

Voluntary Accident Insurance

A limited benefit policy
Group product base



MISSISSIPPI

NORTH PIKE SCHOOL DISTRICT

This policy offers the flexibility to vary your coverage by selecting one of two benefit levels. Benefits are paid in addition to any other coverage in place, except as specified below. Payroll deduction for your premiums makes it easy, too. Benefits described are subject to certain eligibility requirements, conditions, limitations and exclusions; see page 4 for further details.

Coverage type Accident Insurance provides Non-Occupational protection coverage for accidental injuries, hospital care, and accidental death benefits. There is no coverage for sickness. Coverage is available to the employee, spouse, and dependent children.

Base Policy Benefits	Level 1	Level 2
• ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT	\$10,000 Principal Sum*	\$10,000 Principal Sum*

***Employee coverage amount is 100% of the Principal Sum; Spouse coverage amount is 50% of the Principal Sum; Dependent Child coverage amount is 25% of the Principal Sum. On the date a Covered Person attains age 65, and continuing thereafter, this amount will be reduced by one-half.**

Accidental Death - We will pay the selected benefit amount if a Covered Person dies from an Injury resulting directly and independently of all other causes from a Covered Accident. The death must occur within 365 days of the Covered Accident. If loss is sustained by a Covered Person while riding as a fare-paying passenger on scheduled Common Carrier, the amount payable will be doubled.

Accidental Dismemberment - If a Covered Person's Injury results in any one of the losses specified below within 365 days of the Covered Accident, We will pay the percentage shown in the chart below for that loss multiplied by the Principal Sum coverage amount applicable to the Covered Person. The total amount payable under this benefit resulting from any one Covered Accident shall not exceed the Accidental Death Benefit coverage amount payable to the Covered Person. The loss of a hand or foot means the complete severance at or above the wrist or ankle joint. The loss of sight means the total and irrevocable loss of sight.

Accidental Dismemberment	Coverage Amount
<i>Dismemberment Benefit – For Loss Of</i>	<i>Percent of Principal Sum</i>
Both Hands	100%
Both Feet	100%
The Entire Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand or One Foot and Entire Sight of One Eye	100%
One Hand or One Foot	50%
Entire Sight of One Eye	50%
Speech and Hearing in Both Ears	50%
Speech or Hearing in Both Ears	25%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand	25%
All the Toes of the Same Foot	25%

This is not a complete disclosure of plan qualifications and limitations. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. **THIS POLICY PROVIDES LIMITED BENEFITS.**

Policy/Rider Numbers: L-1063P-01/18 MS, L-1063C-01/18 MS, R-2086

Underwritten by: Shenandoah Life Insurance Company, member of the Prosperity Life Group.

Not available in all states.

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Optional Riders	Level 1	Level 2
<ul style="list-style-type: none"> ACCIDENT ONLY EXPENSE BENEFIT RIDER <p>If a Covered Person sustains an Injury in a Covered Accident that requires treatment by a Physician, We will reimburse the Covered Person for Actual Charges for treatment, not to exceed the selected Maximum Accident Expense Benefit amount after the applicable deductible, if any. Treatment must be rendered in a Covered Facility. Care for an Injury received in a Covered Accident must be received within 90 days of the Covered Accident. We will only pay one Maximum Accident Expense Benefit amount after the applicable deductible, if any, per Calendar Year per Covered Person regardless of the number of incidents of care received or the number of different Injuries received in the Calendar Year.</p>	<p>\$1,000</p> <p>Maximum per Calendar Year</p> <p>With \$0 deductible per Calendar Year</p>	<p>\$2,000</p> <p>Maximum per Calendar Year</p> <p>With \$0 deductible per Calendar Year</p>

Accident Plan Proposed Rates:

Displaying Monthly payroll deduction premium amounts (*Plan premiums will not increase during the 1-year Rate Guarantee Period stated on the Certificate Schedule; after that premiums may be changed upon 60 days written notice*).

Level One

EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	FAMILY
\$8.61	\$14.80	\$20.78	\$27.40

Level Two

EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	FAMILY
\$13.09	\$22.47	\$30.90	\$40.94

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