



**USABLE**

**Accident Elite Product Manual**

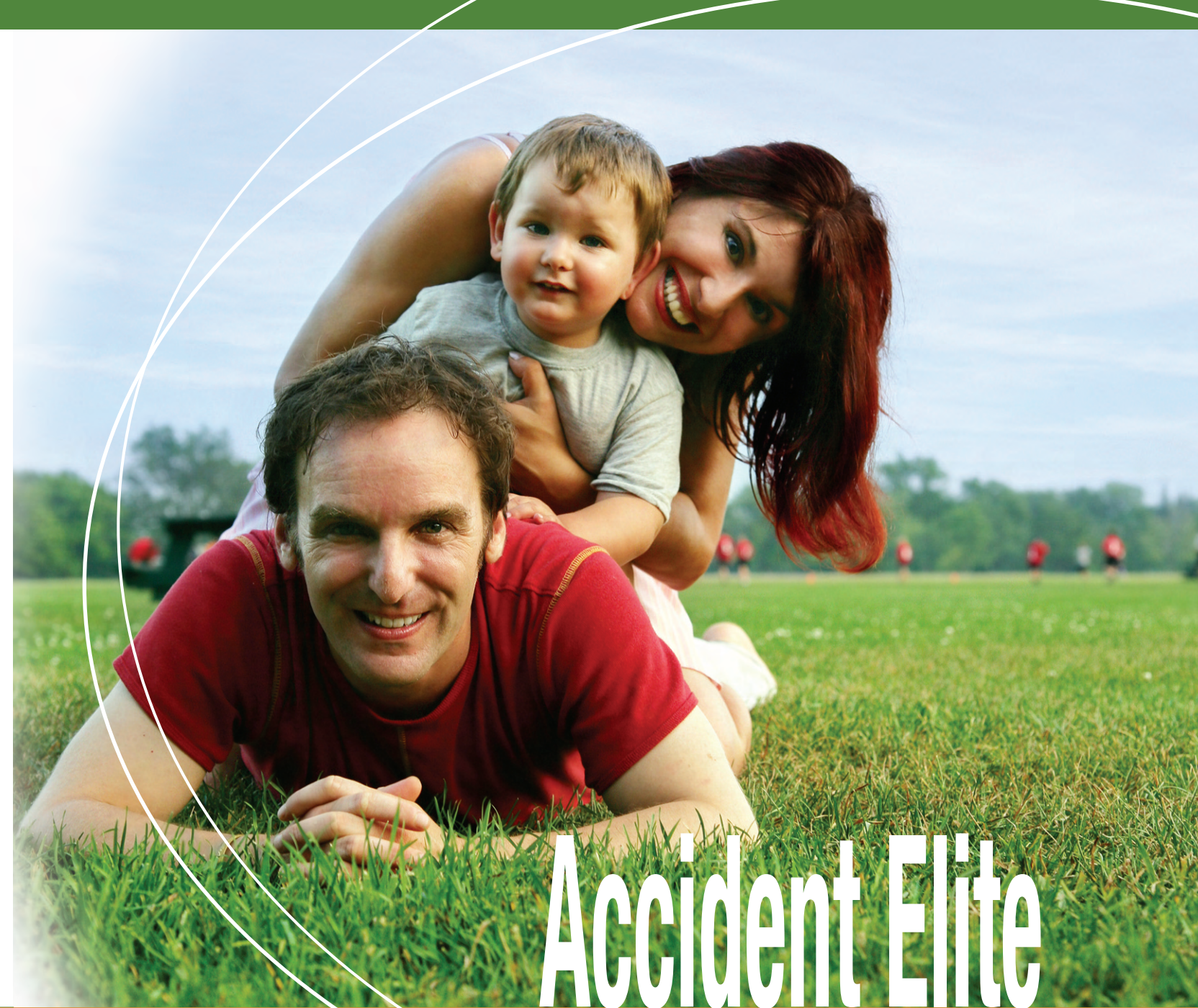
Includes:

Brochure  
Field Reference Manual  
Specimen Policy  
Forms



GROUP INSURANCE  
SERVICES





# Accident Elite

*Accidents happen, be prepared with Accident Elite.*

**US**Able<sup>®</sup> Life

*You'll Choose Us For Life*



# ACCIDENT ELITE PROVIDES THE ELITE PROTECTION YOU NEED!

## ACCIDENT POLICY WITH WELLNESS BENEFIT — FORM AEP (9-05) — OUTLINE OF COVERAGE

The following benefits are payable for losses resulting from injuries sustained in a covered accident only, as treated within the time periods stated below. Benefits for some losses may vary depending upon the selected plan.

LOSS OR TREATMENT	BASIC			SELECT			ULTRA		
	<b>ACCIDENTAL DEATH</b> Accidental Death must occur within 90 days after a covered accident.								
Covered Accidents	\$30,000	\$30,000	\$9,750	\$40,000	\$40,000	\$13,000	\$60,000	\$60,000	\$19,500
Common Carrier Accidents	\$112,500	\$112,500	\$19,500	\$150,000	\$150,000	\$26,000	\$225,000	\$225,000	\$39,000
	<b>ACCIDENTAL DISMEMBERMENT</b> Accidental Dismemberment must occur within 90 days after a covered accident.								
Loss of two members*	\$30,000	\$30,000	\$9,750	\$40,000	\$40,000	\$13,000	\$60,000	\$60,000	\$19,500
Loss of one member*	\$7,500	\$7,500	\$2,850	\$10,000	\$10,000	\$3,800	\$15,000	\$15,000	\$5,700
Loss of one or more fingers or toes*	\$1,500	\$1,500	\$450	\$2,000	\$2,000	\$600	\$3,000	\$3,000	\$900

\* See policy for details

LOSS OR TREATMENT	BASIC	SELECT	ULTRA
<b>EMERGENCY TREATMENT</b> Treatment must be in an emergency room, physician's office, or standalone emergency center, within 72 hours. If treatment is received for the removal of a foreign body from the eye or a laceration, which is not repaired with stitches, staples, or glue, the maximum benefit paid will be \$45 for BASIC, \$60 for SELECT or \$90 for ULTRA for this benefit and the Follow-Up Physician Visit benefit combined.	charges up to \$105 INSURED \$105 SPOUSE \$60 CHILD	charges up to \$140 INSURED \$140 SPOUSE \$80 CHILD	charges up to \$210 INSURED \$210 SPOUSE \$120 CHILD
<b>MAJOR DIAGNOSTIC EXAM</b> Exam must be performed within 180 days and a charge incurred for: CT (computerized tomography) scan, MR (magnetic resonance imaging), or EEG (electroencephalogram). Payable once per accident.	\$150	\$200	\$300
<b>MEDICAL APPLIANCE</b> Prescribed by a physician to aid in personal locomotion or mobility, such as crutches or a wheelchair. Payable once per accident.	\$105	\$140	\$140
<b>EMERGENCY DENTAL WORK</b> Treatment to correct injuries begun within 30 days. Payable once per person per accident.	BROKEN TOOTH REPAIRED WITH CROWN \$150 BROKEN TOOTH RESULTING IN EXTRACTION \$45	\$200 \$60	\$200 \$60
<b>SPECIFIED LOSS</b>			
Burns treated within 72 hours. Payable once per accident.	\$1,125	\$1,500	\$2,250
Tendon / Ligament surgically repaired within 1 year.*	\$450	\$600	\$900
Dislocation (separated joint) diagnosed within 30 days.* Payable only for the first dislocation of a joint. Subsequent dislocation of the same joint will not be covered.	up to \$1,875	up to \$2,500	up to \$3,750
Eye injury requiring surgery or removal of a foreign object within 30 days. Payable once per accident.	up to \$225	up to \$300	up to \$450
Fractures diagnosed within 14 days and requiring open or closed reduction by a physician.*	up to \$1,875	up to \$2,500	up to \$3,750
Torn Knee Cartilage and Ruptured Disc treated within 60 days and surgically repaired within 1 year. Payable once per accident.	up to \$465	up to \$620	up to \$930
Torn Rotator Cuff surgically repaired within 90 days.	\$465	\$620	\$930
Internal Injuries resulting in open abdominal, hernia or thoracic surgery within 30 days.	\$945	\$1,260	\$1,890
Concussion resulting in EEG abnormality within 30 days.	\$45	\$60	\$90
Lacerations repaired within 72 hours.	up to \$375	up to \$500	up to \$750

\*If the insured receives a fracture or a dislocation and tears, ruptures, or severs a tendon or ligament, we will pay only one benefit, whichever is the largest. If the insured receives a fracture and a dislocation in the same accident, we will pay for both, but no more than 150% of the bone or joint with the highest amount.



**READ YOUR POLICY CAREFULLY** — This outline of coverage provides a brief description of the important features of your policy. This is not the insurance policy, and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!** Limited Benefit — Accident Only — Policies of this category are designed to provide to persons insured, restricted coverage paying benefits ONLY when certain losses occur as a result of accident only. Coverage is not provided for basic hospital, basic medical-surgical, or major medical or comprehensive expenses.

*defined in the policy. The loss must occur or injury must be diagnosed or severity of the accident. See the policy for specific amounts payable.*

## LOSS OR TREATMENT

### FOLLOW-UP PHYSICIAN VISIT

Treatment received must be over and above emergency treatment. Follow-up visits must begin within 30 days of the accident or discharge from the hospital. Limited to 6 visits per accident. Not payable for same visit as the Physical Therapy benefit.

### PHYSICAL THERAPY

Therapy must begin within 30 days, be prescribed by a physician and provided by a licensed physical therapist. Payable for up to five visits. Not payable for the same visit that the Follow-up Physician Visit benefit is paid.

### AMBULANCE

Ground ambulance (within 30 days) or air ambulance (within 72 hours) to or from a hospital or between medical facilities. Each benefit is payable only once per accident.

### HOSPITAL ADMISSION

Admitted to a hospital as a resident bed patient and confined within 30 days. Payable only once per confinement and only once per person per calendar year.

### HOSPITAL CONFINEMENT

Confined in a hospital as a resident bed patient within 30 days. Paid per day for up to 365 days per accident.

### HOSPITAL INTENSIVE CARE UNIT CONFINEMENT

Confinement must begin within 30 days. Payable up to 15 days. Only one payment under this benefit or the Hospital Confinement benefit will be paid per day.

### COMA

Coma duration must be at least 30 days.

### PARALYSIS

Paralysis must be for a minimum of three (3) months.

### PROSTHETIC DEVICE/ARTIFICIAL LIMB

Prosthetic device or artificial limb must be prescribed by a physician for functional use and received within one year. Payable only once accident.

### BLOOD/PLASMA

Transfusions, within 30 days, of whole blood and blood products, which are limited to red blood cells, platelets, fresh frozen plasma, cryoprecipitate and leukocytes; including the processing, typing, cross-matching, and administration of the blood or blood products. Payable only once per accident.

### TRANSPORTATION

For roundtrip to and from hospital, when treatment is required in a hospital more than 100 map miles from the person's residence or site of accident. Paid for person prescribed treatment, or, if dependent child and commercial travel is necessary, the child's parent/legal guardian (only one) traveling with child will also receive a benefit equal to the insured's benefit. Treatment must not be available locally. Not payable for ambulance or air ambulance. Payable up to 3 trips per calendar year per person.

### FAMILY LODGING

Pays for a single hotel room for an immediate family member to be near a covered person confined in hospital more than 100 miles from the person's residence. Limited to 30 days per accident, and only while the injured person is confined.

	BASIC	SELECT	ULTRA
	charges up to	charges up to	charges up to
	\$30/visit	\$40/visit	\$60/visit
	\$30/visit	\$40/visit	\$60/visit
	GROUND AMBULANCE		
	\$150	\$200	\$200
	AIR AMBULANCE		
	\$1,125	\$1,500	\$1,500
	\$1,000	\$1,000	\$1,500
	\$195/DAY	\$260/DAY	\$390/DAY
	\$400/DAY	\$400/DAY	\$600/DAY
	\$9,750	\$13,000	\$19,500
	QUADRIPLEGIA		
	\$9,750	\$13,000	\$19,500
	PARAPLEGIA		
	\$4,875	\$6,500	\$9,750
	ONE DEVICE OR LIMB		
	\$525	\$700	\$700
	MORE THAN ONE DEVICE OR LIMB		
	\$1,050	\$1,400	\$1,400
	\$150	\$200	\$200
	\$450	\$600	\$600
	CHARGES UP TO \$105/NIGHT	CHARGES UP TO \$140/NIGHT	CHARGES UP TO \$140/NIGHT

## WELLNESS BENEFIT

We will pay **\$60 for BASIC or SELECT** or **\$75 for ULTRA** for a covered person (coverage must be effective for 30 days) to undergo a routine physical examination or other preventative testing such as:

- Annual Physical Exam
- Mammogram
- Pap Smear
- Eye Examination
- Immunization
- Flexible Sigmoidoscopy
- Prostatic Specific Antigen (PSA) Test
- Ultrasound
- Blood Screening

Payable only once per policy per calendar year.

## ELECTIVE BENEFITS

(primary insured only)

### ACCIDENT DISABILITY RIDER

Pays the monthly benefit chosen below in the event you are totally disabled as the result of an off-the-job, non-occupational covered accidental injury. Benefits begin on the first day of total disability and may continue for up to 12 months while totally disabled.

You have applied for the Accident Disability Rider.....

\$400  \$600  \$800  NONE

### 24-HOUR ACCIDENT DISABILITY RIDER

Pays the monthly benefit chosen below in the event you are totally disabled as the result of a covered accidental injury occurring on- or off-the-job. Benefits begin on the first day of total disability and may continue for up to 12 months while totally disabled.

You have applied for the 24-Hour Accident Disability Rider.....

\$400  \$600  \$800  NONE

### SICKNESS DISABILITY RIDER

Pays a monthly benefit chosen below in the event you are totally disabled as the result of a sickness occurring either on- or off-the-job. Benefits begin on the 31st day of total disability and may continue for up to 6 months while totally disabled.

You have applied for the Sickness Disability Rider.....

\$400  \$600  NONE

## RENEWABILITY AND CONTINUATION

This policy and riders are guaranteed renewable during your lifetime. The company may change the established premium rate, but only if the rate is changed for all policies and riders like yours in your state. This policy will not be issued to anyone 65 years of age or over. If you purchase the policy and/or riders prior to your 65th birthday, you may continue coverage after age 65, except for disability riders, as long as you continue to pay the premium by the due date or during the 31 days that follow. Covered dependents who no longer meet eligibility requirements, may convert to a comparable individual policy without evidence of insurability. A spouse can continue coverage under this policy upon your death.

## EXCEPTIONS AND LIMITATIONS FOR ACCIDENT ELITE POLICY AND ACCIDENT DISABILITY RIDERS

The policy pays only for loss resulting from a covered accident as defined in the policy. It DOES NOT cover injuries incurred as a result of a covered person:

1. Being exposed to war or any act of war, declared or undeclared, or serving in any of the armed forces.
2. Intentionally self-inflicting bodily injury or attempting suicide, while sane or insane.
3. Participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed/passenger-carrying aircraft.
4. Participating in, or attempting to participate in an illegal activity that is defined as a felony as defined by the law of the jurisdiction in which the activity takes place, whether charged, or not, or being incarcerated in any type of penal institution.
5. Participating in any activity or event, including the operation of a vehicle, while under the influence of a narcotic (unless administered by a physician and taken according to the physician's instructions) or while intoxicated. "Intoxicated" means that condition as defined by the laws of the jurisdiction in which the accident occurred. Conviction is not necessary for a determination of being intoxicated.
6. Driving any commercial passenger-carrying or cargo vehicle, except school buses, for wage, compensation, or profit.
7. Mountaineering using ropes and/or other equipment, parachuting, or hang gliding.
8. Having cosmetic surgery or other elective procedures that are not medically necessary, or having dental treatment except as a result of injury.
9. Participating in any sport or activity for wage, compensation, or profit; or racing any type vehicle in an organized event.
10. Having any sickness or declining process caused by sickness, including physical or mental infirmity or infection (except bacterial infection from a covered accidental injury). Exception #10 does not apply to the Sickness Disability Benefit Rider, if attached to the policy.

## EXCEPTIONS AND LIMITATIONS FOR SICKNESS DISABILITY RIDER

We will not pay benefits for losses that are caused by or occur as the result of:

1. A normal pregnancy in which the disability begins during the first 10 months of the rider's issue date. (Complications of pregnancy will be treated as any other illness.)
2. Having a neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder. (However, Alzheimer's Disease and other organic senile dementias are covered.)
3. Treatment for dental care or dental care procedures.
4. Having a pre-existing condition as described by the rider.
5. Treatment for alcoholism or drug addiction unless the insured is addicted to a narcotic taken on the advice of a doctor.
6. Elective procedures and/or cosmetic surgery or reconstructive surgery unless it is a result of trauma, infection, or other diseases.

A "pre-existing condition" means having a sickness or physical condition which was treated or for which advice was received within twelve months before the effective date of the rider. After the rider has been in force for twelve months, we will pay benefits for any pre-existing condition not excluded by name or specific description if the covered loss began more than twelve months after the effective date.

## COVERAGE EFFECTIVE DATE

Effective date means the date shown on the Policy Schedule page for all persons accepted for coverage at the time of issue, provided the application has been accepted and approved by us; the policy is issued; and the first premium has been paid; or the date shown by endorsement for all persons added to coverage after the policy has been issued. The effective date is assigned by the Company in accordance with our policy dating rules in effect at the time your policy is issued. The coverage provided by the policy will not be effective unless there has been no change since the date of the application and the effective date of the policy in the health of any proposed insured person listed on the application.

*USable Life will mail your policy and purchased riders to you. If you do not receive your policy, please call our Customer Service Department at 1-800-370-5856.*



*You'll Choose Us For Life*

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A Rating and Analysis from the A.M. Best Rating Company represents an independent opinion from the leading provider of insurer ratings of a company's financial strength and ability to meet its obligations to policyholders. Upon completion of evaluations, A.M. Best assigns the following Best's Ratings: A++ and A+ (Superior); A and A- (Excellent); B++ and B+ (Very Good); B and B- (Fair); C++ and C+ (Marginal); C and C- (Weak); D (Poor); E (Under Regulatory Supervision); F (In Liquidation); S (Rating Suspended). **Based on this analysis, USable Life is rated "A" (Excellent).**

Standard & Poor's Insurer Financial Strength Ratings provide powerful decision-making tools for anyone interested in buying insurance. Standard & Poor's ratings are prospective evaluations of an insurer's financial security to its policyholders. Standard & Poor's Insurer Financial Strength Ratings range from "AAA" to "CC". An insurer rated "BBB" and higher ("A", "AA", "AAA") is regarded as having financial security characteristics that outweigh any vulnerabilities and is highly likely to have the ability to meet financial commitments. An insurer rated "BB" or lower is in the "vulnerable" range and is regarded as having vulnerable characteristics that may outweigh its strengths. "BB" indicates the least degree of vulnerability within the range. "CC" the highest degree of vulnerability. **Based on this analysis, USable Life is rated "A" (Strong).**



# FIELD REFERENCE MANUAL

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## ACCIDENT ELITE

FOR: TENNESSEE



*You'll Choose Us For Life*

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# USABLE Life

## ACCIDENT ELITE

### Field Reference Manual

#### IMPORTANT NOTE

This document does not constitute a statement of contract, nor a complete description of the conditions, benefits, exclusions and other terms of coverage. The product and/or all benefits may not be available in all states and coverage is subject to all applicable policy provisions as authorized by the proper state regulatory authorities. For more complete information, please consult the terms of the product policy form approved in the applicable state or consult with USABLE Life's Agent Service Center, toll-free telephone number (866) 666-0300 or email [agentservicecenter@usablelife.com](mailto:agentservicecenter@usablelife.com).

This information is intended only for use by licensed and appointed agents of USABLE Life and must not be distributed to the general public.

#### **GENERAL INFORMATION**

The purpose of this booklet is to provide you with easy to understand information for USABLE Life's Accident Policy. Accident Elite was developed after many month's of research and customer input. The policy can be issued with three riders to meet your customer's needs. If, after studying this booklet and our sales brochure, you have questions please contact us.

#### **ACCIDENT COVERAGE**

The Accident Elite Accident policy is a comprehensive policy that allows an applicant the option of choosing coverage to fit his/her individual needs. The policy is composed of a base policy with choices of three disability riders:

- 24 Hour Accident Disability Rider
- Off the Job Accident Disability Rider
- Sickness Disability Rider

**Note:** The disability riders are available on the Primary Insured only.

#### **EMPLOYEE GROUPS ONLY**

Accident Elite is priced to sell to employees and their family members who qualify and is not sold outside of the employer's group. No direct sales will be approved. Also, the employee must be the primary insured and cannot apply for coverage on family members only.

## **RENEWABILITY PROVISION**

Coverage provided by the policy is guaranteed renewable for life subject to the company's right to change premium rates by class. "Class" means all policies of the same form, premium classification, and issue state.

## **ACCIDENT COVERAGE ON AND OFF THE JOB**

The policy covers **accidents** occurring both On and Off the Job.

All benefits are limited to one benefit per covered accident (or covered sickness for the Sickness Disability Rider) and are paid independently of one another unless specifically noted otherwise.

## **AVAILABLE COVERAGE**

There are four choices of coverage available to the applicant: (1) Applicant; (2) Applicant & Spouse; (3) Applicant & Children; and (4) Applicant, Spouse & Children.

## **ISSUE AGES**

Proposed Insured - 18 to 64

Eligible Spouse - Up to 64

Children - 0 to 24

If the policy is issued prior to the applicant's 65th birthday, the coverage will be continued after age 65 as long as the premium is paid by the due date or during the 31 days that follow.

## **BENEFITS PROVIDED**

This policy is primarily intended to provide supplemental coverage for costs associated with accidental injury and death. A choice of two plans is available. A summary of the benefit descriptions is as follows:

- A. **Accidental Death Benefit:** pays an accidental death benefit for death caused by Common Carrier, while a fare paying passenger on a common carrier vehicle (excludes taxis and privately chartered vehicles), or Other Accidents as shown below:

<b>Plan I</b>	<b>Insured</b>	<b>Spouse</b>	<b>Child</b>
Other Accidents	\$40,000	\$40,000	\$13,000
Common-Carrier Accidents	\$150,000	\$150,000	\$26,000
<b>Plan II</b>	<b>Insured</b>	<b>Spouse</b>	<b>Child</b>
Other Accidents	\$60,000	\$60,000	\$19,500
Common-Carrier Accidents	\$225,000	\$225,000	\$39,000

- B. **Accidental Dismemberment:** pays an accidental dismemberment benefit for dismemberment caused by a covered accident as shown below:

<b>Plan I</b>	<b>Insured</b>	<b>Spouse</b>	<b>Child</b>
Both arms and both legs	\$40,000	\$40,000	\$13,000
Two eyes, feet, hands or legs	40,000	40,000	13,000
One eye, foot, hand or leg	10,000	10,000	3,800
One or more finger or toe	2,000	2,000	600

<b>Plan II</b>	<b>Insured</b>	<b>Spouse</b>	<b>Child</b>
Both arms and both legs	\$60,000	\$60,000	\$19,500
Two eyes, feet, hands or legs	60,000	60,000	19,500
One eye, foot, hand or leg	15,000	15,000	5,700
One or more finger or toe	3,000	3,000	900

- C. **Emergency Treatment:**

**Plan I:** \$140 Insured or Spouse  
\$ 80 Dependent Child

**Plan II:** \$210 Insured or Spouse  
\$120 Dependent Child

Pays actual charges, up to the benefit amount for treatment in an emergency room, physician's office, or stand alone emergency center within 72 hours of the accident.

If the treatment received is for either the removal of a foreign body from the eye or for a laceration which is not repaired with stitches, staples or glue, the maximum benefit paid will be **\$60 for Plan I** or **\$90 for Plan II** for this benefit and the Follow-Up Physician Visit benefit combined.

- D. **Major Diagnostic Exams:**

**Plan I** pays \$200      **Plan II** pays \$300

Pays the benefit amount if the insured has one of the following exams within 180 days after the accident due to injuries sustained in the accident: CT (computerized tomography) scan, MRI (magnetic resonance imaging), or EEG (electroencephalogram). Payable once per accident.

- E. **Appliance:**

**Plan I** and **Plan II** pay \$140 for medical appliances (e.g. crutches and wheelchairs) prescribed by a doctor as an aid in personal locomotion or mobility. Payable once per accident.

- F. **Emergency Dental Work:** **Plan I** and **Plan II** pay the following amounts for treatment begun within 30 days after the accident, limited to one benefit per person per accident:

Broken tooth repaired with crown	\$200
Broken tooth resulting in extraction	60

- G. **Burn:**

**Plan I** pays \$1,500      **Plan II** pays \$2,250

Pays the benefit amount for treatment of a second degree burn which covers at least 36% of the body surface or for a third degree burn which covers at least nine square inches of the body surface. Treatment must be received within 72 hours after the accident. This benefit is paid once per accident.

**H. Tendon or Ligament:**

**Plan I** pays \$600                      **Plan II** pays \$900

Pays this benefit for the surgical repair of one or more torn, ruptured, or severed tendon or ligament within one year of the accident.

**Plan I** \$100                                      **Plan II** \$150

Pays this amount if exploratory arthroscopic surgery is performed and no repair is done.

If there is both a tear, rupture, or severance in a tendon or ligament and a dislocation and/or fracture; we will pay the larger of either the Tendon/Ligament benefit, the Dislocation benefit, or the Fracture benefit.

**I. Dislocations\*:** Pays an indemnity benefit for a dislocation diagnosed by a physician within 30 days after the accident as shown below:

	Open Reduction		Closed Reduction		Without Anesthesia	
	Plan I	Plan II	Plan I	Plan II	Plan I	Plan II
Hip	\$2,500	\$3,750	\$620	\$930	\$160	\$240
Knee	620	930	240	360	60	90
Shoulder	620	930	240	360	60	90
Collar Bone	1,000	1,500	200	300	60	90
Ankle or Foot	620	930	200	300	60	90
Lower Jaw	620	930	320	480	80	120
Wrist	500	750	240	360	60	90
Elbow	500	750	240	360	60	90
Toe or Finger	120	180	60	90	20	30

\*If there is more than one dislocation, this benefit will pay for all dislocations individually, but the total payment under this benefit cannot exceed 150% of the HIGHEST individual joint amount. If the insured person receives a fracture and a dislocation in the same accident, we will pay for both. However, we will pay no more than 150% of the amount for the bone or joint involved which has the highest benefit amount.

**J. Eye Injury:** Pays the benefit shown below if the insured sustains an eye injury requiring surgery or removal of a foreign object within 30 days of the accident.

	Plan I	Plan II
With Surgical Repair	\$300	\$450
Removal of Foreign Body	60	90

- K. **Fractures:**\* Pays an indemnity benefit as shown below for treatment of a fracture diagnosed within 14 days after the accident:

	Open Reduction		Closed Reduction		Chip Fracture	
	Plan I	Plan II	Plan I	Plan II	Plan I	Plan II
Hip	\$2,500	\$3,750	\$1,260	\$1,890	\$160	\$240
Leg	1,260	1,890	640	960	80	120
Hand (excluding fingers)	620	930	320	480	40	60
Foot (excluding toes/heel)	620	930	320	480	40	60
Wrist	620	930	320	480	40	60
Elbow	620	930	320	480	40	60
Shoulder Blade	620	930	320	480	40	60
Forearm	620	930	320	480	40	60
Ankle or Kneecap	620	930	320	480	40	60
Sternum or lower jaw	620	930	320	480	40	60
Vertebrae (body of)	1,260	1,890	640	960	80	120
Pelvis (excluding coccyx)	1,260	1,890	640	960	80	120
Upper Jaw	740	1,110	360	540	48	72
Upper Ann	740	1,110	360	540	48	72
Face (excluding nose)	740	1,110	360	540	48	72
Rib or Ribs	1,260	1,890	140	210	80	120
Nose, Heel or Fingers	620	930	140	210	40	60
Coccyx	260	390	140	210	16	24
Toes	260	390	140	210	16	24
Vertebral Process	1,260	1,890	200	300	80	120
Skull						
Depressed			1,880	2,820		
Simple			620	930		

\* If there is more than one fracture, this benefit will pay for all fractures individually, but the total payment under this benefit cannot exceed 150% of the HIGHEST individual bone amount. If there is both a dislocation and a fracture, this benefit and the Dislocation benefit will pay individually, but the total payment amount under these benefits cannot exceed 150% of the HIGHEST individual benefit amount.

- L. **Knee Cartilage – Torn:** Pays the benefit shown below if the insured receives the treatment listed for a torn knee cartilage. The injury must be treated by a physician within 60 days of the accident, and the surgery must be performed within one year after the accident.

	Plan I	Plan II
Exploratory surgery without repair	\$300	\$450
Surgical Repair	620	930

Only one payment amount under this benefit will be paid.



**M. Ruptured Disc:**

**Plan I** pays \$620                      **Plan II** pays \$930

Pays this benefit for treatment of a ruptured disc within 60 days of the accident. It must be repaired through surgery within one year of the accident.

**N. Torn Rotator Cuff:**

**Plan I** pays \$620                      **Plan II** pays \$930

Pays this benefit for surgery to repair one or two rotator cuffs within 90 days of a covered accident.

**O. Internal injuries:**

**Plan I** pays \$1,260                      **Plan II** pays \$1,890

Pays the benefit amount for internal injuries resulting in open abdominal, hernia or thoracic surgery within 30 days after the accident.

**P. Concussion:**

**Plan I** pays \$60                      **Plan II** pays \$90

Pays the benefit for treatment resulting in electroencephalogram abnormality within 30 days after the accident.

**Q. Lacerations:** Pays the benefit shown below if the insured receives the treatment listed for a laceration sustained in a covered accident. The injury must be repaired by a physician within 72 hours of the accident.

