

# VitalGuard

While no amount of money will ever alleviate the loss of a loved one, the 24-hour VitalGuard coverage will lessen the financial burden for one's family.

## ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

The devastating impact of accidents resulting in death or dismemberment can weigh heavily on a family. Luckily, the VitalGuard AD&D plan can help relieve the financial stress of these situations by providing a lump sum benefit for a covered accidental death or dismemberment.

### ACCIDENTAL DEATH BENEFIT

The VitalGuard plan provides a benefit payout for a death resulting from a covered accidental injury, based on the face amount enrolled (100% benefit to the insured; 50% benefit to a covered spouse; 25% benefit to any covered children).

### ACCIDENTAL DISMEMBERMENT BENEFIT

The plan provides a benefit payout (% of the face amount) in the event of Accidental Dismemberment. The benefit amount for these covered injuries will be a percentage (ranging from 25%-100%) of the face amount, depending on the specific injury. The benefits are subject to the coverage schedule providing 100% to the primary insured, 50% to a covered spouse, and 25% to any covered children. This is a limited benefit policy and does not cover losses related to sickness - it only covers losses that are related to accidents.

**Unintentional injuries resulting from an accident continues to be the 5th leading cause of death\***

# Monthly Rates



Face Value	Individual	Individual & Child(ren)	Individual & Spouse	Family
<b>MONTHLY PREMIUM COST- Standard States</b>				
\$50,000	\$4.00	\$5.38	\$6.00	\$7.38
\$75,000	\$6.00	\$8.06	\$9.00	\$11.06
\$100,000	\$8.00	\$10.75	\$12.00	\$14.75
\$150,000	\$12.00	\$16.13	\$18.00	\$22.13
\$175,000	\$14.00	\$18.81	\$21.00	\$25.81
\$200,000	\$16.00	\$21.50	\$24.00	\$29.50
\$250,000	\$20.00	\$26.88	\$30.00	\$36.88
\$275,000	\$22.00	\$29.56	\$33.00	\$40.56
\$300,000	\$24.00	\$32.85	\$36.00	\$44.25
<b>MONTHLY PREMIUM COST- (OH, SD, KY)</b>				
\$50,000	\$3.36	\$4.52	\$5.04	\$6.20
\$75,000	\$5.04	\$6.77	\$7.56	\$9.29
\$100,000	\$6.72	\$9.03	\$10.08	\$12.39
\$150,000	\$10.08	\$13.55	\$15.12	\$18.59
\$175,000	\$11.76	\$15.80	\$17.64	\$21.68
\$200,000	\$13.44	\$18.06	\$20.16	\$24.78
\$250,000	\$16.80	\$22.58	\$25.20	\$30.98
\$275,000	\$18.48	\$24.83	\$27.72	\$34.07
\$300,000	\$20.16	\$27.59	\$30.24	\$37.17

The fees for VitalGuard are specified in the membership agreements. Insurance benefit payments are subject to definitions, limitations, exclusions and other provisions within the Certificate(s). May not be available in all states. Underwritten by National Health Insurance Company. Review your entire policy packets for full benefit descriptions and definitions of your coverage. Effective dates are available for the 1st or 15th of the month, with a minimum 5 day advanced enrollment. For full details, limitations, exclusions, age limits, state availability, and definitions please refer to your benefit policy package or contact your NHIC Insurance Agent.

# BENEFIT DETAILS



VitalGuard provides the financial stability you need in times of crisis.

## ACCIDENTAL DISMEMBERMENT BENEFIT

VitalGuard will pay the percentage of the principal sum shown below in the Group Accident Certificate Schedule to compensate for the insured's covered injury occurring within 90 days of the covered accident.

## ACCIDENTAL DEATH BENEFIT

VitalGuard provides benefits based on the principal sum as shown in the Group Accident Certificate Schedule if the insured dies from a covered injury resulting directly and independently of all other causes from a covered accident. Death must occur within 90 days of the covered accident.

	Principal Sum Benefit
Primary	100 %
Spouse	50 %
Child	25 %

DISMEMBERMENT BENEFIT	Percent of Principle Face
Both Hands	100%
The Entire Sight of Both Eyes	100%
One Hand and One Foot	50%
One Hand or One Foot and Entire Sight of One Eye	50%
One Hand or One Foot	50%
Speech and Hearing in Both Ears	100%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand	25%
All the Toes of the Same Foot	25%

24 hour coverage provided. See Important information section for coverage definitions and limitations.

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# Important Information

## Covered Accident:

An unintended or unforeseeable bodily injury sustained by a covered person, wholly independent of disease, bodily infirmity, illness, infection or any other abnormal physical condition, from an accident the covered person sustains while covered under this Certificate. In addition the accident must not be excluded by name or specific description and has occurred while this Certificate was active and in force.

## Covered Injury:

Bodily harm from a covered accident that results directly and independently of all other causes.

## Covered Loss:

A loss that consists of ALL of the following:

- The result, directly and independently of all other causes, of a covered accident.
- Results in services or charges for which benefits are stated in the Group Accident Certificate Schedule.
- Said services and charges have occurred within the applicable time periods specified in this Certificate.

## Covered Person:

An eligible person, as defined in the Group Accident Certificate Schedule, for whom an enrollment form has been accepted by us and required premium has been paid when due, for whom coverage under this Certificate remains in force. The term covered person includes an eligible spouse and eligible dependent children as shown on the Group Accident Certificate Schedule.

## Dependent Child(ren):

Are any unmarried, natural children, step-children, legally adopted children or children placed into the Named Insured's custody for adoption (including a child for whom you are a party in a suit in which the adoption of the child is being sought), grandchildren who are in the named insured's legal custody or a child for whom You have received a court order requiring that you have financial responsibility for providing health insurance who are under the age of 26 years of age.

## Loss of all Toes of the Same Foot:

Complete severance of each toe or above the metatarsophalangeal joint of the same foot.

## Loss of Hearing:

Total and permanent deafness in both ears such that it cannot be corrected by any aid or device.

## Loss of Hand or Foot:

Complete severance through or above the wrist or ankle joint.

## Loss of Sight:

Total and permanent loss of sight in one or both eyes that is irrecoverable, including by surgical and artificial means.

## Loss of Speech:

Total and permanent loss of coherent, audible communication that is irrecoverable by natural, surgical or artificial means.

## Loss of Thumb and Index Finger of the Same Hand:

Complete severance of each through or above the metacarpophalangeal joint of both digits of the same hand.

## Questions/Inquiries:

Member Services  
(888) 781-0585

## Eligibility for Insurance:

To be eligible to enroll in the coverage, an individual must:

1. Be a member of an eligible class as defined on the Group Accident Certificate Schedule;
2. Be between 18 and 64 years of age at the time of enrollment;
3. Be a legal resident of the United States;
4. Not be in full-time service of the Armed Forces;
5. Not be eligible for Medicare;
6. Not receive disability or worker's compensation benefits.

