



UnumProvident's accident insurance offers you and your family the following benefits. Due to specific laws in the state of Washington, some of your policy's benefit amounts may vary. Please refer to the chart below for the benefit amounts payable for covered accidents and accident-related expenses in your state.

Accident/Injury	Benefit Amount	Accident/Injury	Benefit Amount
Accidental death		Fractures	
employee	\$20,000	open	up to \$5,000
spouse	\$10,000	closed	up to \$2,500
child	\$5,000	chips	25% of closed amount
The accidental death benefit doubles if the insured is injured as a fare-paying passenger on a common carrier. Employee – \$40,000; Spouse – \$20,000; Child – \$10,000		Hospital admission (per admission)	\$750
Ambulance	\$100	Hospital confinement (per day up to 365 days)	\$200
air ambulance	\$500	Hospital intensive care unit (per day up to 15 days)	\$400
Appliance	\$100	Knee cartilage (torn)	\$250
Blood, plasma and platelets	\$300	exploratory	\$100
Burns		Laceration	\$25-\$400
Flat amount for 2nd degree for 36% or more of body	\$750	Lodging (per night up to 30 days)	\$100
3rd degree for 36% or more of body, 9-34 sq. in.	\$1,500	Loss of finger, toe, hand, foot or sight of an eye	
35 or more sq. in.	\$10,000	loss of both hands, feet, sight of both eyes, or any combination of two or more losses	\$15,000
skin grafts	25% of burn benefit	loss of one hand, foot or sight in one eye	\$7,500
Catastrophic accident (loss of use of sight, hearing, speech, arms or legs)*		loss of two or more fingers, toes or any combination of two or more losses	\$1,500
employee <65 years	\$100,000	loss of one finger or toe	\$750
spouse or child <65 years	\$50,000	Physical therapy (6 treatments)	\$25 per treatment
age 65-69	Amount reduced 50%	Prosthetic device or artificial limb	
age 70+	Amount reduced 75%	one	\$500
Concussion	\$100	more than one	\$1,000
Dental work, emergency		Ruptured disc	\$400
extraction	\$50	Surgery benefit (open abdominal, thoracic)	\$1,000
crown	\$150	exploratory	\$100
Dislocations		Tendon/ligament and rotator cuff	
open	up to \$4,000	repair of one	\$400
closed	up to \$2,000	repair of more than one	\$600
Doctor's office initial visit	\$50	exploratory only	\$100
Emergency room treatment (includes X-rays)	\$100	Transportation (100+ miles up to 3 trips)	\$300
Eye injury			
requires surgery or removal of foreign body	\$200		
Follow-up treatment for accident			
initial follow-up visit	\$50		

*Benefits are payable after fulfilling a 365-day elimination period.

Underwritten by the following subsidiary of UnumProvident Corporation:
Provident Life and Accident Insurance Company
 1 Fountain Square, Chattanooga, TN 37402
 www.unumprovident.com

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The base plan is an accident-only policy. The policy has exclusions and limitations which may affect any benefits payable. See the policy or your UnumProvident representative for specific provisions and details of availability.

This information is not intended to be a complete description of the insurance coverage available and some coverage options may not be available in all states. For complete details of coverage, please refer to Policy Form L-21762.

For use in Washington only. THIS IS A LIMITED POLICY.