	<b>Plan I</b>	<b>Plan II</b>
Single laceration less than 2 inches	\$ 60	\$ 90
Total of all lacerations:		
At least 2 inches but not more than 6 inches (total of all lacerations)	260	390
Over 6 inches (total of all lacerations)	500	750
Laceration(s) not requiring stitches, staples or glue	32	48

**R. Follow-up Physician Visit:**

**Plan I:** up to \$40/visit                      **Plan II:** up to \$60/visit

Pays actual charges up to the benefit amount for each follow-up visit for injuries sustained in a covered accident. The benefit is limited to one visit per day and a maximum of six visits per accident per person. Treatment must be over an above emergency treatment administered in the first 72 hours following the accident and must begin within 30 days of the covered accident or discharge from the hospital. Treatment must be furnished by a physician in a physician's office or in a hospital on an outpatient basis. This benefit is not payable for the same visit that the Physical Therapy benefit is paid.

**S. Physical Therapy:**

**Plan I** pays \$40/visit                      **Plan II** pays \$60/visit

Pays the benefit amount per visit for up to 5 visits to a Physical Therapist. Therapy must begin within 30 days of the accident, must be completed within 6 months after the accident, and be prescribed by a physician. This benefit is not payable for the same visit that the Follow-up Physician Visit benefit is paid.

T. **Ambulance: Plan I and Plan II** pay \$200 for ground ambulance transportation to or from a hospital or between medical facilities due to a covered accident and within 30 days of the covered accident. **Plan I and Plan II** pay \$1,500 for air ambulance transportation to or from a hospital or between medical facilities within 72 hours of the accident. We will pay this amount once per accident.

U. **Hospital Admission:**

**Plan I** pays \$1,000      **Plan II** pays \$1,500

Pays the benefit amount for admission to a hospital and confinement as an overnight resident bed patient within 30 days of the accident. Payable once per person per calendar year.

V. **Hospital Confinement:**

**Plan I** pays \$260/day      **Plan II** pays \$390/day

Pays the benefit per day for up to 365 days of confinement as an overnight resident bed patient in a hospital including a sub-acute intensive care unit, if confined within 30 days of the accident. This benefit will also pay for confinement in an intensive care unit once the benefit period under the Hospital Intensive Care Unit Confinement benefit has expired, but will not be paid in addition to the Hospital Intensive Care Unit Benefit.

W. **Hospital Intensive Care Unit Confinement:**

**Plan I** pays \$400      **Plan II** pays \$600

Pays the benefit per day for up to 15 days of confinement in a Hospital Intensive Care Unit. Only one payment amount under this benefit or the Hospital Confinement benefit will be paid per day of confinement.

X. **Coma:**

**Plan I** pays \$13,000      **Plan II** pays \$19,500

Pays the benefit if the person is in a coma for a duration at least 30 days as a result of a covered accident.

Y. **Paralysis:**

If a covered person suffers a spinal cord injury as a result of a covered accident that results in the complete and total loss of use of two or more limbs, we will pay the applicable benefit indicated below. The duration of the paralysis must be a minimum of three (3) months. This benefit will be payable once per covered person.

	<b>Plan I</b>	<b>Plan II</b>
Quadriplegia (paralysis of 4 limbs)	\$13,000	\$19,500
Paraplegia (paralysis of lower limbs)	6,500	9,750

Z. **Prosthetic Device/Artificial Limb:**

**Plan I and Plan II** pay \$700 for the purchase of a prescribed prosthetic device or artificial limb within one year of the accident, to restore functional use as a result of injuries sustained in a covered accident; or they will pay \$1,400 if more than one device is prescribed. This benefit is payable only once per accident.

AA. **Blood and Blood Plasma: Plan I and Plan II** pay \$200 for transfusions, within 30 days of the accident, of whole blood and blood products, which are limited to red blood cells, platelets, fresh frozen plasma, cryoprecipitate and leukocytes including the processing, typing, cross-matching, and administration of the blood or blood products. We will pay this amount once per covered accident.

**BB. Transportation: Plan I and Plan II** pay \$600 per trip to the hospital if a covered person requires special treatment and confinement in a hospital located more than 100 miles from the person's residence or site of the accident for injuries sustained in a covered accident. This benefit will be paid only for (a) the person for whom the treatment is prescribed, and (b) if the treatment is for a dependent child and commercial travel is necessary, the dependent child's parent or legal guardian who travels with the child. Only one person will be paid to travel with the dependent child. The local attending physician must prescribe the treatment, and the treatment must not be available locally. This benefit is not payable for transportation by ambulance or air ambulance to the hospital. This benefit is payable for up to 3 trips per calendar year per person.

**CC. Family Lodging: Plan I and Plan II** pay up to \$140 per night for a single motel/hotel room for a member of the immediate family to accompany the covered person if treatment of injuries sustained in a covered accident requires non-local hospital confinement. The hospital and motel/hotel must be more than 100 miles from the residence of the covered person. This benefit is payable up to 30 days per accident and only during the time the injured covered person is confined in the hospital.

**DD. Wellness:**

**Plan I** pays \$60                      **Plan II** pays \$75

Pays the benefit amount for any covered person to undergo routine examination or other preventive testing, once per policy per calendar year. The benefit is not payable until 30 days following the insured's effective date.

**ELECTIVE BENEFITS**

**NOTE:** The Accident Disability Riders and the Sickness Disability Rider are available on the *Primary Insured only*.

**Accident Disability Riders**

Two optional Accident Disability Riders are available. The primary insured may choose either (not both) 24-Hour or Off-The-Job accident disability benefits.

A covered accident is an accident which;(1) occurs on or after the effective date of the rider, (2) occurs while the rider is in force, and (3) is not excluded by name or specific description in this rider or in the policy to which this rider is attached, and (4) is the direct cause of loss independent of disease, infirmity, or any other cause, and (5) results in total disability within 90 days from the date of the accident.

There is no elimination period. The benefit amount is payable monthly during continuing total disability for a benefit period of up to 12 months.

This benefit will pay the benefit amount chosen by the primary insured. Available amounts are: **\$400, \$600, or \$800.**

#### 24-Hour Accident Disability Rider

Coverage is provided if the primary insured becomes totally disabled as a result of a covered accident occurring On- or Off-The-Job.

#### Off-The-Job Accident Disability Rider

Coverage is provided if the primary insured becomes totally disabled as a result of a covered accident occurring Off-The-Job only.

**“Totally disabled”** or **“Total disability”** means the insured is: (1) unable to work at his/her current job, (2) not, in fact working at any job for pay or benefits, (3) unable to work at any job for which he is qualified by reason of education, training, and experience, and (4) under the regular care of a physician.

#### **Sickness Disability Rider**

This optional rider provides benefits for disability due to sickness for the primary insured only. Coverage is provided for sickness that occurs both On- and Off-The-Job.

This benefit will pay the monthly benefit during continuing total disability (as defined above) due to illness for a benefit period of up to 6 months after meeting an elimination period of 30 days. This benefit will not pay for periods of disability due to a normal pregnancy in which the disability begins during the first 10 months of the rider's issue date.

This benefit will pay the benefit amount chosen by the primary insured. Available amounts are: **\$400 or \$600.**

### **EXCEPTIONS AND LIMITATIONS**

#### **Exceptions and Limitations for Accident Elite Policy and Accident Disability Rider**

We will not cover injury incurred as a result of the covered person:

1. Being exposed to war or any act of war, declared or undeclared, or serving in any of the armed forces.
2. Intentionally self-inflicting bodily injury or attempting suicide, while sane or insane.
3. Participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed/passenger-carrying aircraft.
4. Participating in, or attempting to participate in, an illegal activity that is defined as a felony as defined by the law of the jurisdiction in which the activity takes place, whether charged or not; or being incarcerated in any type of penal institution.
5. Participating in any activity or event, including the operation of a vehicle, while under the influence of a narcotic (unless administered by a physician and taken according to the physician's instructions) or while intoxicated. “Intoxicated” means that condition as defined by the laws of the jurisdiction in which the accident occurred. Conviction is not necessary for a determination of being intoxicated.
6. Driving any commercial passenger-carrying or cargo vehicle, except school buses, for wage, compensation or profit.
7. Mountaineering using ropes and/or other equipment, parachuting or hang gliding.

8. Having cosmetic surgery or other elective procedures that are not medically necessary, or having dental treatment except as a result of injury.
9. Participating in any sport or activity for wage, compensation or profit; or racing any type vehicle in an organized event.
10. Having any sickness or declining process caused by a sickness, including physical or mental infirmity or infection (except bacterial infection from a covered accidental injury). (Exception number 10 does not apply to the Sickness Disability Benefit Rider.)

### **Exceptions and Limitations for Sickness Disability Rider**

We will not pay benefits for losses that are caused by or occur as the result of:

1. A normal pregnancy in which the disability begins during the first 10 months of the rider's issue date. (Complications of pregnancy will be treated the same as any other illness.)
2. Having a neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder. (However, Alzheimer's Disease and other organic senile dementias are covered.)
3. Treatment for dental care or dental care procedures.
4. Having a pre-existing condition as described by this rider.
5. Treatment for alcoholism or drug addiction unless the insured is addicted to a narcotic taken on the advice of a doctor.
6. Elective procedures and/or cosmetic surgery or reconstructive surgery unless it is a result of trauma, infection, or other diseases.

A "pre-existing condition" means having a sickness or physical condition which was treated or for which advice was received within twelve months before the effective date of the rider. After the rider has been in force for twelve months, we will pay benefits for any pre-existing condition not excluded by name or specific description if the covered loss began more than twelve months after the effective date.

### **DEATH OF INSURED / CONVERSION PROVISION**

A spouse may continue coverage under this policy upon the death of the Insured. The spouse will be substituted as insured and rates will be adjusted accordingly. Children who reach the age when coverage terminates may convert their coverage to a like policy. Contact USABLE Life Customer Service Department (1-800-370-5856).

### **SUPPLIES**

The form numbers referenced in this manual are shown without the version date. Forms are updated frequently as conditions change or as the form is improved. When that happens a new date is assigned to the form number. Please refer to your supply order form to order the most current and appropriate version of each form for your state. Go to [www.usablelife.com](http://www.usablelife.com) to download forms.



## **APPLICATION & BROCHURE**

**Application:** The approved application is AEP-APP-TN. **See Attachment 1.**

**Brochure:** The approved brochure is form AE-OC-TN.

## **UNDERWRITING**

Applications will be underwritten based upon completion of the Accident Policy

Application & Change Form, AEP-APP-TN. Premiums are based upon the Employers Industry Classification or Type of Business. Please, refer to the Industry Class section.

## **GUARANTEED ISSUE**

If the applicant is not applying for the Accidental Disability Rider(s) or the Sickness Disability Rider it is not necessary to complete Section 4 of the application. However, if the application is to replace existing USABLE Life Accident coverage and there has been a claim filed on the existing policy, USABLE Life may not be able to exchange the policy.

## **DISABILITY RIDERS**

If the applicant is applying for one or both Disability Riders, the applicant must complete Section 4 of the application. Section 4 is divided into two parts. Questions 1 through 3 must be completed if the applicant is applying for the Accident Disability Rider. All questions (1 through 7) must be answered if the applicant is applying for the Sickness Disability Rider. We may secure Driving records from the Dept. of Motor Vehicles on those applicants who have questionable driving records. Attending Physician Statements (APS) may be ordered and phone calls to the applicant may be made based upon the answers in Section 4; however, this will be done on a very limited basis. Our objective is to issue the coverage in a short period of time. We are relying on our sales representatives to secure complete information.

If an applicant applies for a Sickness Disability Rider and does not qualify because of underwriting considerations, after a signed Exclusion Rider is received, we will issue the base policy and only deny the sickness disability rider. See the Elimination Rider section regarding the Sickness Disability and Accident Disability Rider Exclusions on the next page.

## **30 HOURS MINIMUM**

Employees must work a minimum of 30 hours per week to qualify for coverage.

## **INDUSTRY CLASS** (See Appendix A for Industry Lists)

Premium rates are based upon the Industry Class of the employer. It is very important that the correct code is used. If not, rates could change and could negate the sale.

### **Two Rating Classes in Same Group**

- Subject to prior approval, a maximum of two rating classes within the same group will now be available. To be considered, there must be at least 50 eligible employees and at least 10 of those employees must be eligible in each class.
- Example: A trucking business has at least 50 eligible employees. The office staff may qualify for Class A/B rates and all others, including drivers, would qualify for Class C rates. There must be at least 10 office staff eligible for Class A/B and at least 10 others eligible for Class C.
- Contact the New Business department for approval of two rating classes within the same group.

### **Competitive Rate Adjustments Requests**

- In cases where the industry for your group is not shown on the Industry List or you are in a competitive situation, you may contact us to discuss changing a rating class to improve your rates. We are always available to discuss a specific group situation with you.

## **CLASS C AND D INDUSTRIES**

Employees in class "C" Industries must be employed with their employer for a minimum of 3 months to be eligible for coverage. Employees in class "D" Industries must be employed with their employer for a minimum of 6 months to be eligible for coverage.

## **ELIMINATION RIDER**

A Policy Elimination Rider, Form AEP-ELIM, will be issued for applicants who are uninsurable for the Accident Disability Rider or the Sickness Disability Rider due to answers obtained from the application. The Medical Underwriter will mail the Elimination Rider to the applicant for signature when coverage cannot be offered as requested. The Elimination Rider is a two part form with Part A for Sickness Disability and Part B for Accident Disability as follows: **See Attachment 2 for the elimination rider that ONLY a Medical Underwriter prepares.**

- SICKNESS DISABILITY RIDER EXCLUSION**: This exclusion is used when an applicant is denied coverage for the Sickness Disability Rider. Since the Rider is requested on the application, which represents an offer to the Company to issue coverage, the exclusion rider represents USABLE Life's counteroffer to issue the policy without the Rider. If the signed Exclusion rider is not received, we cannot issue the policy.
- ACCIDENT DISABILITY RIDER EXCLUSION**: This exclusion is used when an applicant is denied coverage for the Accident Disability Rider. Coverage will be denied only for a limited number of medical conditions which could result in an accident. Coverage will also be denied if an applicant's driving record equals or exceeds the limits listed on the following table. Since the Rider is requested on the application, which represents an offer to the Company to issue coverage, the exclusion rider represents USABLE Life's counteroffer to issue the policy without the Rider. If the signed Exclusion rider is not received, we cannot issue the policy.

## **DRIVING RECORD TABLE**

<u>Type of Violation</u>	<u>Number of Incidents</u>
Speeding (20 MPH in excess of limit)	1 in last year or 2 in last 3 years
Speeding (less than 20 MPH in excess)	2 in last year or 3 in last 3 years
Reckless Driving/Endangering	1 in last 3 years
At Fault Accident	2 in last 3 years
DWI or license suspended	1 in last 3 years

If the applicant has a problem driving record we will not issue the coverage.

## **EXISTING ACCIDENT PLUS, CARE, or GUARD POLICYHOLDERS**

Accident Plus, CARE Accident and Accident Guard policies have been sold in many groups. Some were sold based upon the occupation of the employee and more recent policies were sold based upon the Industry Classification of the Employer where the employee worked. The underwriting system described in this document is based upon an Industry classification where all employees within an industry may qualify for ELITE coverage regardless of their job duties. See the Industry Classification list, Addendum A. If Accident Elite is sold in groups with existing Accident Plus, CARE Accident, or Accident Guard you will use the Industry Classification rating to sell the new Elite policies.

**URGENT NOTE:** Please advise your applicant that he/she should not cancel existing coverage until the USABLE Life coverage has been approved. USABLE Life does not want you to be placed in the position of having an applicant's existing coverage terminated if he is uninsurable with us.

## **REPLACEMENT OF USABLE LIFE ACCIDENT COVERAGE**

There may be requests from existing Accident Plus, CARE and Accident Guard policyholders to exchange their policy for the new Elite Accident policy. While we do not recommend that the Sales Representative actively solicit replacement of Accident Plus, Care and Accident Guard policies we will permit replacement if an applicant makes this request.

An Accident Guard insured wanting to "upgrade" their benefits, may replace their policy with Accident Elite. We will not back date new or changed coverage prior to the date of the application.

Commissions will be paid in accordance with the replacement section of your commission agreement.

**NOTE:** If you are replacing an existing USABLE Life Accident policy, the applicant must sign form AG-REP, NOTICE TO APPLICANT REGARDING REPLACEMENT OF USABLE LIFE ACCIDENT INSURANCE. The original must be given to the applicant. Send the copy in with the Accident Elite application. This form must accompany the application before a new policy can be issued.

The original policy must be returned with the application for the replacement policy to be issued. A lost Policy form must be signed if the original policy can not be found.

However, please try to secure the old policy as it is not in our best interest to have an insured with two policies where one is no longer in force.

**See Attachment #3 for a copy of form AG-REP.**

**NOTE:** If there have been claims filed on the existing Accident Policy, USABLE Life may not be able to exchange the policy. Our Underwriters will investigate the reason for the claim and a decision will be made based upon that information.

### **REQUEST FOR CHANGE**

When you are enrolling an existing group you will encounter many employees who currently have USABLE Life Accident coverage. Changes to existing Accident coverage can be quickly handled by completing a Request For Change Form.

See Attachment #4 for a copy of form IND-CHG.

Use the **Request for Change** form for the following changes:

- Name Change
- Address Change
- Deletions
- Continuation of Coverage for Handicapped Dependents
- Cancellation of Rider
- Request for Duplicate Policy

The following activities by a current policyholder would require an **Accident Application and Change Form**:

- Adding additional riders
- Adding family members

Submit the form to USABLE Life's New Business Department, along with other applications.

See Attachment #1 for a copy of form AEP-APP-TN.

## **SUBMISSION OF BUSINESS**

As a new agent submitting business to USABLE Life, our aim is to help simplify the process of submitting business. Listed below are general guidelines used to submit business by the various lines of products for new groups and existing or re-enrolling groups.

### **General Guidelines**

1. Product approval by state:  
Individual Products – Verify that products being written have been approved in the state where the employee resides.
2. Producer/Agent Appointments – Writing Producer or Agent must be licensed and appointed by USABLE Life in the state where the applications are solicited and written. State regulations vary, so be sure to check with the Licensing and Section 125 Proposal Coordinator, before authorizing a non-appointed agent or producer to solicit or write applications.
3. Complete a Business Transmittal form to submit with all applications. Approximately 13 applications can be submitted with each form.

**See Attachment #5 for sample business transmittal form AFFBUSTR.**



## **CLAIMS**

Claims for Accident Elite are paid promptly from USABLE Life's Home Office. A claim instruction sheet and a claim form may be requested from the Customer Service Department or downloaded from the USABLE Life website, [www.usablelife.com](http://www.usablelife.com). Wellness claims are paid with a minimum amount of documentation. A copy of "Instructions for Filing Claims" together with a claim form is attached.

## **WELLNESS CLAIM**

A claim form is not necessary; however there is certain information needed to process the wellness benefit.

Required information:

- Name of Claimant
- Name of Insured
- Social Security Number of Claimant
- Social Security Number of Insured
- Itemized Bills for Covered Tests
- Insured's Current Mailing Address
- It is helpful for the Insured to provide their policy number.

Most wellness benefits provide a maximum payment per calendar year, based on the Schedule of Benefits. Examples of covered diagnostic tests are listed below:

- Annual physical exams
- Mammography
- Flexible Sigmoidoscopy
- Chest X-ray
- Ultrasounds
- Pap Smear
- Colonoscopy
- Thermography
- Eye examinations
- Immunizations
- Prostatic specific antigen (PSA)
- Blood screenings

## **ACCIDENT CLAIM**

See instruction numbers 1, 2 and 3 on the front of the claim form, CL-AP2.

- **The Employee** should complete the Insured's Statement and the Authorization to Obtain Information sections only.
- **The Physician** should complete the Attending Physician's Statement.
- **If the claim is for loss of life**, the Physician should complete the "Loss of Life" section of the claim form and a certified death certificate should accompany the claim form when submitted.
- An accident report is required for **motor vehicle accidents**.
- **Itemized bills** should accompany the completed claim form.

See Attachment #6 for a copy of the claim form.

## **INDUSTRIES NOT COVERED**

The ELITE Accident policy will not be offered to workers in the following industries:

**NOTE:** This list is intended to be a **general guideline** for “Industries Not Covered.” There are frequently special circumstances that should be considered that would enable the Company to offer coverage to a specific Industry or specific group of employees. All requests for ELITE coverage on this list should be forwarded to the Director of Corporate Underwriting with information, such as number of employees, type of work, location, group of employees to be covered, etc. Your request will be reviewed promptly.

AMUSEMENT PARKS	GAS SERVICE STATIONS	REFUSE & SEWAGE
ANIMAL & MARINE FATS & OILS	ICE CREAM, FROZEN CUSTARD STANDS	SECURITY ELITE SERVICES
ARMORED CAR SERVICES	INDUSTRIAL CHEMICAL CLEANING SERVICES	SLAUGHTERING & RENDERING PLANTS
ASBESTOS PRODUCTS AND REMOVAL	INDUSTRIAL CLEAN UP (EX: OIL SPILLS)	SPORTS - PROFESSIONAL
ATHLETIC TEAMS	JANITORIAL SERVICES	STEEL ERECTION
BANDS, ORCHESTRAS, ENTERTAINERS, GROUPS	JUNKYARDS	STEEPLE REPAIRS
BARS, CAFES & COCKTAIL LOUNGES, TAVERNS	LOGGING	TAXICAB COMPANIES
BRIDGE, TUNNEL & ELEVATED HIGHWAY	LOGGING CAMPS, LOGGING CONTRACTORS	TELEMARKETING FIRM
BUILDING EXTERIOR CLEANING CONTRACTING (SANDBLAST, STEAM CLEAN, ETC.)	MAID & BUTLER SERVICES	TOWING & TUGBOAT SERVICES
CAR WASHES (HAND WASH)	MARINAS, SKI RESORTS & OTHER SEASONAL BUSINESSES	TRUCK STOPS
CONVENIENCE STORES (7-11,etc)	MASSAGE PARLORS	WATER FREIGHT TRANSPORT
CROP DUSTING SERVICES	MINING, ANY TYPE	WATER TRANSPORTATION - BARGES, FERRIES, ETC.
DATING SERVICES	MILITARY SERVICES	WRECKING & DEMOLITION WORK
DEEP-SEA FREIGHT AND PASSENGER TRANSPORT	MODELING AGENCIES	WRECKING COMPANIES
DETECTIVE AGENCIES	MUSICIANS	
DETECTIVE, ELITE, ARMORED CAR SERVICES	NIGHTCLUBS	
DISCOTHEQUES	OIL & GAS WELL DRILLING	
DOCK AND WHARF WORKERS	ORCHESTRAS & BANDS	
DOMESTIC SERVICES - COOKS, MAIDS, CHAUFFEURS,	PARKING LOTS & GARAGES	
DREDGING COMPANIES	PORNOGRAPHIC BOOK STORES	
DRIVE-IN RESTAURANTS	POULTRY PROCESSING PLANTS	
ENVIRONMENTAL HAZARDOUS WASTE DISPOSAL COMPANY	RACE TRACKS	
ESCORT SERVICES	REFUSE SYSTEMS	
EXPLOSIVES	RESTAURANTS - FAST FOOD	
FAST FOOD RESTAURANTS	RIVER, CANAL FREIGHT TRANSPORT	
FISHING, HUNTING, TRAPPING INDUSTRIES	ROOFING COMPANIES	
FISHING PIER	SALVAGE COMPANIES	
FUR-BEARING INDUSTRIES (ANIMALS & RABBITS)	SANDWICH SHOPS	
	SANITARY ENGINEERING SERVICES	
	SANITARY SERVICES	
	SANITARY SERVICES, GARBAGE,	

## **HOME OFFICE CONTACT INFORMATION**

Hopefully, this guide will answer most of your questions. If you have other questions or need further assistance, the following USABLE Life Home Office Departments may be of service:

**Agents Service Center: 1-866-666-0300**

Call for special state forms

**Medical Underwriting: 1-800-648-0271**

Call for questions concerning changing Industry ratings or the use of Elimination Riders.

**Acquisition Services: 1-800-648-0271**

Call for questions concerning policy issue.

## **ATTACHMENTS**

Appendix A, Industry Classification

- #1 Accident Elite Application & Change Form, AEP-APP-TN
- #2 Accident Policy Elimination Rider, AEP-ELIM
- #3 Notice To Applicant Regarding Replacement of USABLE Life Accident Insurance, AG-REP
- #4 Request for Change and Duplicate Policy Request, IND-CHG
- #5 Business Transmittal Form, AFFBUSTR AR & TN
- #6 Accident Claim Form, CL-AP2

For the most up-to-date version of the above forms, go to "Download Forms" on the USABLE Life website [www.usablelife.com](http://www.usablelife.com).

## **STATE SPECIFIC NOTES**

*These notes are being added to reference specific changes to benefits and underwriting that were required in order to be in compliance with state laws.*

*These notes are also intended to assist you during multi-state enrollments.*

- TN does not require completion of a Replacement form for takeovers from other carriers.
- TN requires dependents be covered to age 24 (standard is 23).
- The waiting period for the Wellness Benefit is 30 days instead of 90 days.
- TN requires a state-specific outline of coverage, AE-OC-TN, and application, AEP-APP-TN.

ACCIDENT ELITE

INDUSTRY  
CLASSIFICATION  
LIST



Proprietary  
For Internal Use Only

## **Industry Classification List Accident Elite**

This list of industry codes will be used to assign a premium rate to applicants applying for Accident Elite coverage.

Example: You are selling Accident Elite in a School. On page 27 of the Industry Classification List under "Schools & Educational Services" the Industry Classification Code is "B". Rates for a "B" Code are on the back of the application. Check the "B" box on the front of the application and enter the premium in the "Premium section.

If you have questions please call the New Business Unit.

