

Benefit Exclusions

The Policy does not cover a Loss caused directly or indirectly by:

1. suicide or attempted suicide, whether sane or insane, (in Missouri or Colorado while sane);
2. intentionally self-inflicted injuries;
3. an act of war, declared or undeclared, whether civil or international, or due to any substantial armed conflict between organized forces of a military nature;
4. active participation in a riot;
5. committing or attempting to commit a felony;
6. use of any drug, hallucinogen, controlled substance, or narcotic unless prescribed by a Physician;
7. driving while intoxicated, as defined by the applicable state law where a Loss occurred;
8. disease, bodily or mental infirmity, or medical or surgical Treatment of these;
9. Your being engaged in an illegal occupation;
10. Injury sustained during travel in or descent from any aircraft:
 - a. as a student pilot, pilot, officer, or other member of the crew; or
 - b. when the aircraft is used to train, test, or experiment; or
 - c. when the aircraft is part of any military, naval, or air force; or
11. Your being in the armed forces of any country or international authority for a period greater than 30 days (in such event the pro rata unearned premium shall be returned to You for any period of full-time active duty for more than 30 days provided You notify Us within 12 months of entering the armed forces.

The complete listing of your coverage including exclusions and limitations can be found in the group policy/certificate. If differences exist between this summary and the policy/certificate, the policy/certificate will govern.

How to Apply

Return your completed enrollment form indicating the principal sum you would like and specifying whether you want the optional coverage for your spouse and/or children. No premium is required now. A certificate will be sent to you along with a premium notice. Your coverage will begin on the date your enrollment form is approved, as long as your premium is paid within 10 days after you receive your certificate.

Administered By



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Philadelphia, PA 19106

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Coverage described in this brochure underwritten by:

Unimerica Insurance Company

Association Administrative Address:
P.O. Box 17828
Portland, ME 04112-8828

Accidental Death & Dismemberment Insurance

Insurance Protection for You and Your Family



PICPA
Experience the value!™
Pennsylvania Institute of
Certified Public Accountants

You can't always prevent an accident...but you can prepare for one with PICPA's Accidental Death & Dismemberment Insurance Program

Who is Eligible For Coverage?

All PICPA members and employees of PICPA members are eligible to enroll. Members and employees must be under age 60, reside in the United States and be actively at work.

PLANS AVAILABLE

Member or Employee Only

Elect coverage for just yourself. Select a benefit amount that's right for you (minimum of \$100,000 and a maximum of \$250,000 in \$25,000 increments).

Family Plan

Select a family plan which covers yourself, your spouse and children.

	Percent of Member/Employee Principal Sum if loss occurs
Member/Employee	100%
Dependent Spouse:	50% (if no dependent children) 40% (if there are dependent children)
Dependent Child(ren):	15% (if there is no spouse) 10% (if a spouse is covered)

well-being

Description of Coverage

If you suffer an injury which results in a loss described below, the coverage will pay the sum shown for the Loss provided the accident that caused the Loss occurred while covered under this benefit; and except for loss of life, the Loss occurs within the 365 day period immediately after the date of the accident.

Loss of life.....	The Principal Sum
Loss of both hands or both feet or sight of both eyes.....	The Principal Sum
Loss of one hand and one foot.....	The Principal Sum
Loss of one hand or one foot and sight of one eye.....	The Principal Sum
Loss of speech and hearing.....	The Principal Sum
Loss of one leg or Loss of one arm.....	One-Half the Principal Sum
Loss of one hand or Loss of one foot.....	One-Half the Principal Sum
Loss of speech or Loss of hearing.....	One-Half the Principal Sum
Loss of sight of one eye.....	One-Half the Principal Sum
Loss of thumb and index finger of the same hand.....	One-Quarter the Principal Sum

Loss: as used in the above table of losses:

Loss of sight: the total and irrecoverable loss of sight.

Loss of one leg or one arm: the actual severance through or above the knee or elbow joint.

Loss of hands or feet: severance at or above the wrist or ankle.

Loss of thumb and index finger: actual, complete and permanent severance through or above the metacarpophalangeal joints.

Loss of speech: the total and irrecoverable loss of speech.

Loss of hearing: the total and irrecoverable loss of hearing.

Loss of hand, foot, leg, arm, thumb or index finger:

1. must be total and irrecoverable;
2. cannot be restored or corrected by medical or surgical Treatment.

How Much Does Coverage Cost?

The cost of benefits has been calculated for you in the following table.

SEMI-ANNUAL RATES

COVERAGE AMOUNT	MEMBER/EMPLOYEE ONLY	MEMBER/EMPLOYEE & FAMILY
\$ 100,000	\$ 30.00	\$ 45.00
\$ 150,000	\$ 45.00	\$ 67.50
\$ 200,000	\$ 60.00	\$ 90.00
\$ 250,000	\$ 75.00	\$112.50