



ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

Upon receipt and approval of due proof that the Participant suffers any Loss within ninety (90) days from the date of Accident, We will pay a benefit or benefits in accordance with the Schedule of Benefits below.

SCHEDULE OF BENEFITS

DESCRIPTION OF BENEFITS/LOSS	BENEFITS (% OF SUM COVERED WITH RESPECT TO ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT)
A. Accidental Death	100
B. Permanent Disability	
1. Loss of two limbs	100
2. Loss of both hands, or all fingers and both thumbs	100
3. Total loss of sight of both eyes	100
4. Total paralysis	100
5. Loss of sight of one eye	50
6. Loss of arm	
(a) at shoulder	100
(b) between shoulder and elbow	100
(c) at elbow	100
(d) between elbow and wrist	100
(e) at wrist	100
7. Loss of leg	
(a) at hip	100
(b) between knee and hip	100
(c) below knee	100
8. Loss of hearing	
(a) both ears	75
(b) one ear	15
9. Loss of speech	50
10. Loss of fingers	
(a) Four fingers and thumb of one hand	50
(b) Four fingers of one hand	40
(c) Thumb	
• both phalanges	25
• one phalanx	10
(d) Index finger	
• three phalanges	10
• two phalanges	8

<ul style="list-style-type: none"> • one phalanx 	4
(e) Middle finger	
<ul style="list-style-type: none"> • three phalanges 	6
<ul style="list-style-type: none"> • two phalanges 	4
<ul style="list-style-type: none"> • one phalanx 	2
(f) Ring finger	
<ul style="list-style-type: none"> • three phalanges 	5
<ul style="list-style-type: none"> • two phalanges 	4
<ul style="list-style-type: none"> • one phalanx 	2
(g) Little finger	
<ul style="list-style-type: none"> • three phalanges 	4
<ul style="list-style-type: none"> • two phalanges 	3
<ul style="list-style-type: none"> • one phalanx 	2
(h) Metacarpals	
<ul style="list-style-type: none"> • first or second (additional) 	3
<ul style="list-style-type: none"> • third, fourth or fifth (additional) 	2
(i) Toes	
<ul style="list-style-type: none"> • all of one foot 	15
<ul style="list-style-type: none"> • great, both phalanges 	5
<ul style="list-style-type: none"> • great one phalanx 	2
<ul style="list-style-type: none"> • other than great if more than one toe lost, each 	1

Any other form of permanent disablement not stated in the Schedule of Benefits will be assessed at Our sole and absolute discretion, and any proportion of the sum covered payable will be in accordance with such rates of compensation as opined by Our medical practitioner.

CONDITION FOR PAYMENT OF BENEFITS

The aggregate amount of benefits payable under the Schedule of Benefits above taken together will not exceed one hundred percent (100%) of the Sum Covered with respect to Accidental Death and Dismemberment Benefit.