**APPENDIX A**  
**INDUSTRY CLASSIFICATION CODES**

B ABRASIVE PRODUCTS  
A ACCOUNTING, AUDIT, BOOKKEEPING SERVICES  
A ACCOUNTING FIRMS  
B ACCOUNTING MACHINES  
C ACOUSTICAL, CEILING CONTRACTORS  
B ACOUSTICAL ENGINEERING SERVICES  
A ACTUARIAL SERVICES  
B ACUPUNCTURISTS  
B ADDRESSING MACHINES  
B ADHESIVES  
C ADHESIVES & SEALANTS  
B ADJUSTMENT & COLLECTION SERVICES  
B ADVERTISING  
B ADVERTISING AGENCIES  
B AERIAL PHOTOGRAPHY  
B AGRICULTURE MARKETING, COMMOD REGULATION  
B AIR AND GAS COMPRESSORS  
B AIR CLEANING EQUIPMENT  
C AIR COMPRESSOR, PUMP REPAIR SERVICES  
B AIR CONDITIONING AND HEATING COMPANIES  
C AIR CONDITIONING CONTRACTORS  
B AIR CONDITIONING EQUIPMENT  
B AIR CONDITIONING REPAIR SHOPS  
B AIR COURIER SERVICES  
B AIR POLLUTION CONTROL SERVICES  
B AIR TRANSPORTATION  
B AIR, WATER, AND SOLID WASTE MANAGEMENT  
B AIRCRAFT DEALERS  
B AIRCRAFT ENGINES, ENGINE PARTS  
B AIRCRAFT MANUFACTURERS  
B AIRCRAFT PARTS & EQUIPMENT  
B AIRCRAFT SERVICE & MAINTENANCE  
B AIRLINE TICKET OFFICES  
B AIRLINE TRAINING SCHOOLS  
C AIRPORT TERMINAL SERVICES  
C AIRPORT TRANSPORTATION  
B AIRPORTS, FLYING FIELDS & SERVICES  
B AIRPORTS  
B ALCOHOL INFO & TREATMENT CENTERS  
D ALKALIES & CHLORINE  
C ALUMINUM DIE-CASTINGS  
C ALUMINUM EXTRUDED PRODUCTS  
C ALUMINUM FOUNDRIES  
C ALUMINUM ROLLING & DRAWING  
B ALUMINUM SALES  
C ALUMINUM SHEET, PLATE & FOIL  
C AMBULANCE SERVICE  
C AMBULANCE SERVICE COMPANIES  
D AMMUNITION, EXCEPT SMALL ARMS  
D AMMUNITION, EXPLOSIVES AND FIREWORK COMPANIES  
C AMUSEMENT PARK EQUIPMENT MANUFACTURING AMUSEMENT PARKS  
B AMUSEMENT, RECREATION SERVICES  
D ANIMAL AQUACULTURE  
C ANIMAL FEED MANUFACTURING - MEAT PRODUCTS  
B ANIMAL GRAIN AND FEED MANUFACTURERS  
C ANIMAL SHELTERS

**APPENDIX A**  
**INDUSTRY CLASSIFICATION CODES**

D	ANIMAL TRAINING
C	ANIMAL SPECIALTY SERVICES
B	ANSWERING SERVICES
B	ANTENNA REPAIR SHOPS
D	ANTHRACITE MINING
B	ANTIQUE AND CLASSIC CAR DEALERS
B	ANTIQUE RESTORING, REPAIR SHOPS
B	ANTIQUE STORES
C	APARTMENT BUILDING OPERATORS
C	APARTMENT MANAGEMENT AND MAINTENANCE COMPANY
B	APARTMENT MANAGEMENT - FIRMS INVOLVED IN APARTMENT MANAGEMENT ONLY
B	APPAREL, ACCESSORY STORES
B	APPAREL BELTS
B	APPAREL MANUFACTURING
B	APPLIANCE REPAIR SERVICES
B	APPLIANCE SALES AND SERVICES
B	AQUARIUM SUPPLY STORES
B	ARCHERY SUPPLY STORES
B	ARCHITECTURAL FIRMS
B	ARCHITECTURAL METAL WORK
B	ARCHITECTURAL SERVICES
B	ARMATURE REWINDING SHOPS
B	ARMY AND NAVY GOODS STORES
B	ART GALLERIES
B	ART GALLERIES AND DEALERS
B	ART INSTRUCTION SCHOOLS
B	ART SUPPLY STORES
B	ARTIFICIAL FLOWER STORES
B	ARTS AND CRAFTS SUPPLY STORES
B	ASBESTOS LABORATORY TECHNICIANS
C	ASPHALT FELTS & COATINGS
C	ASPHALT PAVING MIXTURES & BLOCKS
C	ASPHALT REFINERIES
B	ASTROLOGERS
D	ATHLETIC CLUBS
B	ATHLETIC FOOTWEAR STORES
B	ATHLETIC TEAMS - ADMINISTRATIVE OFFICE
B	AUCTIONEERS
B	AUCTIONEERS AND LIQUIDATORS
B	AUDIOVISUAL EQUIPMENT
B	AUDIOVISUAL EQUIPMENT DEALERS
B	AUTO AIR CONDITIONER DEALERS
B	AUTO AND HOME SUPPLY STORES
C	AUTO BODY REPAIR SHOPS
D	AUTO DETAIL SHOPS
B	AUTO DRIVING SCHOOLS
C	AUTO EXHAUST SYSTEM REPAIR SHOPS
C	AUTO GLASS REPLACEMENT SHOPS
B	AUTO PARTS, ACCESSORIES STORES
B	AUTO PARTS DISTRIBUTORS
C	AUTO REPAIR SHOPS
C	AUTO TRANSMISSION REPAIR SHOPS
B	AUTO TRANSPORT, DRIVE AWAY SERVICE
D	AUTO, TRUCK TRAILER & RECREATION VEHICLE, ETC., RENTAL
B	AUTO, TRUCK, TRAILER RENTAL COMPANY - NATIONAL FIRMS
C	AUTO UPHOLSTERY, TOP REPAIR SHOPS



## APPENDIX A

### INDUSTRY CLASSIFICATION CODES

C	AUTO WHEEL & FRAME ALIGNMENT
D	AUTO WRECKERS
C	AUTOMATIC FIRE SPRINKLER INSTALLERS
B	AUTOMATIC VENDING MACHINES
B	AUTOMOBILE & TRUCK LEASING FIRMS
B	AUTOMOBILE DEALERSHIPS
C	AUTOMOBILE PAINT AND BODY REPAIR SHOPS
D	AUTOMOBILE PARKING
B	AUTOMOBILE PARTS SALES
C	AUTOMOBILE TOWING SERVICES
C	AUTOMOBILE UPHOLSTERERS
C	AUTOMOBILE VINYL TOP INSTALLATION
B	AUTOMOBILES, OTHER MOTOR VEHICLES
B	AUTOMOTIVE AND APPAREL TRIMMINGS
C	AUTOMOTIVE BRAKE SERVICES
C	AUTOMOTIVE CUSTOMIZING SERVICES
B	AUTOMOTIVE DEALERS
C	AUTOMOTIVE ELECTRICAL SERVICES
C	AUTOMOTIVE MACHINE SHOPS
C	AUTOMOTIVE PAINT SHOPS
B	AUTOMOTIVE SERVICES EQUIPMENT
C	AUTOMOTIVE STAMPINGS
B	AVIATION SCHOOLS
B	AWNING AND TENT STORES
C	AWNING INSTALLATION CONTRACTORS
B	BABY CARRIAGE DEALERS
D	BABY-SITTING SERVICES
B	BACTERIOLOGISTS
C	BAGGAGE TRANSFER SERVICES
B	BAIL BOND SERVICES
C	BAIT & TACKLE SHOPS
B	BAKERIES - BAKING AND SELLING
B	BALANCING SERVICES
B	BALL AND ROLLER BEARINGS
B	BALLROOMS
B	BANK EQUIPMENT AND SUPPLIES
A	BANK HOLDING COMPANIES
B	BANK RELATED SERVICES
A	BANKS
B	BAR ASSOCIATIONS
C	BARBECUE RESTAURANTS
B	BARBER SCHOOLS
B	BARBER SHOPS AND SUPPLIES
C	BARITE MINING
B	BATTERIES
C	BATTERY MANUFACTURERS
B	BEAUTY CULTURE SCHOOLS
B	BEAUTY SALONS
B	BEAUTY SHOPS AND SUPPLIES
D	BEE FARMS
D	BEEF CATTLE FEEDLOTS
B	BEER AND ALE DISTRIBUTORS
B	BEER AND ALE RETAILERS
B	BEET SUGAR
C	BENTONITE MINING
D	BERRY CROPS

**APPENDIX A**  
**INDUSTRY CLASSIFICATION CODES**

B BETTER BUSINESS BUREAUS  
B BICYCLE AND MOTORCYCLE RENTAL  
B BICYCLE REPAIR SHOPS  
B BICYCLE SALES AND SERVICE  
C BILLBOARD ADVERTISING SERVICES  
B BILLIARD AND POOL ESTABLISHMENTS  
B BILLIARD SUPPLY STORES  
B BINDERIES  
B BIOFEEDBACK THERAPISTS, TRAINERS  
B BIOLOGICAL PRODUCTS, EXCEPT DIAGNOSTIC  
B BIRTH CONTROL, FAMILY PLANNING CENTERS  
D BITUMINOUS COAL & LIGNITE SERVICES  
C BLACKSMITHS  
B BLANKBOOKS AND LOOSE-LEAF BINDERS  
B BLIND AND SHADE STORES  
B BLOOD BANKS  
B BLUEPRINTING EQUIPMENT  
B BLUEPRINTING SERVICES  
D BOAT BUILDING & REPAIR  
B BOAT DEALERS/RENTAL  
C BODY SHOPS  
C BOILER MAINTENANCE SERVICES  
B BOILER SALES  
C BOILER SETTING CONTRACTORS  
B BOLTS, NUTS, RIVETS AND WASHERS  
B BOOK PRINTING  
A BOOK PUBLISHING  
B BOOK STORES  
B BOOKBINDING AND RELATED WORK  
A BOOKKEEPING SERVICES  
B BOOKS, PERIODICALS, NEWSPAPERS  
B BOOT AND SHOE CUT STOCK  
B BOTANICAL AND ZOOLOGICAL GARDENS  
B BOTTLED AND CANNED SOFT DRINKS  
B BOTTLED GAS DEALERS  
B BOTTLING COMPANIES & DISTRIBUTORS  
B BOUTIQUES  
B BOWLING ALLEYS/CENTERS  
B BOWLING EQUIPMENT STORES  
B BOX MANUFACTURING  
B BOYS' CLOTHING STORES  
B BRA AND CORSET SHOPS  
B BRAS, GIRDLES, ALLIED GARMENTS  
B BRASS AND COPPER  
B BREAD, CAKE, AND RELATED PRODUCTS  
B BRICK AND CLAY PRODUCTS MANUFACTURERS  
B BRICK AND STRUCTURAL CLAY TILE  
B BRICK DEALERS  
B BRICK, STONE, AND RELATED MATERIALS  
B BRIDAL SHOPS  
B BROAD WOVEN COTTON MILLS  
B BROAD WOVEN MANMADE FIBER MILLS  
B BROAD WOVEN WOOL MILLS  
D BROILER, FRYER, ROASTER CHICKENS  
C BROOM AND BRUSH MANUFACTURERS  
B BUILDING CONSTRUCTION CONSULTING SERVICES

## APPENDIX A

### INDUSTRY CLASSIFICATION CODES

C	BUILDING EQUIPMENT INSTALLATION
D	BUILDING MAINTENANCE
C	BUILDING MANAGEMENT AND MAINTENANCE COMBINED
B	BUILDING MANAGEMENT ONLY
B	BUILDING SUPPLY COMPANIES
B	BURGLAR ALARM SALES AND INSTALLATION
B	BURGLAR ALARM SYSTEMS MANUFACTURING
B	BURIAL CASKETS
B	BURLAP, COTTON AND CANVAS BAGS
B	BUS CHARTER SERVICE
B	BUS COMPANIES
B	BUS CREDIT INSTITUTIONS
C	BUS TERMINAL & SERVICE FACILITIES
C	BUS TERMINAL OPERATION
B	BUSINESS AND SECRETARIAL SCHOOLS
B	BUSINESS AND TRADE ORGANIZATIONS
B	BUSINESS ASSOCIATIONS
B	BUSINESS BROKERS
B	BUSINESS CONSULTING SERVICES
B	BUSINESS MACHINES SALES AND SERVICE
B	BUSINESS MANAGEMENT SERVICES
B	CABINET AND COUNTER STORES
B	CABINET MANUFACTURING AND INSTALLATION
B	CABLE AND OTHER PAY TV SERVICES
B	CABLE TELEVISION COMPANIES
D	CAFETERIAS
B	CALCULATING, ACCOUNTING EQUIPMENT, COMPUTERS
A	CALCULATING AND STATISTICAL SERVICES
B	CAMERA, PHOTOGRAPHIC SUPPLY STORES
B	CAMPER AND PICKUP COACH DEALERS
B	CAMPING EQUIPMENT STORES
C	CANDLE MAKERS
B	CANDLE STORES
B	CANDY AND CONFECTIONERY PRODUCTS MANUFACTURERS
B	CANDY, NUT, CONFECTIONERY STORES
B	CANE SUGAR REFINING
B	CANNED AND CURED FISH AND SEAFOOD
B	CANNED FRUITS AND VEGETABLES
B	CANNED SPECIALTIES
B	CANVAS AND RELATED PRODUCTS
B	CAP AND GOWN STORES
C	CAR WASHES (AUTOMATED)
B	CARBON AND GRAPHITE PRODUCTS
C	CARBON BLACK
B	CARBON PAPER AND INKED RIBBONS
B	CARBURETORS, PISTONS, RINGS, VALVES
B	CARNIVAL SUPPLIES
C	CARPENTRY CONTRACTORS
C	CARPENTRY REPAIR SHOPS
C	CARPET & FLOOR LAYING CONTRACTORS (INCLUDES TILE, ETC.)
C	CARPET & RUG INSTALLERS
B	CARPET AND RUG MANUFACTURERS
B	CARPET AND RUG REPAIR SERVICES
B	CARPET AND RUG STORES
B	CARPET AND UPHOLSTERY CLEANERS
B	CASH REGISTERS

## APPENDIX A

### INDUSTRY CLASSIFICATION CODES

B	CASKET AND VAULT MANUFACTURING
B	CATALOG AND MAIL ORDER HOUSES
C	CATERERS & CATERING TRUCK COMPANIES
C	CATERERS & RELATED SERVICES
B	CATHODE RAY TV TUBES
C	CELLULOSIC MANMADE FIBERS
B	CEMENT
C	CEMETERIES
B	CEMETERY SUBDIVIDERS, DEVELOPERS
B	CENTRAL RESERVE DEPOSITORIES
B	CERAMIC TILE
B	CERAMIC WALL AND FLOOR TILE
B	CEREAL BREAKFAST FOODS
B	CERTIFICATED AIRLINE SERVICE
B	CHAIN SAW SALES AND SERVICE
A	CHAMBER OF COMMERCE
D	CHARITABLE ORGANIZATIONS
D	CHAUFFEUR SERVICES
B	CHECK CASHING SERVICES
B	CHEESE STORES
B	CHEMICAL & ALLIED PDT. MFG. - CLEANING SOLUTIONS, PAINTS, FERTILIZER MFG.
B	CHEMICAL & ALLIED PRODUCTS WHOLESALE TRADE
B	CHEMICAL ENGINEERING SERVICES
C	CHEMICAL, FERTILIZER MINING
C	CHEMICAL PREPARATIONS
B	CHEMISTS AND SCIENTISTS
B	CHEWING AND SMOKING TOBACCO SALES
B	CHILD DAYCARE SERVICES
B	CHILDRENS', INFANTS' WEAR STORES
C	CHIMNEY BUILDERS
D	CHIMNEY REPAIR SERVICES
B	CHINA AND GLASS REPAIR SHOPS
B	CHINA AND GLASSWARE STORES
C	CHINESE RESTAURANTS
B	CHIROPRACTOR AND OSTEOPATH CLINICS
B	CHURCHES & CHURCH GROUPS
B	CIGARETTES/CIGARS SALES
B	CITRIC ACID PRODUCERS (FOR SOFT DRINKS)
D	CITRUS FRUITS
B	CITY AND TOWN PLANNERS
A	CITY HALLS
B	CIVIC, SOCIAL, FRATERNAL ASSOCIATIONS
B	CIVIL ENGINEERING SERVICES
C	CLAY & RELATED MINERALS
B	CLAY REFRACTORIES
B	CLEANERS AND LAUNDRY SUPPLIES AND SERVICES
B	CLOCK AND WATCH MANUFACTURERS
B	CLOSED CIRCUIT TV EQUIPMENT
B	CLOSET ACCESSORIES STORES
B	CLOTHING ALTERATIONS SERVICES
B	CLOTHING DESIGNERS
B	CLOTHING MANUFACTURERS
B	CLOTHING RENTAL
B	COAL & WOOD DISTRUBUTORS
B	COAL AND COKE DEALERS
B	COATED AND LAMINATED PAPER PACKAGE

## APPENDIX A

### INDUSTRY CLASSIFICATION CODES

B	COATED FABRICS, NOT RUBBERIZED
B	COATED, LAMINATED PLASTIC BAGS
B	COATING, GALVANIZING, PLATING AND RELATED SERVICES
B	COFFEE AND TEA DEALERS
B	COIN OPERATED LAUNDRIES AND CLEANING
C	COLD STORAGE WAREHOUSES
B	COLLECTION AGENCIES
B	COLLEGES AND UNIVERSITIES
B	COMMERCIAL ART, GRAPHIC DESIGNS
A	COMMERCIAL BANKS
C	COMMERCIAL CLEANING FOR FIRE & WATER DAMAGE
B	COMMERCIAL EQUIPMENT
B	COMMERCIAL GRAVER PRINTING
B	COMMERCIAL INTERIOR DESIGN
B	COMMERCIAL LITHOGRAPHIC PRINTING
B	COMMERCIAL PHOTOGRAPHY
A	COMMERCIAL SECTOR REGULATION
C	COMMISSARY CONTRACTORS
B	COMMODITY CONTRACTORS, BROKERS AND DEALERS
B	COMMUNICATIONS CONSULTING SERVICES
B	COMMUNICATIONS EQUIPMENT SERVICES
A	COMMUNICATIONS, UTILITIES REGULATION AND ADMINISTRATION
B	COMPRESSED GAS SALES
B	COMPUTER FACILITIES MANAGEMENT SERVICES
B	COMPUTER INTEGRATED SYSTEM DESIGN
B	COMPUTER MAINTENANCE AND REPAIR
B	COMPUTER PERIPHERAL EQUIPMENT
B	COMPUTER-RELATED SERVICES
B	COMPUTER RENTAL AND LEASING
C	COMPUTER ROOM CONTRACTORS
B	COMPUTER STORAGE DEVICES
B	COMPUTER STORES AND DEALERS
A	COMPUTER SYSTEMS CONSULTING SERVICES
B	CONCESSIONAIRES
B	CONCRETE BLOCK AND BRICK
C	CONCRETE CONTRACTORS
B	CONCRETE PRODUCTS MANUFACTURERS
B	CONCRETE, READY-MIX CEMENT DEALERS
C	CONCRETE WORK (INCLUDES READY-MIX)
B	CONDOMINIUM MANAGEMENT
B	CONFECTIONERY
B	CONSTRUCTION AND MINING EQUIPMENT MATERIALS MANUFACTURING
C	CONSTRUCTION COMPANY - COMMERCIAL, RESIDENTIAL, HIGHWAY, STREET, ETC.
B	CONSTRUCTION MACHINERY, EQUIPMENT
B	CONSTRUCTION MATERIALS
B	CONSTRUCTION, MINING MACHINERY
C	CONSTRUCTION SAND & GRAVEL
B	CONSULTING ENGINEERING SERVICES
C	CONTRACT FOOD SERVICE
C	CONTRACT HAULING
B	CONTRACTORS' EQUIPMENT RENTAL
B	CONTRACTORS' MATERIALS
B	CONVALESCENT CENTERS OR HONES
B	CONVERTED PAPER PRODUCTS
B	CONVEYORS, CONVEYING EQUIPMENT
C	COPPER FOUNDRIES

## APPENDIX A

### INDUSTRY CLASSIFICATION CODES

C	COPPER ROLLING & DRAWING
B	COPYING AND DUPLICATING SERVICES
B	COPYING MACHINES
C	CORDAGE AND TWINE MANUFACTURERS
B	CORDAGE AND TWINE SALES
B	CORRECTIONAL INSTITUTIONS
B	CORRESPONDENCE SCHOOLS
B	CORRUGATED AND SOLID FIBER BOXES
B	COSMETICS STORES
B	COSTUME HOUSE BROKERS
B	COSTUME JEWELRY, NOVELTIES, AND RELATED MANUFACTURING
B	COSTUME SALES AND RENTAL
B	COTTON FINISHING PLANTS
D	COTTON GINNING
D	COTTONSEED OIL MILLS
B	COUNTRY CLUBS
B	COUNTY AGRICULTURAL AGENTS
B	COUNTY GOVERNMENT SEATS
B	COURIER SERVICES, EXCEPT BY AIR
B	COURT STENOGRAPHIC SERVICES
B	COURTS
A	CREDIT AGENCIES
A	CREDIT REPORTING SERVICES
B	CREDIT UNIONS (MEMBERS BASED ON JOB DUTIES)
D	CROP HARVESTING
D	CROP PLANTING & PROTECTING
D	CROP PREPARATION SERVICES FOR MARKETING
C	CROWNS & CLOSURES
D	CRUDE PETROLEUM & NATURAL GAS
C	CRUDE PETROLEUM PIPELINES
C	CRUSHED & BROKEN GRANITE/STONE
C	CRUSHED & BROKEN LIMESTONE
B	CRUSHED AND NATURAL STONE
B	CURRENT-CARRYING WIRING DEVICES
B	CURTAINS AND DRAPERIES SALES
B	CUSTOM, ORTHOPEDIC SHOE STORES
B	CUT STONE AND STONE PRODUCTS
B	CUTLERY AND GENERAL HARDWARE MANUFACTURING
D	DAIRY FARMS
B	DAIRY PRODUCTS COMPANIES
B	DAIRY PRODUCTS STORES
B	DANCE STUDIOS, SCHOOLS AND HALLS
B	DANCING SUPPLY SHOPS
A	DATA COMMUNICATIONS SERVICES
B	DATA PROCESSING SCHOOLS
B	DATA PROCESSING SUPPLIES
B	DAY CARE CENTERS
D	DECIDUOUS TREE FRUITS
B	DECORATING SUPPLIES
B	DEHYDRATED FRUITS, VEGETABLES, SOUPS
B	DELICATESSENS
B	DELIVERY SERVICE - LOCAL BY AUTOS/VANS
B	DENTAL EQUIPMENT AND SUPPLIES
B	DENTAL LABORATORIES
B	DENTAL OFFICES AND CLINICS
B	DEODORIZING, DISINFECTING SERVICES

**APPENDIX A**  
**INDUSTRY CLASSIFICATION CODES**

B DEPARTMENT STORES  
B DIAGNOSTIC SUBSTANCES  
B DIAMOND SETTERS  
B DIAPER SERVICES  
B DICTATING MACHINES  
B DIE-CUT PAPER AND BOARD  
B DIETICIANS  
C DIGGING AND TRENCHING COMPANIES  
C DIMENSION STONE  
B DIRECT MAIL ADVERTISING SERVICES  
B DIRECT SELLING ESTABLISHMENTS  
B DISINFECTING, PEST CONTROL SERVICES  
B DISPLAY DESIGN AND PRODUCTION  
B DISPLAY FIXTURES AND MATERIALS  
B DISTILLED AND BLENDED LIQUORS  
B DIVERS' EQUIPMENT AND SUPPLY STORES  
B DIVING SCHOOL INSTRUCTORS (NOT WHILE DIVING)  
B DOCTORS' CLINICS  
B DOCTORS' OFFICES  
C DOG & CAT BOARDING KENNELS  
C DOG & CAT FOOD  
C DOG GROOMING SERVICES  
C DOG SHOW PROMOTIONS  
B DOLL REPAIR SHOPS  
B DOLLS AND STUFFED TOYS SALES  
B DOOR & WINDOW MANUFACTURERS  
B DOOR AND WINDOW SCREEN DEALERS  
C DOOR, GATE OPERATING DEVICE INSTALLERS  
B DOOR REPAIR SERVICES  
B DRAFTING SUPPLIES  
A DRAFTSMEN'S SERVICES  
B DRAPERY AND CURTAIN CLEANING  
B DRAPERY AND CURTAIN STORES  
B DRAPERY AND UPHOLSTERY STORES  
B DRAPERY HARDWARE, BLINDS, SHADES  
B DRESSMAKERS  
B DRESSMAKING SCHOOLS  
C DRILLING CONTRACTORS  
B DRILLING EQUIPMENT  
C DRIVEWAY CONTRACTORS  
B DRIVING SCHOOLS  
B DRUG ABUSE INFO, TREATMENT CENTERS  
B DRUG STORES AND PROPRIETARY STORES  
B DRUGS - DISTRIBUTORS  
B DRUGS, PROPRIETORS, SUNDRIES  
B DRY CLEANERS AND LAUNDRIES  
B DRY CLEANING PLANTS, EXCEPT RUG  
B DRY, CONDENSED, EVAPORATED DAIRY PRODUCTS  
C DRYWALL CONTRACTORS  
B DUPLICATING MACHINES  
B DURABLE GOODS  
B DWELLING OPERATORS, EXCEPT APARTMENTS  
C EARTH MOVERS  
B EDUCATION, RELIGION, CHARITABLE TRUSTS  
B EDUCATIONAL CONSULTING SERVICES  
A EDUCATIONAL PROGRAM ADMINISTRATION

## APPENDIX A

### INDUSTRY CLASSIFICATION CODES

B	EDUCATIONAL RESEARCH FOUNDATIONS
C	ELECTRIC & OTHER SERVICES COMBINED
B	ELECTRIC AND GAS WELDING EQUIPMENT
B	ELECTRIC AND NEON SIGNS
B	ELECTRIC APPLIANCE, TV, RADIOS
B	ELECTRIC HOUSEWARES AND FANS
B	ELECTRIC INDUSTRIAL APPARATUS
B	ELECTRIC LAMP BULBS AND TUBES
B	ELECTRIC LIGHTING FIXTURES
B	ELECTRIC MOTORS
B	ELECTRIC SERVICES
B	ELECTRIC TOOLS
B	ELECTRICAL APPARATUS AND EQUIPMENT
B	ELECTRICAL APPLIANCES DISTRIBUTION
B	ELECTRICAL COMPANIES & ELECTRIC CO-OPS (POWER GENERATION, TRANS., DIST.)
C	ELECTRICAL CONTRACTORS
B	ELECTRICAL ENGINEERING SERVICES
B	ELECTRICAL EQUIPMENT AND SUPPLIES
B	ELECTRICAL HEATING EQUIPMENT
B	ELECTRICAL LIGHTING AND WIRING EQUIPMENT MANUFACTURERS - LAMPS
B	ELECTRICAL MACHINERY, EQUIPMENT, AND SUPPLY MANUFACTURING
B	ELECTRICAL REPAIR SHOPS
B	ELECTRICAL SIGNS
B	ELECTRICAL SUPPLIES
C	ELECTRICAL WORK
B	ELECTRICITY MEASURING INSTRUMENTS
B	ELECTROLYSIS SALONS
B	ELECTROMEDICAL EQUIPMENT
C	ELECTROMETALLURGICAL PRODUCTS
B	ELECTRON RECEIVING TUBES
B	ELECTRON TUBES
B	ELECTRONIC CAPACITORS
B	ELECTRONIC COILS, TRANSFORMERS
B	ELECTRONIC COMPONENT MANUFACTURERS
B	ELECTRONIC COMPONENTS
B	ELECTRONIC COMPUTERS
B	ELECTRONIC CONNECTORS
B	ELECTRONIC, ELECTRIC REPAIR SHOPS
B	ELECTRONIC PARTS AND EQUIPMENT
B	ELECTRONIC RESEARCH, DEVELOPMENT
B	ELECTRONIC RESISTORS
B	ELECTROTYPING AND STEREOTYPING
B	ELEMENTARY AND SECONDARY SCHOOLS
C	ELEVATOR INSTALLATION AND SERVICE COMPANIES
B	ELEVATORS AND MOVING STAIRWAYS
B	EMBASSIES AND CONSULATES
B	EMPLOYMENT AGENCIES
B	ENERGY CONSERVATION CONSULTING SERVICES
B	ENERGY CONSERVATION ENGINEER SERVICES
B	ENERGY CONSERVATION EQUIPMENT DEALERS
B	ENGINE ELECTRICAL EQUIPMENT
C	ENGINE REPLACEMENT, REPAIR SERVICES
A	ENGINEERING FIRMS (OFFICE AND CONSULTING ONLY)
B	ENGINEERING SERVICES
B	ENGRAVERS
D	ENTERTAINERS



**APPENDIX A**  
**INDUSTRY CLASSIFICATION CODES**

B ENTERTAINMENT, CONCERT BUREAUS  
B ENVELOPES SALES AND MANUFACTURING  
B ENVIRONMENT PROTECTION ORGANIZATIONS  
B ENVIRONMENTAL CONTROLS  
B ENVIRONMENTAL ENGINEERING SERVICES  
B EQUIPMENT RENTAL AND LEASING  
C EXCAVATING AND FOUNDATION CONTRACTORS  
C EXCAVATING, GRADING CONTRACTORS  
C EXCAVATION WORK  
A EXECUTIVE OFFICES  
A EXECUTIVE RECRUITERS  
B EXERCISE EQUIPMENT STORES  
B EXPORTERS  
B EXTERMINATING, FUMIGATING SERVICES  
B EYEGLOSS FITTING COMPANIES  
B FABRIC DRESS AND WORK GLOVES  
B FABRIC STORES  
B FABRICATED METAL PRODUCTS  
B FABRICATED PIPE AND FITTINGS  
B FABRICATED PLATE WORK  
C FABRICATED RUBBER PRODUCTS  
B FABRICATED STRUCTURAL METAL  
B FABRICATED TEXTILE PRODUCTS  
B FABRICATED WIRE PRODUCTS  
B FACILITIES SUPPORT MANAGEMENT SERVICES  
B FAMILY CLOTHING STORES  
B FARM AND GARDEN MACHINERY  
B FARM EQUIPMENT DEALERS  
D FARM LABOR CONTRACTORS  
B FARM MACHINERY AND EQUIPMENT  
B FARM MACHINERY MANUFACTURERS  
D FARM MANAGEMENT SERVICES  
B FARM PRODUCT RAW MATERIALS  
C FARM PRODUCT WAREHOUSING & STORAGE  
B FARM SUPPLIES  
B FARM SUPPLY STORES  
B FARM TRACTORS  
D FARMS - ALL CROPS  
D FARMS - CHICKEN & LIVESTOCK OPERATIONS  
B FASTENERS, BUTTONS, NEEDLE, PINS  
B FEDERAL CREDIT UNIONS (MEMBERS BASED ON JOB DUTIES)  
A FEDERAL, FEDERAL SPONSORED CREDIT AGENCIES  
A FEDERAL RESERVE BANKS  
A FEDERAL SAVINGS INSTITUTIONS  
D FEDERALLY FUNDED GRPS. - COMMUNITY ACTION AGENCIES, POVERTY PROGS., ETC.  
B FEED AND FERTILIZER  
C FENCE CONTRACTORS  
C FENCE INSTALLATION CONTRACTORS  
B FENCING MATERIALS DEALERS  
B FERTILIZER DEALERS  
B FERTILIZER MANUFACTURING  
B FERTILIZERS, MIXING ONLY  
B FIBER CANS, DRUMS AND SIMILAR PRODUCTS  
C FIBERGLASS AND FIBERGLASS PRODUCT MANUFACTURERS  
C FIELD WAREHOUSING SERVICES  
A FINANCE COMPANIES

## APPENDIX A

### INDUSTRY CLASSIFICATION CODES

A	FINANCE, TAX AND MONETARY POLICY
A	FINANCIAL CONSULTANTS
A	FINANCIAL CONSULTING SERVICES
B	FINISHING PLANTS
B	FIRE ALARM SYSTEMS
C	FIRE CLAY MINING
C	FIRE DAMAGE CONTRACTORS
B	FIRE EQUIPMENT SUPPLY COMPANIES
B	FIRE, MARINE, CASUALTY INSURANCE
C	FIRE DEPARTMENT (WITHOUT ENTIRE GOVERNMENTAL ACCOUNT)
B	FIRE PROTECTION ENGINEERING SERVICES
B	FIRE PROTECTION EQUIPMENT
B	FIREPLACE EQUIPMENT
B	FIREPLACE EQUIPMENT STORES
C	FIREPROOFING CONTRACTORS
B	FIREWOOD DEALERS
B	FISH AND SEAFOOD STORES
D	FISH HATCHERIES & PRESERVES
B	FISH MARKETS
B	FISHING EQUIPMENT STORES
C	FLAT GLASS
B	FLAVORING EXTRACTS, SYRUPS
B	FLOOR BUFFING
B	FLOOR COVERING STORES
C	FLOOR LAYING & FLOOR WORK
C	FLOOR LAYING, RESURFACING CONTRACTS
B	FLOOR MAINTENANCE EQUIPMENT RENTAL
B	FLORISTS
B	FLORISTS' SUPPLIES
B	FLOUR AND OTHER GRAIN MILL PRODUCTS
B	FLUID METERS, COUNTING DEVICES
B	FLUID MILK
B	FLUID POWER CYLINDERS, ACTUATORS
B	FLUID POWER PUMPS AND MOTORS
B	FLUID POWER VALVES, HOSE FITTINGS
C	FLUORSPAR MINING
B	FLYING FIELDS
B	FOAM RUBBER MANUFACTURING
B	FOLDING PAPERBOARD BOXES
B	FOOD, BEVERAGE CONSULTING SERVICES
B	FOOD BROKERS
D	FOOD CROPS GROWN UNDER COVER
B	FOOD PREPARATIONS
B	FOOD PRODUCTS MACHINERY
B	FOOD STORES
B	FOOTWEAR
B	FOREIGN BANK BRANCHES, AGENCIES
B	FOREIGN TRADE CONSULTING SERVICES
B	FOREIGN TRADE, INTERNATIONAL BANKS
D	FOREST NURSERIES
D	FOREST PRODUCTS
D	FORESTRY SERVICES
C	FOUNDATION CONTRACTORS
C	FOUNDRIES
B	FRATERNAL ORDERS
B	FREEZER PROVISIONERS

