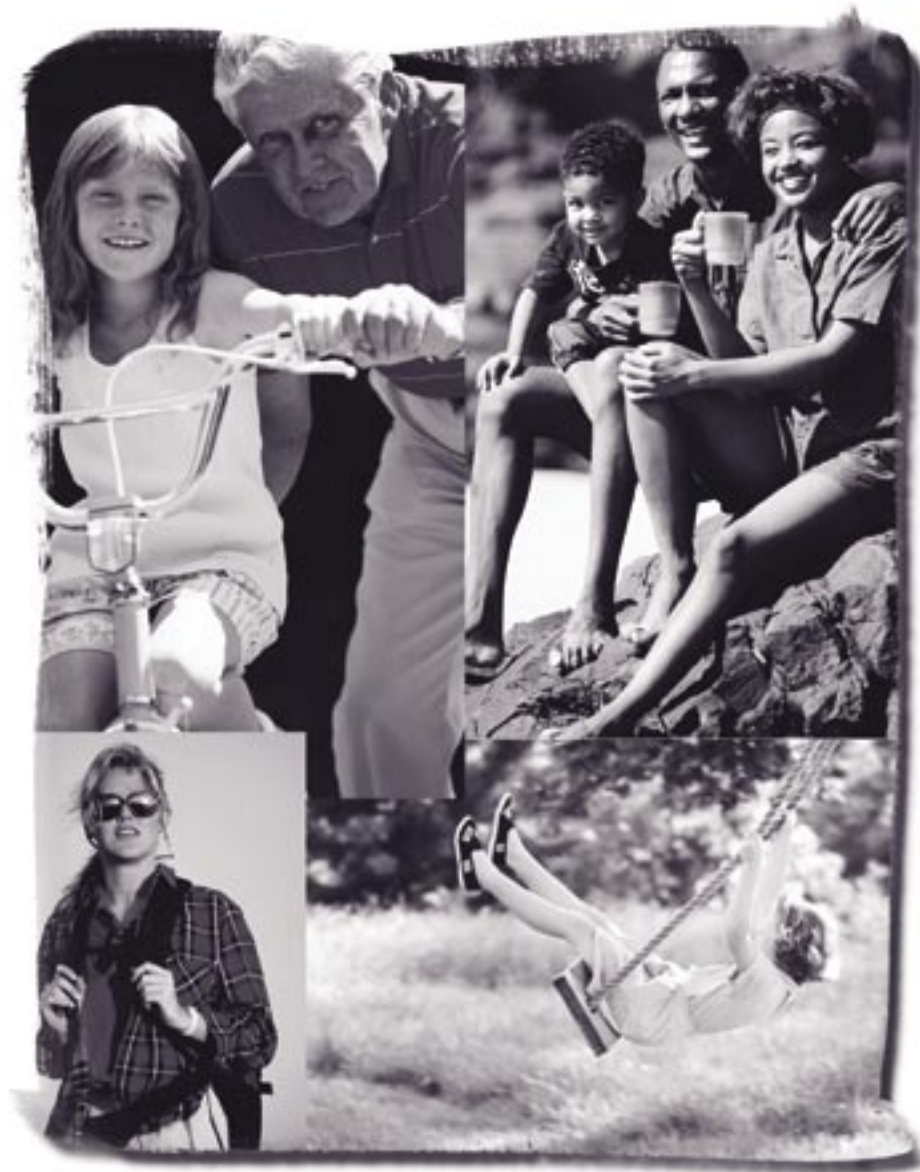


Supplemental Accident Coverage



Because Life Is Anything But Predictable

***ACCIDENTS HAPPEN -
IT'S A SIMPLE FACT OF LIFE***

***BUT THEY DON'T HAVE TO
CATCH YOU UNPREPARED***

With added security coverage, you can rest assured that you're protected if a covered accident happens to threaten your financial security, or the security of your family. So give yourself and your family the protection and peace of mind you need. Contact your agent or call us now at (800) 256-6736 and find out more about Added Security Coverage.

