



**SCHEDULE OF BENEFITS  
MEDIUM PLAN**

DESCRIPTION OF BENEFIT	OCCUPATIONAL	NON-OCCUPATIONAL
<b>ACCIDENTAL DEATH &amp; DISMEMBERMENT</b>		
Maximum Benefit Amount	\$500,000 Principal Sum	\$10,000 Principal Sum
Survivor's Benefit (Lump Sum)	\$100,000 Death Lump Sum	\$10,000 Death Lump Sum
Survivor's Benefit (Monthly Sum)	\$5,000 per Month up to 80 Months	N/A
Incurral Period	52 Weeks	52 Weeks
Accidental Dismemberment	\$5,000 per Month up to 100 Months	\$10,000 Lump Sum
Severe Burn Benefit	\$500,000	\$10,000
Paralysis Benefit	\$5,000 per Month up to 100 Months	\$10,000 Lump Sum
<b>ACCIDENTAL MEDICAL EXPENSE</b>		
Maximum Benefit Amount	\$1,000,000	Not Covered
Commencement Period	90 Days	N/A
Deductible	\$0	N/A
Incurral Period	52 Weeks	N/A
Accidental Dental - Maximum Benefit	\$1,000 per Injury / \$10,000 Lifetime	N/A
Chiropractic Care / Occupational Therapy / Physical Therapy	No Sub Limit Applies	N/A
<b>TEMPORARY TOTAL DISABILITY</b>		
Maximum Benefit Amount	\$1,000 Maximum / \$150* Minimum per Week	Not Covered
Waiting Period	30 Days Retroactive	N/A
Commencement Period	90 Days	N/A
Duration – Maximum Benefit Period	104 Weeks	N/A
<b>CONTINUOUS TOTAL DISABILITY</b>		
Maximum Benefit Amount	\$1,000 Maximum / \$150* Minimum per Week	Not Covered
Waiting Period	104 Weeks	N/A
Duration – Maximum Benefit Period	Up to Age 65	N/A
<b>ADDITIONAL BENEFIT RIDERS</b>		
Hernia or Hemorrhoid or Occupational Disease or Cumulative Trauma	\$10,000 per Injury Subject to a \$40,000 Lifetime Maximum Maximum Benefit Period: 10 Weeks	
Certificate Combined Single Limit and Any One (1) Accident and Aggregate	\$1,000,000	
Monthly Premium	\$135.00	

**Groups of 1 or more**

\*Subject to the lesser of 70% of Average Weekly Earnings or the Maximum Weekly Benefit Amount Shown

\*\*Age will vary depending upon the Owner-Operator's DOB. If the Owner-Operator reaches SSRA before satisfying the waiting period, he/she will not qualify for Continuous Total Disability Benefits.