



Accident Secure[®]



*Accidental injury and disability income
supplemental health insurance*



Important benefits. Lifestyle protection.

You can't always prevent accidents or disability. But you can protect yourself and your loved ones from the financial consequences they bring.

Accident Secure® can provide additional assurance—the kind that a major medical plan cannot.

Consider this: For an accidental injury or disability, major medical plans may cover only routine medical expenses. And workers' compensation applies only if you're injured on the job.

As a result, you may have to pay out of your own pocket for expenses such as uncovered medical costs, special transportation, home care and child care. And loss of income can become your costliest expense—threatening the lifestyle you're accustomed to living.

Washington National Insurance Company offers Accident Secure to help you protect yourself and your family—and to help you preserve the wealth you've created throughout your working career.

Features of your Accident Secure policy

Flexibility

Accident Secure provides a base accidental death and dismemberment benefit to all policyholders—along with a choice of riders that you select to meet your individual needs. In other words, you create the coverage you need. (For more details, see “Optional riders.”)

Lifetime renewability

Your policy will continue as long as you pay premiums when due. Your policy cannot be canceled because of your age or state of health.

Assured payments

Your accidental injury/disability income insurance policy pays benefits regardless of any other insurance you have.

Direct cash benefits

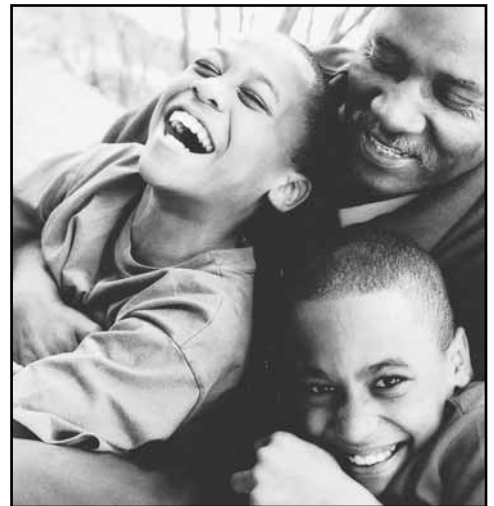
Cash payments are sent directly to you or whomever you choose (unless otherwise required). That way, you decide how to spend the money.

Stability

Washington National Insurance Company has been insuring families for many years. Since our beginning, we have never raised a premium rate on an existing accident policyowner. And your rates can't be increased unless all rates of that kind are raised in your state.

Customer service

Our friendly customer service department has a toll-free line, (800) 541-2254, for answers to any questions you may have.



Benefits

When you purchase an Accident Secure policy, you are assured of our base coverage—accidental death and dismemberment insurance.

Base Accidental Death and Dismemberment benefit

We will pay this benefit if, as a result of an accidental injury from any covered accident, a covered person dies within 90 days or is dismembered within 365 days after the covered accident.¹ (Dollar figures below represent the amount of payment per unit purchased.)

(maximum of 1 unit)

Type of accident	Insured	Spouse	Child
Common carrier	\$70,000	\$35,000	\$7,000
Motorized vehicle or pedestrian	\$50,000	\$25,000	\$5,000
Other	\$30,000	\$15,000	\$3,000

Type of dismemberment	Insured	Spouse	Child
One eye, hand, foot, arm or leg	\$6,000	\$1,200	\$1,200
Two eyes, hands or feet	\$12,000	\$2,400	\$2,400
Two arms or two legs	\$12,000	\$2,400	\$2,400
Both arms and both legs	\$12,000	\$2,400	\$2,400

¹ If a dismemberment benefit is paid and the covered person also dies as a result of the accident, the death benefit payable will be reduced by the amount of the dismemberment benefit paid.

² To purchase the Additional Accidental Death and Dismemberment benefit or additional riders, you must first purchase the Base Accidental Death and Dismemberment benefit.

The accident benefits described are contained in policy form series BM000/PS1CA-A.