***IT'S A LEVEL OF PROTECTION
OTHER COVERAGE PLANS SIMPLY
CAN'T MATCH***

- Added Security Coverage pays regardless of any other medical coverage**
- It protects you 24 hours a day on or off the job**
- Issue ages, 18-64**
- It's guaranteed renewable up to age 70**
- Family members receive full benefits**
- Benefits are paid directly to you**
- There is no limit on the number of accidents covered**

SUPPLEMENTAL ACCIDENT PLAN BENEFITS

A-3, Accident Expense Policy

Benefits	1 Unit	2 Units	3 Units	4 Units
<p>Accidental Injury We will pay the actual charges per accident (not to exceed maximum benefits for units selected) for physician's treatment, surgery, x-rays, reduction of fractures and dislocations or other emergency treatment expenses. In no case will the benefit exceed actual charges. There is a \$50 deductible for emergency room expenses, per occurrence, regardless of the number of units. Expenses must commence within 60 days of the covered accident.</p>	\$500	\$1,000	\$1,500	\$2,000
<p>Ambulance Benefit We will pay the actual charges (not to exceed maximum benefits for units selected) for emergency transportation for covered treatment (ground or air ambulance). Such emergency transportation must occur within 21 calendar days of the covered accident.</p>	\$1,250	\$2,500	\$3,750	\$5,000
<p>Hospital Confinement We will pay the daily hospital benefit, based upon the number of units selected, when a covered insured is confined to a hospital due to accident or injury. This benefit begins the first day of confinement and pays a maximum of 30 days per any one accident.</p>	\$75	\$150	\$225	\$300
<p>Accidental Death Benefit* We will pay the benefit shown for accidental death which results within 90 days of the accident, based upon the number of units selected.</p>	\$5,000	\$10,000	\$15,000	\$20,000
<p>Dismemberment* We will pay the following benefit, based upon the number of units selected, for dismemberment which results within 90 days of a covered accident (dismemberment benefits are subject to a \$5,000 per unit cumulative maximum per accident).</p>				
Single finger or toe	\$ 250	\$ 500	\$ 750	\$ 1,000
Multiple fingers or toes	\$ 500	\$ 1,000	\$ 1,500	\$ 2,000
Single hand, arm, foot or leg	\$2,500	\$ 5,000	\$ 7,500	\$10,000
Multiple hands, arms, feet or legs	\$5,000	\$10,000	\$15,000	\$20,000
<p>Loss of Sight Benefit We will pay the benefit, based upon the number units selected shown, for the loss of sight due to accidental injury.</p>				
Loss of sight in one eye	\$2,500	\$ 5,000	\$ 7,500	\$10,000
Loss of sight in both eyes	\$5,000	\$10,000	\$15,000	\$20,000
<p>Premiums</p>				
Individual	\$10.80	\$17.10	\$21.50	\$24.50
Individual and Spouse	\$19.40	\$29.80	\$38.90	\$44.90
Individual and Children	\$21.20	\$34.90	\$45.20	\$52.00
Family (2 parents and children)	\$29.80	\$47.60	\$62.60	\$72.40

OPTIONAL BENEFITS

Accident Disability Income Benefit. We will pay the benefits shown to the primary insured person (spouse and children's coverage is not available) on a monthly basis due to income loss because of disability due to a covered accidental injury. This benefit is payable beginning the first day of disability and has a 12-month maximum benefit period.

This benefit pays \$100 monthly per unit chosen. The minimum benefit is four units and the maximum is ten units (this is also subject to a 60% maximum replacement of lost income).

Monthly Premium: \$2.50 per \$100 unit.

Sickness Disability Income Rider. We will pay the benefit shown to the primary insured person (spouse and children's coverage is not available) on a monthly basis due to income loss because of total disability due to a covered sickness. This benefit is payable beginning on the first day after the elimination period shown in the policy schedule and for the maximum benefit period shown in the policy schedule. The following options are available.

