

# AMERICAN HERITAGE LIFE INSURANCE COMPANY

Jacksonville, Florida  
(the "Company")

## ENDORSEMENT

This Endorsement is made a part of the Group Certificate to which it is attached. It is subject to all of the provisions, limitations and exclusions of the Group Policy not inconsistent with this Endorsement. This certifies that, effective January 1, 2017, the Group Policy has been amended requiring the following changes in your certificate:

- I. The "Follow-Up Treatment" benefit in the BENEFIT INFORMATION section is deleted and replaced with the following:

**B. Follow-Up Treatment:** We pay \$50 per follow-up visit when a covered person requires additional follow-up treatment after receiving emergency treatment for which a benefit is paid under Immediate Care (benefit A). Follow-up treatment must be administered by a physician in a physician's office or in a hospital on an outpatient basis. Follow-up treatment must begin within 30 days of the covered accident or discharge from the hospital. This benefit is payable for 1 follow-up treatment per day for a maximum of 6 treatments, per covered person, per covered accident. This benefit is not payable for treatments for which the Physical Therapy benefit (benefit Q) is paid.

- II. The "Dislocations" benefit in the BENEFIT INFORMATION section is deleted in its entirety and replaced with the following:

**F. Dislocation:** We pay the benefit amount shown in the chart below when a covered person sustains a dislocation as a result of a covered accident. This benefit is payable for only the first dislocation of a joint. If a covered dislocation is reduced with local anesthesia or no anesthesia by a physician, we will pay 25% of the benefit amount shown in the chart below. This benefit is payable for a maximum of 2 covered dislocations per covered person, per covered accident. If more than 2 dislocations occur during a covered accident, we will pay benefits for the 2 dislocations with the largest dollar amount benefits.

<u>Joint</u>	<u>Benefit Amount</u>
Hip	\$3,000
Collar bone	\$1,200
Knee or shoulder	\$750
Ankle or foot (excluding toes)	\$750
Lower jaw	\$750
Wrist or elbow	\$600
Toe or finger	\$150

- III. The "Fractures" benefit in the BENEFIT INFORMATION section is deleted and replaced with the following:

**K. Fractures:** We pay the benefit amount shown in the chart below when a covered person sustains a fracture corrected by open or closed repair as a result of a covered accident. This benefit is payable for no more than 2 fractures per covered person, per covered accident. If more than 2 fractures occur during a covered accident, we will pay benefits for the 2 fractures with the largest dollar amount benefits.

<u>Fracture</u>	<u>Benefit Amount</u>
Hip	\$3,000
Skull	
depressed	\$2,250
simple	\$750
Leg	\$1,500
Rib	\$1,500
Vertebrae (body of), pelvis (excluding coccyx), or sternum	\$1,500
Vertebral processes	\$1,500
Clavicle	\$1,200

<u>Fracture</u>	<u>Benefit Amount</u>
Upper jaw, upper arm, or face (excluding nose)	\$900
Hand (excluding fingers)	\$750
Foot (excluding toes/heel)	\$750
Lower jaw	\$750
Nose, heel, or finger	\$750
Shoulder blade or forearm	\$750
Wrist, elbow, ankle, or kneecap	\$750
Coccyx	\$300
Toe	\$300

We pay 25% of the amounts shown for chip fractures or other fractures not corrected by open or closed repair.

IV. The "Surgical Procedures" benefit in the BENEFIT INFORMATION section is deleted and replaced with the following:

- O. Surgical Procedures:** We pay the benefit amount shown in the chart below if a covered person requires a surgical procedure as a result of a covered accident. Two or more surgical procedures performed through the same incision or entry point are considered 1 operation; we pay the amount for the procedure with the largest dollar amount benefit. Surgery must be performed within 1 year of a covered accident. Miscellaneous surgery is surgery that requires general anesthesia and is not covered by any other specific surgery benefit listed below. The miscellaneous surgery benefit is payable only once per 24 hour period even though more than 1 surgery or procedure may be performed.

<u>Surgery</u>	<u>Benefit Amount</u>
Open abdominal (including exploratory laparotomy), cranial, hernia, or thoracic surgery	\$1,400
Ruptured discs	\$700
Tendons and/or ligaments	\$700
Torn knee cartilages	\$700
Torn rotator cuffs	\$700
Arthroscopy without surgical repair	\$350
Miscellaneous surgery	\$350

V. The "Major Diagnostic Exams" benefit in the BENEFIT INFORMATION section is deleted and replaced with the following:

- P. Major Diagnostic Exams:** We pay \$200 if a covered person requires 1 of the following exams as a result of a covered injury: CT (computerized tomography) scan; MRI (magnetic resonance imaging); or EEG (electroencephalogram). The exam must be performed in a hospital, a physician's office, or an ambulatory surgical center. This benefit is limited to 1 payment per calendar year, per covered person.

VI. The "Physical Therapy" benefit in the BENEFIT INFORMATION section is deleted and replaced with the following:

- Q. Physical Therapy:** We pay \$50 per day for physical therapy if a covered person receives physical therapy as a result of a covered injury. Therapy must be prescribed by a physician and begin within 30 days of the covered accident or discharge from the hospital and be received within the first 6 months after the covered accident or discharge from the hospital. This benefit is payable for 1 treatment per day for a maximum of 10 treatments per covered accident, per covered person. This benefit is not payable for treatments which the Follow-Up Treatment benefit (benefit B) is paid.

All other requirements of the policy and/or certificate not specifically stated within this endorsement still apply.



Secretary