**APPENDIX A**  
**INDUSTRY CLASSIFICATION CODES**

B	FREIGHT CONSOLIDATION
B	FREIGHT FORWARDING
B	FREIGHT TRANSPORTATION AGENTS
B	FRESH FRUITS AND VEGETABLES
B	FRESH OR FROZEN PREPARED FISH
B	FROZEN BAKERY PRODUCTS, EXCEPT BREAD
C	FROZEN FOOD LOCKERS
B	FROZEN FOOD PROCESSOR
B	FROZEN FRUITS AND VEGETABLES
B	FROZEN SPECIALTIES
C	FRUIT & VEGETABLE CANNING
B	FRUIT AND VEGETABLE MARKETS
D	FRUIT AND VEGETABLE STANDS
B	FRUIT AND VEGETABLE WHOLESALE TRADE COMPANIES
D	FRUITS & TREE NUTS
B	FUEL OIL DISTRIBUTORS - RETAIL & WHOLESALE
C	FULLERS EARTH MINING
D	FUND RAISING SERVICES
B	FUNERAL DIRECTORS' EQUIPMENT
B	FUNERAL HOMES
B	FUNERAL SERVICE AND CREMATORIES
B	FUR GOODS
C	FURNACE MAINTENANCE SERVICES
B	FURNACES SALES
B	FURNITURE & HOUSEHOLD FIXTURES MANUFACTURING
B	FURNITURE RENTAL
B	FURNITURE SALES
B	FURRIERS AND FUR SHOPS
D	GAMBLING CASINOS
B	GAME SHOPS
B	GAMES AND TOYS
C	GARAGE BUILDERS
C	GARAGE DOOR AND OVERHEAD DOOR INSTALLATION
B	GARDEN SUPPLY STORES
B	GARMENT PRESSING, CLEANERS' AGENTS
C	GAS & OTHER SERVICES COMBINED
D	GAS AND OIL FIELD SERVICES
B	GAS APPLIANCE REPAIR SERVICES
B	GAS OR DIESEL ENGINES
C	GAS TRANSMISSION, DISTRIBUTION
C	GASKETS, PACKING, SEALING DEVICES
C	GENERAL AUTOMOTIVE REPAIR SHOPS
B	GENERAL ECONOMIC PROGRAM ADMINISTRATION
D	GENERAL FARMS, PRIMARILY ANIMAL
D	GENERAL FARMS, PRIMARILY CROP
B	GENERAL GOVERNMENT
B	GENERAL INDUSTRIAL MACHINERY
D	GENERAL LIVESTOCK
B	GENERAL MEDICAL, SURGICAL HOSPITALS
B	GENERAL MERCHANDISE
B	GENERAL MERCHANDISE STORES
C	GENERAL TRUCKING & CARTING
C	GENERAL WAREHOUSING & STORAGE
B	GENERATORS AND TRANSFORMERS
B	GEOLOGISTS
B	GEOPHYSICISTS

## APPENDIX A

### INDUSTRY CLASSIFICATION CODES

C	GLASS & GLAZING WORK
C	GLASS CONTAINERS
C	GLASS INSTALLERS - BUILDING REPLACEMENT AND REPAIR
C	GLASS PRODUCTS MANUFACTURERS
B	GOLF AND COUNTRY CLUBS
B	GOLF COURSES
B	GOLFING EQUIPMENT STORES
D	GOODWILL INDUSTRIES
B	GOURMET SHOPS
A	GOVERNMENT - ADMINISTRATIVE
A	GOVERNMENT LIBRARIES
B	GOVERNMENT-OTHER
B	GRAIN AND FIELD BEANS
B	GRAIN BROKERS
C	GRAIN ELEVATORS
D	GRAIN STORAGE FACILITIES
C	GRAY & DUCTILE IRON FOUNDRIES
C	GREENHOUSE BUILDERS
B	GREETING CARD OUTLETS
B	GROCERIES - DISTRIBUTORS
B	GROCERY STORES
B	GROUND OR TREATED MINERALS
D	GUARD & PATROL SERVICES
B	GUIDE SERVICES
B	GUIDED MISSILES, SPACE VEHICLES
B	GUM AND WOOD CHEMICALS
B	GUN SHOPS AND GUNSMITHS
B	GUNSMITHS
D	GUTTER & DOWNSPOUT CONTRACTORS
C	GUTTER INSTALLATION
D	GYMNASIUMS
C	GYPSON MINING
B	GYPSON PRODUCTS
D	HABITAT (RETAIL)
B	HALL AND AUDITORIUM MANAGEMENT
B	HAND AND EDGE TOOLS
B	HANDBAG AND LEATHER GOODS SHOPS
B	HARD SURFACE FLOOR COVERINGS
B	HARDWARE DIMENSION AND FLOORING MILLS
B	HARDWARE MANUFACTURERS
B	HARDWARE STORES
B	HARDWOOD VENEER AND PLYWOOD
D	HATCHERIES
B	HATS, CAPS, AND MILLINERY
D	HAZARDOUS GAS MANUFACTURING & TRANSPORTERS
D	HEALTH & BEAUTY CLUBS OR SPAS (EXCEPT YMCA, YWCA)
B	HEALTH AND ALLIED SERVICES
B	HEALTH AND WELFARE CLINICS
B	HEALTH FOOD STORES
B	HEALTH MAINTENANCE ORGANIZATIONS
B	HEALTH PRACTITIONERS' OFFICES, CLINICS
B	HEARING AID CENTERS
B	HEARING AID STORES
C	HEATING & VENTILATION CONTRACTORS
C	HEATING AND AIR CONDITIONING CONTRACTORS
B	HEATING EQUIPMENT, EXCEPT ELECTRICAL FURNACES

## APPENDIX A

### INDUSTRY CLASSIFICATION CODES

B	HEATING, VENTILATION ENGINEER SERVICES
C	HEAVY CONSTRUCTION
B	HEAVY CONSTRUCTION EQUIPMENT RENTAL
C	HEAVY EQUIPMENT REPAIR
C	HEAVY HAUL TRUCKING
C	HIGHWAY & STREET CONSTRUCTION
B	HOBBY, TOY, AND GAME SHOPS
B	HOISTS, CRANES AND MONORAILS
B	HOLDING COMPANIES
C	HOME & INDUSTRIAL CONTRACTORS
B	HOME CENTERS
B	HOME FURNISHINGS
B	HOME FURNISHINGS DISTRIBUTORS
B	HOME FURNISHINGS STORES
B	HOME FURNITURE REPAIR SERVICES
B	HOME HEALTH CARE SERVICES
B	HOME PLANNING SERVICES
D	HORSE FARMS & BREEDERS
D	HORTICULTURAL SPECIALTIES
B	HOSE AND TUBING
B	HOSIERY MANUFACTURERS
B	HOSIERY STORES
B	HOSPITAL AND MEDICAL SERVICE PLANS
B	HOSPITAL, LABORATORY EQUIPMENT
B	HOSPITALS
B	HOT TUB AND SPA RENTAL
B	HOTEL AND MOTEL RESERVATION SERVICES
B	HOTEL AND MOTEL SUPPLIES
B	HOTELS AND MOTELS
B	HOTELS, MOTELS, ROOMING HOUSES, CAMPS, TRAILER PKS. & OTHER LODGING PLACES
D	HOUSE MOVING CONTRACTORS
B	HOUSEHOLD APPLIANCE MANUFACTURERS
B	HOUSEHOLD APPLIANCE STORES
B	HOUSEHOLD AUDIO AND VIDEO EQUIPMENT
B	HOUSEHOLD COOKING EQUIPMENT
B	HOUSEHOLD FAN DEALERS
B	HOUSEHOLD FURNITURE
B	HOUSEHOLD FURNITURE STORES
B	HOUSEHOLD LAUNDRY EQUIPMENT
B	HOUSEHOLD REFRIGERATORS, FREEZERS
B	HOUSEHOLD VACUUM CLEANERS
B	HOUSEWARES
D	HOUSING AUTHORITIES (SEE FEDERALLY FUNDED GROUP)
B	HOUSING PROGRAM ADMINISTRATION
B	HUMAN CEMETERY DEVELOPERS
D	HUNTING, TRAPPING & GAME MANAGEMENT
B	HYDRAULIC CEMENT
C	HYDRAULIC EQUIPMENT
B	HYPNOTISTS
B	ICE CREAM AND FROZEN DESSERTS
B	ICE DEALERS
B	ICE MAKING EQUIPMENT
B	ICE SKATING RINKS
B	IMPORTERS
c	INDIAN/PAKISTANI RESTAURANTS
B	INDIVIDUAL, FAMILY SOCIAL SERVICES

## APPENDIX A

### INDUSTRY CLASSIFICATION CODES

B	INDUSTRIAL AND COMMERCIAL FANS AND BLOWERS
C	INDUSTRIAL BUILDINGS & WAREHOUSES
B	INDUSTRIAL CONSULTING SERVICES
B	INDUSTRIAL DESIGN ENGINEERING SERVICES
B	INDUSTRIAL ELECTRON TUBES
B	INDUSTRIAL EQUIPMENT RENTAL
B	INDUSTRIAL EQUIPMENT, SUPPLIES
B	INDUSTRIAL FANS
B	INDUSTRIAL FASTENERS
B	INDUSTRIAL FURNACES AND OVENS
D	INDUSTRIAL GASES
B	INDUSTRIAL HYGIENE CONSULTING SERVICES
C	INDUSTRIAL INORGANIC CHEMICALS
B	INDUSTRIAL LAUNDERERS
B	INDUSTRIAL LOAN COMPANIES
B	INDUSTRIAL MACHINERY
B	INDUSTRIAL MACHINERY & EQUIPMENT MANUFACTURING
B	INDUSTRIAL MACHINERY AND EQUIPMENT
B	INDUSTRIAL ORGANIC CHEMICALS
B	INDUSTRIAL PARTS DISTRIBUTING CENTER
B	INDUSTRIAL PATTERNS
B	INDUSTRIAL, PERSONAL SERVICE PAPER
B	INDUSTRIAL RELATIONS CONSULTING SERVICES
C	INDUSTRIAL SAND
B	INDUSTRIAL SUPPLIES
B	INDUSTRIAL, TECH AND TRADE SCHOOLS
C	INDUSTRIAL TOOL GRINDERS
B	INDUSTRIAL TRUCKS
B	INDUSTRIAL TRUCKS AND TRACTORS
B	INDUSTRIAL VALVES
B	INDUSTRIAL WASTE COMPACTORS
D	INDUSTRY FOR THE BLIND
B	INFORMATION BUREAUS
B	INFORMATION RETRIEVAL SERVICES
C	INORGANIC PIGMENTS
B	INSPECTION AND FIXED FACILITIES
B	INSPECTION AND WEIGHING SERVICES
B	INSTALLMENT SALES FINANCE COMPANIES
C	INSULATION CONTRACTORS
C	INSULATION INSTALLATION COMPANIES
C	INSULATION MANUFACTURERS
B	INSURANCE ADJUSTERS
B	INSURANCE AGENTS, BROKERS AND SERVICES
B	INSURANCE CARRIERS
A	INSURANCE COMPANIES
A	INSURANCE CONSULTANTS
B	INTERCITY, RURAL BUS TRANSPORT
D	INTERCOSTAL FREIGHT TRANSPORT
B	INTERIOR DECORATING SERVICES
B	INTERMEDIATE CARE FACILITIES
B	INTERNAL COMBUSTION ENGINES
B	INTERNATIONAL AFFAIRS
B	INVESTMENT SECURITY COMPANIES
B	INVESTORS
C	IRON & STEEL FORGINGS
C	IRRIGATION COMPANIES

**APPENDIX A**  
**INDUSTRY CLASSIFICATION CODES**

B IRRIGATION SYSTEMS  
B JANITORS' SUPPLIES  
C JAPANESE RESTAURANTS  
C JEWELERS' MATERIALS, LAPIDARY WORK  
C JEWELRY & PLATED WARE MANUFACTURERS  
B JEWELRY AND PRECIOUS STONES  
B JEWELRY DESIGNERS  
B JEWELRY REPAIR SHOPS  
B JEWELRY REPAIRERS  
B JEWELRY STORES  
B JOB TRAINING AND RELATED SERVICES  
B JUNIOR COLLEGES AND TECH INSTITUTES  
B JUNIOR CHAMBERS OF COMMERCE  
B JUNIOR COLLEGE LIBRARIES  
B JUNIOR HIGH SCHOOLS  
C KAOLIN & BALL CLAY  
B KARATE, MARTIALS ARTS SUPPLY STORES  
D KENNELS  
B KIDNEY DIALYSIS CENTERS  
B KITCHENWARE AND HOUSEWARE STORES  
B KNIT GOODS SHOPS  
B KNIT OUTERWEAR MILLS  
B KNIT UNDERWEAR, NIGHTWEAR MILLS  
B LABOR UNIONS, LABOR ORGANIZATIONS  
B LABORATORY ANALYTICAL INSTRUMENTS  
B LABORATORY APPARATUS, FURNITURE  
B LACE AND WARP KNIT FABRIC MILLS  
B LADIES' TAILORS  
C LAMINATED PLASTICS PLATE, SHEET  
B LANT AND LAMPSHADE SHOPS  
B LAMP REPAIR AND MOUNTING SHOPS  
B LAMPS AND LAMPSHADES MANUFACTURING  
B LAND, MINERAL, WILDLIFE CONSERVATION  
C LANDSCAPE CONTRACTORS  
C LANDSCAPE COUNSELING, PLANNING  
C LANDSCAPING & LAWN MAINTENANCE  
B LANGUAGE SCHOOLS  
B LASER-BAR CODING EQUIPMENT  
B LAUNDRY AND DRY CLEANERS  
B LAUNDRY EQUIPMENT  
B LAW LIBRARIES  
C LAWN & GARDEN SERVICES  
B LAWN AND GARDEN EQUIPMENT MANUFACTURING  
B LAWN AND GARDEN EQUIPMENT RENTAL  
B LAWN AND GARDEN SHOPS  
B LAWN EQUIPMENT SALES AND SERVICE  
B LAWN MOWER DEALERS  
B LAWN MOWER REPAIR, SHARPEN SERVICES  
B LEAD PENCILS AND ART GOODS  
B LEATHER AND LEATHER GOODS SALES  
B LEATHER AND SHEEPLINED CLOTTING  
B LEATHER GLOVES AND MITTENS  
B LEATHER GOODS CLEANING, REPAIR SHOPS  
B LEATHER PRODUCTS MANUFACTURING  
D LEATHER TANNING AND FINISHING  
B LEGAL COUNSEL AND PROSECUTION

**APPENDIX A**  
**INDUSTRY CLASSIFICATION CODES**

B LEGAL SERVICES  
B LEGISLATIVE BODIES  
B LETTERSHOPS AND ADDRESSING SERVICES  
A LIBRARIES  
B LIE DETECTION SERVICES  
B LIFE INSURANCE  
B LIGHTING CONSULTING SERVICES  
B LIGHTING EQUIPMENT  
B LIGHTING FIXTURES/SUPPLY COMPANIES  
B LIME  
D LIMOUSINE SERVICE  
B LINE HAUL RAILROAD OPERATION  
B LINEN SHOPS  
B LINEN SUPPLY  
B LINEN SUPPLY COMPANIES  
B LINGERIE SHOPS  
C LINOLEUM, NON-CERAMIC TILE CONTRACTORS  
B LIQUEFIED PETROLEUM GAS DEALERS  
B LIQUEFIED PETROLEUM MANUFA  
B LIQUOR STORES  
B LIQUOR WHOLESALE DISTRIBUTORS  
B LITHOGRAPHIC PLATEMAKING  
C LIVESTOCK AUCTION COMPANIES  
D LIVESTOCK FARMS  
D LIVESTOCK SERVICES, EXCEPT VETERINARY  
A LOAN AND FINANCE COMPANIES  
B LOAN BROKERS  
B LOCK AND KEY SHOPS  
B LOCKERS  
B LOCKSMITHS  
C LP GAS PRODUCTION AND/OR DISTRIBUTION  
C LUBRICATING OILS & GREASES  
B LUGGAGE AND LEATHER GOODS STORES  
B LUMBER AND CONSTRUCTION MATERIALS COMPANY  
D LUMBER, PLYWOOD AND MILLWORK  
B LUMBER, PLYWOOD, BUILDING MATERIAL DEALERS  
B MACARONI, SPAGHETTI AND NOODLES MANUFACTURING  
B MACHINE SHOPS  
B MACHINE SHOPS - GRINDING  
B MACHINE TOOL ACCESSORIES  
B MACHINERY AND MACHINE TOOLS  
C MACHINERY MOVERS & ERECTORS  
B MAGAZINE ADVERTISING REPRESENTATIVES  
B MAGNETIC, OPTICAL RECORDING MEDIA  
B MAIL LIST BROKERS AND COMPILERS  
B MAJOR APPLIANCES MANUFACTURING  
B MAJOR ELECTRIC APPLIANCE DEALERS  
C MALLEABLE IRON FOUNDRIES  
B MALT BEVERAGES  
B MALT PRODUCTION  
B MANAGEMENT CONSULTING SERVICES  
B MANAGEMENT SERVICES  
B MANIFOLD BUSINESS FORMS  
B MANMADE FIBER FINISHING PLANTS  
B MANUFACTURED ICE  
B MANUFACTURERS' AGENTS



**APPENDIX A**  
**INDUSTRY CLASSIFICATION CODES**

B MAP MANUFACTURERS  
D MARINA OPERATION  
B ENGINEERING SERVICES  
D MARINE PRODUCTS  
B MARINE SUPPLY STORES  
D MARINE TERMINAL OPERATION  
B MARKET RESEARCH SERVICES  
B MARKETING CONSULTING SERVICES  
B MARKING DEVICES  
B MARRIAGE AND FAMILY COUNSELORS  
B MARTIAL ARTS INSTRUCTION  
C MASONRY & OTHER STONE WORK  
C MASONRY AND STONESETTING CONTRACTORS  
B MATERIALS HANDLING AND SHOP EQUIPMENT  
B MATERNITY SHOPS  
B MATTRESS AND BEDDING STORES  
B MATTRESS MANUFACTURERS  
B MEASURING AND DISPENSING PUMPS  
B MEASURING, CONTROL DEVICES  
B MEAT AND FISH MARKETS  
B MEAT BROKERS  
B MEAT MARKETS (NOT RETAIL)  
B MEAT MARKETS (RETAIL)  
C MEAT PACKING AND MEAT PRODUCTS PLANTS (EXCLUDES SLAUGHTERING)  
D MEAT PACKING PLANTS  
C MECHANICAL CONTRACTORS  
B MECHANICAL ENGINEERING SERVICES  
C MECHANICAL RUBBER GOODS  
B MEDICAL AND DENTAL ASSISTANT SCHOOLS  
B MEDICAL AND DENTAL INSTRUMENT MANUFACTURING  
B MEDICAL AND HOSPITAL EQUIPMENT MANUFACTURING AND SALES  
B MEDICAL DOCTORS' OFFICES AND CLINICS  
B MEDICAL EQUIPMENT RENTAL, LEASING  
B MEDICAL GROUPS AND CLINICS  
B MEDICAL LABORATORIES  
B MEDICAL LIBRARIES  
B MEDICAL SERVICE ORGANIZATIONS  
B MEDICINALS AND BOTANICALS  
B MEMBERSHIP BASIS ORGANIZATION HOTELS  
D MEMBERSHIP SPORTS, RECREATION CLUBS  
B MEN'S AND BOYS' CLOTHING SALES AND MANUFACTURING  
B MEN'S AND BOYS'WORK CLOTHING  
B MEN'S CUSTOM SHIRTMAKERS  
B MEN'S CUSTOM TAILORS  
B MEN'S FOOTWEAR, EXCEPT ATHLETIC  
B MEN'S SPORTSWEAR  
B MENTAL HEALTH AND PSYCHIATRIC CLINICS  
B MERCHANDISING MACHINE OPERATORS  
C MESSENGER SERVICES  
B METAL & MINERAL TRADE COMPANIES  
C METAL BARRELS, DRUMS & PAILS  
C METAL CANS  
C METAL COATING, ALLIED SERVICES  
B METAL CUTTING MACHINE TOOLS  
B METAL DOORS, SASH AND TRIM  
B METAL FOIL AND LEAF

## APPENDIX A

### INDUSTRY CLASSIFICATION CODES

B	METAL FORMING MACHINE TOOLS
C	METAL HEAT TREATING
B	METAL HOUSEHOLD FURNITURE
C	METAL INDUSTRIES (INCLUDES STEELWORKS, IRON, BRASS, ETC.) MANUFACTURING
B	METAL PRODUCTS FABRICATION (OTHER THAN STEEL AND IRON)
B	METAL SANITARY WARE
C	METAL STAMPING AND FORGING
B	METALS SERVICE CENTERS AND OFFICES
B	METALWORKING MACHINERY
B	MICROFILMING SERVICES
B	MILITARY POST LIBRARIES
B	MILK AND DAIRY PRODUCTS STORES
B	MILK PRODUCTS MANUFACTURERS
B	MILLINERY SHOPS AND MANUFACTURING
B	MILLWORK MANUFACTURERS
B	MINERAL WOOL
B	MINIATURE GOLF COURSES
B	MINING ENGINEERING SERVICES
B	MINING MACHINERY, EQUIPMENT
B	MITTING MILLS
B	MOBILE HOME DEALERSHIP
B	MOBILE HOME EQUIPMENT, PARTS DEALERS
B	MOBILE HOME MANUFACTURERS
B	MOBILE HOME RENTAL
C	MOBILE HOME REPAIR SERVICES
C	MOBILE HOME SITE OPERATORS
C	MOBILE HOME TRANSPORTATION
B	MODEL AND HOBBY SUPPLY STORES
B	MODEL MAKING
B	MODELING AND CHARM SCHOOLS
B	MONUMENT DEALERS
A	MORTGAGE BANKERS, LOAN CORRESPONDENTS
A	MORTGAGE COMPANIES
B	MOTELS
B	MOTHBALL MANUFACTURING
B	MOTION PICTURE AND TAPE DISTRIBUTION
B	MOTION PICTURE DISTRIBUTION SERVICES
B	MOTION PICTURE FILM EXCHANGES
B	MOTION PICTURE PRODUCERS - FILM
B	MOTION PICTURE PRODUCERS - TV
B	MOTION PICTURE PRODUCTION SERVICES
B	MOTION PICTURE THEATERS, EXCEPT DRIVE-IN
B	MOTION PICTURE, VIDEO PRODUCTION
B	MOTOR HONES SALES
B	MOTOR VEHICLE & RELATED EQUIP. MFG. (INCLUDES BUS, TRUCK BODIES, ETC.)
C	MOTOR VEHICLE MAINTENANCE FACILITIES
B	MOTOR VEHICLE PARTS, ACCESSORIES
B	MOTOR VEHICLE SUPPLIERS, NEW PARTS
B	MOTOR VEHICLES AND CAR BODIES
B	MOTORCYCLE DEALERS
B	MOTORCYCLE PARTS
C	MOTORCYCLE REPAIR SERVICES
B	MOTORCYCLES, BICYCLES AND PARTS
B	MOTORIZED HOME DEALERS
B	MOTORS AND GENERATORS
C	MOVING AND STORAGE COMPANIES

**APPENDIX A**  
**INDUSTRY CLASSIFICATION CODES**

C	MUFFLER SHOPS
B	MUSEUMS AND ART GALLERIES
B	MUSIC AND FINE ARTS SCHOOLS
B	MUSIC STORES
B	MUSICAL ARRANGERS AND COMPOSERS
B	MUSICAL INSTRUMENT REPAIR SERVICES
B	MUSICAL INSTRUMENT STORES
B	MUSICAL INSTRUMENTS MANUFACTURING COMPANIES
B	MUTUAL FUND BROKERS
C	NAILED WOOD BOXES & SHOOK
B	NAME PLATES
B	NARROW FABRIC MILLS
B	NATIONAL COMMERCIAL BANKS
B	NATIONAL SECURITY
B	NATURAL AND PROCESSED CHEESE
C	NATURAL GAS DISTRIBUTION
D	NATURAL GAS LIQUIDS
C	NATURAL GAS TRANSMISSION
B	NEEDLES, PINS AND OTHER NOTIONS
B	NEEDLEWORK STORES
B	NEW AND USED CAR DEALERS
B	NEW AND USED MOTOR VEHICLE DEALERS
D	NEWS DEALERS & NEWSSTANDS
B	NEWS SYNDICATES
B	NEWSPAPER ADVERTISING REPRESENTATIVES
B	NEWSPAPERS AND MAGAZINES PUBLISHING
B	NITROGENOUS FERTILIZERS
B	NON-CERAMIC TILE
B	NONCERTIFICATED AIRLINE SERVICE
B	NONCLAY REFRACTORIES
B	NONCOMMERCIAL RESEARCH ORGANIZATIONS
B	NONCURRENT CARRYING WIRING DEVICES
B	NONDEPOSIT TRUST FACILITIES
B	NONDURABLE GOODS
C	NONFERROUS DIE-CASTINGS, EXCEPT ALUM
C	NONFERROUS ROLLING & DRAWING
C	NONFERROUS WIREDRAWING, INSULATING
C	NONFERROUS FORGINGS
C	NONFERROUS FOUNDRIES
B	NONMETALLIC MINERAL PRODUCTS
C	NONMETALLIC MINERALS
C	NONMETALLIC MINERALS SERVICES
C	NONRESIDENTIAL BUILDING OPERATORS
C	NONRESIDENTIAL CONSTRUCTION
B	NONSCHEDULED AIR TRANSPORTATION (CHARTER)
B	NONWOVEN FABRICS
B	NOTARY AND CORPORATE SEAL DEALERS
B	NOTIONS AND OTHER DRY GOODS
B	NOTIONS STORES
B	NOVELIST/WRITER
B	NOVELTY AND TOY BALLOONS
B	NOVELTY SHOPS
B	NUCLEAR POWER PLANTS
B	NURSERIES (DAY CARE CTRS. & KINDERGARTENS EXCLUDES BABYSITTER SERVICE)
B	NURSERIES (GREENHOUSES)
B	NURSERYMEN

**APPENDIX A**  
**INDUSTRY CLASSIFICATION CODES**

B NURSES' TRAINING SCHOOLS  
B NURSING HOMES  
B NURSING, PERSONAL CARE FACILITIES  
B NUT STORES  
B OFFICE BUILDING MANAGEMENT  
B OFFICE EQUIPMENT  
B OFFICE EQUIPMENT RENTAL  
B OFFICE FURNITURE AND EQUIPMENT  
B OFFICE FURNITURE REPAIR SERVICES  
B OFFICE MACHINE MANUFACTURERS  
B OFFICE SUPPLY STORES  
D OIL & GAS EXPLORATION SERVICES  
D OIL & GAS FIELD SERVICES  
D OIL & SHORTENING MANUFACTURING  
B OIL AND GAS BURNER REPAIR SERVICES  
B OIL AND GAS FIELD MACHINERY  
B OIL BURNERS  
B OIL FIELD MACHINERY MANUFACTURERS  
C OIL/LUBE CENTERS  
B OIL ROYALTY TRADERS  
B OPEN-END MUTUAL FUND MANAGEMENT COMPANIES  
B OPERA COMPANIES  
C OPERATIVE BUILDERS  
B OPHTHALMIC GOODS  
B OPTICAL GOODS STORES  
B OPTICAL INSTRUMENT MANUFACTURING  
B OPTICAL INSTRUMENTS AND LENSES  
B OPTICIANS' GOODS  
B OPTOMETRIC CLINICS  
B OPTOMETRISTS' OFFICES AND CLINICS  
B ORCHESTRAS - SYMPHONY  
D ORDNANCE & ACCESSORIES  
B ORGAN DEALERS  
B ORGANIC FIBERS, EXCEPT CELLULOSIC  
C ORNAMENTAL IRONWORKS CONTRACTORS  
D ORNAMENTAL NURSERY PRODUCTS  
D ORNAMENTAL SHRUB & TREE SERVICES  
B ORPHANAGES AND CHILDRENS' HOMES  
B ORTHOPEDIC AND PROSTHESIS STORES  
B OSTEOPATHIC DOCTORS' OFFICES, CLINICS  
B OUTBOARD MOTOR DEALERS  
C OUTDOOR ADVERTISING SERVICES  
B OUTDOOR, GARDEN FURNITURE STORES  
B OXYGEN THERAPY EQUIPMENT  
B PACKAGE DESIGN  
B PACKAGED FROZEN FOODS  
B PACKAGING MACHINERY  
B PACKING AND CRATING SERVICES  
B PAGING AND SIGNALING EQUIPMENT  
B PAINT AND GLASS DEALERS  
B PAINT AND WALLPAPER STORES  
B PAINT, VARNISH AND LACQUER MANUFACTURERS  
C PAINTING & PAPER HANGING  
C PAINTING CONTRACTORS  
C PAINTING, DECORATING CONTRACTORS  
B PAINTS AND ALLIED PRODUCTS

