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NOTICES TO THE PROPOSED INSURED

SAMPLE
BRONZE PLAN

American General Life Insurance Company, Houston, TX

This notice is provided on behalf of American General Life Insurance Company ("The Company") and American General Life Companies LLC, an affiliated service company.

FAIR CREDIT REPORTING ACT

Pursuant to the Federal Fair Credit Reporting Act, as amended (15 U.S.C. 1681d), notice is hereby given that, as a component of our underwriting process relating to your application for life insurance or health insurance, the Company may request an investigative consumer report that may include information about your character, general reputation, personal characteristics and mode of living.

This information may be obtained through personal interviews with your neighbors, friends, associates and others with whom you are acquainted or who may have knowledge concerning any such items of information. You have a right to request in writing, within a reasonable period of time after receiving this notice, a complete and accurate disclosure of the nature and scope of the investigation the Company requests. You should direct this written request to the Company at:

P.O. Box 1931
Houston, TX 77251-1931

Upon receipt of such a request, the Company will respond by mail within five business days.

MEDICAL INFORMATION BUREAU

Information regarding your insurability will be treated as confidential. The Company or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

The Company, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

INSURANCE INFORMATION PRACTICES

To issue an insurance policy, we need to obtain information about you. Some of that information will come from you, and some will come from other sources. This information may in certain circumstances be disclosed to third parties without your specific authorization as permitted or required by law. You have the right to access and correct this information, except information that relates to a claim or a civil or criminal proceeding.

Upon your written request, the Company will provide you with a more detailed written notice explaining the types of information that may be collected, the types of sources and investigative techniques that may be used, the types of disclosures that may be made and the circumstances under which they may be made without your authorization, a description of your rights to access and correct information and the role of insurance support organizations with regard to your information.

If you desire additional information on insurance information practices you should direct your requests to the Company at: American General Life Companies LLC, P.O. Box 1931, Houston, TX 77251-1931

TELEPHONE INTERVIEW INFORMATION

To help process your application as soon as possible, the Company may have one of its representatives call you by telephone, at your convenience, and obtain additional underwriting information.

USA PATRIOT ACT (This notice is printed in compliance with Section 326 of the USA Patriot Act)

IMPORTANT INFORMATION ABOUT PROCEDURES FOR APPLYING FOR AN INSURANCE POLICY OR ANNUITY CONTRACT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions, including insurance companies, to obtain, verify, and record information that identifies each person who opens an account, including an application for an insurance policy or annuity contract.

What this means for you: When you apply for an insurance policy or annuity contract, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

American General

Life Companies

Effective Date: April 14, 2003

NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL
INFORMATION ABOUT YOU MAY BE USED AND
DISCLOSED AND HOW YOU CAN GET ACCESS TO
THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

**THIS NOTICE IS PROVIDED TO YOU FOR
INFORMATIONAL PURPOSES ONLY. YOU ARE NOT
REQUIRED TO CALL OR TAKE ANY ACTION IN
RESPONSE TO THIS NOTICE.**

This Notice applies to the individual health and long term care insurance business of American General Life Insurance Company of Delaware, American General Life and Accident Insurance Company, American General Life Insurance Company, American International Life Assurance Company of New York, Delaware American Life Insurance Company, Pacific Union Assurance Company, and The United States Life Insurance Company in the City of New York (collectively the "Company").

As used in this Notice, "Personal Health Information" means individually identifiable information about you including demographic information (like your name, address and gender) which is collected from you or from members of the health care industry (like doctors or employee benefit plans) and relates to your health, health care provided to you, or payment for health care provided to you.

This Notice will tell you about the ways we use and disclose your Personal Health Information for underwriting, claims administration, plan of care, other payment and health care operations matters, and other circumstances as either required or permitted by law. For purposes of this Notice, "health care operations" means our business operations relating to health and long term care insurance coverage. Please note that not all of the companies listed above necessarily issue both health and long term care insurance policies. To the extent that applicable state law further limits or restricts the uses and disclosures discussed below, we will comply with the more stringent state law. Except as outlined below, we cannot use or disclose your Personal Health Information without your written authorization.