<u>Benefit Amounts</u>	
Payroll Deduction	\$400, \$500, or \$600 per month
Direct Pay	\$500 per month
<u>Elimination/Benefit Period</u>	
A. 14 days/3 months	\$2.15
B. 14 days/6 months	\$2.65
C. 30 days/6 months	\$1.65

All benefits not available in all states.

Hospital Admission Benefit. We will pay for the benefit shown, based upon the number of units selected, upon admission to a hospital due to a covered accident. This benefit pays \$100 per unit. A maximum of four units may be purchased.

<u>Monthly Premium Per \$100 Unit</u>			
Individual	\$.45	Individual & Children	\$.75
Individual & Spouse	\$.65	Individual & Family	\$.95

Accident Only Intensive Care Benefit. We pay the daily benefit shown, based on the number of units selected, for intensive care confinement as a result of accidental bodily injury, subject to a maximum benefit period of 30 days. This benefit pays \$150 per day per unit. A maximum of four units may be purchased.

<u>Monthly Premium Per \$150 Unit</u>			
Individual	\$.45	Individual & Children	\$.75
Individual & Spouse	\$.65	Individual & Family	\$.95

SICKNESS DISABILITY INCOME RIDER

DEFINITIONS

TOTALLY DISABLED OR TOTAL DISABILITY. You are Totally Disabled when unable because of Sickness, to perform substantially the material duties of Your regular occupation. You will not be deemed Totally Disabled, if You are engaged in any other employment or occupation for wages or profit.

You are not Totally Disabled at any time when not under the regular care of a physician, unless the physician tells Us that regular care would be of no further benefit to You during such continuing disability.

SICKNESS means a disease or illness which first manifests itself after the coverage becomes effective for the person insured.

MENTAL OR EMOTIONAL DISORDER means a neurosis, psychoneurosis, psychopathy, psychosis, mental or emotional disease; or disorder of any kind.

ACTIVELY AT WORK means he/she is performing the normal duties of his/her principal occupation on full-time basis (at least 30 hours per week) at his/her employer's usual place of business.

A person is deemed to be Actively at Work on each day of regular paid vacation during which he/she is not Totally Disabled, provided he/she was Actively at Work on the last preceding working day.

ELIMINATION PERIOD means the number of consecutive days for which We do not pay a monthly benefit immediately following the start of Total Disability. The Policy Schedule page will show the number of days that apply.

PRE-EXISTING CONDITION means any sickness which first manifested itself prior to the Effective Date of Your coverage in this Rider.

COVERAGE AND BENEFITS

TOTAL DISABILITY DUE TO SICKNESS BENEFIT

We will pay the monthly sickness disability benefit amount, as shown in the Policy Schedule, when the primary insured is Totally Disabled due to Sickness and We receive sufficient written proof that You are Totally Disabled. This Total Disability must begin prior to Your 65th birthday or prior to Your 70th birthday, if Actively at Work. This benefit is subject to the elimination period as shown in the Policy Schedule. The benefit is payable beginning the first day after the Elimination Period for Sickness expires and is payable for the maximum number of days, as shown in the Policy Schedule, for any one Total Disability due to sickness. The applicable Monthly Benefit will begin to accrue with the first day after the Elimination Period for Sickness expires.

LIMITED BENEFITS FOR PREGNANCY

A disability due to a sickness, during a Normal Pregnancy, is paid as any other Sickness after this rider has been in effect for ten (10) months. Complications of Pregnancy are paid as any other Sickness after the rider Effective Date, subject to the Pre-Existing Conditions Limitation.

CONCURRENT DISABILITY

If Total Disability results from more than one cause at the same time, it will be considered the same disability and You will be entitled to a monthly benefit for only one Total Disability.

