

INSURANCE FOR OCCUPATIONAL ACCIDENTS

Southeastern Lumbermen's Association Blanket Accident Insurance

(Policy Form # 6890.MP)

SOUTHEASTERN LUMBERMEN'S ASSOCIATION is proud to offer its members coverage for **Employees, Independent Operators, Contractors and Contract Labor**, with the flexibility of choosing from 3 affordable plan options with maximum benefits of **\$100,000, \$300,000 or \$500,000** Combined Single Limit.



AVAILABLE BENEFITS

- ✓ Accidental Death
- ✓ Survivor's Benefit
- ✓ Accidental Dismemberment
- ✓ Weekly Accident Indemnity
- ✓ Permanent Partial Disability
- ✓ Accident Medical Expense



The Southeastern Lumbermen's Association worked with Philadelphia American and Employer's Underwriters, Inc. to develop this quality insurance program commensurate with the needs and demands of your industry. This program provides your members with broad insurance coverage for Accidental Death and Dismemberment, Disability and Medical Expense Losses which result from a covered accident.

This coverage is not a workers' compensation, sickness, or employer's liability coverage, and it does not relieve anyone from the requirement to carry workers' compensation. This is a limited, accident-only coverage.

THIS PROGRAM
IS UNDERWRITTEN BY



**PHILADELPHIA
AMERICAN**
LIFE INSURANCE COMPANY®

P.O. Box 4298
Houston, Texas 77210-4298

MARKETED BY
**EMPLOYER'S
UNDERWRITERS,
INC.**

P.O. Box B
Decatur, Alabama 35602-9002
Call Toll-Free

1-800-622-7635



WHY DO YOU NEED OCCUPATIONAL ACCIDENT INSURANCE?

EMPLOYERS might be seeking an affordable way to protect themselves and their employees from potential financial loss resulting from occupational accidents. Your non-employee INDEPENDENT CONTRACTORS, who may not be eligible for your corporate workers' compensation insurance, are even more in need. Purchasing individual workers' compensation coverage can be expensive or may not be available for these individuals. At the same time, not providing insurance for independent contractors may leave your company exposed to a host of liability problems. It is key for your independent contractors and employees to have a comprehensive accident program, and by offering this valuable, flexible benefit may help you attract and retain workers.



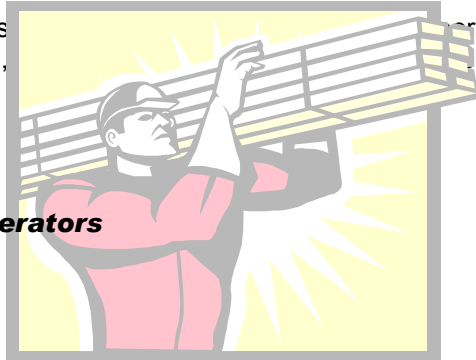
WHO IS ELIGIBLE?

All owners, managers, superintendents contracted by the participating members,

persons, age 18 or over, employed by or contract insurance.

This Includes:

- ✓ **Employees**
- ✓ **Independent Operators**
- ✓ **Contractors**
- ✓ **Contract Labor**



We specialize in plans for:

- ✓ **Loggers**
- ✓ **Sawmills**
- ✓ **Pallet Mills**
- ✓ **Truckers**

BENEFITS

We understand that not every company has the same needs. That's why we offer the flexibility of choosing from three plan options. Whichever option is chosen is applicable to every benefit.

Plan A Plan B Plan C

👍 **Lump Sum Accident Death Benefit:**

All Plans - \$25,000

Pays benefits if injury to the insured results in death within 90 days of the covered accident. Provides a lump sum payment either to the surviving spouse, children or estate.

👍 **Survivor's Benefit:**

Plan A - \$75,000 Plan B - \$275,000 Plan C - \$275,000 (Maximum)

Pays monthly benefit to the insured's spouse should the insured suffer an accidental death as a result of a covered accident. The monthly benefit equals to 4.3 times the Weekly Accident Indemnity Benefit. The monthly benefit amount is payable up to the Survivor's Benefit Maximums as shown above. If the insured is not survived by a spouse, or if the insured's spouse dies or remarries, the company will pay or continue to pay the Survivor's Benefit to the insured's surviving dependent children, if any. If there are no survivors, this benefit will not be paid.

