

Consumer Driven Benefits Association

(This is only an overview of coverage. See policy on file with CDBA for complete benefits and exclusions.)

SYNOPSIS OF COVERAGE

**ACCIDENT DISABILITY INCOME
DAILY IN-HOSPITAL ACCIDENT
ACCIDENTAL DEATH & DISMEMBERMENT**

SCOPE OF COVERAGE

We will provide the benefits described in this Policy to all Covered Persons who suffer a covered loss which is within the scope of the DESCRIPTION OF BENEFITS PROVISIONS and results, directly and independently of all other causes, from bodily injury which is suffered in an Accident, and occurs while the person is a Covered Person under this Policy and is within the scope of the risks set forth in the DESCRIPTION OF HAZARDS provisions.

Insured persons include all members and their lawful spouses under age 70.

Accident means a sudden, unforeseeable external event which causes injury to one or more Covered Persons and occurs while coverage is in effect for the Covered Person.

Benefits are payable for Eligible Expenses for non-work related Injuries on the following basis:

DESCRIPTION OF BENEFITS

TOTAL DISABILITY WEEKLY INCOME

Waiting Period:	14 days
Weekly Income Benefit Amount:	\$250 up to 75%
Maximum Benefit Period	52 weeks

“Total Disability”/”Totally Disabled” means: During the Waiting Period for this Total Disability Weekly Income benefit, and for up to the next 52 weeks, a Covered Person must have accident injuries whereby he or she cannot do all the substantial and material duties of his or her type of work.

ACCIDENTAL DEATH & DISMEMBERMENT

Principal Sum	\$10,000
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If, within one year from the date of an Accident covered by this Policy, Injury from such Accident results in Loss listed on the top of the next page, we will pay the percentage of the Principal Sum set opposite the loss in the table. The amount will not exceed the Principal Sum which applies to the Covered Person.

THIS IS LIMITED ACCIDENT DISABILITY INSURANCE. IT IS AN ACCIDENT ONLY POLICY AND DOES NOT COVER LOSS OR EXPENSE RESULTING FROM SICKNESS, DISEASE, OR BODILY INFIRMITY. In order to receive benefits, an insured person must sustain an injury while the policy is in force and such injury directly and independently causes a loss covered by the policy.

BENEFIT A. ACCIDENTAL DEATH, DISMEMBERMENT, OR LOSS OF SIGHT

<u>Loss</u>	<u>Percentage of Principal Sum</u>
Loss of Life	100%
Loss of Both Hands	100%
Loss of Both Feet	100%
Loss of Entire Sight of Both Eyes	100%
Loss of One Hand and One Foot	100%
Loss of One Hand and Entire Sight of One Eye	100%
Loss of One Foot and Entire Sight of One Eye	100%
Loss of One Hand	50%
Loss of One Foot	50%
Loss of Entire Sight of One Eye	50%
Loss of Thumb and Index Finger of the Same Hand	25%

BENEFIT B. IN-HOSPITAL ACCIDENT ONLY BENEFIT

Benefit Amount: \$150 per day. Benefit is payable for a maximum of 31 days per year. Zero day waiting period per year.

If an accidental bodily injury results in an Insured's hospitalization within 45 days of the accident, we pay a daily benefit for each day of hospitalization beginning the first day of hospital confinement for a maximum of 31 days. Such confinement must be prescribed by a Doctor and as a regular bed patient. The term "Doctor" means a person licensed in the healing arts acting within the scope of his or her license. Confinement solely for the purpose of convalescing or receiving nursing care is not covered.

DISCRIPTION OF HAZARDS

24 HOUR COVERAGE. We will pay the benefits described in this Policy for any Accident which happens to a Covered Person while he is covered by this Policy. This includes travel or flight in an Aircraft with some restrictions. SEE EXCLUSIONS.

GENERAL POLICY PROVISION

WORKERS' COMPENSATION INSURANCE: This Policy is not in lieu of, and does not affect, any requirement for coverage under any Workers' Compensation Insurance.

EXCLUSIONS

The program does not cover: (1) Elective treatment or surgery, health treatment, or examination where no injury is involved. (2) driving under the influence of a controlled substance or driving while intoxicated; (3) aviation, except as specifically provided in this policy; (4) any loss which is covered by state or federal worker's compensation, employers liability, occupational disease law, or similar laws, or any work-related injury; (5) that part of medical expense payable by any automobile insurance policy without regard to fault; (6) charges which the covered person would not have to pay if he did not have insurance or are in excess of usual, reasonable and customary charges; (7) the repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices; (8) blood or blood plasma; (9) the repair or replacement of existing dentures, partial dentures, braces or fixed or removable bridges or glasses; (10) voluntary self-administration of any drug or chemical substance not prescribed by, and taken according to the directions of, a doctor (11) normal health checkups; (12) injury that is the result of the Covered Person being intoxicated: or caused by any narcotic, drug, poison, gas or fumes voluntarily taken, administered, absorbed or inhaled, unless prescribed by a Doctor; (13) charges payable by other valid and collectible insurance; (14) services or treatment rendered by a Doctor, nurse or any other person who is employed or retained by the Policyholder; (15) TMJ; (16) cosmetic surgery; (17) hernia of any kind; (18) Expenses incurred for an Accident after the Benefit Period shown in the schedule of benefits. (19) Travel in or upon: a) A snowmobile; b) Any two or three wheeled motor vehicle; c) Any off road motorized vehicle not requiring licensing as a motor vehicle; (20). Any Accident where the covered person is the operator of a motor vehicle and does not possess a current drivers license, (21).Disease Law, (22). Eyeglasses, contacts lenses, hearing aids, braces, appliances, or examinations or prescriptions thereof; (23). Injury sustained while in the service of the armed forces of any country. When the covered person enters the armed forces of any country, we will refund the unearned pro rata premium upon request.

CLAIM PROVISIONS

Written notice of claim must be given within 30 days after a covered loss occurs or as soon as reasonably possible. We will send forms to authorized members who ask for them.

Notice must be sent to the address below or call 1-800-303-8110

**Consumer Driven Benefits Association
515 New Jersey, Suite G
Redlands, CA. 92373**

Underwritten by: United States Fire Insurance Company