



# Southwest Service Life Insurance Company

## Rates for Policy Form HI-2014

**First Premium Payment** -Collect one time \$50 Initial Application Fee to be paid in addition to Mode Premium. Initial premiums are based on age at last birthday of the oldest applicant. Family rate includes parent(s) and up to four dependent children under age 26 and based on oldest family member.

**Pays Daily Hospital Benefit / ICU + Medical Benefits--In & Out of Hospital.  
Extra Hospital Confinement Benefits for Breast & Prostate Cancer**

Plan A	Plan B	Plan C	Plan D
\$100,000.00 Aggregate Per Person for Each Sickness \$150,000.00 Aggregate Per Person for Each Accident No-Deductible Policy Daily Hospital Benefit \$1,200.00 Daily ICU Benefit \$1,700.00	\$150,000.00 Aggregate Per Person for Each Sickness \$200,000.00 Aggregate Per Person for Each Accident \$200.00 Policy Year Deductible No-Deductible for Specified Outpatient Services Daily Hospital Benefit \$1,700.00 Daily ICU Benefit \$2,200.00	\$200,000.00 Aggregate Per Person for Each Sickness \$250,000.00 Aggregate Per Person for Each Accident \$400.00 Policy Year Deductible No-Deductible for Specified Outpatient Services Daily Hospital Benefit \$2,200.00 Daily ICU Benefit \$2,700.00	\$ 250,000.00 Aggregate Per Person for Each Sickness \$ 250,000.00 Aggregate Per Person for Each Accident \$ 500.00 Policy Year Deductible No-Deductible for Specified Outpatient Services Daily Hospital Benefit \$2,700.00 Daily ICU Benefit \$3,200.00

Ages	Monthly	M.B.D.	Monthly	M.B.D.	Monthly	M.B.D.	Monthly	M.B.D.
Dependent Child	54.99	50.31	66.69	60.84	72.54	64.35	78.39	71.37
<b>19-30</b>								
Individual	112.32	100.62	133.38	120.51	143.91	129.87	155.61	140.40
Husband & Wife	212.94	190.71	255.06	229.32	279.63	251.55	296.01	266.76
Family Group	267.93	241.02	321.75	290.16	352.17	318.24	374.40	336.96
<b>31-45</b>								
Individual	155.61	140.40	188.37	168.48	201.24	180.18	217.62	195.39
Husband & Wife	312.39	281.97	356.85	320.58	401.31	360.36	435.24	390.78
Family Group	368.55	331.11	423.54	381.42	473.85	425.88	513.63	462.15
<b>46-55</b>								
Individual	187.20	167.31	225.81	202.41	241.02	216.45	260.91	235.17
Husband & Wife	373.23	335.79	450.45	405.99	480.87	434.07	522.99	470.34
Family Group	428.22	384.93	517.14	465.66	553.41	498.42	601.38	540.54
<b>56-64</b>								
Individual	204.75	183.69	246.87	221.13	265.59	238.68	286.65	258.57
Husband & Wife	409.50	368.55	493.74	445.77	530.01	477.36	574.47	515.97
Family Group	464.49	418.86	561.60	504.27	602.55	541.71	652.86	587.34

### OPTIONAL CATASTROPHIC COVERAGE HI-2010-HC

The 2010-HC Rider has a choice of three Benefits: After a three day elimination period pays \$500.00 a day. The HC rider pays on all covered sicknesses and accidents.

### H&S-1 COVERAGE

Heart & Stroke-1 Preferred  
\$250,000 aggregate - the rider sold individually at the rate of \$16.00 Monthly or \$15.00 MBD.