We are required by law to: maintain the privacy of your Personal Health Information, give you this Notice of our legal duties and privacy practices, and abide by the terms of this Notice as long as it remains in effect.

We reserve the right to change any of our privacy practices and the terms of this Notice and to apply our updated privacy practices to all Personal Health Information maintained by us or by those who work on

our behalf. In the event of a material change to our Notice, a revised Notice will be sent to all affected policyholders.

USES AND DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION

For Plan of Care: We may disclose information to doctors, dentists, pharmacies, hospitals and other health care providers who take care of you. For example, doctors may request medical information from us to supplement their own records. We may also send certain information to doctors for patient safety or other treatment-related issues.

For Claim Payments and Processing: We may use and disclose your Personal Health Information as necessary for benefit verification and claim payment purposes. For instance, we may use information regarding services you receive from health care providers (such as physicians) to process and pay claims.

For Business Operations: We may use and disclose your Personal Health Information as necessary, and as permitted by law, for our health care operations which include but are not limited to underwriting, premium rating, premium collection, customer service, payment of commissions, reinsurance, compliance, auditing, and other functions related to the administration of your health and/or long term care insurance coverage.

For example:

- **Collection of Information:** To properly underwrite and administer your insurance coverage, we collect medical and non-medical personal information such as your age, occupation, physical condition, and health history, including drug and alcohol usage. You are our most important source of information; however, we may also collect or verify information by contacting the following sources: consumer reporting agencies, the Medical Information Bureau Inc., insurance companies to which you have applied for coverage (including the Company), and medical professionals and facilities which have provided services to you.
- **Business Associates:** Certain services are performed through contracts with outside persons or organizations, such as underwriting support services, actuarial services, legal services, care coordination services, etc. At times it may be necessary for us to disclose your Personal Health Information to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we require these business associates to appropriately maintain the privacy of your information.
- **Agents:** In order to allow your agent to serve you, we may provide the agent with copies of certain

correspondence we send to you, including our declination of your application, our offer of coverage to you at a higher than standard rate, our offer to accept your application with modifications to the benefits you requested, your replacement of your policy, or your cancellation of your policy. We may also provide certain information to the agent necessary for determining payments to the agent or notify the agent when you submit a claim.

• **Family, Friends and Others Involved in Your Care:**

We may from time to time disclose your Personal Health Information to family, friends, and others (such as your designees) who are involved in your care or in payment for your care in order to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited Personal Health Information with such individuals. We may also disclose limited Personal Health Information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you. You have the right to stop or limit these disclosures.

• **Service-Related Uses and Marketing:** We may contact you to provide information on payment of your claims, or information about health-related benefits and services that may be of interest to you. We will not use your Personal Health Information for marketing non-health products without your authorization.

Other Uses and Disclosures: In some circumstances, such as those described below, we may disclose your Personal Health Information to third parties without your authorization:

- We may release your Personal Health Information for any purpose allowed by law;
- We may release your Personal Health Information to law enforcement officials as allowed by law to report wounds, injuries, and crimes;
- We may release your Personal Health Information for public health activities, such as permitted reporting of disease, injury, death, and for required public health investigations;
- We may release your Personal Health Information as required by law if we believe you to be a victim of abuse, neglect, or domestic violence;
- If you are covered under a group plan, we may release your Personal Health Information to your plan sponsor as permitted by the group health plan and as provided for in the group health plan's notice of privacy practices if required. However, prior to any such disclosure the plan sponsor must certify that the information provided will be maintained in a confidential manner and not used for employment

related decisions or in connection with any other benefit or benefit plan of the plan sponsor, or in any other manner not permitted by law;