## APPENDIX A

### INDUSTRY CLASSIFICATION CODES

B	PAPER & ALLIED PRODUCTS MANUFACTURING
B	PAPER AND BOARD MILLS
C	PAPER HANGERS
B	PAPER-INDUSTRIES MACHINERY
B	PAPER MILLS
B	PAPERBOARD MILLS
C	PARKING LOT MAINTENANCE CONTRACTORS
B	PARTICLEBOARD PLANTS
B	PARTITIONS, FIXTURES, EXCEPT WOOD
B	PARTY EQUIPMENT RENTAL
B	PARTY OR CONVENTION DECORATING
B	PARTY PLAN SERVICES
B	PARTY SUPPLIES SHOPS
B	PASSENGER CAR LEASING
B	PASSENGER CAR RENTAL
B	PASSENGER TRANSPORT ARRANGEMENT
C	PASSENGER TRANSPORT - LOCAL
B	PATENT ATTORNEYS
B	PATENT-OWNERS AND LESSORS
C	PATIO & DECK BUILDERS
C	PAVING CONTRACTING COMPANIES
B	PAWNBROKERS
B	PENS AND MECHANICAL PENCILS
B	PENSION, HEALTH, WELFARE FUNDS
B	PENSION PLAN CONSULTANTS
B	PERIODICAL PUBLISHING
B	PERSONAL CREDIT INSTITUTIONS
B	PERSONAL LEATHER GOODS
B	PERSONAL SERVICES
B	PERSONNEL CONSULTING SERVICES
B	PEST CONTROL
B	PESTICIDES, AGRICULTURE CHEMICALS
B	PET CEMETERY DEVELOPERS
C	PET GROOMING
B	PET SHOPS
C	PETROLEUM & COAL PRODUCTS
B	PETROLEUM BULK STATIONS, TERMINALS
B	PETROLEUM PRODUCTS
C	PETROLEUM REFINING
B	PETROLEUM WHOLESALERS
B	PHARMACEUTICAL PREPARATIONS
B	PHONOGRAPH RECORDS
C	PHOSPHATE ROCK
B	PHOSPHATIC FERTILIZERS
B	PHOTOFINISHING LABS
B	PHOTOCOPY SERVICES
B	PHOTOCOPYING, DUPLICATING SERVICES
B	PHOTOENGRAVING COMPANIES
B	PHOTOFINISHING LABORATORIES
B	PHOTOGRAPHIC EQUIPMENT & SUPPLY MANUFACTURING
B	PHOTOGRAPHIC EQUIPMENT AND SUPPLY SALES
B	PHOTOGRAPHIC STUDIOS
B	PHYSICAL THERAPY, REHABILITATION, WEIGHT CONTROL
D	PHYSICAL FITNESS FACILITIES
B	PHYSICIANS' EQUIPMENT AND SUPPLIES
B	PIANO AND ORGAN TUNING SERVICES

**APPENDIX A**  
**INDUSTRY CLASSIFICATION CODES**

B PIANO DEALERS  
B PICKLES, SAUCES, SALAD DRESSING  
B PICTURE FRAME AND MIRROR STORES  
B PIECE GOODS AND NOTIONS  
D PILE DRIVING AND POLE SETTING COMPANIES  
C PIPELINE CONTRACTORS  
B PIPES AND SMOKING SUPPLY STORES  
C PIZZA PARLORS  
D PLANING MILLS  
C PLASTERING AND DRYWALL CONTRACTORS  
C PLASTERING, DRYWALL & INSULATION  
C PLASTIC BOTTLES  
C PLASTIC PRODUCTS MANUFACTURING COMPANY  
C PLASTICS FOAM PRODUCTS  
C PLASTICS MATERIALS & RESINS  
B PLASTICS MATERIALS AND BASIC SHAPES  
C PLASTICS PIPE  
C PLASTICS PLUMBING FIXTURES  
B PLASTICS PRODUCTS SALES  
B PLATEMAKING AND RELATED SERVICES  
C PLATING & POLISHING  
B PLEATING, STITCHING AND TUCKING  
B PLUMBING AND HEATING SUPPLIES  
B PLUMBING COMPANIES  
C PLUMBING CONTRACTORS  
B PLUMBING FIXTURE FITTINGS, TRIM  
B PLUMBING FIXTURES - WHOLESALE  
C PLUMBING, HEATING, AIR-CONDITIONING  
B PLUMBING, HYDRAULIC BEATING SUPP  
B PLUMBING SUPPLIES  
D PLYWOOD & VENEER MANUFACTURERS  
D PLYWOOD MANUFACTURERS  
B PODIATRY CLINICS  
C POLICE DEPARTMENT (WRMOUT ENTIRE GOVERNMENTAL ACCOUNT)  
B POLISHING AND SANITATION GOODS  
B POLITICAL ORGANIZATIONS  
B PORCELAIN ELECTRICAL SUPPLIES  
B PORTRAIT PHOTOGRAPHY STUDIOS  
B POSTER AND SHOW CARD SERVICES  
C POTASH, SODA & BORATE MINERALS  
B POTATO CHIPS AND SIMILAR SNACKS  
C POTTERY MANUFACTURING AND SALES  
B POULTRY AND POULTRY PRODUCT SALES  
D POULTRY HATCHERIES  
B POULTRY PRODUCTS WHOLESALE DISTRIBUTORS  
B POULTRY STORES  
B POWER DRIVEN HANDTOOLS  
C POWER LINE CONSTRUCTION  
B POWER PLANTS  
B POWER TOOLS - DISTRIBUTOR  
B POWER TRANSMISSION EQUIPMENT  
C PRE-FABRICATED BUILDING MANUFACTURING & ASSEMBLERS  
B PRE-FABRICATED METAL BUILDINGS  
C PRE-FABRICATED METAL BUILDING CONTRACTORS  
C PRE-FABRICATED WOOD BUILDINGS  
C PRECIOUS METAL JEWELRY

**APPENDIX A**  
**INDUSTRY CLASSIFICATION CODES**

B PREPACKAGED SOFTWARE  
B PREPARED ANIMAL FEEDS  
B PREPARED FLOUR MIXES AND DOUGHS  
B PRERECORDED RECORDS AND TAPES  
C PRESSED & BLOWN GLASS  
B PRESSED AND MOLDED PULP GOODS  
C PRIMARY ALUM PRODUCTION  
C PRIMARY BATTERIES -DRY & WET  
C PRIMARY COPPER SMELTING  
C PRIMARY LEAD MILLS  
C PRIMARY METAL MILLS  
C PRIMARY METAL PRODUCTS  
C PRIMARY NONFERROUS METALS  
C PRIMARY ZINC MILLS  
B PRINTED CIRCUIT BOARDS  
B PRINTING AND WRITING PAPER  
B PRINTING COMPANIES  
C PRINTING INK  
B PRINTING, LITHOGRAPHING EQUIPMENT  
B PRINTING TRADES MACHINERY  
B PRIVATE TENNIS & RACQUETBALL CLUBS  
B PROCESS CONTROL INSTRUMENTS  
B PROCESSED TEXTILE WASTE  
C PRODUCTS OF PURCHASED GLASS  
B PROFESSIONAL SPORTS CLUBS, PROMOTERS  
B PROFESSIONAL ENGINEERING SERVICES  
B PROFESSIONAL MEMBERSHIP ORGANIZATIONS  
B PROPRIETARY STORES  
B PSYCHIATRIC HOSPITALS  
B PSYCHOLOGISTS  
B PUBLIC BUILDING & RELATED FURNITURE  
B PUBLIC GOLF COURSES  
B PUBLIC HEALTH PROGRAM ADMINISTRATION  
B PUBLIC LIBRARIES  
B PUBLIC ORDER & SAFETY  
B PUBLIC RELATIONS & PUBLICITY  
B PUBLIC RELATIONS SERVICES  
B PUBLISHING COMPANIES  
C PULP MILLS  
B PUMPS & PUMPING EQUIPMENT  
B RACING CAR SUPPLY DEALERS  
B RACING (INCLUDES TRACK OPERATION)  
B RACK MERCHANDISE JOBBERS  
C RADIATOR REPAIR SHOPS  
B RADIO & STEREO EQUIPMENT  
B RADIO & TV ADVERTISING REPRESENTATIVES  
B RADIO & TV REPAIR SHOPS  
B RADIO AND TELEVISION BROADCASTING STUDIOS  
B RADIO AND TELEVISION MANUFACTURERS  
B RADIO, TELEPHONE COMMUNICATIONS  
B RADIO, TV & ELECTRONICS STORES  
B RADIO, TV COMMUNICATION EQUIPMENT  
B RADIO, TV, PUBLISHERS' REPRESENTATIVES  
B RAILROAD CAR RENTAL  
C RAILROAD EQUIPMENT MANUFACTURERS  
B RAILROAD EQUIPMENT SALES

**APPENDIX A**  
**INDUSTRY CLASSIFICATION CODES**

B RAILROAD PROPERTY LESSORS  
C RAILROADS  
D RANCHES  
B READY-MIXED CONCRETE  
B REAL ESTATE AGENTS & MANAGERS  
B REAL ESTATE APPRAISERS  
B REAL ESTATE COMPANIES  
B REAL ESTATE CONSULTING SERVICES  
B REAL ESTATE INSURANCE SCHOOLS  
B REAL ESTATE INVESTMENT TRUSTS  
C REAL ESTATE MAINTENANCE  
B REAL ESTATE MANAGEMENT FIRMS  
B REAL ESTATE PROPERTY LESSORS  
B RECONSTITUTED WOOD PRODUCTS  
B RECORD & PRERECORDED TAPE STORES  
B RECORD & TAPE OUTLET  
B RECREATION CENTERS  
B RECREATION EQUIPMENT RENTAL  
B RECREATIONAL VEHICLE DEALERS  
C RECREATIONAL VEHICLE REPAIR SHOPS  
C RECYCLING PLANT (PAPER, ALUMINUM & GLASS)  
C REFINED PETROLEUM PIPELINES  
C REFRIGERATED WAREHOUSING, STORAGE  
B REFRIGERATION & HEATING EQUIPMENT  
B REFRIGERATION EQUIPMENT, SUPPLIES  
B REFRIGERATION SERVICE REPAIR SHOPS  
B REFRIGERATORS & FREEZERS  
B RELAYS & INDUSTRIAL CONTROLS  
B RELIGIOUS GOODS STORES  
B RELIGIOUS LIBRARIES  
B RELIGIOUS ORGANIZATIONS  
C REMODELING CONTRACTORS  
B RENTAL OF EQUIPMENT  
B RENTAL SERVICE - STORES & YARDS  
B RESIDENTIAL AIR CONDITIONING DEALERS  
B RESIDENTIAL CARE SERVICES  
C RESIDENTIAL CONSTRUCTION  
B RESIDENTIAL LIGHTING FIXTURES  
B RESTAURANT EQUIPMENT SUPPLY COMPANIES  
B RESTAURANT SUPPLIES  
C RESTAURANTS, CAFES, OTHER EATING PLACES  
B RESUME SERVICES  
B RETAIL BAKERIES  
B RETAIL NURSERIES, GARDEN STORES  
B RETAIL PHOTOFINISHING SERVICES  
B RETAIL PLANT SHOPS  
B RETAIL STORES  
B REUPHOLSTERY, FURNITURE REPAIR SERVICES  
B REUPHOLSTERY SHOPS  
B REWEAVRNG & MENDING SERVICES  
B RICE MILLING  
C RIDING ACADEMIES & STABLES  
B RIDING APPAREL & WESTERN SHOPS  
B ROASTED COFFEE  
B ROBES & DRESSING GOWNS  
C ROCK SALT MINING



## APPENDIX A

### INDUSTRY CLASSIFICATION CODES

B	ROLLER SKATING RINKS
B	ROLLING MILL MACHINERY
B	ROOFING & SIDING MAT DEALERS
B	ROOFING, SIDING & INSULATION SALES AND MANUFACTURING
B	ROOMING & BOARDING HOUSES
C	RUBBER & PLASTICS FOOTWEAR
C	RUBBER MANUFACTURING COMPANIES
C	RUBBER, PLASTIC HOSE, BELTING
C	RUBBER PRODUCTS MANUFACTURING
B	RUBBERSTAMP MANUFACTURING
D	RURAL MAIL CARRIER
C	RUSTPROOFING, UNDERCOATING SERVICES
B	SADDLERY & HARNESS STORES
B	SAFES & VAULTS
B	SAFETY CONSULTING SERVICES
B	SAFETY EQUIPMENT
B	SALES PROMOTION SERVICES
B	SALTED & ROASTED NUTS & SEEDS
B	SALVAGE & SURPLUS STORES (EXCLUDING GOODWILL, SALVATION ARMY, HABITAT)
B	SAND & GRAVEL
B	SANITARY FOOD CONTAINERS
B	SANITARY PAPER PRODUCTS
D	SAUSAGES & OTHER PREPARED MEATS
B	SAVINGS & LOAN ASSOCIATIONS
A	SAVINGS AND LOAN COMPANIES
A	SAVINGS INSTITUTIONS, EXCEPT FEDERAL
B	SAW BLADES & HANDSAWS
D	SAWMILLS & PLANING MILLS
D	SCAFFOLDING CONTRACTORS
B	SCALES AND BALANCES
B	SCHEDULED AIR TRANSPORTATION
D	SCHOOL BUS COMPANIES
B	SCHOOL BUS MANUFACTURERS
D	SCHOOL BUS OPERATION
B	SCHOOL EQUIPMENT & SUPPLIES
B	SCHOOL GROUPS - NON-FACULTY
B	SCHOOL SUPPLY STORES
B	SCHOOLS & EDUCATIONAL SERVICES
B	SCIENTIFIC APPARATUS
D	SCRAP & WASTE MATERIALS
D	SCRAP IRON & METAL
B	SCREW MACHINE PRODUCTS
D	SEAFOOD PRODUCTS PLANTS
C	SEAFOOD RESTAURANTS
B	SEARCH & NAVIGATION EQUIPMENT
C	SECONDARY NONFERROUS METALS
A	SECRETARIAL, COURT REPORTING SERVICES
A	SECRETARIAL SERVICES
B	SECURITY & COMMODITY EXCHANGES
B	SECURITY & COMMODITY SERVICES
B	SECURITY BROKERS & DEALERS
B	SECURITY SYSTEMS SERVICES
B	SELF-SERVICE LAUNDRIES
B	SELF-DEFENSE, ATHLETIC INSTRUCTOR
B	SEMICONDUCTORS, RELATED DEVICES
B	SEMIVITREOUS TABLE, KITCHENWARE

## APPENDIX A

### INDUSTRY CLASSIFICATION CODES

B	SENIOR CITIZENS' ORGANIZATIONS
B	SENIOR HIGH SCHOOLS
C	SEPTIC SYSTEM CONTRACTORS
C	SEPTIC TANK COMPANIES
B	SERVICE ESTABLISHMENT EQUIPMENT
B	SERVICE INDUSTRY MACHINERY
C	SERVICE STATION EQUIPMENT - INSTALLATION & MAINTENANCE
D	SERVICE STATIONS (INCLUDING SELF-SERVICE)
B	SETUP PAPERBOARD BOXES
C	SEWER CONTRACTORS
D	SEWER, DRAIN CLEANING, REPAIR SERVICES
D	SEWERAGE SYSTEMS
B	SEWING CONTRACTORS
B	SEWING MACHINE REPAIR SERVICES
B	SEWING MACHINE SALES AND SERVICE
B	SEWING, NEEDLEWORK, PC GOODS STORES
C	SHEET METAL CONTRACTORS & PRODUCTS FABRICATION
B	SHEET METAL WORK
C	SHEET METAL WORK CONTRACTORS
D	SHELLFISH
D	SHIP BUILDING AND REPAIRING
C	SHOCK ABSORBER REPLACEMENT SHOPS
B	SHOE REPAIR, SHOESHINE PARLORS
B	SHOE STORES
B	SHOPPING CENTER MANAGEMENT
B	SHORT-TERM BUS CREDIT INSTITUTIONS
C	SIDEWALK CONTRACTORS
C	SIDING CONTRACTORS - NO ROOFING
C	SIGN AND BILLBOARD PAINTERS AND ERECTORS
B	SIGN ERECTION & REPAIR
B	SIGN LETTERING & PAINTING
B	SIGNS, ADVERTISING SPECIALTIES
B	SILK-SCREENING MATERIALS
B	SILK-SCREEN PRINTING
C	SILVERWARE & PLATED WARE
C	SILVERWARE REPLATE, REPAIR SERVICES
B	SINGING TELEGRAM SERVICES
C	SINGLE-FAMILY HOUSING CONSTRUCT
B	SKATEBOARDS & EQUIPMENT STORES
B	SKATING SUPPLY STORES
B	SKI SHOPS
B	SKILLED NURSING CARE FACILITIES
C	SKYLIGHT CONTRACTORS
B	SLIDE & FILMSTRIP PRODUCTION
B	SMALL APPLIANCES
D	SMALL ARMS
D	SMALL ARMS AMMUNITION
B	SMALL ELECTRIC APPLIANCE DEALERS
C	SMELTING, ROLLING, DRAWING & EXTRUDING MILLS
B	SMOKING INFO & TREATMENT CENTERS
B	SNOWMOBILE DEALERS
B	SOAP & OTHER DETERGENTS
B	SOAP AND CLEANING SOLUTION MANUFACTURERS
B	SOCCER & SPECIALTY SPORTS STORES
B	SOCIAL, MANPOWER PROGRAM ADMINISTRATION
B	SOCIAL SERVICES

**APPENDIX A**  
**INDUSTRY CLASSIFICATION CODES**

B SOCIAL SERVICES, WELFARE ORGANIZATIONS  
B SOCIAL WORKERS  
B SOFTWOOD VENEER & PLYWOOD  
D SOIL PREPARATION SERVICES  
B SOLAR ENERGY CONSERVATION EQUIPMENT  
C SOLAR ENERGY CONTRACTORS  
B SOUND SYSTEMS  
B SOUVENIR SHOPS  
D SOYBEAN OIL MILLS  
D SOYBEANS  
B SPACE PROPULSION UNITS & PARTS  
B SPACE RESEARCH & TECHNOLOGY  
B SPACE VEHICLE EQUIPMENT  
B SPECIAL DIES, TOOLS, JIGS, FIXTURES  
B SPECIAL EDUCATION SCHOOLS  
B SPECIAL INDUSTRY MACHINERY  
B SPECIAL LIBRARIES  
D SPECIAL PRODUCT SAWMILLS  
C SPECIAL TRADE CONTRACTORS  
C SPECIAL WAREHOUSING, STORAGE  
B SPECIALTY HOSPITALS, EXCEPT PSYCHIATRIC  
B SPECIALTY OUTPATIENT FACILITIES  
B SPEECH AND HEARING CLINICS  
B SPEED CHANGERS, DRIVES & GEARS  
B SPORTING & ATHLETIC GOODS  
D SPORTING & RECREATIONAL CAMPS  
B SPORTSWEAR STORES  
C SPRINKLER SYSTEMS INSTALLERS  
B STAINED & LEADED GLASS DEALERS  
B STAMP & COIN DEALERS  
B STATE COMMERCIAL BANKS  
B STATIONERY & OFFICE SUPPLIES  
B STATIONERY & RELATED PRODUCTS  
B STATIONERY STORES  
C STEAK HOUSES  
B STEAM, AIR CONDITIONING SUPPLY  
B STEAMSHIP TICKET OFFICES  
C STEEL FOUNDRIES  
C STEEL INVESTMENT FOUNDRIES  
C STEEL PIPE & TUBES  
C STEEL SERVICE & WAREHOUSING  
B STEEL SPRINGS, EXCEPT WIRE  
C STEEL WIRE & RELATED PRODUCTS  
C STEEL WORKS & BLAST FURNACES  
B STEREO & HI-FL REPAIR SHOPS  
B STEREO EQUIPMENT MANUFACTURERS  
B STEREO EQUIPMENT STORES  
B STOCK & BOND BROKERS  
C STOCKYARDS  
B STONE, CLAY, BRICK & CONCRETE PRODUCTS MANUFACTURERS  
C STORAGE BATTERIES  
B STORE FIXTURES  
C STORE FRONT CONTRACTORS  
B STRUCTURAL CLAY PRODUCTS  
B STRUCTURAL ENGINEERING SERVICES  
B STRUCTURAL METAL WORK

## APPENDIX A

### INDUSTRY CLASSIFICATION CODES

C	STRUCTURAL STEEL FABRICATION
C	STRUCTURAL WOOD MEMBERS
C	STUCCO CONTRACTORS
B	SUBDIVIDERS & DEVELOPERS
D	SUGARCANE & SUGAR BEETS
C	SULFUR MINING
B	SURETY INSURANCE
B	SURFACE ACTIVE AGENTS
B	SURFBOARD STORES
B	SURGICAL & MEDICAL INSTRUMENTS
B	SURGICAL APPLIANCES & SUPPLIES
C	SURVEYING COMPANIES
B	SURVEYING SERVICES
B	SURVEYORS' INSTRUMENTS
B	SWEEPING SERVICES
C	SWIMMING POOL & HOT TUB SERVICES
C	SWIMMING POOL CONSTRUCTION
C	SWIMMING POOL CONTRACTORS
C	SWIMMING POOL MAINTENANCE
B	SWIMMING POOLS & HOT TUB SALES
B	SWITCHGEAR, SWITCHBOARD APPARATUS
C	SWITCHING & TERMINAL SERVICES
C	SYNTHETIC RUBBER
C	T-SHIRT IMPRINTING SERVICES
C	TALC & RELATED MINERALS
B	TANKS & TANK COMPONENTS
D	TANNERIES
B	TAX RETURN PREPARATION SERVICES
B	TAXIDERMISTS
C	TEA ROOMS
B	TECH MANUAL PREPARATION SERVICES
B	TELEGRAPH & OTHER COMMUNICATIONS
B	TELEPHONE & INTERCOM EQUIPMENT
C	TELEPHONE AND POWER LINE CONSTRUCTION
B	TELEPHONE ANSWERING SERVICES
B	TELEPHONE COMMUNICATION, EXCEPT RADIO
B	TELEPHONE COMPANIES
B	TELEPHONE INTERVIEWING SERVICES
B	TELEPHONE, TELEGRAPH APPARATUS
B	TELEPHONE, TELEGRAPH EQUIPMENT STORES
B	TELEVISION & RADIO PARTS
B	TELEVISION & RADIO SALES AND SERVICE
B	TELEVISION DEALERS
B	TELEVISION EQUIPMENT RENTAL
B	TEMPORARY BUSINESS EMPLOY SERVICES
B	TENNIS AND RACQUETBALL COURTS
C	TENNIS COURT CONTRACTORS
B	TENNIS, HANDBALL, ETC., SPORTS CLUBS
B	TENNIS SHOPS
C	TERMINAL MAINTENANCE COMPANIES - BUS, AIRPORT & TRAIN
C	TERRAZZO, TILE, MARBLE WORK
B	TESTING LABORATORIES
B	TEXTILE BAGS
B	TEXTILE GOODS
B	TEXTILE MACHINERY
B	TEXTILE PRODUCTS MANUFACTURING

## APPENDIX A

### INDUSTRY CLASSIFICATION CODES

B	THEATER EQUIPMENT, SUPPLY SERVICES
B	THEATER, SPORTS TICKET AGENCIES
B	THEATRICAL AGENTS
B	THEATRICAL PRODUCERS & SERVICES
B	THREAD MILLS
B	TILE & LINOLEUM DEALERS
B	TIME SHARING RESORTS (YEAR ROUND)
D	TIMER TRACTS
B	TIRE & BATTERY DEALERS
B	TIRE AND INNER TUBE MANUFACTURERS
B	TIRE CORD & FABRICS
B	TIRE DEALERS
B	TIRE DISTRIBUTORS
C	TIRE RETREADING AND REPAIR SHOPS
A	TITLE ABSTRACT OFFICES
A	TITLE INSURANCE
D	TOBACCO FARMS
B	TOBACCO PRODUCTS DISTRIBUTORS - WHOLESALE
B	TOBACCO PRODUCTS MANUFACTURING
B	TOBACCO STEMMING & REDRYING
B	TOBACCO STORES & STANDS
B	TOOL & DIE MAKERS' EQUIPMENT
B	TOOL AND DIE MANUFACTURERS
B	TOOL SALES
C	TOP & BODY REPAIR PAINT SHOPS
B	TOUR OPERATORS
B	TOURIST ATTRACTIONS
B	TOY & HOBBY SUPPLIES
B	TOY STORES
B	TRACTOR DEALERS
B	TRADING STAMP & COUPON SERVICES
B	TRAILER AND CAMPER MANUFACTURERS
B	TRAILER DEALERS
B	TRAILER PARKS & CAMPSITES
B	TRAILER SALES
B	TRANSFORMERS, EXCEPT ELECTRONIC
B	TRANSLATORS & INTERPRETERS
B	TRANSPORT EQUIPMENT & SUPPLIES
B	TRANSPORT PROG REGULATION, ADMINISTRATION
B	TRANSPORTATION EQUIPMENT MANUFACTURERS
B	TRAVEL AGENCIES
B	TRAVEL TRAILERS & CAMPERS
D	TREE NUTS
D	TREE SURGEONS
B	TROPHY & PLAQUE STORES
B	TROPHY MANUFACTURERS
B	TRUCK & BODIES
B	TRUCK & BUS BODIES
B	TRUCK & TRAILER DEALERS
B	TRUCK & TRAILER EQUIPMENT
B	TRUCK EQUIPMENT, PARTS DEALERS
C	TRUCK PAINTING, LETTERING SHOPS
B	TRUCK RENTAL, LEASING, W/O DRIVERS
C	TRUCK REPAIR SHOPS
B	TRUCK TRAILERS
C	TRUCK WASHES

**APPENDIX A**  
**INDUSTRY CLASSIFICATION CODES**

C TRUCKING COMPANIES  
C TRUCKING, EXCEPT LOCAL  
C TRUCKING TERMINAL FACILITIES  
C TRUCKING WITH STORAGE - LOCAL  
C TRUCKING WITHOUT STORAGE - LOCAL  
B TRUSTS  
D TUCK POINTING, BUILDING CLEANING CONTRACTORS  
B TUFTED CARPET & RUG MILLS  
B TUNNELS, TOLL ROADS & BRIDGES  
B TURBINES & GENERATOR SET  
D TURKEYS & TURKEY EGGS  
B TV BROADCASTING STATIONS  
B TYPESETTING  
B TYPEWRITER DEALERS  
B TYPEWRITER REPAIR SERVICES  
B UNCOATED PAPER, MULTI-WALL BAGS  
B UNFINISHED FURNITURE STORES  
B UNIFORM RETAILERS  
B UNIFORM SUPPLY SERVICES  
D UNITED STATES POSTAL SERVICE  
C UNSUPPORTED PLASTICS FILM & SHEET  
C UNSUPPORTED PLASTICS PROFILE SHAPES  
B UPHOLSTERED HOUSEHOLD FURNITURE  
B UPHOLSTERERS' SUPPLIES  
B UPHOLSTERING - FURNITURE  
B UPHOLSTERY FILLINGS & PADDING  
D URANIUM-RADIUM-VANADIUM ORES  
B URBAN & COMMUNITY DEVELOPMENT ADMINISTRATION  
B USED & RARE BOOK DEALERS  
D USED AUTO PARTS COMPANIES  
B USED BRICK DEALERS  
B USED CARE DEALERS  
C USED CLOTHING STORES  
B USED FURNITURE AND MERCHANDISE STORES  
B USED HOME FURNISHINGS STORES  
C USED MERCHANDISE STORES  
D USED MOTOR VEHICLE PARTS  
B USED OFFICE FURNISHINGS STORES  
B USED STORE FIXTURE STORES  
B UTIL TRAILER, RECREATIONAL VEHICLE RENTAL  
B VACUUM CLEANER DEALERS  
B VACUUM CLEANER MANUFACTURING  
B VACUUM CLEANER REPAIR SHOPS  
B VACUUM CLEANER SALES AND SERVICE  
B VALVES & PIPE FITTINGS  
C VANS - CUSTOM DESIGNING AND CONVERTING  
B VARIETY STORE MERCHANDISE  
B VARIETY STORES  
D VEGETABLE & MELON FARMS  
D VEGETABLE OIL MILLS  
B VEHICULAR LIGHTING EQUIPMENT  
B VENDING MACHINE COMPANIES - SALES & DISTRIBUTING  
B VENDING MACHINE OPERATORS  
B VENDING MACHINES MANUFACTURING  
B VETERANS' AFFAIRS ADMINISTRATION  
B VETERANS' MILITARY ORGANIZATIONS

**APPENDIX A**  
**INDUSTRY CLASSIFICATION CODES**

B VETERINARIANS  
B VETERINARIANS' SUPPLIES  
D VETERINARY SERVICES FOR LIVESTOCK  
D VETERINARY SERVICES, SPECIALTIES  
B VIDEO & SOUND RECORDING SERVICES  
B VIDEO FILM & TAPE DISTRIBUTION  
B VIDEO GAME RENTAL  
B VIDEO GAME STORES  
B VIDEO GAMES  
B VIDEO RECORDER & PLAYER DEALERS  
B VIDEO RECORDER RENTAL  
B VIDEO RECORDERS & PLAYERS  
B VIDEO RENTALS  
B VIDEO REPAIR SHOPS  
B VIDEO TAPE & DISCS STORES  
B VIDEO TAPE DUPLICATING SERVICES  
B VITREOUS CHINA TABLE, KITCHENWARE  
B VITREOUS PLUMBING FIXTURES  
B VOCATIONAL SCHOOLS  
B VOLUNTEER FIRE DEPARTMENTS (BASE RATING ON ACTUAL JOB DUTIES)  
B WALLBOARD & PANELING DEALERS  
B WALLPAPER  
C WALLPAPER CONTRACTORS  
B WALLPAPER DEALERS  
C WALLPAPER REMOVAL CONTRACTORS  
C WAREHOUSES  
C WAREHOUSING COMPANIES  
B WARM AIR HEATING, AIR CONDITIONING  
B WASHING MACHINE, DRYER REPAIR SERVICES  
B WASTEPAPER  
B WATCH, CLOCK, JEWELRY REPAIR SHOPS  
B WATCHES, CLOCKS, CASES & PARTS  
B WATER HEATERS  
C WATER LINE CONSTRUCTION COMPANIES  
D WATER PASSENGER TRANSPORT  
B WATER POLLUTION CONTROL SERVICES  
C WATER, SEWER & UTILITY LINES  
B WATER SOFTENING SERVICES  
C WATER SUPPLIES  
C WATER TREATMENT PLANTS  
C WATER WELL DRILLING  
B WATERBED STORES  
B WATERPROOF OUTERWEAR  
C WATERPROOFING CONTRACTORS  
B WEDDING CHAPELS  
B WEFT KNIT FABRIC MILLS  
B WELDING EQUIPMENT & SUPPLIES  
C WELDING SHOPS  
B WET CORN MILLING  
D WHEAT  
B WIG & HAIRGOODS RETAILERS  
D WINDOW CLEANING SERVICES  
B WINDOW, JALOUSY & DOOR DEALERS  
B WINE & DISTILLED BEVERAGES  
B WINE RETAILERS  
B WINES, BRANDY & BRANDY SPIRITS

## APPENDIX A

### INDUSTRY CLASSIFICATION CODES

B	WIRE PRODUCTS MANUFACTURERS
B	WIRE SPRINGS
B	WOMEN'S CLOTHING AND ACCESSORY STORES AND MANUFACTURING
B	WOMEN'S SPORTSWEAR
C	WOOD BUILDING MANUFACTURERS
B	WOOD, COAL & OTHER STOVE OUTLETS
C	WOOD CONTAINERS
B	WOOD HOUSEHOLD FURNITURE
B	WOOD KITCHEN CABINETS
B	WOOD OFFICE FURNITURE
C	WOOD PALLETS & SKIDS
B	WOOD PARTITIONS & FIXTURES
C	WOOD PRESERVING
D	WOOD PRESERVING COMPANIES
B	WOOD PRODUCTS
B	WOOD TV & RADIO CABINETS
C	WOODEN CONTAINER AND PALLET MANUFACTURERS
B	WOODWORKING MACHINERY
B	WORK & INDUSTRIAL GLOVES
B	WORK CLOTHING STORES
B	WORK PROCESSING EQUIPMENT DEALERS
B	WOVEN CARPET & RUG MILLS
B	X-RAY APPARATUS & TUBES
B	X-RAY LABORATORIES
B	YARN SPINNING MILLS
B	YARN THROWING & WINDING MILLS
B	YMCA AND YWCA EMPLOYEES
B	YOUTH FURNITURE STORES
B	YOUTH ORGANIZATIONS & CENTERS
B	ZOOS



## Industry Classification List Accident Guard

This list of industry codes will be used to assign a premium rate to applicants applying for Accident Guard coverage.

