



# ACCIDENT-ONLY INSURANCE COVERAGE — OUTLINE OF COVERAGE

## THE POLICY PROVIDES LIMITED BENEFITS

**BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO  
COVER ALL MEDICAL EXPENSES**

*For Policy Form 50AD*

### READ YOUR POLICY CAREFULLY

This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

### ACCIDENT-ONLY COVERAGE

Policies of this category are designed to provide coverage for certain losses resulting from a covered accident **ONLY**, subject to any limitations contained in the policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

### ACCIDENTAL DEATH BENEFIT

If, while insured under this policy, an *insured person* sustains an *injury* which results in death within 365 days following the date of the *injury*, we will pay the Accidental Death Benefit shown on the policy schedule.

### COMMON CARRIER ACCIDENTAL DEATH BENEFIT

Your policy may contain a common carrier accidental death benefit. If, while insured under this policy, an *insured person* sustains an *injury* while riding as a fare-paying passenger on a *common carrier* which results in death within 365 days following the date of the *injury*, we will pay a common carrier accidental death benefit. The common carrier accidental death benefit is shown on the policy schedule. This benefit is payable in addition to the accidental death benefit.

### AUTO/PEDESTRIAN ACCIDENTAL DEATH BENEFIT

Your policy may contain an auto/pedestrian accidental death benefit. If, while insured under this policy, an *insured person* sustains an *injury*:

- (a) while driving or riding in any *private automobile*; or
- (b) when struck by any motor vehicle ordinarily operated on public streets and highways

and such *injury* results in death within 365 days following the date of *injury*, we will pay an auto/pedestrian accidental death benefit. The auto/pedestrian accidental death benefit is shown on the policy schedule. This benefit is payable in addition to the accidental death benefit.

### EXCLUSIONS

Your policy pays benefits only for loss resulting from *injuries*. We will not pay benefits for:

- (a) death that occurs while this policy is not in force;
- (b) death resulting directly or indirectly from disease or bodily infirmity;
- (c) death resulting from an act of declared or undeclared war;
- (d) death that occurs while serving in the armed forces;
- (e) death caused by intentionally self-inflicted *injury*, while sane or insane;
- (f) death caused by an *insured person's* suicide or attempted suicide, while sane or insane;
- (g) death resulting from an *insured person's* commission or attempted commission of a felony;

- (h) death resulting from an *insured person's* being intoxicated (as determined and defined by the laws of the jurisdiction in which the loss or cause of loss occurred; for the purposes of this exclusion, the laws governing the operation of motor vehicles while intoxicated will apply);
- (i) death resulting from an *insured person's* being under the influence of any controlled substance (except for narcotics given on the advice of a physician);
- (j) death resulting from a moving vehicle accident occurring while an *insured person* is engaged in a contest of speed, organized or not; or
- (k) death resulting from flying in an aircraft unless sustained as a passenger (not as a pilot, operator or a member of the crew).

### **GUARANTEED RENEWABLE TO AGE 80**

Your policy is guaranteed renewable until you reach *age 80*. This means you have the right to continue your policy until you reach *age 80*. Unless there has been a *material misrepresentation*, we cannot cancel your policy during that time as long as you pay the required premium before the end of each grace period.

### **PREMIUMS CAN CHANGE**

We may change the premium for your policy. However, we cannot make any premium change unless we make the same change to all policies of this form issued to persons of the same *class*. We will give you 45 days advance written notice before any premium change. Your premium will not increase during the first five years following the *policy date*.

**Mutual of Omaha Insurance Company  
Notice of Information Practices**

In the course of properly underwriting and administering your insurance coverage, we will rely heavily on information provided by you. We may also collect information from others, such as medical professionals who have treated you, hospitals, other insurance companies, and consumer reporting agencies.

In certain circumstances, and in compliance with applicable law, we or our reinsurers may also release your personal or privileged information in our/their files, to third parties without your authorization. Upon request, you have the right to be told about and to see a copy of items of personal information about you which appear in our files, including information contained in investigative consumer reports. You also have the right to seek correction of personal information you believe to be inaccurate.

In compliance with applicable law, we or our reinsurers may also release information in our/their files, including information in an application, to other insurance companies to which you apply for life or health insurance or to which a claim is submitted.

So that there will be no question that the insurance benefits will be payable at the time a claim is made, we urge you to review your application carefully to be sure the answers are correct and complete.

**THE ABOVE IS A GENERAL DESCRIPTION OF OUR INFORMATION PRACTICES. IF YOU WOULD LIKE TO RECEIVE A MORE DETAILED EXPLANATION OF THESE PRACTICES, PLEASE SEND YOUR REQUEST TO: MUTUAL OF OMAHA INSURANCE COMPANY, DIRECTOR OF INDIVIDUAL UNDERWRITING, MUTUAL OF OMAHA PLAZA, OMAHA, NE 68175.**

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