- We may release your Personal Health Information if allowed by law to a government oversight agency conducting audits, investigations (such as investigations into consumer complaints), or civil or criminal proceedings;
- We may release your Personal Health Information if required to do so by a court or administratively ordered subpoena or discovery request;
- We may release your Personal Health Information for certain research purposes when such research is approved by an institutional review board with established rules to ensure privacy;
- We may release your Personal Health Information if you are a member of the military as required by armed forces services. We may also release your Personal Health Information if necessary for national security, intelligence activities, disaster relief purposes, to avert a serious threat to health or safety, or for the protection of the President and others;
- We may release your Personal Health Information to workers' compensation agencies if necessary for your workers' compensation benefit determination;
- We may release your Personal Health Information to coroners, medical examiners, and funeral directors if needed, for example, to identify a deceased person. We may also release your Personal Health Information to organ or tissue procurement organizations, consistent with applicable law;
- We may release your Personal Health Information to a correctional institution if you are or become an inmate of a correctional institution;
- We may release your Personal Health Information to non-affiliated organizations or persons such as other insurance institutions, agents, insurance support organizations, or law enforcement and governmental authority as necessary to prevent criminal activity, fraud, material misrepresentation, or material nondisclosure in connection with your coverage or application for coverage; and
- We may release your Personal Health Information to any affiliated company. Such company's use will be limited to use in connection with a compliance audit, market conduct audit, or other compliance or regulatory activity.

YOUR RIGHTS REGARDING YOUR PERSONAL HEALTH INFORMATION

You have the following rights:

- To copy and/or inspect much of the Personal Health Information that we retain on your behalf. All requests must be made in writing and signed by you or your representative. We may charge a reasonable fee for copies and postage and, in certain cases, may deny your request.

- To request that we send communications of Personal Health Information about you by alternative means or to alternative locations, if all or part of that information could endanger you. For example, you may ask that we contact you at home, rather than work. We will accommodate reasonable requests.
- To request in writing that Personal Health Information that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests, in order to be considered by us, must be in writing, signed by you or your representative, and must state the reasons for the amendment/correction request. If an amendment or correction you request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary.
- To receive a list of certain disclosures made by us of your Personal Health Information. The list will not include our disclosures related to payment or health care operations, disclosures made to you or with your authorization, or certain other disclosures, such as for national security purposes. Your request for a listing of disclosures must be in writing and must state a time period for which you want an accounting. This time period may not be longer than six years and may not include dates before April 14, 2003. The first accounting in any 12-month period is free. You will be charged a reasonable fee for each subsequent accounting you request within the same 12-month period.
- To request restrictions on certain of our uses and disclosures of your Personal Health Information for plan of care, payment, or health care operations by notifying us of your request for a restriction in writing. Your request must describe in detail the restriction you are requesting. We are not required to agree to your restriction request but will attempt to accommodate reasonable requests when appropriate. We retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction.
- To receive a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy.
- If you have signed an authorization for uses and disclosures not related to payment or health care operations, you have the right to revoke that authorization in writing at any time, except to the extent that we have taken action in reliance of such authorization, or if other law provides us with the right to contest a claim under the policy itself.

If you would like to exercise a right discussed in this Notice, please send your written request to the appropriate address below:

For policies issued or serviced by *American General Life and Accident Insurance Company*

Director, Compliance
American General
Life and Accident
Insurance Company
268N American
General Center
Nashville, TN 37250

For policies issued or serviced by *all other companies covered by this Notice*

Chief Compliance Officer
American General
Life Companies
2929 Allen Parkway
Houston, TX 77019

COMPLAINTS

If you believe your privacy rights have been violated, please send your written complaint to the appropriate address below:

For policies issued or serviced by *American General Life and Accident Insurance Company*

Director, Compliance
American General
Life and Accident
Insurance Company
268N American
General Center
Nashville, TN 37250

For policies issued or serviced by *all other companies covered by this Notice*

Chief Compliance Officer
American General
Life Companies
2929 Allen Parkway
Houston, TX 77019

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C., in writing within 180 days of a violation of your rights. We will not retaliate against you for filing a complaint.