Ages	Monthly	M.B.D.
Dependent Child	12.00	10.00
<b>19-35</b>	Individual	24.00
	Man & Wife	43.00
	Family Group	55.00
<b>36-50</b>	Individual	28.00
	Man & Wife	50.00
	Family Group	62.00
<b>51-64</b>	Individual	32.00
	Man & Wife	57.00
	Family Group	69.00



# Southwest Service Life Insurance Company

A Stipulated Premium Company • Administrative Office: Fort Worth, Texas

## ACCIDENT ONLY POLICY - FORM AO REQUIRED OUTLINE OF COVERAGE

- 1. READ YOUR POLICY CAREFULLY.** This outline of coverage provides a very brief description of some of the important features of your policy. This is not the insurance contract 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!**
- Accident only coverage is designed to provide you with coverage for death, dismemberment and hospital and medical care resulting from a covered accident only. Coverage is provided for the benefits outlined in Paragraph (3). The benefits described in Paragraph (3) may be limited to Paragraph (4).
- 3. HOSPITAL AND MEDICAL EXPENSE INCURRED DUE TO INJURY**  
Benefits for the hospital and physician's charges incurred for treatment and service received due to an injury. To be covered, treatment must commence within 90 days of the date of the injury. Hospital confinement is not required for payment of benefits. Your choice of benefits are:  
 \$300  \$500  \$1,000  \$1,500  \$2,000  \$2,500.  
**ACCIDENTAL DEATH**  
\$5,000.00 Accidental Death Benefit if death is due to an injury. To be covered, death must occur within 90 days after the date the injury was sustained and while this policy is in force.  
**SPECIFIC LOSSES DUE TO INJURY**  
\$2,500.00 Specific Loss Benefit for specific losses, shown below due to injury, if injury does not result in accidental death.
  - Loss of a hand
  - Loss of a foot.
  - Loss of an eye.

With respect to a hand or foot, loss means dismemberment by severance through or above the wrist or ankle joint. With respect to an eye, loss means the entire and irrecoverable loss of sight in the eye. If the injury results in two or more of the specific losses shown above, benefits will be paid for not more than two specific losses due to an injury.
- 4. LIMITATIONS AND EXCLUSIONS**  
Benefits are not payable under this policy for:  
Expenses due to loss beginning while this policy is not in force; or  
Any expense incurred in excess of the usual, customary and regular charges for any service or materials in the geographic area where furnished; and  
Injuries resulting from an act of declared or undeclared war and sustained while a member of an armed service (upon notice to the Company or entry into service, the pro-rata premium will be refunded); or  
Injuries resulting from air travel, other than as a passenger on a scheduled airline; or  
Suicide, attempted suicide or intentionally self inflicted injuries, while sane or insane; or  
Any loss incurred while engaged in an illegal occupation.  
Any benefits payable under this policy for expense incurred that is paid for by the Texas Department of Human Resources will be paid to the Department.
- 5. RENEWABILITY**  
This policy is guaranteed renewable for life, subject to the Company's right to change premium rates for all policies of the same class. This policy has a 31-day grace period.

### PREMIUMS

	Annual	Semi-Annual	Quarterly	Monthly	MBD
<b>\$300 PLAN</b>					
Individual, Age 0-64	\$59.00	\$31.25	\$16.50	\$5.90	\$5.30
Family Group	118.00	62.50	33.00	11.80	10.60
<b>\$500 PLAN</b>					
Individual, Age 0-64	\$94.00	\$49.75	\$26.30	\$9.40	\$8.45
Family Group	187.00	89.50	52.60	19.20	16.90
<b>\$1,000 PLAN</b>					
Individual, Age 0-64	\$175.00	\$92.75	\$49.00	\$17.50	\$15.75
Family Group	350.00	185.50	98.00	35.00	31.50
<b>\$1,500 PLAN</b>					
Individual, Age 0-64	\$191.32	\$106.29	\$59.05	\$ 21.87	\$20.77
Family Group	382.64	212.58	118.10	43.74	41.54
<b>\$2,000 PLAN</b>					
Individual, Age 0-64	\$239.00	\$132.82	\$73.79	\$27.33	\$25.96
Family Group	478.00	265.64	147.58	54.66	51.92
<b>\$2,500 PLAN</b>					
Individual, Age 0-64	\$298.82	\$166.01	\$92.23	\$34.16	\$32.45
Family Group	597.64	332.02	184.46	68.32	64.90