Options

With your purchase of this coverage, you are eligible to receive the following options:

- You may purchase the Additional Accidental Death and Dismemberment benefit.²
- You may purchase other additional coverage by selecting from the individual riders we offer—as many riders as may fit your needs.²
- As with your base coverage, the Additional Accidental Death and Dismemberment benefit and the optional riders can be purchased in units—allowing you to control the level of coverage you receive from each individual benefit.
- Your insurance options range from individual coverage to a policy that covers you and your spouse—or even the entire family.

Additional Accidental Death and Dismemberment benefit

This additional benefit can be added to your base benefit for further protection against the cost of accidental death and dismemberment. You may purchase this additional coverage in units, which allows you to build a policy to meet your particular needs. (See Base Accidental Death and Dismemberment on the preceding page for qualification criteria.)

Per unit of coverage (*maximum of 5 units*):

Type of accident	Insured	Spouse	Child
Common carrier	\$14,000	\$7,000	\$1,400
Motorized vehicle or pedestrian	\$10,000	\$5,000	\$1,000
Other	\$6,000	\$3,000	\$600

Type of dismemberment	Insured	Spouse	Child
One eye, hand, foot, arm or leg	\$1,200	\$240	\$240
Two eyes, hands or feet	\$2,400	\$480	\$480
Two arms or two legs	\$2,400	\$480	\$480
Both arms and both legs	\$2,400	\$480	\$480



Dismemberment benefit definitions

Loss of...

Hand

The hand is permanently cut off at or above the wrist joint, or the use of the hand is permanently lost.

Foot

The foot is permanently cut off at or above the ankle joint, or the use of the foot is permanently lost.

Eye

The vision of an eye becomes irrevocably incapable of being corrected to better than 20/200.

Optional riders

These riders can be added to your coverage for additional protection. Dollar figures represent the amount of payment per unit purchased.

Off-the-Job Accident Total Disability rider

*Maximum coverage: 24 units
(subject to income requirements)*

Under the age of 70

For bodily injury resulting in a covered off-the-job accident, we will pay a benefit of \$100 monthly for up to 12 months per unit of coverage when the policyowner is:

- Employed at least 20 hours per week at the time of the accident;
- Totally disabled within 90 days of the accident;
- Not engaged during the period of disability in any employment or occupation for pay, benefit or profit; and
- Being cared for on a regular basis (at least monthly) by a physician.

Aged 70 and over

For bodily injury resulting from a covered off-the-job accident, we will pay a benefit of \$300 monthly for up to 12 months per unit of coverage when the policyowner is:

- Employed at least 20 hours per week at the time of the accident;
- Totally disabled within 90 days of the accident;
- Not engaged during the period of disability in any employment or occupation for pay, benefit or profit;
- Confined to a hospital within 90 days after the accident; and
- Being cared for on a regular basis (at least monthly) by a physician.

This optional rider is available to the policyowner only. Other conditions and terms apply. See rider for complete details. There is an additional cost for this optional rider.

The off-the-job accident disability benefits described are contained in rider form series BM000/EA1CA-AFJ.

Accident Specified Injury rider

Maximum coverage: 1 unit

We will pay the benefits listed below for the appropriate specified injury if:

- The injury occurs as a result of any covered accident; and
- The injury is diagnosed and treated by a physician within 90 days of the accident (72 hours for lacerations or burns; 60 days for ruptured disc, torn cartilage and hernia).