Example: You are selling Accident Guard in a School. On page 29 of the Industry Classification List under "Schools & Educational Services" the Industry Classification Code is "B". Rates for a "B" Code are on the back of the application. Check the "B" box on the front of the application and enter the premium in the "Premium section.

If you have questions please call Acquisition Services.



P.O. Box 1650  
Little Rock, Arkansas 72203

Please Print Using Dark Ink

# ACCIDENT POLICY APPLICATION & CHANGE FORM

Office Use Only	
Policy Number	
Group Number	
Effective Date	
Dept./Loc.	
Class	

New Application     Change Form     Reinstatement Policy No. \_\_\_\_\_     Replaces Policy No. \_\_\_\_\_

### SECTION 1 – PERSONAL IDENTIFICATION

Name (First, MI, Last)			For Name Change, Give Prior Last Name			Social Security No.		
Home Address				City	State	Zip	County	
Date of Birth	Age	Birth State or Country	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Work Phone ( )	Home Phone ( )		
Type of Business					Applicant's email address (if any)			
Name of Employer			Date Employed Full-Time	Occupation		Hours Worked Weekly		

### SPOUSE & CHILDREN INFORMATION - Complete if Applying for Dependent's Coverage

Full Name	Relationship	Sex	Date of Birth			Birth State or Country
			Mo.	Day	Yr.	

### SECTION 2 – PLAN SELECTION

New Applicant     Application for Change

**CHECK COVERAGE DESIRED:**     Applicant     Applicant & Spouse     Applicant & Children     Applicant, Spouse & Children

Accident Policy:		<b>PREMIUM</b>
<input type="checkbox"/> Plan I (4 units of all Modules)		\$
<input type="checkbox"/> Plan II (4 units of Module 6, 5 units of Module 8, and 6 units of all other Modules)		\$
Optional Accidental Disability Rider:		
<input type="checkbox"/> Off-The Job or <input type="checkbox"/> 24-Hour	<input type="checkbox"/> \$400 <input type="checkbox"/> \$600 <input type="checkbox"/> \$800	\$
<input type="checkbox"/> Optional Sickness Disability Rider	<input type="checkbox"/> \$400 <input type="checkbox"/> \$600	\$
<b>TOTAL MONTHLY PREMIUM</b>		\$

- Is this insurance to replace or change other insurance?     Yes     No    If "Yes", give details including name of company.
- Have you received the Outline of Coverage (in those states where required by law)?     Yes     No (check one)

### If Applying for Disability Rider(s) Complete Information on Page 2 of Application

### SECTION 3 – BENEFICIARY

Name Beneficiary     Change of Beneficiary

I hereby revoke the appointment of any existing beneficiary and designate the following beneficiary under this policy.

Name	Birthdate	Relationship	Primary or Secondary	Indicate Percentage
			<input type="checkbox"/> Primary or <input type="checkbox"/> Secondary	
			<input type="checkbox"/> Primary or <input type="checkbox"/> Secondary	

In signing below, I (a) represent that the statements and answers given on all pages of this application are true, complete, and correctly recorded; (b) state that I have read and understand the "Important Note" and the "Insurance Fraud Warning" on page 2 of this application; (c) authorize any physician, medical practitioner, hospital, clinic, or other medically related facility, insurance or reinsurance company, or Medical Information Bureau, Inc. having information on me or any member of my family (only those who have applied for coverage on this application) regarding our mental and physical health, other insurance coverage, hazardous activities, character, general reputation, finances, and vocation to give to US Able Life, its reinsurers, or its legal representative any and all such information to use for underwriting insurance; (d) authorize all said sources, except MIB, to give such records or knowledge to any agency employed by the company to collect and transmit such information in order to facilitate its rapid submission; (e) agree that this authorization shall be valid for two (2) years from the application date; (f) agree that a photocopy of this authorization shall be as valid as the original and I understand that a copy is available to me or my representative upon request; (g) acknowledge receipt of written notification describing the use of the Medical Information Bureau as required by the Fair Credit Reporting Act; and (h) acknowledge receipt of the Information Practices Notice and the Insurance Fraud Warning. I have read and understand the above statements and agreements. In applying for insurance, I authorize my employer to make the necessary payroll deductions to pay for my insurance. I understand failure to disclose a proposed insured person's true health condition may void the policy.

### Complete the Personal Information on Page 2 if Applying for a Disability Rider

Signed at: _____ (City and State)	Date of Application _____ (Month, Day, Year)	Date Received Home Office _____
X _____ Agent's Signature	X _____ Applicant's Signature	

Employee's Name (Last, First, M.I.)	Social Security #	Employer
-------------------------------------	-------------------	----------

**Accident Policy - Industry Class Monthly Premiums**

	Class A/B		Class C		Class D	
	Plan I	Plan II	Plan I	Plan II	Plan I	Plan II
<b>Applicant</b>	<b>\$19.36</b>	<b>\$27.88</b>	<b>\$28.64</b>	<b>\$41.32</b>	<b>\$34.08</b>	<b>\$49.12</b>
<b>Applicant &amp; Spouse</b>	<b>27.52</b>	<b>39.68</b>	<b>36.64</b>	<b>52.80</b>	<b>41.60</b>	<b>60.00</b>
<b>Applicant &amp; Children</b>	<b>32.16</b>	<b>46.40</b>	<b>37.12</b>	<b>53.52</b>	<b>41.92</b>	<b>60.44</b>
<b>Applicant, Spouse &amp; Children</b>	<b>40.32</b>	<b>58.20</b>	<b>45.12</b>	<b>65.00</b>	<b>49.44</b>	<b>71.32</b>
<b>Optional Accident Disability Rider*:</b>	<b>Off-The-Job</b>	<b>24-Hour</b>	<b>Off-The-Job</b>	<b>24-Hour</b>	<b>Off-The-Job</b>	<b>24-Hour</b>
<b>\$400</b>	<b>\$3.12</b>	<b>\$8.40</b>	<b>\$5.52</b>	<b>\$17.92</b>	<b>N/A</b>	<b>N/A</b>
<b>\$600</b>	<b>4.68</b>	<b>12.60</b>	<b>8.28</b>	<b>26.88</b>	<b>N/A</b>	<b>N/A</b>
<b>\$800</b>	<b>6.24</b>	<b>16.80</b>	<b>11.04</b>	<b>35.84</b>	<b>N/A</b>	<b>N/A</b>
<b>Optional Sickness Disability Rider*</b>	<b>Class A/B</b>		<b>Class C</b>		<b>Class D</b>	
<b>\$400</b>	<b>\$7.44</b>		<b>\$8.08</b>		<b>N/A</b>	
<b>\$600</b>	<b>11.16</b>		<b>12.12</b>		<b>N/A</b>	

\*Coverage applies to primary insured only.

**SECTION 4 – PERSONAL INFORMATION**

**PLEASE COMPLETE QUESTIONS 1 THROUGH 3 IF APPLYING FOR ANY DISABILITY RIDER.**

- Do you have other short-term disability coverage? If yes please list your weekly benefit and your weekly salary. Yes  No   
Weekly Benefit \_\_\_\_\_ Weekly Salary \_\_\_\_\_
- Within the past three years, have you been the driver in a motor vehicle accident or charged with a moving violation, including driving under the influence of drugs or alcohol? Has your driver's license ever been suspended?
- Are you currently disabled?

**Answer questions 4 through 7 if applying for Sickness Disability Rider.**

- Have you ever been diagnosed or treated by a member of the medical profession for:
 

(a) Cancer, Cancer related disease or benign tumor? <input type="checkbox"/> Yes <input type="checkbox"/> No	(f) Lung, Liver or Blood Disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Disease of the Heart or Blood Vessels, or had a Stroke? <input type="checkbox"/> Yes <input type="checkbox"/> No	(g) Emotional, Nervous System (including Muscular Dystrophy and Multiple Sclerosis), Eating Disorder or Mental Health Problems? <input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Kidney Disease or Diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No	(h) Ulcer, Stomach or Digestive Disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No
(d) Acquired Immunodeficiency Syndrome ("AIDS") or AIDS Related Complex, or Human Immunodeficiency Virus ("HIV")? <input type="checkbox"/> Yes <input type="checkbox"/> No	(i) Arthritis, Bones or Joint Disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No
(e) Alcohol or Drug Abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No	(j) Bladder, Urinary System or Reproductive Organs Disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No

- Have you ever been diagnosed or treated by a member of the medical profession for hypertension (high blood pressure)?  Yes  No If "Yes," list person(s), medications taken, medication dosage and last two blood pressure readings.  
Medication, Dosage, Readings with Dates: \_\_\_\_\_

- Are you currently pregnant?  Yes  No Have you ever had a problem pregnancy?  Yes  No
- PRIMARY PHYSICIAN'S NAME: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**Give details for "yes" answers to any questions and indicate to whom answers relate.**


**IMPORTANT NOTE: The entire contract will consist of this application and the insurance issued in response to it. THE INSURANCE WILL NOT BE EFFECTIVE ON THE PROPOSED INSURED UNLESS:**

(1) The policy is delivered to the Owner; (2) The first modal premium is paid; and (3) There has been no change since the date of this application and the effective date of the policy in the health of the Proposed Insured as stated in this application. I understand that my policy will be dated and become effective on the first day of the month following the effective date (anniversary date for resolicitation) or on the first day of the month following underwriting approval, whichever is later. There is no coverage until the effective date of the policy.

**Insurance Fraud Warning** - It is or may be a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company or other person. Penalties may include imprisonment, fines, and denial of insurance benefits in accordance with applicable state law.



P.O. Box 1650  
Little Rock, AR 72203

## **NOTICE FOR PROPOSED INSURED**

### **Notice of Insurance Information Practices**

In the course of properly underwriting and administering your insurance coverage, we will rely heavily on information provided by you. We may also seek information from others, such as medical professionals who have treated you. In some cases, we may ask a consumer reporting agency to collect information and submit an investigative consumer report to us. You have the right to request to be interviewed in connection with the preparation of that report. You may receive a copy of the report upon request.

You have the right to be told about, and to see and copy if you wish, items of personal information about you which appear in our files, including information contained in investigative consumer reports. You also have the right to seek correction of information you believe to be inaccurate.

THE ABOVE IS A GENERAL DESCRIPTION OF OUR INFORMATION PRACTICES. IF YOU WOULD LIKE TO RECEIVE A MORE DETAILED EXPLANATION OF THOSE PRACTICES, PLEASE SEND YOUR REQUEST TO THE CHIEF UNDERWRITER, P.O. Box 1650, Little Rock, AR 72203

### **Insurance Fraud Warning**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and subject to fines and confinement in prison.

### **Federal Fair Credit Reporting Act Notice**

In connection with your application for insurance, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your family, friends, neighbors, business associates, financial sources, or others with whom you are acquainted. This inquiry includes information as to your character and general reputation. If an investigative consumer report is prepared in connection with your application, you may receive a copy of that report upon written request to the Company.

### **Medical Information Bureau Disclosure Notice**

Information regarding your insurability will be treated as confidential. US Able Life or its reinsurers may, however, make a brief report thereon to the Medical Information Bureau (Bureau), a non-profit membership organization of life insurance companies, which operates an informational exchange bureau on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information it may have in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is: Post Office Box 105, Essex Station, Boston, Massachusetts 02112, Tel. (617) 426-3660.

US Able Life or its reinsurers may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.



P.O. Box 1650 • Little Rock, AR 72203-1650

## ACCIDENT ELIMINATION RIDER

**RIDER EFFECTIVE DATE** (same as Policy Date if no date shown): \_\_\_\_\_

In consideration of the issuance or reinstatement of the Policy to which this Rider is attached, it is hereby understood and agreed that the person named in the Application Form as having an uninsurable condition, as listed below, prior to the date the Application Form was signed, is excluded from coverage as indicated below:

(Check the box where applicable)

- A. SICKNESS DISABILITY RIDER EXCLUSIONS**  
We will not issue the Sickness Disability Benefit Rider for \_\_\_\_\_. If this is a policy reinstatement, the person listed is completely excluded from coverage under the Sickness Disability Rider as of the policy reinstatement date.
- B. ACCIDENT DISABILITY RIDER EXCLUSIONS**  
We will not issue the Accident Disability Benefit Rider for \_\_\_\_\_. If this is a policy reinstatement, the person listed is completely excluded from coverage under the Accident Disability Rider as of the policy reinstatement date.
- C. HAZARDOUS ACTIVITIES EXCLUSIONS**  
We will not be liable under the Policy for any loss resulting from \_\_\_\_\_ (ACTIVITY) affecting \_\_\_\_\_, who is excluded from coverage for the named activity.
- D. OTHER EXCLUSIONS**  
We will not be liable under the Policy for any loss affecting \_\_\_\_\_, who is completely excluded from accident coverage under the Policy.

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, agreements or limitations of the policy other than as stated above.

**US Able Life**

Accepted by: \_\_\_\_\_  
President

Signature of Applicant

Accepted by: \_\_\_\_\_

Signature of Applicant



NOTICE TO APPLICANT REGARDING REPLACEMENT  
OF USABLE LIFE ACCIDENT INSURANCE

According to your application, you intend to lapse or otherwise terminate existing USABLE Life Accident insurance and replace it with another type of Accident policy to be issued by USABLE Life. For your own information and protection, you should be aware of and seriously consider certain factors, which may affect the insurance protection available to you under the new policy.

- (1) Health conditions which you may presently have, (pre-existing conditions) may not be immediately or fully covered under the Sickness Disability Rider of the new policy. This could result in the denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy.
- (2) Please study the benefits in your present policy and compare them to the benefits available to you in the new policy. Some specific benefits are better under the new policy and some are not. Make your decision to exchange your policy upon benefits, premium amount and on which coverage fits your particular situation best.
- (3) If, after due consideration, you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application. Failure to include all material medical information on an application, if you are applying for a disability rider, may provide a basis for the company to deny any future claims, rescind your policy, and to refund your premium as though your policy has never been in force. After the application has been completed and before you sign it, reread it carefully to be certain that all information has been properly recorded.
- (4) Remember, you have 30 days to review your new policy to be sure you understand all of the provisions and agree to accept the new policy.

The above "Notice to Applicant" was delivered to me on:

---

(Date)

---

(Applicant's Signature)



# REQUEST FOR CHANGE AND DUPLICATE POLICY REQUEST

P.O. Box 1650  
Little Rock, Arkansas 72203-1650  
Telephone (501) 375-7200

Name of Policyholder: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Group #: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If payment is made through Payroll Deduction,  
please enter Employer or Group Name: \_\_\_\_\_

Please make the following changes to my Policy:

**NAME CHANGE**

Name Shown on Policy \_\_\_\_\_  
 Change Name To \_\_\_\_\_  
 Reason \_\_\_\_\_  
 Effective Date of Name Change \_\_\_\_\_

**ADDRESS CHANGE**

New Address \_\_\_\_\_  
 Phone \_\_\_\_\_

**DELETIONS**

Person to be Deleted \_\_\_\_\_ Relationship \_\_\_\_\_  
 Birthdate of Person to be Deleted \_\_\_\_\_ Effective Date of Deletion \_\_\_\_\_  
 New Policyholder's Full Name \_\_\_\_\_ Reason for deletion:  Death  
 Marriage  No longer dependent  
 Social Security # \_\_\_\_\_ Birthdate of New Policyholder \_\_\_\_\_  
 Type of Coverage now desired  Individual  Family  Applicant & Children  
 New Monthly Premium \$ \_\_\_\_\_

**CONTINUATION OF COVERAGE FOR HANDICAPPED DEPENDENTS**

I am advising you that the following dependent is incapable of self support by reason of mental or physical handicap as defined in the policy and is eligible for continuation of coverage:

Full Name	Date of Birth	Relationship
_____	_____	_____

**CANCELLATION OF RIDER**

I hereby request that the following Rider(s) attached to the policy referenced above be cancelled effective \_\_\_\_\_:

\_\_\_\_\_

\_\_\_\_\_

**REQUEST FOR DUPLICATE POLICY**

I hereby declare that the Policy referenced above has been lost or destroyed, and I have no knowledge of its whereabouts. I request issuance of a duplicate policy. I understand there is a \$20 charge associated with producing a duplicate policy.

Check/money order enclosed (Make payable to US Able Life)  Charge to my Visa/Mastercard (circle one)  
 Acct # \_\_\_\_\_ Exp. Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_ Witness to Signature \_\_\_\_\_ Insured's Signature \_\_\_\_\_



# BUSINESS TRANSMITTAL FORM

FORMS MAY BE DOWNLOADED FROM [HTTPS://WWW.USABLELIFE.COM](https://www.usablelife.com)

**ENROLLMENT COMPLETE:**  
(All Applications Submitted)  Yes  No

GROUP NAME \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ ELIGIBLE EMPLOYEES: \_\_\_\_\_

NUMBER ENROLLED: \_\_\_\_\_

Address \_\_\_\_\_

List any subsidiaries to be billed with this group: \_\_\_\_\_

Phone number: \_\_\_\_\_

email address: \_\_\_\_\_

Section 125 Anniversary Date (if applicable) \_\_\_\_\_

Group Billing Number (existing groups only) \_\_\_\_\_

5500 Benefit Plan Year \_\_\_\_\_

**USABLE Life offers preparation of W-2s for disability claims. If desired please complete form [W2-AGREE \(12-04\)](#)**

<b>TYPE OF BUSINESS:</b> (DESIGNATE BELOW)  <input type="checkbox"/> New Group <input type="checkbox"/> Resolicitation (Existing Group) <input type="checkbox"/> New Employee (Existing Group) <input type="checkbox"/> New Product (Existing Group)		<b>BILLING OPTIONS:</b> (CHOOSE ONE)  <input type="checkbox"/> Advance Billing (example: July payroll deductions pay August premiums)  <input type="checkbox"/> Current Billing (example: July payroll deductions pay July premiums)	
<b>BILLING CYCLE:</b> (CHOOSE FROM DROP DOWN BOX) MONTHLY		<b>*NOTE: WHEN CHOOSING NINTHLY OR TENTHLY BILLING CYCLE PLEASE DESIGNATE WHICH MONTHS IN THE CALENDAR YEAR WILL NOT BE BILLED</b>	
<input type="checkbox"/> E-bill (Online)		or <input type="checkbox"/> List bill (Invoice sent via mail)	

**AR AND TN ONLY: PLEASE USE THE COMMISSION DISTRIBUTION FORM FOR PRODUCER INFORMATION AND COMMISSION DISTRIBUTION AS IT IS NECESSARY TO PROCESS THIS GROUP.**

SPECIAL INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_

WHEN SUBMITTING A GROUP, A LISTING OF APPLICATIONS SUBMITTED IS REQUIRED. PLEASE SUBMIT IN A FORMAT SIMILAR TO BELOW.							
First	Name MI	Last	Product Type	Date	Effective Date of Policy	Monthly Premium	Upgrade Change

REPRESENTATIVE SIGNATURE \_\_\_\_\_

TOTAL APPLICATIONS SUBMITTED: \_\_\_\_\_

TOTAL MONTHLY PREMIUM: \$ \_\_\_\_\_



GROUP NAME \_\_\_\_\_ GROUP NUMBER \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_ Page \_\_\_\_\_ Of \_\_\_\_\_

First	Name MI	Last	Product Type	Date	Effective Date of Policy	Monthly Premium	Upgrade Change

REPRESENTATIVE SIGNATURE: \_\_\_\_\_  
TOTAL APPLICATIONS SUBMITTED: \_\_\_\_\_ TOTAL MONTHLY PREMIUM: \$ \_\_\_\_\_



Attention: Claims Department  
P.O. Box 1650  
Little Rock, Arkansas 72203-1650  
Telephone: (501) 378-5856 (800) 370-5856  
FAX: (501) 399-3806

## Accident Benefits Claim Form & Instruction Packet

Dear Policyholder:

Thank you for choosing US Able Life to provide your accident coverage. We have included these instructions and the necessary forms to assist you in the event you need to file a claim. Please remember that claims must be received within 90 days of the loss or date of service. You and your attending physician must complete the claim forms for Medical Expenses, Disability and Accidental Death. Disability claims also require your employer's statement. An Authorization for Release of Medical Records must be completed and returned along with the completed claim form. If faxing a claim, the original must also be mailed.

**IMPORTANT NOTE: Losses resulting from motor vehicle accidents or homicide require a copy of the investigating officer's report. Incomplete claims cannot be processed and will be returned to you.**

### CLAIMS FOR MEDICAL EXPENSES

1. Complete the Insured's Statement on the back of this page.
2. Obtain the Attending Physician's Statement - Medical Expenses found in this packet.
3. Obtain ITEMIZED bills from all medical providers.
4. Complete the Authorization for Release of Medical Records.
5. Mail the completed forms and bills to US Able Life.

### DISABILITY (Accident/Sickness Disability Rider - Principal Insured Only)

1. Complete the Insured's Statement on the back of this page.
2. Obtain the Attending Physician's Statement - Disability Rider found in this packet.
3. Obtain the Employer's Statement.
4. Complete the Authorization for Release of Medical Records.
5. Mail the completed forms to US Able Life.

### ACCIDENTAL DEATH

1. Complete the Insured's Statement on the back of this page.
2. Obtain the Attending Physician's Statement - Accidental Death found in this packet.
3. Obtain a CERTIFIED DEATH CERTIFICATE (available from funeral home).
4. Complete the Authorization for Release of Medical Records.
5. Mail the completed forms and death certificate to US Able Life.

### WELLNESS BENEFIT (if applicable to your policy)

1. Please mail us an ITEMIZED bill for the covered test or service. Payment will be mailed to the address on the bill. Please make sure this address is correct. (Do not rely on your physician or hospital to file your claim.)
2. You do NOT need a claim form or an Authorization for Release of Medical Records to collect reimbursement for these benefits BUT the following information must be submitted:
  - \* Insured's Name and Social Security Number
  - \* Policy Number (very important)
  - \* Patient's Name, Date of Birth, and Social Security Number
  - \* Date of Service
  - \* You may write the above on the itemized bill for submission

### Mail Claim Forms & Bills to:

US Able Life  
ATTENTION: CLAIMS DEPARTMENT  
PO Box 1650, Little Rock, AR 72203-1650  
1-800-648-0271 or (501) 375-7200

### For Questions or Assistance Call:

US Able Life  
1-800-370-5856 or (501) 378-5856  
8:00 a.m. - 4:30 p.m. Central Time

**WARNING:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in a claim for insurance may be guilty of a crime and subject to fines and confinement in prison.



Attention: Claims Department  
 P.O. Box 1650  
 Little Rock, Arkansas 72203-1650  
 Telephone: (501) 378-5856 (800) 370-5856

## Accident Benefits Statement of Claim

INSURED'S STATEMENT			
Name of Insured	Social Security #	Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address (Number and Street)	(City, State)	(Zip)	Daytime Telephone ( )
Name of Person Suffering Loss	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Relation to Insured
Home Address (Number and Street)	(City, State)	(Zip)	
Loss Suffered			
Name of Claimant	Social Security #	Date of Birth	
Relation to Insured	Claimant is <input type="checkbox"/> Beneficiary <input type="checkbox"/> Insured <input type="checkbox"/> Other		
Home Address (Number and Street)	(City, State)	(Zip)	Daytime Telephone ( )
Where Injury Happened (Street, City, State)	When Injury Happened (Date and Time)		Date of Death (if applicable)
How Injury Happened			
Names and addresses of all physicians who attended or prescribed for the insured in the past 5 years			
<u>Physician</u>	<u>Address</u>	<u>Dates of Attendance</u>	<u>Disease or Condition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Names and addresses of all hospitals where insured was treated within 5 years preceding accident.			
<u>Hospital</u>	<u>City/State</u>	<u>Dates of Treatment</u>	<u>Disease or Condition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<p>I hereby authorize any physician or practitioner of the healing arts who has examined or treated me, and all hospitals, clinics or medically related facilities, insurance companies, health maintenance organizations, Medical Information Bureau, government entity (federal, state or local) or other organization, institution or person, that has any information, records or knowledge of me or my health, past or present, to furnish such information to US Able Life (or its representatives) and to permit them to examine and copy such information. I understand that US Able Life may disclose the information to the Medical Information Bureau, or reinsurers, or agents, employees and others who have a legitimate business interest in obtaining the information in connection with underwriting or claims processing with the company.</p> <p>A copy of this authorization, or the original, shall be valid for the duration of the claim from the date signed. I acknowledge that I have a right to a copy of this authorization upon request.</p>			
<b>Date:</b> _____ <b>Signature of Claimant:</b> _____			

**WARNING:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in a claim for insurance may be guilty of a crime and subject to fines and confinement in prison.

**CLAIMANT: PLEASE REMEMBER**

1. To complete ALL questions and sign this form.
2. To obtain the Attending Physician's Statement(s).
3. To obtain a copy of the investigating officer's report if loss due to motor vehicle accident or homicide.
4. To obtain the Employer's Statement (Disability Riders and Principal Insured Only).
5. To attach ITEMIZED bills.
6. To complete the Authorization for Release of Medical Records.

## ATTENDING PHYSICIAN'S STATEMENT - MEDICAL EXPENSES

**Please Answer All Applicable Questions.**

Name of Patient		Date of Birth
Nature of Injury (Include ICD Codes)		When Did it Occur?
Date Patient First Consulted You	Has Patient Ever Had Same or Similar Condition? If Yes- _____ <input type="checkbox"/> No <input type="checkbox"/> Yes When: _____	
If loss of limb, was it through or above wrist or ankle joint? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If loss of sight, is it permanent or irrecoverable? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, on what date did it become so? Date: _____ If No, what percentage of sight remains?		
Was the loss of sight or dismemberment solely due to accidental bodily injury without other causes? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Please Explain:		
Were any surgical procedures involved? <input type="checkbox"/> Yes <input type="checkbox"/> No Please Describe:		Date Performed
If loss due to burn, specify degree and size:  <input type="checkbox"/> First Degree <input type="checkbox"/> Second Degree _____ Percentage of Body Surface Burned <input type="checkbox"/> Third Degree _____ Square Inches of Body Surface Burned		
If loss due to dislocation, complete separation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Open Reduction <input type="checkbox"/> Closed Reduction <input type="checkbox"/>
If loss due to fracture:  <input type="checkbox"/> Simple <input type="checkbox"/> Open Reduction <input type="checkbox"/> Compound <input type="checkbox"/> Closed Reduction		
If loss due to laceration: Total Length <input type="checkbox"/> Less than 5.08 cm. <input type="checkbox"/> 5.08 - 1524 cm. <input type="checkbox"/> Greater than 15.24 cm. Type of repair <input type="checkbox"/> Stitches <input type="checkbox"/> Glue <input type="checkbox"/> Staples <input type="checkbox"/> Other		
<b>I certify that the answers I have made to the foregoing questions are both complete and true to the best of my knowledge and belief.</b>		
Physician's Signature	Provider Tax ID #	Date
Physician's Name		Degree
Address	Telephone ( )	Fax ( )
City	State	Zip

**WARNING:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in a claim for insurance may be guilty of a crime and subject to fines and confinement in prison.

### CLAIMANT: PLEASE REMEMBER

1. To complete ALL questions and sign Insured's Statement.
2. To attach ITEMIZED bills from all medical providers.
3. To Complete the Authorization for release of Medical Records.

