



## CONTINENTAL AMERICAN INSURANCE COMPANY

Columbia, South Carolina  
800.433.3036

### DEPENDENT ACCIDENT RIDER TO CERTIFICATE OF INSURANCE FOR ACCIDENTAL INJURY

This Rider is part of the Certificate to which it is attached. We have issued this Rider because:

- You paid the additional premium for this Rider, **and**
- We have accepted your Application.

Unless amended by this Rider, all Certificate definitions, exclusions, limitations, terms, and other provisions apply.

#### **Effective Date**

If issued at the same time as the Certificate, this Rider becomes effective when the Certificate becomes effective. If issued after the Certificate, this Rider will have a later Effective Date, which is shown in the Rider Schedule following this Rider.

#### **Definitions**

When the terms below are used in this Rider, the following definitions will apply (other applicable terms and definitions are included in the **Definitions** section of your Certificate):

*Dependent* means your Spouse or child (or children) who is:

- Named in the Application for this Rider, **and**
- For whom a premium is paid.

*Spouse* is your legal wife or husband.

This Rider will be issued to your spouse only if he or she is at least age 18 and is not currently disabled or unable to work.

#### **Benefits**

If a Dependent is injured in a Covered Accident, we will provide the benefits contained in the Certificate under the Benefits Section. We will pay the appropriate benefit amounts shown in the Dependent Benefit Schedule issued with this Rider.

#### **General Provisions**

We will still pay benefits for any accident that occurred while your dependent was covered under this Rider, if:

- Your Spouse's coverage is terminated because of annulment or divorce, **or**
- A Dependent Child's coverage is terminated because he reaches age 26.

**Time Limit on Certain Defenses**

After this Rider has been in force for a two-year period, we will not contest the statements made in the Application.

**Contract**

This Rider is part of the Certificate. It will terminate when the Certificate terminates, or when premiums are no longer paid for this Rider.

This Rider is subject to all of the terms of the Certificate to which it is attached unless any such terms are inconsistent with the terms of this Rider.

Signed for the Company at its Home Office,



Teresa White, President



J. Matthew Loudermilk, Secretary

# Dependent Benefit Schedule

## Specific Injuries Benefits

<b>Fracture</b>	<b>Spouse/Dependent Child</b>
Hip/thigh	\$4,000
Vertebrae	3,600
Pelvis	3,200
Skull (depressed)	3,000
Skull (simple)	1,400
Leg	2,400
Foot/ankle/knee cap	2,000
Forearm/hand	2,000
Lower jaw	1,600
Shoulder blade/collar bone	1,600
Upper arm/upper jaw	1,400
Facial bones (except teeth)	1,200
Vertebral processes	800
Coccyx/rib/finger/toe	320
<b>Dislocation</b>	
Hip	3,000
Knee (not knee cap)	1,950
Shoulder	1,500
Foot/ankle	1,200
Hand	1,050
Lower jaw	900
Wrist	750
Elbow	600
Finger/toe	240
<b>Laceration</b>	
Over 6"	400
2" to 6"	200
Under 2"	50
Lacerations not requiring stitches	25
<b>Concussion</b>	200
<b>Coma</b>	10,000
<b>Emergency Dental Work</b>	
Repair with crown	150
Extraction	50
<b>Eye Injuries</b>	
Requiring surgical repair	250
Removal of foreign body	50
<b>Tendons/Ligaments</b>	
Single	400
Multiple	600

**Ruptured Disc**

Injury occurs during first certificate year	100
Injury occurs after first certificate year	400

**Torn Knee Cartilage**

Injury occurs during first certificate year	100
Injury occurs after first certificate year	400

**Internal Injuries**

1,000

**Exploratory Surgery** (without repair)

250

**Paralysis**

Four limbs (quadriplegia)	10,000
Two limbs (paraplegia)	5,000

**Burns****Second Degree**

Less than 10%	100
At least 10% but less than 25%	200
At least 25% but less than 35%	500
35% or more	1,000

**Third Degree**

Less than 10%	1,000
At least 10% but less than 25%	5,000
At least 25% but less than 35%	10,000
35% or more	20,000

**Dismemberment**

	<b>Spouse</b>	<b>Dependent Child</b>
Loss of hand, foot or sight		
Single loss	5,000	2,500
Double loss	10,000	5,000
Loss of one or more fingers or toes	500	250
Partial amputation of finger or toe	100	100

**Spouse/Dependent Child****Services Benefits****Blood/Plasma** 100**Ambulance** 100**Air Ambulance** 500**Transportation**

Train or Plane	300
Bus	150

**Family Member Lodging**

100/per night

Maximum Benefit: 30 days

<b>Medical Fees</b> Maximum per accident	<b>Spouse</b> 125	<b>Dependent Child</b> 75
	<b>Spouse/Dependent Child</b>	
<b>Prosthesis</b>	500	
<b>Appliances</b>	100	
<b>Accident Follow-Up Treatment</b> Maximum of 6 treatments per Covered Accident	25	
<b>Physical Therapy</b> Maximum of 6 treatments per Covered Accident	25	
<b>Wellness</b> Once per 12-month period	60	
	<b>Spouse</b>	<b>Dependent Child</b>
<b>Emergency Room Treatment</b> Payable once per 24-hour period	125	75
<b>Emergency Room Observation</b>	75	45
	<b>Spouse/Dependent Child</b>	
<b><u>Hospital Benefits</u></b>		
<b>Hospital Admission</b> Payable once per calendar year	1,000	
<b>Hospital Confinement</b> Maximum Benefit: 365 days	200/day	
<b>Hospital Intensive Care</b> Maximum Benefit: 30 days	400/day	
<b><u>Accidental Death Benefits</u></b>		
	<b>Spouse</b>	<b>Dependent Child</b>
<b>Accidental Death</b>	10,000	5,000
<b>Accidental Common-Carrier Death</b>	50,000	15,000