RECURRENT TOTAL DISABILITY

If You are totally Disabled by the same or a related condition:

- a. more than once; and,
- b. within a period of 180 days or less between each period of Total Disability; each of these periods will be considered one continuous Total Disability.

Each Total Disability must begin while this Policy is in force. Only one Elimination Period will be required for such recurrent period of Total Disability.

EXCLUSIONS AND LIMITATIONS

This Rider does not pay benefits for any period of Total Disability due to Sickness that is the result of:

- a. active duty in the armed services (the company will return any premium paid past the time of entry into the armed forces when notice is received); or,
- b. war or any act of war (whether declared or undeclared); or,
- c. sickness incurred while outside the United States, its possessions, or Canada, except for emergency care for acute onset of Sickness sustained while traveling for business or pleasure; or,
- d. mental or emotional disorders without demonstrable organic disease; or,
- e. voluntarily ingesting or injecting of any drug, narcotic or sedative, unless administered on the advice and in such doses as are prescribed by a Physician; or,
- f. alcoholism or drug addiction; or,
- g. a Pre-Existing Condition during the first 12 months of the rider.

DEFINITIONS

INJURY or ACCIDENTAL INJURY or ACCIDENTAL BODILY INJURY means physical damage to an Insured Person, sustained on or after the Effective Date, and while this Policy is in force, which is the direct cause of the loss, independent of disease, bodily infirmity or any other cause. All injuries sustained in any one accident and all complications arising therefrom and recurrence and complication shall be deemed to be a single "Injury."

DISABILITY means Your inability, as a result of covered Accidental Injury, to perform the substantial and material duties of Your occupation and You are not gainfully employed.

EXCLUSIONS AND LIMITATIONS

Benefits otherwise provided by this policy will not be payable for services or expenses or any such loss resulting from or in connection with:

1. sickness, illness or bodily infirmity; except as covered by the Sickness Disability Rider;
2. suicide, attempted suicide or intentional self-inflicted injury, whether sane or insane;
3. dental care or treatment due to accidental injury to natural teeth;
4. war or any act of war (whether declared or undeclared) or participating in a riot or felony;
5. alcoholism or drug addiction;
6. travel or flight in or descent from any aircraft or device which can fly above the earth's surface in any capacity other than as a fare-paying passenger on a regularly scheduled airline;
7. injury originating prior to the effective date of the policy;
8. injury occurring while intoxicated (intoxication means that which is determined and defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss is incurred);
9. voluntary inhalation of gas or fumes or taking of poison or asphyxiation from;
10. voluntary ingestion or injection of any drug, narcotic or sedative, unless administered on the advice and taken in such doses as prescribed by a physician;
11. injury sustained or sickness which manifests itself while on full-time duty in the armed forces. Upon notice, the company will refund the proportion of unearned premium while in such forces;
12. injury incurred while engaged in an illegal occupation;
13. injury incurred while attempting to commit a felony or an assault;
14. mental or emotional disorders;
15. injury to a covered person while practicing for or being a part of organized or competitive football;
16. injury to a covered person while practicing for or being a part of organized or competitive rodeo, sky diving, hang gliding, parachuting or scuba diving;
17. driving in any race or speed test or while testing an automobile or vehicle on any racetrack or speedway;
18. charges incurred outside the U.S. if an insured traveled to the location for the purpose of receiving medical services, drugs or supplies;
19. hernia, carpal tunnel syndrome or any complication therefrom;
20. any bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound).

If you are entitled to benefits under this policy, as a result of sprained or lame back, or any intervertebral disk conditions, such benefits shall be payable for a maximum period of time, not exceeding in the aggregate three (3) months for any injury.

These exclusions and limitations are not applicable for all states. Please refer to your policy or outline for applicable exclusions and limitations.

This coverage should be viewed as a supplement to other health insurance. This is not the insurance contract, and only the actual policy provisions will apply. It is therefore important that you read your policy carefully. All products are not available in all states.



American Public Life Insurance Company

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