👍 **Lump Sum Accidental Dismemberment Benefit:**

All Plans - \$25,000

Pays benefits if injury to the insured results in dismemberment within 90 days of the covered accident. Provides a percentage of the above Accidental Dismemberment Benefit Amount to the insured, or, if deceased, to either the surviving spouse, children or estate. The percentage payable for the covered losses are as follows: For Loss of: both hands or both feet - 100%; sight of both eyes - 100%; one hand and one foot - 100%; one hand and the sight of one eye - 100%; one foot and the sight of one eye - 100%; speech and hearing in both ears - 100%; one hand or one foot - 50%; sight of one eye - 33%; speech or hearing in both ears - 50%; one finger or one toe - 5%; two fingers or two toes - 6%; three fingers, or three toes or one thumb - 8%.



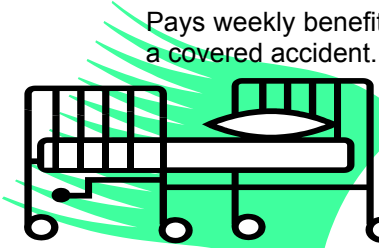
Periodic Payment Accidental Dismemberment Benefit:

Plan A - \$75,000 Plan B - \$275,000 Plan C - \$275,000 (Maximum)

Pays monthly benefits if injury to the insured results in dismemberment within 90 days of the covered accident. The monthly benefit equals to 4.3 times the Weekly Accident Indemnity Benefit times the percentage for the covered loss as shown below. The monthly benefits are payable up to the Periodic Payment Accidental Dismemberment Maximum Amount as shown above. The percentage payable for the covered losses are as follows: For Loss of: both hands or both feet - 100%; one hand and one foot - 100%; one hand and the sight of one eye - 100%; one foot and the sight of one eye - 100%; speech and hearing in both ears - 100%; one hand or one foot - 50%; speech or hearing in both ears - 50%; or sight of one eye - 33%.

👍 **Weekly Accident Indemnity Benefit:**

\$150 \$185 \$225 \$250 \$300 \$400 \$500



Pays weekly benefits to members who are unable to perform the duties of their own occupation as a result of a covered accident. The insured must be rendered totally disabled within 10 days of the accident that caused the injury. Benefits begin after seven days of total disability due to that injury. The amount of the benefit per week is the lesser of: (1) the Maximum Amount shown above; or (2) 70% of Weekly Earnings. It is payable so long as the Insured remains Totally Disabled due to that Injury in that Period of Disability, up to 104 Weeks in all Periods of Disability resulting from all injuries caused by the same accident.

👍 **Permanent Partial Disability Benefit:**

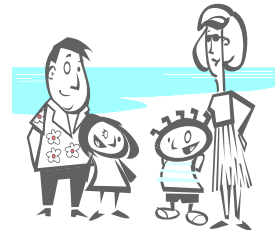
All Plans - \$4,000 Maximum

Pays monthly benefits for a permanent partial disability for the same injury that rendered the insured totally disabled. Must immediately follow the period of disability for which total disability benefits are paid or payable. The percentage of an Insured's Permanent Partial Disability must be determined by a Physician and agreed upon by the Company. The monthly benefit will be equaled to 4.3 times this percentage times the Weekly Accident Indemnity Benefit subject to this percentage times the Maximum Amount as shown above.

👍 **Accident Medical Expense Benefit:**

Plan A - \$100,000 Plan B - \$300,000 Plan C - \$500,000

Deductible Amount: \$0 \$250 \$500



Pays benefits for usual and customary charges for medically necessary covered accident medical services, as defined in the policy, incurred as the result of a covered accident. The insured must be treated by a physician within 30 days of the injury. Benefits payable are subject to the Maximum Benefit and Deductible Amount as shown above and the Maximum Benefit Period of 2 years per Insured for all Injuries caused by a single accident.

EXCLUSIONS

The Policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:

