

# AFFORDABLE SICK AND ACCIDENT COVERAGE FOR FARMERS, SPOUSES AND EMPLOYEES

**Residing in PA & DE**

- **PAYS** when you are injured  
IN ANY ACCIDENT  
up to 18 mos. total disability.  
\$1,000 per month  
total up to  
\$18,000
- **PAYS** when you are  
SICK  
\$1,000 per month up to 12 mo.  
total up to  
\$12,000
- **PAYS** medical benefits for injury  
at home or doctors office  
up to \$100
- **PAYS** for ACCIDENTAL DEATH  
\$10,000 to your beneficiary

## ADDITIONAL IMPORTANT FEATURES OF THIS UNIQUE ACCIDENT POLICY!

- ✓ No Waiting Period For Accidents!
- ✓ Only A 7 Day Waiting Period For Illness!
- ✓ Full 24 Hour Coverage - On Or Off The Job
- ✓ Pays Regardless Of Other Insurance, Workmans Compensation, Or Medicare Plan
- ✓ Prompt, Courteous, Claim Service.

## THIS POLICY PAYS YOU REGARDLESS OF WHAT YOU COLLECT FROM ANY OTHER INSURANCE, WORKMANS COMPENSATION OR MEDICARE PLAN!

Your policy contains these exclusions: (1) in any part of the world except the United States of America, the District of Columbia, Alaska, Hawaii, Mexico or the Dominion of Canada; (2) while engaged in military or naval service of any country, or resulting from war or any act of war; (3) as the result of any mental or functional nervous disorders; (4) as the result of suicide or any attempt thereat; (5) Normal Pregnancy, Childbirth or Miscarriage; (6) Any loss resulting from hernia shall be considered as a sickness within the meaning of this policy; (7) as the result of an accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare paying passenger; (8) any premium paid to the Company for any period wherein it is terminated by reason of the Insured's entering the military or naval service of any country will be returned pro rata to the Insured upon request.

The policy may be renewed, from term to term, by the payment of an annual, semi-annual, quarterly or monthly premium as shown by the premium receipt, upon the consent of the Company evidenced by its acceptance of the premium.

Benefits are payable after the policy date.  
This is an outline - Not a contract.

**FOR MORE INFORMATION CALL TOLL FREE: 800-777-0490 or FAX 410-420-9339**

### Application Request Form

The Information you provide will be kept in strict confidence.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_

AMOUNT OF MONTHLY BENEFIT DESIRED? \$500 \$700 \$1000

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Beneficiary \_\_\_\_\_ Age \_\_\_\_\_

The best time to call is:  Morning  Afternoon  Evening ( Work  Home)

I wish to pay my premiums:  Annually  Semi-Annually  Monthly Bank Draft

Please send additional application for:

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_  Male  Female

Amount of Insurance Desired \_\_\_\_\_

Comments: \_\_\_\_\_

### UNDERWRITTEN BY: NATIONAL SAFETY LIFE INSURANCE COMPANY

A Member of the Philanthropic  
Insurance Companies

170 W. Germantown Pike  
Suite C-1

Norristown, PA 19401

For Additional Information On These  
Please Check

- \_\_\_\_\_ Almost Guarantee Issue Life
- \_\_\_\_\_ 1st Day All Accident Disability
- \_\_\_\_\_ Affordable Cancer Coverage
- \_\_\_\_\_ Affordable Hospital Indemnity