms of this Rider.

Signed by the Company at its Home Office.

Paul S. Amos II, President

J. Matthew Loudermilk, Secretary

