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# disability income benefits

Policy Form PPAD86 or State Edition

Professional Insurance Company  
In California, PIC Life Insurance Company



## ***Epecially Designed for the Employees of WILEY SANDERS TRUCK LINES, INC.***

Occ II  
Employee Plan

### **DISABILITY INCOME**

Pays a monthly income when you are injured and unable to work beginning with the **15<sup>th</sup> day** for accidents and beginning the **15<sup>th</sup> day** you are sick. If you are hospitalized for a covered sickness, benefits will begin on the first day admitted. Pays 50% of the benefit if Workers' Compensation pays.

<b>\$400</b>	<b>\$600</b>	<b>\$800</b>	<b>\$1,000</b>
<i>per month</i>	<i>per month</i>	<i>per month</i>	<i>per month</i>
<i>up to</i>	<i>up to</i>	<i>up to</i>	<i>up to</i>
<i>one (1) year</i>	<i>one (1) year</i>	<i>one (1) year</i>	<i>one (1) year</i>

### **HOSPITAL INDEMNITY (Accident & Sickness)**

Pays a daily benefit amount for each day you are confined to a Hospital (24Hours) as the result of a covered injury or sickness, for up to 365 days.

<b>\$1,200</b>	<b>\$1,200</b>	<b>\$1,200</b>	<b>\$1,200</b>
<i>per month</i>	<i>per month</i>	<i>per month</i>	<i>per month</i>
<i>up to 1 year</i>	<i>up to 1 year</i>	<i>up to 1 year</i>	<i>up to 1 year</i>

### **EMERGENCY ACCIDENT**

Pays you if you are injured and receive emergency medical treatment within 72 hours of the covered injury by a Physician in a Hospital Emergency Room or Physician's Office. We will pay the actual cost of such treatment up to the benefit amount purchased. We will pay for up to four covered accidents in a calendar year.

<b>up to</b>	<b>up to</b>	<b>up to</b>	<b>up to</b>
<b>\$100</b>	<b>\$100</b>	<b>\$100</b>	<b>\$100</b>

*The above benefits are available for a Premium of:*

<b>Monthly</b> .....	<b>\$26.15</b>	<b>\$36.15</b>	<b>\$46.15</b>	<b>\$56.15</b>
<b>Weekly</b> .....	<b>\$6.04</b>	<b>\$8.35</b>	<b>\$10.66</b>	<b>\$12.97</b>

<b>MINIMUM ISSUE</b>	<b>\$300 per month</b>
<b>MAXIMUM ISSUE</b>	<b>\$1500 per month</b>

**(Monthly benefit may not exceed 66 2/3% of Income.)**  
**Monthly Rate per \$100 of Benefit = \$5.75**

### **OPTIONAL WEEKLY RATES:**

**TO ADD FAMILY TO EMERGENCY ACCIDENT BENEFIT:**

**Spouse - \$0.27**

**Family - \$0.54**

**Waiver of Premium -** All premiums that are due after you have received disability benefits for 90 days will be waived for as long as benefits are payable at no additional charge (Wavier of Premium not available with 90 day Benefit Period).