



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

Fracture	Spouse/Dependent Child
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
Dislocation	
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
Laceration	
Over 6"	400
2" to 6"	200
Under 2"	50
Lacerations not requiring stitches	25
Concussion	200
Coma	10,000
Emergency Dental Work	
Repair with crown	150
Extraction	50
Eye Injuries	
Requiring surgical repair	250
Removal of foreign body	50
Tendons/Ligaments	
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

Loss of hand, foot or sight	Spouse	Dependent Child
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

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