FOR FURTHER INFORMATION

If you have questions or need further assistance regarding this Notice, you may contact us at the appropriate address below:

For policies issued or serviced by *American General Life and Accident Insurance Company*

Customer Service
American General Life and
Accident Insurance
Company
338N American General
Center
Nashville, TN 37250
Telephone: 1-800/888-2452

For policies issued or serviced by *all other companies covered by this Notice*

American General Life
Companies Service Center
P. O. Box 4373
Houston, TX 77210-4373
Telephone: 1-800/231-3655

ACCIDENT COVERAGE OUTLINE OF COVERAGE

Policy Form 04120

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

Accident only coverage is designed to provide Insured Persons with coverage for certain losses resulting from a covered accident ONLY, subject to any exclusions contained in the policy. Coverage is not provided for any loss due to sickness. Coverage is not provided for basic hospital, basic medical-surgical or major medical expenses.

Guaranteed Renewable To Age 75

Your policy may be continued by paying the appropriate premiums when they are due. A Grace Period of 31 days will be granted for each premium payment after the first. The Company retains no right to restrict your benefits after the policy has been issued. The premiums can be changed on a class basis only. Any such change will be based on the Insured's age at the Date of Issue. Such change will not become effective until you have been notified in writing.

Termination Date

Coverage under the policy for each Insured Person will terminate on the policy anniversary on or next following the date that Insured Person reaches the maximum coverage age. The maximum coverage age for the Insured and Insured Spouse is age 75. The maximum coverage age for an Insured Child is explained in the policy. The policy can be continued for the remaining Insured Person after coverage has been terminated for an Insured Person due to reaching the maximum coverage age.

The policy will terminate:

- (a) on the policy anniversary on or next following the date that the last Insured Person reaches their maximum coverage age;
- (b) on any premium due date requested by you in writing;
- (c) at the end of the Grace Period, if any renewal premium is not paid prior to that time; or
- (d) at the end of the month in which the Insured dies.

**American General Life
Insurance Company**

A subsidiary of American International Group, Inc.

BENEFITS OF THE POLICY

We will pay the applicable Principal Sum for the Benefits summarized below for Accidental Injuries, subject to the policy's terms, limitations and exclusions. If the policy is issued with a Non-Occupational Coverage Only Endorsement, it would exclude coverage under the policy and any rider(s) for any injury that occurs while the Insured is performing any duties of his or her Regular Occupation. However, that Endorsement would not limit or change coverage under the policy or any rider(s) regarding any Insured Spouse or Insured Child.

Number of Units: 1

THE PRINCIPAL SUM FOR EACH BENEFIT IS CALCULATED BY MULTIPLYING THE NUMBER OF UNITS SHOWN ABOVE BY THE APPLICABLE BENEFIT AMOUNT PER UNIT SHOWN BELOW.

BENEFIT	BENEFIT AMOUNT PER UNIT		
	Insured	Insured Spouse	Insured Child
Accidental Death (Within 90 Days Following Accidental Injury)	\$25,000	\$5,000	\$1,000
Common Carrier or School Bus Accidental Death (if paid, Accidental Death above will Not be paid) (Within 90 Days Following Accidental Injury while riding as a passenger)	\$50,000	\$10,000	\$2,000
Dismemberment (Within 90 Days Following Accidental Injury)			
For Loss of:			
Both Eyes	\$15,000	\$7,500	\$2,500
Both Hands or Arms	\$15,000	\$7,500	\$2,500
Both Feet or Legs	\$15,000	\$7,500	\$2,500
One Hand or Arm and One Foot or Leg	\$15,000	\$7,500	\$2,500
One Eye	\$7,500	\$3,500	\$1,500
One Hand or Arm	\$7,500	\$3,500	\$1,500
One Foot or Leg	\$7,500	\$3,500	\$1,500
One or More Entire Toes	\$1,000	\$500	\$250
One or More Entire Fingers	\$1,000	\$500	\$250

ACCIDENTAL EMERGENCY TREATMENT BENEFIT AMOUNT PER UNIT - \$50
(Within 72 hours following Accidental Injury)

ACCIDENT FOLLOW-UP TREATMENT BENEFIT PER UNIT - \$15 per Treatment
Follow-up treatments must occur within 30 Days of the Accidental Injury or discharge from the hospital, and must be furnished by a Physician in a Physician's Office or in a Hospital on an outpatient basis. Benefit NOT payable for the same visit that the Physical Therapy Benefit is payable or on the same day for which the Accidental Emergency Treatment Benefit is payable.