Injury type	Policyowner	Spouse	Child
Fracture			
Hip or thigh	\$1,600	\$1,100	\$1,100
Vertebrae	\$1,450	\$1,000	\$1,000
Pelvis	\$1,275	\$875	\$875
Skull (depressed)	\$1,200	\$825	\$825
Leg	\$975	\$660	\$660
Foot, ankle or kneecap	\$800	\$550	\$550
Forearm or hand	\$800	\$550	\$550
Lower jaw	\$650	\$440	\$440
Shoulder blade, collarbone or sternum	\$650	\$440	\$440
Skull (simple)	\$575	\$385	\$385
Upper arm or upper jaw	\$575	\$385	\$385
Facial bones	\$500	\$330	\$330
Vertebrae processes	\$325	\$220	\$220
Coccyx, rib, finger, toe or nose	\$125	\$85	\$85
Dislocation			
Hip	\$1,450	\$1,000	\$1,000
Knee (not kneecap)	\$1,050	\$700	\$700
Shoulder	\$800	\$450	\$450
Foot or ankle	\$650	\$425	\$425
Hand	\$575	\$375	\$375
Lower jaw	\$475	\$325	\$325
Wrist	\$400	\$275	\$275
Elbow	\$325	\$220	\$220
Finger or toe	\$125	\$85	\$85

Accident Specified Injury rider (cont.)

Laceration (Combined length):

Over 5"	\$200	\$200	\$200
2" to 5"	\$100	\$100	\$100
Up to 2"	\$50	\$50	\$50

Injuries requiring surgery

Eye injury	\$100	\$100	\$100
Tendon or ligament			
Single	\$400	\$400	\$400
Multiple	\$600	\$600	\$600

Ruptured disc (when covered accident occurs):

During first year you are insured	\$100	\$100	\$100
After first year you are insured	\$400	\$400	\$400

Torn cartilage (when covered accident occurs):

During first year you are insured	\$100	\$100	\$100
After first year you are insured	\$400	\$400	\$400

Hernia (when covered accident occurs):

During first year you are insured	\$100	\$100	\$100
After first year you are insured	\$200	\$200	\$200

Paralysis	\$750	\$500	\$500
Burn	\$600	\$600	\$600

Other conditions and terms apply. See rider for complete details. There is an additional cost for this optional rider.

The accident specified injury benefits described are contained in rider form series BM000/EA1ST-ASI, including state variations, where used.

Medical Fees and Ambulance rider

Maximum coverage: 10 units

Medical fees

For an accidental injury caused by a covered off-the-job accident, we will pay (per unit of coverage):

- Up to \$25 for injury of policyowner;
- Up to \$20 for injury of spouse or child;
- For medical expenses incurred by a covered person within 60 days after the accident; and
- For medical expenses incurred for the following items: emergency room services and supplies, X-rays, medical appliances, physician services, blood and plasma, prostheses and physiotherapist services.

(The maximum limit payable applies for all fees combined, not for each of the above.)

There is an additional cost for this optional rider.

Ambulance fees

When it is necessary to transport the covered person to a hospital via professional ambulance service—as a result of an accidental injury caused by a covered accident (on or off the job)—we will pay (per unit of coverage):

- \$5 for transport of policyowner, spouse or child (air ambulance, \$20);
- Only for trips that are necessary within 90 days after the accident; and
- For an unlimited number of trips in that 90-day period.

There is an additional cost for this optional rider.

The medical fees and ambulance benefits described are contained in rider form series BM000/EA1ST-AMA.

Note: The benefit will pay actual charges up to the maximum limit chosen by the policyholder. If treatment is received in a facility where no charges are made, then \$5 per day of treatment is payable for up to 5 days (4 days for spouse or child).

Optional riders, cont.

Sickness Disability rider

*Maximum coverage: 24 units
(subject to income requirements)*

Under the age of 70

For a covered sickness, we will pay \$100 monthly for up to 12 months per unit of coverage when the policyowner is:

- Employed at least 20 hours per week at the time the sickness is diagnosed;
- Totally disabled;
- Not engaged during the period of sickness in any employment or occupation for pay, benefit or profit; and
- Being cared for on a regular basis (at least monthly) by a physician.

Aged 70 and over

For a covered sickness, we will pay \$300 monthly for up to 12 months per unit of coverage when the policyowner is:

- Employed at least 20 hours per week at the time the sickness is diagnosed;
- Totally disabled;
- Not engaged during the period of sickness in any employment or occupation for pay, benefit or profit;
- Confined to a hospital; and
- Being cared for on a regular basis (at least monthly) by a physician.

