Employeéou are eligible for coverage as follows:
Exempt Employees: on your date of hire
NonExempt Employees: on the first day of the month Stellwindering 60 days of Active

Available Coverage:

/ Wallable Cove	rage:	
	Benefit Amount	Maximum
Employee	\$25,000	\$25,000

Benefit Details:

Deficit Details.	
If, within 365 days of a Covered Accident, bodily injuries result in	We'll pay this % of the Benefit A
Loss of life; QuadriplegiapLossrefhands or feet; Loss of sight in speech and hearing (both ears)	100%
Paraplegia	75%
Hemiplegia; Loss of one hand, one foot, sight in one eye, spee Severance and Reattachmentout one hand or	50%
Uniplegia; Loss of all four fingers of the same hand; or Loss of hand	25%
Loss of all toes of the same foot	20%

For Comatou will receive 1% of the full benefit amount each month, for up to a maximum of dria in a coma for 30 days or more as a result of a Covered Accident. If the consequence is the isual table in efit amount will be paid.

For Wearing a Seatbelt & Protection-by can will bace ive an additional 10% benefit but not more the dies in a covered automabitelaw cade noteen tied to be wearing a seatbelt or approved child restraint. We will increate an additional 5% but not more than \$10,000 if the insured person was also for postioning imply to person than \$10,000 if the insured person was also for postioning imply to person the conveyence of the disappear and the conveyence of the disappear sinking of the conveyance in which you or an insured family member were riding, on a trip other