AMBULANCE BENEFIT AMOUNT PER UNIT

Ground \$75
Life Flight \$500

(Benefit only payable if Accidental Emergency Treatment Benefit is payable.)

BENEFITS OF THE POLICY

SEVERE BURN BENEFIT AMOUNT PER UNIT

Third-Degree Burns covering at least 10%, but less than 20% of the Body -	\$500
Third-Degree Burns covering at least 20%, but less than 30% of the Body -	\$1,000
Third-Degree Burns covering at least 30% of the Body -	\$2,500

(Treatment must be received within 72 hours following Accidental Injury)

DISLOCATION BENEFIT AMOUNT PER UNIT

(If Physician treats the dislocation without anesthesia, we will pay 25% of the applicable Principal Sum.)

Dislocated Joint	Open Reduction	Closed Reduction
Hip	\$1,700	\$450
Knee (not kneecap)	\$450	\$150
Shoulder	\$450	\$150
Foot/ankle	\$450	\$150
Wrist	\$200	\$200
Elbow	\$200	\$200
Lower Jaw (mandible)	\$450	\$250

FAMILY LODGING BENEFIT AMOUNT PER UNIT - \$50 per Day

Hospital and Lodging must be more than 100 miles from the residence of the Insured Person.
Benefit is limited to a maximum of 30 days of lodging for each Accidental Injury.

FRACTURE BENEFIT AMOUNT PER UNIT - Open or Closed Fracture must be Diagnosed within 14 Days of the Accidental Injury. If Insured Person sustains more than one Fracture, we will pay for all Fractures, up to a maximum amount equal to two times the Principal Sum of the Fracture type with the highest Principal Sum. If Physician Diagnoses the Fracture as a Chip Fracture, we will pay 25% for the applicable Principle Sum.

Fracture Type	Open/Compound	Closed
Hip/Thigh	\$2,000	\$1,000
Leg	\$1,000	\$500
Hand (excluding fingers), wrist or forearm	\$500	\$250
Foot, ankle or kneecap	\$500	\$250
Shoulder blade or collarbone	\$500	\$250
Lower Jaw (mandible)	\$500	\$250
Vertebrae(body) or pelvis (excluding Coccyx)	\$1,000	\$500
Upper Jaw, upper arm or face (excluding nose)	\$500	\$250
Rib	\$200	\$100
Nose or Heel	\$350	\$100
Coccyx	\$200	\$100
Vertebral processes	\$1,000	\$150
Skull (simple) \$400		
Skull (depressed) \$1,250		

LACERATION BENEFIT AMOUNT PER UNIT - \$50

(Repair of Laceration must occur within 72 hours following Accidental Injury)

NOT payable if Accidental Injury requires stitches and any other Benefit is payable.

MAJOR DIAGNOSTIC EXAMINATIONS BENEFIT AMOUNT PER UNIT - \$75 per Exam

Benefit is limited to one Major Diagnostic Exam per Year for each Insured Person.

Major Diagnostic Exams are limited to the following: CT (computerized tomography) scan, MRI (magnetic resonance imaging) and EEG (electroencephalogram).

BENEFITS OF THE POLICY

PARALYSIS BENEFIT AMOUNT PER UNIT (Duration of Paralysis must be at least 30 days and must be expected to be permanent.)