**RETURN TO:**  
**USable Life**  
**P.O. Box 1650\***  
**Little Rock, AR 72203**

**ATTENDING PHYSICIAN'S STATEMENT - DISABILITY RIDER**

Name of Patient		Date of Birth
HISTORY	(a) When did symptoms first appear or accident happen?	(b) Date patient ceased work because of disability
	(c) Has patient ever had same or similar condition? <input type="checkbox"/> Yes If "Yes" state when and describe <input type="checkbox"/> No	
DIAGNOSIS	(d) Is condition due to injury or sickness arising out of patient's employment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	(e) Name and address of other treating physicians
	(a) Diagnosis (including complications) and ICD-9 Code	
TREATMENT	(b) If pregnancy, (E.D.C.)	
	(c) Objective findings (including current x-rays, EKG's laboratory data and any clinical findings)	
PROGRESS	(a) Date of first visit	(b) Date of last visit
	(c) Frequency of visits <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify)	
PROGNOSIS	(d) Nature of treatment (including surgery and medications prescribed, if any)	
	(a) Is patient <input type="checkbox"/> Recovered? <input type="checkbox"/> Improved? <input type="checkbox"/> Unchanged? <input type="checkbox"/> Retrogressed?	(b) Is patient <input type="checkbox"/> Ambulatory? <input type="checkbox"/> House confined? <input type="checkbox"/> Bed confined? <input type="checkbox"/> Hospital confined?
REHAB	(c) Has patient been hospital confined? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give Name and Address of Hospital _____ Confined from _____ through _____	
	(a) Is patient now totally disabled? Patient's Job <input type="checkbox"/> Yes <input type="checkbox"/> No Any Other Work <input type="checkbox"/> Yes <input type="checkbox"/> No	
REMARKS	(b) When do you expect a fundamental or marked change in the future? <input type="checkbox"/> 1 Mo. <input type="checkbox"/> 3-6 Mos. <input type="checkbox"/> 1-3 Mos. <input type="checkbox"/> Never Applies To: <input type="checkbox"/> Patient's job <input type="checkbox"/> Other Work	
	(a) Is patient a suitable candidate for occupational rehabilitation? Patient Job <input type="checkbox"/> Yes <input type="checkbox"/> No ANY OTHER WORK <input type="checkbox"/> Yes <input type="checkbox"/> No	
(b) When could trial employment commence? Date: _____ Patient's Job <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Any other work <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
(Limitations, Therapy, etc.)		
Physician's Name (Print)		Degree
Street Address		Telephone ( )
City or Town		Fax ( )
State or Province		Zip Code
Signature		Provider ID #
		Date

**EMPLOYER'S REPORT OF CLAIM**

**TO BE COMPLETED BY EMPLOYER**

CLAIMANT	1. Employee Name:		2. Social Security No.	3. Date of Birth
	4. Occupation at time last worked		5. Work schedule at time last worked No. of days per week _____ No. of hours per day _____	
EMPLOYER	6. Employee's Date of Hire	7. Date employee was actually last present at work	8. Has employee returned to work? <input type="checkbox"/> Yes <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> No Date: _____ Date: _____	
	9. Employer Name		10. Date	
	11. Signature		12. Title	
	13. Name (Please Print or Type)		14. Telephone ( )	
15. Address		16. City, State, Zip		17. Fax ( )

**WARNING:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in a claim for insurance may be guilty of a crime and subject to fines and confinement in prison.

## ATTENDING PHYSICIAN'S STATEMENT - ACCIDENTAL DEATH

**Please complete if claim is for loss of life.**

Name of Deceased		Age at Death
Residence at Time of Death (Number and Street)		(City, State)
(Zip)		
Date of Death	Place (if in hospital or institution, give name)	
Cause of Death (Including ICD Codes)		
Was Death Due To: <input type="checkbox"/> Accidental Bodily Injury <input type="checkbox"/> Homicide <input type="checkbox"/> Other (Give details in Remarks section)		
Give Details and Date		
Were there any contributing causes of death? Give the dates and duration of each as closely as you can.		
Was there an autopsy, inquest, or post mortem examination? By whom?		
Remarks:		
_____		
_____		
_____		

<b>I certify that the answers I have made to the foregoing questions are both complete and true to the best of my knowledge and belief.</b>			
Physician's Signature	Provider Tax ID #	Date	
Physician's Name	Degree		
Address	Telephone (    )	Fax (    )	
City	State	Zip	

**WARNING:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in a claim for insurance may be guilty of a crime and subject to fines and confinement in prison.

**CLAIMANT: PLEASE REMEMBER**

1. To complete ALL questions and sign Insured's Statement.
2. To obtain the investigating officer's report if loss due to motor vehicle accident or homicide.
3. To attach a CERTIFIED copy of the death certificate.

## **FRAUD NOTICE**

For your protection, the laws of some states may require us to furnish you with the following notice:

Except as otherwise noted below, it is or may be a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company or other person. Penalties may include imprisonment, fines, and denial of insurance benefits in accordance with applicable state law.

### **Arizona**

Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

### **California**

Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

### **Colorado**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

### **Florida**

Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

### **New Jersey**

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

### **Pennsylvania**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Retain for your records.



**This is a Limited Policy – Read It Carefully!**

**Policy Number:** AEP1AI01  
**Primary Insured:** ADAM ADAMS  
**Effective Date:** JULY 01, 2005

We agree, subject to all policy provisions, to pay the benefits of this policy and to provide the owner with all other rights of this policy.

The premium you paid and the application you completed place this policy in force as of the effective date. The effective date is shown in the Policy Schedule. A copy of your application is attached.

**PART A IMPORTANT PLEASE READ**

Your application is a part of this policy. PLEASE READ the copy of your application that is attached to this policy. Your policy was issued on the basis that all information in the application is correct and complete. If not, your policy may not be valid. If anything in your application is not correct, you should write to us within 30 days of the date you received this policy and let us know. Incorrect information could result in the denial of a claim or termination of this policy.

**PART B 30-DAY RIGHT TO EXAMINE AND CANCEL POLICY**

It is important to us that you are satisfied with this policy and that it meets your insurance needs. If you are not satisfied, you may return this policy to us within 30 days of the date you received it. The premium you paid will be promptly refunded. Then, the policy was never in force.

**PART C RENEWAL AGREEMENT – GUARANTEED RENEWABLE FOR LIFE**

We will renew your policy when you timely pay the premium. It must be paid on or before the date it is due or during the 31 days that follow. Your policy stays in force during this time.

You may cancel this policy at any time. The cancellation will be effective on the first day of the policy month following the date we receive your written cancellation notice, or on a later date if you so specify. Upon cancellation, we shall promptly return any unearned premium.

This policy is a legal contract between you and us. PLEASE READ THIS POLICY CAREFULLY.

Signed for us at our Home Office on the effective date.

Assistant Secretary

President

**This is an accident only policy. It does not pay benefits for loss from sickness. The Wellness Benefit will not be paid until 30 days following the effective date.**

**ACCIDENT POLICY – 24-Hour Coverage**



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## ADDITIONAL BENEFITS

Any additional benefits provided by rider(s) listed on Page 3 are fully described in the riders that immediately precede the copy of your application.

## POLICY SCHEDULE

This page shows specific information about this policy and is referred to throughout this policy.

**Type of Coverage:** Individual

<b>Policy Module or Rider</b>	<b>Number of Units or Amount of Coverage:</b>	<b>Monthly Premiums:</b>
<b>Accident Policy:</b>		
Module 1 – AD&D	4 units	\$1.60
Module 2 – Hospital Admission	4 units	\$1.12
Module 3 – Hospital Confinement	4 units	\$3.04
Module 4 – Intensive Care	4 units	\$1.28
Module 5 – Emergency & Exams	4 units	\$4.16
Module 6 – Ambulance & Ancillary	4 units	\$0.96
Module 7 – Specified Loss	4 units	\$4.48
Module 8 – Wellness	4 units	\$4.48
Off-the-Job Accident Disability Rider	\$600	\$4.68
24-Hour Accident Disability Rider	\$800	\$16.80
Sickness Disability Rider	\$400	\$7.44

<b>Premium Schedule</b>	<b>Annual</b>	<b>Semiannual</b>	<b>Quarterly</b>	<b>Monthly</b>
Total Premiums	\$579.36	\$289.68	\$144.84	\$48.28

**Premium Frequency Selected By You:** Monthly

The monthly premium is available only through a salary deduction plan of your employer or by bank draft.

**Policy Number:** AEP1AI05  
**Primary Insured:** JOHN DOE  
**Effective Date:** SEPTEMBER 01, 2005

## **PART D**

## **PREMIUM CHANGE**

We may change the premium rates for this policy. We can only change the premium if we change it for all policies of this form number and premium classification in your state of issue that are then in force. We will not change the premium more than once in a 12-month period.

We will notify you in writing of any change in premium 31 days or more before the change is effective. Notice will be mailed to you at the address shown on our records. Please notify us of any change in address.

## **PART E**

## **DEFINITIONS**

When we use the following words, this is what we mean:

**“Calendar Year”** means the period of time from the policy effective date until December 31 of that year, and from January 1 to December 31 of the same year, thereafter.

**“Charges Incurred”** means charges the insured person is legally required to pay.

**“Common Carrier Accident”** means the insured person is injured in a covered accident while a fare-paying passenger on a common carrier. Common carrier vehicles are limited to commercial airplanes, trains, buses, trolleys, subways, ferries, and boats that operate on a regularly scheduled basis between predetermined points or cities. Taxis and privately chartered vehicles are not considered common carrier vehicles.

**“Confined” or “Confinement”** means medically necessary care as a resident bed patient in a hospital because of a covered accident. It must be for at least 12 hours in the same facility. A physician must recommend and supervise the confinement. Confinement does not mean care as an outpatient or in an emergency or observation room.

**“Covered Accident”** means only accidental bodily injury which:

- (1) is sustained on or after the effective date of coverage; and
- (2) is the direct cause of the loss independent of sickness, disease, bodily infirmity, or any other cause; and
- (3) occurs while the policy is in force; and
- (4) is not excluded by name or specific description in this policy.

All injuries sustained in any one accident and all complications and recurrence of complications are considered to be a single “covered accident.”

**“Covered Person”** means a person, in addition to you, insured under this policy.

**“Effective Date”** means the date shown on the Policy Schedule for all insured persons accepted for coverage at the time of issue provided the application has been accepted and approved by us, the policy is issued and the full first premium has been paid; or the date shown by endorsement for all insured persons added to coverage after the policy has been issued. The effective date is assigned by us in accordance with our policy dating rules in effect at the time this policy is issued. The coverage provided by this policy will not be effective unless there has been no change since the date of the

application and the effective date of the policy in the health of any proposed insured person listed on the application.

**“He” or “His”** The use of the male pronoun also includes the female.

**“Home Office”** means the principal office of US Able Life in Little Rock, Arkansas.

**“Hospital”** means a primary care institution operated pursuant to law, which is licensed or approved as a hospital by the responsible state agency. It must have organized facilities on its premises to provide first level treatment of sick and injured persons on an inpatient basis for which a charge is made. Organized facilities include emergency services, admission services, clinical laboratory, diagnostic X-ray and surgical services. Treatment facilities for emergency, medical and surgical services must be provided within the institution or in facilities available to the hospital on a prearranged basis. The institution must provide 24 hour nursing services by or under the supervision of a licensed graduate registered nurse on duty or call, and be supervised by a staff of one or more physicians. It must maintain on its premises the patient’s written history and medical records.



Not included in the term hospital is an institution or part of an institution which is licensed or used principally: (a) for the treatment or care of drug addicts or alcoholics; or (b) as a clinic, continued or extended care hospital or rehabilitation facility, convalescent home, rest home, skilled nursing facility or home for the aged; or (c) as a stand-alone psychiatric facility.

**“Hospital Intensive Care Unit”** means a place which (a) is a specifically designated area of the hospital that provides the highest level of medical care and is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care; (b) is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement; (c) is permanently equipped with special lifesaving equipment for the care of the critically ill or injured; (d) is under constant and continuous observation by a specially trained nursing staff assigned exclusively to the unit on a twenty-four hour basis; and (e) has a physician assigned to the unit on a full-time basis.

Notwithstanding the above, an intensive care unit is not any of the following step down units: (a) a progressive care unit, (b) an intermediate care unit, (c) a private monitored room, (d) sub-acute intensive care unit, (e) an observation unit, (f) a telemetry unit, or (g) any facility not meeting the definition of a hospital intensive care unit as defined above.

**“Hospital Sub-Acute Intensive Care Unit”** means a place which (a) is a specifically designated area of the hospital that provides a level of medical care below intensive care but above a regular private or semi-private room or ward; (b) is separate and apart from the surgical recovery room and from rooms, beds, and wards customarily used for patient confinement, (c) is permanently equipped with special lifesaving equipment for the care of the critically ill and injured, (d) and is under constant and continuous observation by specially trained nursing staff.

A hospital sub-acute intensive care unit may be referred to by other names such as progressive care, intermediate care, or a step-down unit, but it is not a regular private or semi-private room, or a ward with or without monitoring equipment.

**“Immediate Family”** means anyone related to an insured person in the following manner: spouse, daughter, son, stepchild, father, mother, stepparent, sister, brother, stepsister, stepbrother, grandchild, grandparent, father-in-law, mother-in-law, or spouses of any of these.

**“Injury”** means only accidental bodily injury which:

- (1) is sustained on or after the effective date of coverage; and
- (2) is the direct cause of the loss independent of sickness, disease, bodily infirmity, or any other cause; and
- (3) occurs while the policy is in force.

All injuries sustained in any one accident and all complications and recurrence of complications are considered to be a single “injury.”

**“Insured Person”** means you or any other covered person insured under this policy.

There are four types of coverage under this policy:

- (1) “Individual” coverage;
- (2) “Individual and Spouse” coverage;
- (3) “One-Parent Family” coverage; or
- (4) “Full Family” coverage.

If this policy is issued as an “Individual” policy, the word “Applicant” as shown on the application shall mean that we insure only you.

If this policy is issued as an “Individual and Spouse” policy, the words “Applicant and Spouse” as shown on the application shall mean that we insure you and your spouse.

If this policy is issued as a “One-Parent Family” policy, the words “Applicant and Children” as shown on the application shall mean that we insure you and all your dependent children who are eligible for coverage as stated in the Dependent provisions of this policy.

If this policy is issued as a “Full Family” policy, the words “Applicant, Spouse and Children” as shown on the application shall mean that we insure you, your spouse and all dependent children (of yours or your spouse) who are eligible for coverage as stated in the Dependent provisions of this policy.

**“Medically Necessary”** means the treatment, services or supplies necessary and appropriate for the treatment of the covered accident during confinement based upon generally accepted medical practice. The fact that a physician may prescribe, authorize, or direct a service does not of itself make it medically necessary or covered by the policy.

**“Non-local”** means a one-way trip in excess of 100 map miles from your residence to the facility in which any insured person is to be admitted.

**“Period of Confinement”** means a period of time that begins on the first day the insured person is confined in a hospital.

**“Physical Therapist”** means a person, other than yourself or an immediate family member, who (a) is licensed by the state to practice physical therapy, (b) performs services which are allowed by his/her license, (c) performs services for which benefits are provided by this policy, and (d) practices according to the Code of Ethics of the American Physical Therapy Association.

**“Physician”** means a person who is providing services within the scope of his license, and is either: (a) licensed to practice medicine and prescribe and administer drugs or to perform surgery; or is (b) legally qualified and licensed as a medical practitioner and is required to be recognized, according to

the insurance statutes or the insurance regulations of the governing jurisdiction. Such person must not be an immediate family member of any insured person. Practitioners of homeopathic, naturopathic and related medicines are not considered eligible physicians under this policy.

“**Policy**” means this document, any riders, endorsements, or amendments to it, and the application.

“**Primary Insured**” means the person named on the Policy Schedule on page 3.

“**Prosthetic Device/Artificial Limb**” is an artificial device designed to replace a missing limb. It must be prescribed by a physician for functional use.

“**Renewal Date**” means the date your next premium payment is due.

“**Sickness**” means any illness, infection, disease, or any other abnormal physical condition that is not caused by an injury.

“**We,**” “**Our,**” or “**Us**” means USAble Life.

“**You**” or “**Your**” means the person named as the primary insured on the Policy Schedule on page 3. You are insured for the benefits of the policy as of the effective date.

## **PART F DEPENDENT PROVISIONS**

### **ELIGIBLE DEPENDENTS:**

**IF THIS IS AN “INDIVIDUAL” PLAN THE FOLLOWING APPLIES:** If this is an individual plan, it means that we insure only you. However, your dependents may become eligible for coverage. Dependents eligible for coverage include: (1) your spouse, if not legally separated from you; (2) your unmarried natural or step children under the age of 24 who are primarily dependent upon you for support and maintenance; and (3) newborn children, adopted children and children placed for adoption.

Eligible dependents not insured on the Policy Date may become covered persons, subject to acceptance by us of your written application and the payment of any required premium.

**IF THIS IS AN “INDIVIDUAL AND SPOUSE” PLAN THE FOLLOWING APPLIES:** If this is an “Individual and Spouse” policy, it means that we insure you and your spouse if not legally separated from you. However, your dependent children may become eligible for coverage. Dependent children eligible for coverage include: (1) your unmarried natural or step children under the age of 24 who are primarily dependent upon you for support and maintenance; and (2) newborn children, adopted children and children placed for adoption (as provided below).

Eligible dependents not insured on the effective date may become insured persons, subject to acceptance by us of your written application and the payment of any required premium.

**Newborn Children including adopted children and children placed for adoption (“Individual” and “Individual and Spouse” Plans):** Any child of yours born while this policy is in force as an “Individual” or an “Individual and Spouse” plan will be covered immediately as an insured person

from the moment of birth, and any newly adopted child or child placed for adoption will be covered from the moment of placement, for as long as the later of these dates: (1) 90 days from the moment of birth or placement; or (2) the next renewal date following birth or placement.

In order for coverage to continue beyond such date, we must receive: (1) written notice of the birth of the newborn child, adoption, or the placement for adoption; and (2) the required premium within 31 days of our notifying you of the amount.

Please include the child's name and date of birth, date of adoption, or date placed for adoption with your notice. This notice must be received by us before the later of these dates: (1) 90 days from the date of birth, adoption, or placement for adoption; or (2) the next renewal date following birth, adoption or adoption placement.

If the required notice is not received by us during this period, a newborn child, newly adopted child or child placed for adoption may be covered after this date only if the following conditions are met: (1) your written application for coverage is approved by us; and (2) the payment of any required premium is made. Additional premium, if any, will begin on the first renewal date following the date of birth, adoption, or adoption placement.

Coverage for such newborn child will be the same as we provide for you.

**IF THIS IS A "FAMILY" PLAN THE FOLLOWING APPLIES:** If this is a "Full Family" policy, it means that we insure you, your spouse if not legally separated from you, and all dependent children (of yours or your spouse) listed on the application. If this is a "One-Parent Family" policy it means that we insure you and all your dependent children listed on the application. The term "Dependent children" includes your unmarried natural or step children, adopted children, children placed for adoption, and legal wards under age 24 who are primarily dependent upon you for support and maintenance.

Any family member specifically excluded from coverage by endorsement to this policy is not included in the family definition. Any person who becomes a family member after the effective date of this policy must be added by endorsement (except newborn children who are automatically covered from the moment of birth, and newly adopted children including children placed for adoption who are automatically covered from the moment of placement). Persons added as family members by endorsement will be subject to the pre-existing conditions provision. It is not necessary to notify us of a child's birth, adoption, or placement for adoption and no additional premium will be required for coverage of newborn children, adopted children, children placed for adoption, or children added as family members by endorsement. Additional premium is required when a spouse is added to a "one-parent" family policy.

**TERMINATION OF COVERAGE:** Coverage for dependent persons may terminate as explained in the following paragraphs. Coverage for each dependent child will terminate on the renewal date following the earlier of: (a) his or her 24th birthday; (b) marriage; or (c) his or her termination of dependency upon you for support and maintenance.

If we accept a premium applicable to any such dependent after his or her 24th birthday, or termination of dependency, or after receiving notice of his or her marriage, coverage for such dependent will continue until the end of the period for which premium has been accepted.

If a child reaches the termination date stated above and continues to be both: (a) incapable of self-sustaining employment by reason of mental incapacity or physical handicap; and (b) primarily dependent upon you for his support and maintenance, and you notify us about this, coverage for such child will continue while the policy is in force and so long as such disability continues and the applicable premium is paid. We will continue to charge any appropriate premium for that child as long as he/she qualifies as a handicapped dependent.

Coverage for a spouse, if an insured person, will terminate on the first renewal date following the date a court enters a final decree of dissolution of marriage (divorce).

**CONVERSION PRIVILEGE:** In the event an insured person applies not more than 31 days after the date coverage terminates under this provision and pays the required premium, we will issue, without proof of insurability, a policy then available and which is most comparable to this policy. The new policy will be one with benefits not exceeding those provided for such insured person under this policy and excluding any conditions not covered by this policy. This provision also applies to dependent children in the event of your death. If such insured person fails to convert, all benefits shall cease as of the last day for which premiums have been collected.

**CONTINUATION OF COVERAGE:** If you die while your spouse is an insured person under this policy, we agree thereafter to renew this policy each term with your spouse as the new primary insured as long as such spouse lives and pays the required premium before the end of the grace period.

## **PART G**

## **HOW TO FILE A CLAIM**

**NOTICE OF CLAIM:** Written notice of claim must be given to us within 30 days after loss covered by this policy occurs or starts. If notice is not given within that time, it must be given as soon as it is reasonably possible. Notice must be given to us at our Home Office in Little Rock, Arkansas. It should include your name, the name of the insured person, and the policy number as shown in the Policy Schedule.

**CLAIM FORMS:** We will send a claim form for filing proof of loss after we receive the notice of claim. If these forms are not sent to the claimant within 15 days after giving such notice, the claimant will meet the proof of loss requirement by giving us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss provision.

**PROOF OF LOSS:** Written proof of loss must be given to us as follows:

- (1) In case of claim for loss for which this policy provides any periodic payment contingent upon continuing loss, within 90 days after the termination of the period for which we are liable; and
- (2) In case of any other loss, within 90 days after such loss.

If it was not reasonably possible to give written proof in the time required, we will not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the time specified unless the claimant was legally incapacitated.



## **PART H**

## **CLAIMS INFORMATION**

**TIME OF PAYMENT OF CLAIMS:** Benefits for any loss covered by this policy will be paid as soon as we receive proper written proof.

As soon as we receive proper written proof, benefits for any loss providing for periodic payments will be paid monthly, and any balance remaining unpaid at the end of our liability will be paid immediately upon receipt of proper written proof.

**PAYMENT OF CLAIMS:** All benefits will be paid to you. Any benefits unpaid at your death will be paid to the designated beneficiary. If the beneficiary dies on the same day the primary insured dies, benefits will be paid as if that beneficiary had died before the primary insured. If there is no named beneficiary living at your death, we may pay, at our discretion, any amount due to one of the following classes of survivors: (1) your spouse; (2) your surviving children in equal shares; (3) your mother and/or father; (4) your brother and/or sister; or (5) your estate. At our option, an amount up to the maximum allowable by the state laws of the insured person's state of residence may be paid to any person who incurred funeral or other expenses related to the last illness or death of the insured person.

**BENEFICIARY:** The beneficiary is the person(s) you name in writing on your application to receive any amount of insurance payable due to your death. The beneficiary's name is on record in our Home Office. If you name more than one beneficiary, those who survive will share equally unless you specify otherwise

**CHANGE OF BENEFICIARY:** You may change a beneficiary by giving us written notice at our Home Office on a form acceptable to us. When we receive the notice, it will be effective on the date made, subject to any payment we may have made before we receive it. The consent of the beneficiary or beneficiaries is not required to surrender, assign, or change beneficiaries, or to make any other changes in this policy.

**TERMINATION OF BENEFITS:** No benefits are payable after the termination of this policy except for covered charges incurred prior to such termination. Provided, if the insured person is totally disabled or hospital confined from a condition covered by this policy at the time of termination, benefits shall continue during the term of such total disability or hospital confinement. See "Extension of Benefits" below.

**EXTENSION OF BENEFITS:** If an insured person is totally disabled or hospital confined from a covered condition on his or her termination date, the coverage provided for that insured person by this policy and any attached riders will be extended. During the extended coverage period, the applicable policy and rider provisions, exclusions, exceptions and limitations will be the same as would have applied had coverage not terminated for such insured person. This extension is limited to confinement and/or expenses incurred:

- (1) for the injury which caused the total disability or hospital confinement, and
- (2) during the uninterrupted continuance of the total disability or hospital confinement, and
- (3) shall be limited to the policy benefit period or payment of the maximum benefits.

For the purposes of this provision, total disability means the complete incapacity of the insured person as the result of the covered injury:

- (1) to engage in any occupation for pay or profit for which he is or may become reasonably qualified by training, education, experience, age, and physical and mental capacity; or
- (2) if not employed, to engage in the normal activities of a person of the same age and sex who is free of any physical or mental disease or disorder; and
- (3) which requires the regular care of a physician.

**PHYSICAL EXAMINATION AND AUTOPSY:** We, at our own expense, have the right to have an insured person examined by a physician of our choice when and as often as is reasonable during the handling of a claim and to do an autopsy where it is not forbidden by law.

**LEGAL ACTIONS:** You cannot bring a legal action to recover under your policy for at least 60 days after you have given us written proof of loss. You cannot start such an action more than three years after the date proof of loss is required.

**UNPAID PREMIUM:** We may deduct any unpaid premium then due from the payment of a claim under this policy.

**REFUND OF PREMIUM:** On the death of the insured person, proceeds payable hereunder shall include the amount of unearned premium paid beyond the end of the policy month in which death occurred. Payment shall be made in one lump sum no later than 30 days after proof of the insured person's death has been furnished us.

**INSURANCE FRAUD:** Warning — Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information may be guilty of insurance fraud and prosecuted. USABLE Life may terminate this policy if the insured person has filed a fraudulent claim or statement with us.

## **PART I GENERAL INFORMATION**

**ENTIRE CONTRACT AND CHANGES:** This policy is a legal contract between you and us. The entire contract consists of the policy, which includes the application, and any attached papers. No change in this policy will be effective until approved by one of our officers. This approval can only be in writing and must be noted on or attached to this policy. No agent has authority to change this policy or to waive any of its provisions.

**TIME LIMIT ON CERTAIN DEFENSES:** After two years from the date an insured person becomes covered under this policy, we cannot use misstatements, except fraudulent misstatements, in your application to void coverage or deny a claim for loss that occurs after the two-year period.

Except for fraud, no claim for loss incurred after two years from the date an insured person becomes covered under this policy shall be reduced or denied on the grounds that a disease or physical condition not excluded from coverage by name or specific description existed prior to the effective date of such insured person's coverage.

The above provisions also apply to any riders, endorsements, or amendments attached to this policy. In applying them, the words "rider," "endorsement," or "amendment" will be used for the word "policy."

**GRACE PERIOD:** A grace period will apply to payment of premiums (except the initial premium). During the grace period, your policy will stay in force. This grace period means that if you pay your premiums within 31 days after they are due, your policy remains continuously in force. If you do not, your policy is terminated at the end of the 31-day grace period.

**MISSTATEMENT OF AGE:** If the age of the insured person has been misstated, all amounts payable under this policy shall be such as the premium paid would have purchased at the correct age. This policy is only available for issue at ages 64 and below. If the age of an insured person has been misstated in the application and if, based on the correct age, we would not have issued the policy or extended coverage to that person, then we will refund any applicable premium, and no benefits will be payable.

**REINSTATEMENT:** If any renewal premium is not paid within the time allowed for payment and we, or our authorized agent, accept a premium without requiring an application for reinstatement; that payment shall reinstate this policy. If we require an application, this policy will be reinstated when we approve it. If we do not approve the application, this policy will be reinstated on the 45th day after the date of the application unless we notify you in writing of its disapproval. The reinstated policy only covers loss due to injury that takes place after the date of reinstatement. If the reinstated policy contains a Sickness Disability Rider, the rider will only cover loss due to sickness that is first diagnosed or treated more than ten days after the date of reinstatement.

In all other respects you and we have the same rights under this policy as we both had before it lapsed, unless special conditions are added to this policy in connection with the reinstatement. Any premium accepted in connection with this provision will be used for a period for which payment has not been made, but not to any period more than 60 days before the date of reinstatement.

**OTHER INSURANCE WITH US:** If you are covered under more than one policy of this form or like form with us, only one policy, chosen by you or your estate, will be effective (this includes coverage for any insured person). We will refund all premiums paid for all other policies from the date of duplication less any benefits paid under these policies from such date.

**NON-PARTICIPATING:** This policy is non-participating. Its premiums do not include a charge for participation in surplus.

**TERM OF COVERAGE:** Coverage starts on the effective date at 12:01 a.m., standard time where you live. It ends at 12:01 a.m. on the same standard time on the renewal date, subject to the grace period. This policy may be renewed only as stated in the Renewal Agreement. Each time this policy is renewed, the new term begins when the old term ends.

**CHARTER AND BY-LAWS:** No provisions of our charter or by-laws not included in this policy shall void this policy or be used in defense of any legal proceedings with regard to it.

**CONFORMITY WITH STATE STATUTES:** The provisions of this policy conform with the law of the state in which you reside on the policy effective date. If any do not, they are hereby amended so that they do conform.

**POLICY SCHEDULE:** The Policy Schedule and information it contains is a part of the policy.

## **PART J**

## **EXCEPTIONS AND LIMITATIONS**

### **EXCEPTIONS--WHAT WE WILL NOT PAY FOR:**

This policy pays only for loss resulting from a covered accident as defined in this policy. It DOES NOT cover injury incurred as a result of the covered person:

- (1) Being exposed to war or any act of war, declared or undeclared, or serving in any of the armed forces.
- (2) Intentionally self-inflicting bodily injury or attempting suicide, while sane or insane.
- (3) Participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed/passenger-carrying aircraft.
- (4) Participating in, or attempting to participate in, an illegal activity that is defined as a felony as defined by the law of the jurisdiction in which the activity takes place, whether charged or not; or being incarcerated in any type of penal institution.
- (5) Participating in any activity or event, including the operation of a vehicle, while under the influence of a narcotic (unless administered by a physician and taken according to the physician's instructions) or while intoxicated. "Intoxicated" means that condition as defined by the laws of the jurisdiction in which the accident occurred. Conviction is not necessary for a determination of being intoxicated.
- (6) Driving any commercial passenger-carrying or cargo vehicle, except school buses, for wage, compensation or profit.
- (7) Mountaineering using ropes and/or other equipment, parachuting or hang gliding.
- (8) Having cosmetic surgery or other elective procedures that are not medically necessary, or having dental treatment except as a result of injury.
- (9) Participating in any sport or activity for wage, compensation or profit; or racing any type vehicle in an organized event.
- (10) Having any sickness or declining process caused by a sickness, including physical or mental infirmity or infection (except bacterial infection from a covered accidental injury). (Exception number 10 does not apply to the Sickness Disability Benefit Rider if attached to this policy.)