- Suicide or any attempt at suicide; intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury;
- Sickness, disease or infections of any kind, except bacterial infections due to an accidental cut or wound, botulism, or ptomaine poisoning;
- Pre-existing conditions for which an Insured has sought or received medical advice or treatment during the twelve months immediately preceding his or her effective date of coverage under the Policy, until the Insured has been continuously covered under the Policy for twelve consecutive months;
- Occupational Cumulative Trauma;
- Occupational Disease, including but not limited to asbestosis, silicosis, Black Lung or any other disease, provided such condition:
 1. is not traceable to an Injury;
 2. has been caused by exposure to a disease producing agent(s) present in the Insured's Occupational environment; and
 3. has resulted in disability or death;
- Hernia or hemorrhoids of any kind, except as provided by the Weekly Accident Indemnity Benefit;
- Performing, learning to perform or instructing others to perform as a master or crew member of any vessel while covered under the Jones Act or the United States Longshoremen's and Harbor Workers' Act, or similar coverage;
- Declared or undeclared war, or any act of declared or undeclared war;
- Service in the military, naval or air forces of any country or any civilian non-combatant unit serving with such forces. (unearned premium will be returned If Insured enters Military Service);
- Dental treatment, except as a result of Injury to Sound Natural Teeth;
- Any condition for which benefits under any Workers' Compensation Act, Occupational Disease Law, or similar law are payable or become payable to the Insured;
- Any loss insured by employer's liability insurance;
- The Insured's commission of or attempt to commit a felony;
- A union " Stop Work " action;
- Cosmetic, plastic or restorative surgery, unless Medically Necessary for the treatment of the covered injury;
- Myocardial infarction (heart attack) of any kind;
- Charges which the Insured or the Participating Organization would not be legally required to pay;
- Charges for diagnostic procedures; treatment; supplies; or equipment; which are of an experimental nature;
- Charges for drugs, supplies or equipment used for an Accident other than those approved by the Food and Drug Administration;
- Charges for testing and fitting of orthomechanical and orthotic devices, and charges for the purchase of such devices except when incurred because of a central nervous system or generalized neuromuscular injury as determined by the Company;
- Charges for biofeedback and other forms of self-care or self-help training or any related diagnostic testing;
- Charges for hypnosis;
- Charges for acupuncture;
- Charges for the purchase, rental or repair of environmental control devices including but not limited to: air conditioner, or humidifier; or dehumidifier; or air purifier;

EXCLUSIONS – CONT'D

- Charges for eye refractions; or fitting or purchase of eyeglasses and/or contact lenses; or visual training; or orthoptics;
- Charges for speech; or language; or learning; or hearing; or occupational; or recreational; or music training or therapy and any related testing except when medically necessary for treatment of an injury;
- Charges for the purchase of an organ transplant;
- Charges for thermography;
- Charges for telephone consultations with the Insured, Insured's family, other Physician or other health care providers;
- Charges for any diagnostic procedure, treatment, service or supply which is not medically necessary for the diagnosis and/or treatment of an Insured's injury, as determined by the Company;
- That part of a charge which is in excess of the Usual and Customary charge for the services of a health care professional or for the purchase or rental of supplies and durable medical equipment, as determined by the Company;
- Charges for services performed by: a person who normally lives with the Insured; or the spouse of the Insured; or a parent of the Insured or of the Insured's spouse; or a child of the Insured or of the Insured's spouse; or a brother or sister of the Insured or of the Insured's spouse;
- Charges for repairs; or maintenance or replacement due to: wear, breakage unless breakage occurs as a result of an occupational injury of a Prosthesis and loss by theft or other means; or personal desires of a Prosthesis. (Eyeglasses, lenses and hearing aids are excluded);
- Charges incurred for treatment of an injury resulting from being under the influence of drugs which were not prescribed by a Physician or from being legally intoxicated;
- Charges for a loss resulting from an act of terrorism. "Terrorism" means the unlawful or threatened use of force, violence, chemicals or technology, or any other act of aggression in whatever form against person or property to intimidate or coerce government, the civilian population, or any segment hereof in furtherance of ideological, political, social or religious objectives;
- Charges for a loss resulting from a nuclear incident; or
- Any loss that is not specified as a payable benefit herein.

Separate exclusions and limitations for the Accident Medical Expense coverage apply.

FOR MORE INFORMATION, PLEASE CONTACT:



EMPLOYER'S UNDERWRITERS, INC.

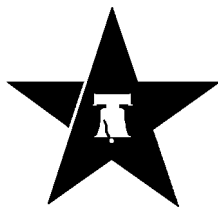
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Houston, Texas 77210-4298

This brochure is only a brief description of coverage. For complete details, please refer to the policy, PAL-SELA-01, underwritten by Philadelphia American Life Insurance Company. In the event of a conflict between this brochure and the actual policy, the insurance policy will govern in all cases. The policy contains a Combined Single Limit provision.

The coverage is not a workers' compensation or sickness coverage and it does not provide coverage authorized or required under the Workers' Compensation Act.