Note: For this rider, all benefit payments are subject to a 14-day elimination period.

This optional rider is available to the policyowner only. Other conditions and terms apply. See rider for complete details. There is an additional cost for this optional rider.

The sickness disability benefits described are contained in rider form series BM000/EA1CA-ASD.

Transportation and Family Lodging rider

Maximum coverage: 5 units

Transportation benefit

When a covered person requires special treatment and confinement in a hospital for injuries sustained in a covered accident, we will pay (per unit of coverage):

- \$60 per trip to the hospital for the transport of policyowner, spouse or child;
- Only when the hospital is more than 100 miles from the covered person's residence; and
- For up to three trips per calendar year for each covered person.

Family lodging benefit

When a covered person (policyowner, spouse or child) requires hospital confinement for treatment of injuries sustained in a covered accident, we will pay (per unit of coverage):

- \$20 per day for one hotel/motel room for a member of the immediate family;
- Only when the hospital and hotel/motel are more than 100 miles from the covered person's residence;
- Only during the covered person's hospital confinement; and
- Up to 30 days per accident.

There is an additional cost for this optional rider.

The transportation and family lodging benefits described are contained in rider form series BM000/EA1ST-ATL.

Hospital Income rider

Maximum coverage: 4 units

When a covered person is confined as an inpatient in a hospital as a result of an accidental injury from a covered accident, we will pay (per unit of coverage):

- \$25 per day for confinement of policyowner, spouse or child;
- An additional \$75 per day for confinement to an intensive care unit (ICU);
- An additional \$75 per day for ICU confinement if the accidental injury results from a motorized vehicle accident;
- Only for hospital or ICU confinement that begins within 30 days after the accident; and
- For up to 365 days per covered accident (up to 15 days for ICU confinement).

Other conditions and terms apply. See rider for complete details. There is an additional cost for this optional rider.

The hospital income benefits described are contained in rider form series BM000/EA1ST-AHI.



Limitations and exclusions

We will not pay benefits for loss contributed to caused by or resulting from war or any act of war, declared or not, or participating in or contracting with the armed forces (including Coast Guard) 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, bodily or mental illness, or degenerative process; having any related medical treatments or diagnostic procedures; being in an accident that occurs more than 40 miles outside the territorial limits of Canada, Mexico, Puerto Rico, the Bahamas and the Virgin Islands, Bermuda, Jamaica and the United States, except under the Accidental Death Benefit; riding in or driving any motor-driven vehicle in a race, stunt show or speed test, or while testing any vehicle on any racecourse or speedway; traveling as a passenger (other than as a fare-paying passenger) in any aircraft, traveling as a passenger in a military aircraft or acting as a pilot or crew in any aircraft; being legally intoxicated or being under the influence of controlled substances, unless administered on the advice of a physician; committing or attempting to commit a felony, or to which a contributing cause was your being engaged in an illegal occupation; participating in any sporting event for pay or prize money; or having a behavioral or psychological disorder, disease, or syndrome.

No benefits are payable for a pre-existing condition during the first twelve (12) months after the effective date of coverage. A pre-existing condition is defined as having any sickness, illness, disease, injury or condition which was diagnosed by or for which you consulted a physician within 12 months prior to the date you become insured. Benefits will not be paid for losses related to such sickness, illness, disease, injury or condition which occur during the first 12 months after the date you become insured.

A hospital is not a hospice, a skilled nursing facility, a nursing home, an extended care facility, a convalescent home, a rest home, a home for the aged, a sanatorium, a place for the treatment of substance abuse or a facility for the care and treatment of mental disease or mental disorders.

THIS IS AN ACCIDENTAL INJURY AND DISABILITY INCOME POLICY. *This brochure is not the insurance contract. The policy explains in detail the rights and obligations of both you and us. Therefore, it is very important that you read your policy carefully.*

Policy form: BM000/PS1CA-A

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