## **PART K**

## **BENEFITS**

We will pay the following benefits as applicable if, while coverage is in force, a covered person's death, dismemberment or injury is caused by a covered accident (not applicable to the Wellness Benefit). All benefits are limited to one benefit per covered accident and are paid independently of one another unless specifically noted otherwise. **The benefits described below are for one unit of coverage. See the Policy Schedule for the number of units of coverage you have in force for each module.**

### **MODULE 1 – Accidental Death & Dismemberment**

**A. ACCIDENTAL DEATH:** We will pay the benefit shown below per unit of coverage if the insured person is in a covered accident, and the injury causes the insured person to die within 90 days after the accident.

<b>Loss</b>	<b>Primary Insured</b>	<b>Spouse</b>	<b>Child</b>
Common Carrier Accidents	\$37,500	\$37,500	\$6,500
Other Covered Accidents	\$10,000	\$10,000	\$3,250

**B. ACCIDENTAL DISMEMBERMENT:** We will pay the benefit shown below per unit of coverage if the insured person is in a covered accident, and the injury causes dismemberment as shown below within 90 days after the accident.

Only the highest single benefit per covered person will be paid for Accidental Dismemberment. Benefits will be paid only once for any covered accident. If death and dismemberment result from the same accident, only the Accidental Death Benefit will be paid.

**Dismemberment or complete loss of, with or without reattachment:**

<b>Loss</b>	<b>Primary Insured</b>	<b>Spouse</b>	<b>Child</b>
Two members	\$10,000	\$10,000	\$3,250
One member	\$2,500	\$2,500	\$950
One or more fingers and/or one or more toes	\$500	\$500	\$150

“Member” means arm, leg, foot, hand, or eye (including sight).

Dismemberment or Loss of (with or without reattachment) means: (1) Arm – actual severance above the elbow; (2) Leg – actual severance above the knee; (3) Hand – actual severance through or above the wrist joint; (4) Foot – actual severance through or above the ankle joint; (5) Sight of an eye – at least eighty percent of vision is totally, irrecoverably, and permanently lost; (6) Finger – actual severance at the joint (proximate to the first interphalangeal joint) where it is attached to the hand; (7) Toe – actual severance at the joint (proximate to the first interphalangeal joint) where it is attached to the foot.

**C. PARALYSIS:** We will pay the indemnity benefit shown below per unit of coverage for spinal cord injuries received in a covered accident that result in complete and total loss of use of two or more limbs for a minimum of three (3) months and confirmed by a physician. This benefit will be payable once per covered person.

<b>Loss</b>	<b>Primary Insured</b>	<b>Spouse</b>	<b>Child</b>
Quadriplegia (paralysis of four limbs)	\$3,250	\$3,250	\$3,250
Paraplegia (paralysis of lower limbs)	\$1,625	\$1,625	\$1,625

**D. COMA:** We will pay \$3,250 per unit of coverage if a covered person, as the result of a covered accident, is in a coma for a duration of at least 30 consecutive days. A person is considered in a coma if he is in a profound stupor or state of complete and total unconsciousness.

**MODULE 2 – Hospital Admission**

**HOSPITAL ADMISSION:** We will pay **\$250 per unit of coverage** if the insured person is admitted to a hospital and confined because of injuries received in a covered accident. The insured person must become confined as a resident bed patient to a hospital within 30 days after the accident. This benefit is payable once per Hospital Confinement and only once per calendar year per covered person.

We will not pay this benefit for confinement to an observation unit, for emergency room treatment or outpatient treatment.

### **MODULE 3 – Hospital Confinement**

**HOSPITAL CONFINEMENT:** We will pay **\$65 a day per unit of coverage** if the insured person is confined in a hospital or a sub-acute intensive care unit because of injuries received in a covered accident. The insured person must become confined as a resident bed patient in a hospital or a sub-acute intensive care unit within 30 days after the accident. Benefits are also payable for confinement in hospitals operated by or for the United States government. We will pay benefits for only one hospital confinement at a time even if is caused by more than one accident.

We will pay this amount per day up to 365 days per covered accident.

If the insured person is confined in a hospital or a sub-acute intensive care unit, and is confined again within 90 days for the same accident or related condition, we will treat this confinement as a continuation of the prior confinement. If more than 90 days have passed between the periods of hospital confinement, we will treat this confinement as a new confinement.

We will not pay this benefit for confinement to an observation unit, for emergency room treatment or for outpatient treatment. We will not pay the Hospital Confinement benefit and the Hospital Intensive Care Unit Confinement benefit concurrently; the larger benefit will be paid.

If the insured person is confined in a hospital intensive care unit for more than 15 days, the Hospital Confinement benefit will begin on the 16th day. The total amount payable per covered accident will not exceed 365 days for Hospital Confinement and 15 days for Hospital Intensive Care Unit Confinement.

### **MODULE 4 – Intensive Care**

**HOSPITAL INTENSIVE CARE:** We will pay **\$100 a day per unit of coverage** if the insured person is confined to a hospital intensive care unit because of injuries received in a covered accident. The confinement in a hospital intensive care unit must begin within 30 days after the accident. We will pay this amount per day up to 15 days per covered accident.

If the insured person is confined in a hospital intensive care unit, and becomes confined to a hospital intensive care unit again within 90 days for the same accident or related condition, we will treat this confinement as a continuation of the prior confinement. If more than 90 days have passed between the periods of confinement in a hospital intensive care unit, we will treat this confinement as a new confinement.

If the insured person is confined to a hospital intensive care unit that does not meet the definition in this policy of a hospital intensive care unit, we will pay the Hospital Confinement benefit. We will not pay the Hospital Intensive Care Unit Confinement benefit and the Hospital Confinement benefit concurrently; the larger benefit will be paid.

## **MODULE 5 – Emergency and Exams**

**A. EMERGENCY TREATMENT:** We will pay the charges incurred, not to exceed \$35 per unit of coverage for the primary insured or spouse and \$20 per unit of coverage for a dependent child, if the insured person is injured in a covered accident and receives treatment in a hospital emergency room, physician's office, or standalone emergency center within 72 hours after the accident. This benefit is payable once per 24-hour period and only once per covered accident per covered person.

If the insured person has been treated in an emergency room, physician's office, or standalone emergency center for a laceration that is repaired without stitches, staples, or glue, or for the removal of a foreign object from the eye; we will pay a maximum of \$15 per unit of coverage under this benefit and the Follow-up Physician Visit benefit combined.

**B. PHYSICAL THERAPY:** We will pay **\$10 per visit per unit of coverage** if the insured person requires physical therapy as a result of a covered accident. We will pay this amount per visit with a maximum of five visits per covered accident. The therapy must begin within 30 days after the accident and must be completed within six months after the accident. All services must be prescribed by a physician and rendered by a licensed Physical Therapist and performed in an office or in a hospital on an inpatient or outpatient basis. This benefit is not payable for the same visit that the Follow-up Physician Visit is paid.

**C. MAJOR DIAGNOSTIC EXAMS:** We will pay **\$50 per unit of coverage** if the insured person requires one of the following exams within 180 days after a covered accident due to injuries sustained in the covered accident and a charge is incurred: CT (computerized tomography) scan, MRI (magnetic resonance imaging), or EEG (electroencephalogram). These exams must be performed in a hospital, a physician's office, or an ambulatory surgical center. This benefit is limited to one payment per covered person per covered accident.

**D. FOLLOW-UP PHYSICIAN VISIT:** We will pay the charges incurred not to exceed **\$10 a visit per unit of coverage** for follow-up treatment received for injuries sustained in a covered accident. This benefit is limited to one visit per day and a maximum of six visits per covered accident per covered person.

Treatment must be over and above emergency treatment administered in the first 72 hours following the accident and must begin within 30 days of the covered accident or discharge from the hospital. Treatment must be furnished by a physician in a physician's office or in a hospital on an outpatient basis. This benefit is not payable for the same visit that the Physical Therapy Benefit is paid.

## **MODULE 6 – Ambulance and Ancillary**

**A. APPLIANCE:** We will pay **\$35 per unit of coverage** if the insured person is injured in a covered accident and a physician prescribes the use of a medical appliance as an aid in personal locomotion or mobility. Crutches and wheelchairs are examples of medical appliances. We will pay this amount once per covered accident.

**B. PROSTHETIC DEVICE/ARTIFICIAL LIMB:** We will pay the benefit shown below per unit of coverage for a prosthetic device/artificial limb that is prescribed by a physician to restore functional use as a result of injuries sustained in a covered accident. The prosthetic device/artificial

limb must be received within one year of the covered accident. We will pay this benefit once per covered accident. This benefit is not payable for hearing aids, dental aids, including false teeth, or for cosmetic prosthesis, for example, hair wigs. We will not pay for joint replacement, for example, an artificial hip or knee.

	<b>Amount</b>
One prosthetic device or artificial limb	\$175
More than one device or artificial limb	\$350

**C. TRANSPORTATION:** If, for injuries sustained in a covered accident, the covered person requires special treatment in a hospital located more than 100 map miles from the covered person’s residence or site of the accident, we will pay **\$150 per unit of coverage** per roundtrip to and/or from the hospital that provides the prescribed treatment. This benefit will be paid only for (a) the covered person for whom the treatment is prescribed; and (b) if the treatment is for a dependent child and commercial travel is necessary, the dependent child’s parent or legal guardian who travels with the child. Only one person will be paid to travel with the dependent child. The local attending physician must prescribe the treatment, and the treatment must not be available locally.

This benefit is payable for up to three trips per calendar year per covered person. This benefit is not payable for transportation by ambulance or air ambulance to the hospital.

**D. FAMILY LODGING:** For an immediate family member to be near a covered person confined in a non-local hospital for treatment of injuries sustained in a covered accident, we will pay the charges incurred not to exceed **\$35 a night per unit of coverage** for a single room in a motel, hotel, or other accommodations acceptable to us. This benefit is limited to 30 days per accident and only during the time the injured covered person is confined in the hospital. The hospital and the motel/hotel must be more than 100 map miles from the residence of the covered person.

**E. BLOOD and BLOOD PLASMA:** We will pay **\$50 per unit of coverage** if the insured person is injured in a covered accident and requires any of the following within 30 days after the accident as a result of the injury: transfusions of whole blood and blood products which are limited to red blood cells, platelets, fresh frozen plasma, cryoprecipitate and leukocytes including the processing, typing, cross-matching, and administration of the blood or blood products. We will pay this amount once per covered accident.

**F. AMBULANCE:** We will pay **\$50 per unit of coverage** if a licensed professional ambulance company transports the insured person to or from a hospital or between medical facilities, by ground transportation, where treatment is received for injuries as a result of a covered accident. The ambulance transportation must be within 30 days after the accident. We will pay this amount once per covered accident.

**G. AIR AMBULANCE:** We will pay **\$375 per unit of coverage** if a licensed professional air ambulance company transports the insured person to or from a hospital or between medical facilities where treatment is received for injuries as a result of a covered accident. The air ambulance transportation must be within 72 hours after the accident. We will pay this amount once per covered accident.

**H. EMERGENCY DENTAL WORK:** We will pay the indemnity benefit shown below per unit of coverage if the insured person receives treatment for injuries sustained in a covered accident.



Treatment must begin within 30 days after the covered accident. Payment is limited to one dental benefit per covered person per covered accident.

	<u>Amount</u>
Broken tooth repaired with crown	\$50
Broken tooth resulting in extraction	\$15

## **MODULE 7 – Specified Loss**

**A. BURN:** We will pay **\$375 per unit of coverage** if the insured person receives burns that require medical treatment due to a covered accident. The burns must be second degree burns that cover at least thirty-six percent (36%) of the body surface or third degree burns, which cover at least nine square inches of the body surface. They must be treated by a physician within 72 hours after the accident. We will pay this amount once for each covered accident.

**B. TENDON/LIGAMENT:** We will pay **\$150 per unit of coverage** for each covered accident if the insured person receives one or more injured tendons or ligaments in a covered accident. The tendon or ligament must be torn, ruptured or severed. A physician must repair it through surgery within one year after the accident.

If the insured person is in an accident and receives a fracture or a dislocation and tears, ruptures, or severs a tendon or ligament, we will pay only one benefit. We will pay the larger of either the Tendon/Ligament benefit, the Fracture benefit, or the Dislocation benefit. If exploratory arthroscopic surgery is performed and no repair is done, we will only pay \$25 per unit of coverage.

**C. DISLOCATION (SEPARATED JOINT):** We will pay the benefit shown below per unit of coverage for the treatment listed if the insured person receives treatment for a dislocation sustained in a covered accident. A dislocation is a completely separated joint. It must be diagnosed as a dislocation by a physician within 30 days after the accident. It can be corrected by open (surgical) or closed (non-surgical) reduction. If the dislocation requires reduction without anesthesia by a physician, we will pay the amount shown for the joint involved under Without Anesthesia.

If the insured person receives more than one dislocation in a covered accident, we will pay for all dislocations. However, we will pay no more than 150% of the amount for the joint involved that has the highest benefit amount.

If the insured person receives a fracture and a dislocation in the same accident, we will pay for both. However, we will pay no more than 150% of the amount for the bone or joint involved which has the highest benefit amount.

If a physician diagnoses the dislocation as an incomplete dislocation, we will pay 25% of the amount shown for the joint involved. An incomplete dislocation is a dislocation in which the joint is not completely separated.

We will pay this benefit only for the first dislocation of a joint after the policy effective date. Subsequent dislocations of the same joint after the effective date will not be covered.

<b>Dislocations</b>	<b>Open Reduction</b>	<b>Closed Reduction</b>	<b>Without Anesthesia</b>
Hip	\$625	\$155	\$40
Knee	\$155	\$60	\$15
Shoulder	\$155	\$60	\$15
Collarbone	\$250	\$50	\$15
Ankle or Foot (other than Toes)	\$155	\$50	\$15
Lower Jaw	\$155	\$80	\$20
Wrist	\$125	\$60	\$15
Elbow	\$125	\$60	\$15
One Toe or Finger	\$30	\$15	\$5

**D. EYE INJURY:** We will pay the benefit shown below per unit of coverage for the treatment listed if the insured person receives treatment for an eye injury sustained in a covered accident. The eye injury must require surgery or the removal of a foreign object by a physician within 30 days after the accident. We will pay this amount for each covered accident. An examination with anesthesia will not be considered surgery.

	<b>Amount</b>
With surgical repair	\$75
Removal of foreign body by Physician	\$15

**E. FRACTURE (BROKEN BONE):** We will pay the benefit shown below per unit of coverage for the treatment listed if the insured person receives treatment for a fracture sustained in a covered accident. A fracture is a break in a bone, which can be seen by X-ray. It must be diagnosed as a fracture by a physician within 14 days after the accident. The fracture must require open (surgical) or closed (non-surgical) reduction by a physician.

If the insured person receives more than one fracture in a covered accident, and they require open or closed reduction, we will pay for all fractures. However, we will pay no more than 150% of the amount for the bone involved, which has the highest benefit amount.

If a physician diagnoses the fracture as a chip fracture, we will pay the amount shown for the bone involved. A chip fracture is a fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached.

If the insured person receives a fracture and a dislocation in the same accident, we will pay for both. However, we will pay no more than 150% of the amount for the bone or joint involved that has the highest benefit amount.

<b>Fractures</b>	<b>Open Reduction</b>	<b>Closed Reduction</b>	<b>Chip Fractures</b>
Hip	\$625	\$315	\$40
Leg	\$315	\$160	\$20
Hand (excluding fingers)	\$155	\$80	\$10
Foot (excluding toes/heel)	\$155	\$80	\$10
Wrist	\$155	\$80	\$10
Elbow	\$155	\$80	\$10
Shoulder Blade	\$155	\$80	\$10
Forearm	\$155	\$80	\$10
Ankle or Kneecap	\$155	\$80	\$10
Sternum or lower jaw	\$155	\$80	\$10
Vertebrae (body of)	\$315	\$160	\$20
Pelvis (excluding coccyx)	\$315	\$160	\$20
Upper Jaw	\$185	\$90	\$12
Upper Arm	\$185	\$90	\$12
Face (excluding nose)	\$185	\$90	\$12
Rib or Ribs	\$315	\$35	\$20
Nose, Heel, or Fingers	\$155	\$35	\$10
Coccyx	\$65	\$35	\$4
Toes	\$65	\$35	\$4
Vertebral Processes	\$315	\$50	\$20
Skull			
Depressed	\$470	\$470	\$470
Simple	\$155	\$155	\$155

**F. KNEE CARTILAGE – TORN:** We will pay the benefit shown below per unit of coverage for the treatment listed if the insured person receives treatment for a torn knee cartilage sustained in a covered accident. It must be treated by a physician within 60 days after the covered accident. A physician must repair it through surgery within one year after the accident. Only one payment amount under this benefit will be paid.

	<b>Amount</b>
Exploratory surgery without repair or if the cartilage is shaved (debridement)	\$75
Surgical Repair	\$155

**G. RUPTURED DISC:** We will pay **\$155 per unit of coverage** if the insured person receives treatment for a ruptured disc sustained in a covered accident. A ruptured disc is a herniated, ruptured or prolapsed intervertebral disc that is diagnosed by myelography, computed tomography (CT) or magnetic resonance imaging (MRI). A physician must treat it within 60 days after the accident. It must be repaired through surgery by a physician within one year after the accident.

**H. TORN ROTATOR CUFF:** We will pay **\$155 per unit of coverage** if the insured person receives treatment for one or two torn rotator cuffs sustained in a covered accident. A physician must repair the torn rotator cuff through surgery within 90 days after the accident.

**I. INTERNAL INJURIES:** We will pay **\$315 per unit of coverage** if the insured person receives treatment for internal injuries sustained in a covered accident. “Internal Injuries” are injuries that result in open abdominal, hernia or thoracic surgery within 30 days after the accident.

**J. CONCUSSION:** We will pay **\$15 per unit of coverage** if the insured person receives treatment for a concussion sustained in a covered accident. Concussion must result in electroencephalogram abnormality within 30 days after the accident.

**K. LACERATION:** We will pay the benefit shown below per unit of coverage for the treatment listed if the insured person receives treatment for a laceration sustained in a covered accident. A laceration is a cut. A physician must repair the laceration within 72 hours after the accident.

<b>Length of Lacerations</b>	<b>Amount</b>
Single laceration less than 2 inches (less than 5.08 centimeters)	\$15
Total of all lacerations:	
At least 2 but not more than 6 inches (5.08 – 15.24 centimeters)	\$65
Over 6 inches (greater than 15.24 centimeters)	\$125
Lacerations(s) not requiring stitches, staples or glue	\$8

## **MODULE 8 – Wellness**

**WELLNESS BENEFIT:** We will pay **\$15 per unit of coverage** for any insured person to undergo routine examination or other preventive testing. However, this benefit is not payable until 30 days following the insured person's effective date. This benefit is payable only once per policy per calendar year. Benefits include and are payable for: annual physical exams, mammograms, Pap smears, eye examinations, immunizations, flexible sigmoidoscopy, prostatic specific antigen (PSA), ultrasounds and blood screenings.



## **IMPORTANT NOTICE**

To comply with Tennessee Insurance Rule 0780-1-57, the following information is provided to assist you in answering any questions you might have. Our Policyholder Service Office is:

USABLE Life  
320 W. Capitol, Suite 700  
P. O. Box 1650  
Little Rock, AR 72203-1650  
Phone (501) 375-7200 or (800) 648-0271

We appreciate the opportunity to serve your insurance needs.





320 W. Capitol • P.O. Box 1650 • Little Rock, AR 72203-1650  
(501) 375-7200 • (800) 648-0271

**THIS IS A LIMITED POLICY – READ IT CAREFULLY**

**ACCIDENT POLICY – 24 HOUR COVERAGE**



P.O. Box 1650  
Little Rock, Arkansas 72203

Please Print Using Dark Ink

# ACCIDENT POLICY APPLICATION & CHANGE FORM

Office Use Only	
Policy Number	
Group Number	
Effective Date	
Dept./Loc.	
Class	

Agent Name/Number	<input type="checkbox"/> New Application <input type="checkbox"/> Change Form	<input type="checkbox"/> Reinstatement Policy # _____ <input type="checkbox"/> Replaces Policy # _____
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## SECTION 1 – PERSONAL IDENTIFICATION

Name (First, MI, Last)			For Name Change, Give Prior Last Name			Social Security No.		
Home Address				City	State	Zip	County	
Date of Birth	Age	Birth State or Country	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female		Work Phone	Home Phone	
Type of Business						Applicant's email address (if any)		
Name of Employer			Date Employed Full-Time	Occupation		Hours Worked Weekly		

## DEPENDENT INFORMATION - Complete if Applying for Dependent's Coverage.

Full Name (First, MI, Last)	Relationship	Sex	Date of Birth			Birth State or Country
			Mo.	Day	Yr.	

## SECTION 2 – PLAN SELECTION ■ New Applicant ■ Application for Change

### CHECK COVERAGE DESIRED:

- Applicant    
  Applicant & Spouse    
  Applicant & Children    
  Applicant, Spouse & Children

### Applying for Accident Policy Plan:

**PREMIUM**

- Basic (3 units of Modules 1, 3, 5, 6 and 7 and 4 units of Modules 2, 4, and 8)  
 Select (4 units of all Modules)  
 Ultra (4 units of Module 6, 5 units of Module 8, and 6 units of all other Modules)     \$

### Optional Accidental Disability Rider\*:

- Off-The Job or  24-Hour    
  \$400    
  \$600    
  \$800    
 \$

- Optional Sickness Disability Rider\*    
  \$400    
  \$600    
 \$

### TOTAL MONTHLY PREMIUM     \$

Industry Class Monthly Premiums	Class A/B			Class C			Class D		
	Basic	Select	Ultra	Basic	Select	Ultra	Basic	Select	Ultra
Applicant	\$15.80	\$19.36	\$27.88	\$23.36	\$28.64	\$41.32	\$27.80	\$34.08	\$49.12
Applicant & Spouse	22.48	27.52	39.68	29.88	36.64	52.80	33.92	41.60	60.00
Applicant & Children	26.28	32.16	46.40	30.28	37.12	53.52	34.24	41.92	60.44
Applicant, Spouse & Children	32.96	40.32	58.20	36.80	45.12	65.00	40.36	49.44	71.32
Optional Rider(s)	Off-The-Job		24-Hour	Off-The-Job		24-Hour	Off-The-Job		24-Hour
Accident Disability Rider*:									
\$400	\$3.12		\$8.40	\$5.52		\$17.92	N/A		N/A
\$600	4.68		12.60	8.28		26.88	N/A		N/A
\$800	6.24		16.80	11.04		35.84	N/A		N/A
Sickness Disability Rider*	Class A/B			Class C			Class D		
\$400	\$7.44			\$8.08			N/A		
\$600	11.16			12.12			N/A		

\*Coverage applies to primary insured only.



Employee's Name (Last, First, M.I.)	Social Security #	Employer
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**SECTION 3 – PERSONAL INFORMATION (Only Complete If Applying for ANY Disability Rider.)**

		Yes		No
1. Do you have other short-term disability coverage? If yes please list your weekly benefit and your weekly salary. Weekly Benefit _____ Weekly Salary _____	<input type="checkbox"/>			<input type="checkbox"/>
2. Within the past three years, have you been the driver in a motor vehicle accident or charged with a moving violation, including driving under the influence of drugs or alcohol? Has your driver's license ever been suspended?	<input type="checkbox"/>			<input type="checkbox"/>
3. Are you currently disabled?	<input type="checkbox"/>			<input type="checkbox"/>
<b>Answer questions 4 through 7 if applying for Sickness Disability Rider.</b>				
4. Have you ever been diagnosed or treated by a member of the medical profession for:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
(a) Cancer, Cancer related disease or benign tumor?	<input type="checkbox"/>		<input type="checkbox"/>	
(b) Disease of the Heart or Blood Vessels, or had a Stroke?	<input type="checkbox"/>		<input type="checkbox"/>	
(c) Kidney Disease or Diabetes?	<input type="checkbox"/>		<input type="checkbox"/>	
(d) Acquired Immunodeficiency Syndrome ("AIDS") or AIDS Related Complex, or Human Immunodeficiency Virus ("HIV")?	<input type="checkbox"/>		<input type="checkbox"/>	
(e) Alcohol or Drug Abuse?	<input type="checkbox"/>		<input type="checkbox"/>	
(f) Lung, Liver or Blood Disorder?	<input type="checkbox"/>		<input type="checkbox"/>	
(g) Emotional, Nervous System (including Muscular Dystrophy and Multiple Sclerosis), Eating Disorder or Mental Health Problems?	<input type="checkbox"/>		<input type="checkbox"/>	
(h) Ulcer, Stomach or Digestive Disorder?	<input type="checkbox"/>		<input type="checkbox"/>	
(i) Arthritis, Bones or Joint Disorder?	<input type="checkbox"/>		<input type="checkbox"/>	
(j) Bladder, Urinary System or Reproductive Organs Disorder?	<input type="checkbox"/>		<input type="checkbox"/>	
5. Have you ever been diagnosed or treated by a member of the medical profession for hypertension (high blood pressure)? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," list person(s), medications taken, medication dosage and last two blood pressure readings. Medication, Dosage, Readings with Dates: _____				
6. Are you currently pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had a problem pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No				
7. Primary Physician's Name: _____ Address: _____ Phone Number: _____ City, State, Zip: _____				

**Give details for "yes" answers to any questions and indicate to whom answers relate.**

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Employee's Name (Last, First, M.I.)	Social Security #	Employer
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**SECTION 4 – BENEFICIARY**      ■ Name Beneficiary      ■ Change of Beneficiary

I hereby revoke the appointment of any existing beneficiary and designate the following beneficiary under this policy.

Name	Birthdate	Relationship	Primary or Secondary	Indicate Percentage
			<input type="checkbox"/> Primary or <input type="checkbox"/> Secondary	
			<input type="checkbox"/> Primary or <input type="checkbox"/> Secondary	

**SECTION 5 – AUTHORIZATION**

1. Is this insurance to replace or change other insurance?     Yes     No    If "Yes", give details including name of company. \_\_\_\_\_

2. Have you received the Outline of Coverage (in those states where required by law)?     Yes     No (check one)

In signing below, I (a) represent that the statements and answers given on all pages of this application are true, complete, and correctly recorded to the best of my knowledge and belief; (b) authorize any physician, medical practitioner, hospital, clinic, or other medically related facility, insurance or reinsurance company, or Medical Information Bureau, Inc. having information on me or any member of my family (only those who have applied for coverage on this application) regarding our mental and physical health, other insurance coverage, hazardous activities, character, general reputation, finances, and vocation to give to US Able Life, its reinsurers, or its legal representative any and all such information to use for underwriting insurance; (c) authorize all said sources, except MIB, to give such records or knowledge to any agency employed by the company to collect and transmit such information in order to facilitate its rapid submission; (d) agree that this authorization shall be valid for two (2) years from the application date; (e) agree that a photocopy of this authorization shall be as valid as the original and I understand that a copy is available to me or my representative upon request; (f) acknowledge receipt of written notification describing the use of the Medical Information Bureau as required by the Fair Credit Reporting Act and the Information Practices Notice. In applying for insurance, I authorize my employer to make the necessary payroll deductions to pay for my insurance. I understand failure to disclose a proposed insured person's true health condition may void the policy.

**Important Note** – The entire contract will consist of this application and the insurance issued in response to it. The insurance will not be effective on the proposed insured unless: (1) The policy is delivered to the primary insured; (2) The first modal premium is paid; and (3) There has been no change since the date of this application and the effective date of the policy in the health of the proposed insured as stated in this application. I understand that my policy will be dated and become effective on the first day of the month following the effective date (anniversary date for resolicitation) or on the first day of the month following underwriting approval, whichever is later. There is no coverage until the effective date of the policy.

**Insurance Fraud Warning** – It is or may be a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company or other person. Penalties may include imprisonment, fines, and denial of insurance benefits in accordance with applicable state law.

I have read and understand the above statements and agreements.

X \_\_\_\_\_ Signed at: \_\_\_\_\_  
Applicant's Signature (City and State)

**Agent's Statement:** I have accurately recorded the information supplied by the applicant. Date of Application \_\_\_\_\_  
(Month, Day, Year)

X \_\_\_\_\_  
Agent's Signature

Date Received Home Office



P.O. Box 1650  
Little Rock, AR 72203

## **NOTICE FOR PROPOSED INSURED**

### **Notice of Insurance Information Practices**

In the course of properly underwriting and administering your insurance coverage, we will rely heavily on information provided by you. We may also seek information from others, such as medical professionals who have treated you. In some cases, we may ask a consumer reporting agency to collect information and submit an investigative consumer report to us. You have the right to request to be interviewed in connection with the preparation of that report. You may receive a copy of the report upon request.

You have the right to be told about, and to see and copy if you wish, items of personal information about you which appear in our files, including information contained in investigative consumer reports. You also have the right to seek correction of information you believe to be inaccurate.

THE ABOVE IS A GENERAL DESCRIPTION OF OUR INFORMATION PRACTICES. IF YOU WOULD LIKE TO RECEIVE A MORE DETAILED EXPLANATION OF THOSE PRACTICES, PLEASE SEND YOUR REQUEST TO THE CHIEF UNDERWRITER, P.O. Box 1650, Little Rock, AR 72203

### **Federal Fair Credit Reporting Act Notice**

In connection with your application for insurance, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your family, friends, neighbors, business associates, financial sources, or others with whom you are acquainted. This inquiry includes information as to your character and general reputation. If an investigative consumer report is prepared in connection with your application, you may receive a copy of that report upon written request to the Company.

### **Medical Information Bureau Disclosure Notice**

Information regarding your insurability will be treated as confidential. US Able Life or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, the MIB will arrange disclosure of any information it may have in your file. Please contact MIB at (866) 692-6901 (TTY (866) 346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB's information office is: 50 Braintree Hill, Suite 400, Braintree, Massachusetts 02184-8734.

US Able Life or its reinsurers may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at [www.mib.com](http://www.mib.com).