
MTN Health Insurance, LLC

For a free - no obligation quote, or to apply for any VoluntaryMart policy please call:
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OFF THE JOB ACCIDENT DISABILITY BENEFIT RIDER

This **OFF THE JOB ACCIDENT DISABILITY BENEFIT RIDER** adds to the main policy to which it is attached. All of the provisions of that policy (except for the Effective Date), including limitations and exclusions, and definitions, are incorporated into this Rider. The Policy Schedule specifies the Rider Effective Date and which Insured Person is eligible for the benefits provided by this Rider.

Section A **BENEFIT AMOUNT, BENEFIT PERIOD AND ELIMINATION PERIOD**

Benefit Amount	\$100 - \$5000 in \$100 increments
Benefit Period	6 months or 12 months
Elimination Period	0 days or 7 days

Section B **BENEFITS**

1. **Not Working Full Time:** If the Insured Person has coverage under this Rider and is not working at a Full-Time Job, We will pay benefits as follows:
 - a. **Before Age 70:** If, as a result of a covered Off the Job Accident, the Insured Person needs Direct Personal Assistance to perform at least two ADLs, We will pay one-thirtieth of the Benefit Amount for each day after the Elimination Period that the Insured Person is unable to perform the ADLs. The disability must begin within 90 days of the Insured Person's most recent treatment for the covered Off the Job Accident. A Physician must certify the Insured Person's need for Direct Personal Assistance. This benefit is not payable for more than the maximum number of days in the Benefit Period.
 - b. **Age 70 and beyond:** If a covered Off the Job Accident causes the Hospital Confinement of the Insured Person We will pay one-tenth of the Benefit Amount each day after the Elimination Period. The Hospital Confinement must begin within 90 days of the Insured Person's most recent treatment for the covered Off the Job Accident. This benefit is not payable for more than the maximum number of days in the Benefit Period.
2. **Working Full Time:** If the Insured Person has coverage under this Rider and is working at a Full-Time Job, We will pay benefits as follows:
 - a. **Before Age 70:** If a covered Off the Job Accident causes the Total Disability of the Insured Person, We will pay one thirtieth of the Benefit Amount for each day after the Elimination Period that the Insured Person remains Totally Disabled. The disability must begin within 90 days of the Insured Person's most recent treatment for the covered Off the Job Accident. This benefit is not payable for more than the maximum number of days in the Benefit Period.
 - b. **Age 70 and beyond:** If a covered Off the Job Accident causes the Hospital Confinement of the Insured Person, We will pay one-tenth of the Benefit Amount for each day after the Elimination Period that the Insured Person remains Totally Disabled. The Hospital Confinement must begin within 90 days of the Insured Person's most recent treatment for the covered Off the Job Accident. This benefit is not payable for more than the maximum number of days in the Benefit Period.

Even if multiple Injuries cause disability, benefits will be paid for only one disability at a time. We will pay only one Benefit under this Rider and any other disability coverages you have in force with us for the same day of disability.

Attaining age 70 will not stop benefits otherwise payable.

To evaluate any claim made against this policy, including a claim of Total Disability, or inability to perform two or more ADLs, or the need for Direct Personal Assistance, We reserve the right to meet with the Insured Person during the pendency of a claim. In addition, the Insured Person agrees to submit to interviews or examinations conducted by our Physicians or independent advisors.

When the Insured Person dies, Benefits will end.

Section C **PRE-EXISTING CONDITIONS**

This Policy does not cover disability or hospitalization caused by a Pre-existing Medical Condition, which is any condition for which an Insured Person received treatment from a Physician in the twelve months prior to the Effective Date of this Rider. Treatment is defined as receiving advice, consultations, or where a Physician recommends or performs medical therapies.

Section D **LIMITATIONS AND EXCLUSIONS**

1. Any Limitations and Exclusions listed in your policy apply to this Rider.
2. No benefits will be paid for a disability for which care is given outside the territorial limits of the United States and Canada.

Section E **DEFINITIONS**

1. **BASE PAY EARNINGS:** The amount of money an Insured Person receives as gross salary or wages from full time employment, excluding variable compensation such as overtime, bonuses or other special incentives. If the Insured Person is self employed, then "Base Pay Earnings" shall mean "net earnings," which means the gross income of the business less allowable expenses and taxes.
2. **BENEFIT AMOUNT:** The amount of benefits payable under this Rider. The Benefit Amount We will pay is that which is in effect at the time the loss begins.
3. **BENEFIT PERIOD:** After any applicable Elimination Period has run, the total number of days that You can receive payment under this Rider for any single period or Successive Periods of Disability. The Benefit Period in effect when the loss begins is the only Benefit Period that will apply. An additional complete Elimination Period must be satisfied for each distinct Benefit Period within a series of Successive Periods of Disability. Each 30 day period where benefits are paid shall be considered a month.
4. **DIRECT PERSONAL ASSISTANCE:** Help that the Insured Person needs from another person every time the Insured Person performs an ADL. An Insured Person is considered to need

Direct Personal Assistance, if he or she cannot complete the ADL without help even if he or she uses reasonable supports or mechanical aids generally available.

5. **ELIMINATION PERIOD:** The time during the initial period of Total Disability that is excluded from eligibility for payment of benefits. An additional complete Elimination Period must be satisfied for each Benefit Period. We will only apply the Elimination Period which is in effect at the time the loss begins.
6. **FULL-TIME JOB:** A job that you work for Base Pay Earnings. You must be scheduled to work at least 30 hours per week, 35 weeks per year.
7. **OFF THE JOB ACCIDENT:** An Injury that occurs while you are not working at any job for pay or benefits.
8. **SUCCESSIVE PERIODS OF DISABILITY:** A period of Total Disability, distinctive from a previous period of Total Disability, although due to the same or associated conditions as that which caused a previous period of Total Disability, will be considered an extension of the same disability period unless the new period begins more than 180 days after the end of the previous period.

If there are unrelated causes for separate disability periods and You have not returned to work at a Full-Time job for at least 14 working days between the disability periods, then the subsequent disability period will be considered a continuation of the prior disability period. During your return to work between disability periods due to unrelated causes, you must perform the material and substantial job duties for all 14 working days and be no longer Totally Disabled.

9. **TOTALLY DISABLED, TOTAL DISABILITY:** The Insured Person cannot perform the material and substantial duties of his or her Full-time Job with the result that his or her Base Pay Earnings are reduced to less than 80% of the Base Pay Earnings that the Insured Person made on the date he or she became Totally Disabled. Being under a Physician's care is also required.

If and when the Insured Person returns to any work and earns at least 80% of the Base Pay Earnings he or she was being paid before the beginning of Total Disability, he or she will no longer be considered Totally Disabled. If the Insured Person cannot perform the important and essential duties of his or her Full-time Job, but he or she is able to do different work, he or she will still be considered Totally Disabled if he or she cannot earn at least 80% of his or her Base Pay Earnings.



Secretary