**Hospital Indemnity**

“This [policy] [certificate] pays fixed dollar benefits for covered hospitalization resulting from a sickness or injury.  The benefit amounts are not based on the cost of your medical expenses. These benefits are designed to be paid to the [policyholder] [certificate holder]. They are not intended to be paid directly to providers.  This [policy] [certificate] is supplementary and not intended to replace major medical insurance. Read the description of benefits provided along with your [enrollment form /application} carefully.

**Other Fixed Indemnity**

“This [policy] [certificate] pays fixed dollar benefits for covered events resulting from a sickness or injury.  The benefit amounts are not based on the cost of your medical expenses. These benefits are designed to be paid to the [policyholder] [certificate holder]. They are not intended to be paid directly to providers.  This [policy] [certificate] is supplementary and not intended to replace major medical insurance. Read the description of benefits provided along with your [enrollment form /application} carefully.

**Disability Income**

“This [policy] [certificate] provides periodic payments [weekly, bi-weekly, or monthly] for a specific period of time while you are disabled from a covered sickness or injury.   Read the description of benefits provided along with your [enrollment form/application] carefully.

**Accident**

“This [policy] [certificate] pays benefits for covered injuries from a covered accident.  It does not provide benefits resulting from sickness. These benefits are designed to be paid to the [policyholder] [certificate holder]. They are not intended to be paid directly to providers. This [policy] [certificate] is supplementary and not intended to replace major medical insurance. Read the description of benefits provided along with your [enrollment form /application] carefully.

**Specified Disease**

“This [policy] [certificate] pays limited benefits as a result of the diagnosis or treatment of a covered disease specified in the [policy] [certificate].  These benefits are designed to be paid to the [policyholder] [certificate holder].   They are not intended to be paid directly to providers. This [policy] [certificate] is supplementary and not intended to replace major medical insurance. Read the description of benefits provided along with your [enrollment form /application] carefully.

**Specified Accident**

“This [policy] [certificate] provides benefits for a specifically identified type of accident as named in the policy.  It does not provide benefits resulting from sickness. These benefits are designed to be paid to the [policyholder] [certificate holder]. They are not intended to be paid directly to providers. This [policy] [certificate] is supplementary and not intended to replace major medical insurance. Read the description of benefits provided along with your [enrollment form /application] carefully.

**Limited Benefit**

“The [policy] [certificate] pays limited benefits as a result of a covered event as specified in the [policy] [certificate]. These limited benefits are designed to be paid to the[policyholder] [certificate holder].   They are not intended to be paid directly to providers.  This [policy] [certificate] is supplementary and not intended to replace major medical insurance. Read the description of benefits provided along with your [enrollment form /application] carefully.