Paraplegia -	\$1,000
Hemiplegia -	\$1,500
Quadriplegia -	\$2,500

PHYSICAL THERAPY BENEFIT AMOUNT PER UNIT - \$10 per Treatment

Physical Therapy must begin within 30 days of the Accidental Injury or discharge from the Hospital and must be completed within six months after the Accidental Injury. Benefit is limited to one Physical Therapy treatment per day, up to a maximum of ten treatments for each Accidental Injury.

PROSTHESIS BENEFIT AMOUNT PER UNIT - \$250 per Prosthetic Device

Benefit limited to a maximum of one Prosthetic Device received within one year of the Accidental Injury.

SURGERY BENEFIT AMOUNT PER UNIT

Two or more surgical procedures performed with the same incision will be considered one surgery and Benefits will be based on the most expensive surgical procedure.

Surgery for the repair at:

Tendons or Ligaments	\$200
Torn Rotator Cuff	\$200
Ruptured Disc	\$200
Torn Knee Cartilage	\$100
Arthroscopy without surgical repair	\$100
Open abdominal wound (including exploratory laparotomy)	\$400
Cranial, Hernia or Thoracic	\$400
Miscellaneous Surgery	\$100

Miscellaneous Surgery is surgery requiring general anesthesia not covered by other specific sum injury Benefit (only one miscellaneous surgery payable per Accidental Injury.)

TRANSPORTATION BENEFIT AMOUNT PER UNIT - \$150 per Round Trip

Benefit is limited to three round trips per year for each Insured Person

NOT payable for transportation to any Hospital located within a 100-mile radius of the site of the Accident or the residence of the Insured Person.

OPTIONAL RIDERS

ACCIDENT ONLY DISABILITY INCOME BENEFIT RIDER (OPTIONAL)

If the Accident Only Disability Income Benefit Rider is selected, the plan pays, after the expiration of the elimination period shown in the rider schedule and receipt of proof of Total Disability, the Monthly Accidental Disability Amount Principal Sum stated in the rider. The Monthly Accidental Disability Amount Principal Sum will continue to be paid until the earlier of: (a) the end of the maximum benefit period shown in the rider schedule for any one Total Disability; (b) the date on which the Total Disability ceases; or (c) the date of death of the Insured Person.

A Waiver of Premium Benefit is provided by the rider if the Insured is totally disabled.

ACCIDENTAL DEATH AND DISMEMBERMENT RIDER (OPTIONAL)

If the Accidental Death and Dismemberment Rider is selected, the plan pays the Accidental Death Principal Sum stated in the rider for death as the result of Accidental Injury other than riding as a passenger inside a Common Carrier or School Bus. The plan pays two times the Accidental Death Principal Sum stated in the rider for death as the result of Accidental Injury when riding as a passenger inside a common carrier or school bus. This benefit is payable in addition to any accidental death Benefit payable under the policy.

If dismemberment is sustained by the Insured Person as a result of an Accidental Injury within 90 days following such Accidental Injury, the Dismemberment Principal Sum stated in the rider will be paid.

HOSPITAL CASH BENEFIT RIDER (OPTIONAL)

BENEFITS

Hospital Admission Benefit

Applicable Principal Sum payable upon an Insured Person's admission to a hospital, for a confinement of at least 24 hours as the result of Injuries sustained in an Accident. Admission to or confinement in the hospital must begin 72 hours after the Accident.

(Benefit is payable as a lump sum and in addition to the Hospital Confinement Benefit and limited to once per year for each Insured Person.)

Hospital Confinement Benefit

Applicable Principal Sum payable if an Insured Person is confined to a hospital, for a confinement of at least 24 hours as the result of Injuries sustained in an Accident. Confinement in the hospital must begin within 72 hours after the Accident.

(Benefit limited to 30 consecutive days of hospital confinement per Injury for each Insured Person with a lifetime limit of 365 days for each Insured Person.)

Intensive Care Unit Benefit

Applicable Principal Sum payable if an Insured Person is confined to an intensive care unit of a hospital as the result of Injuries sustained in an Accident.

(Benefit limited to 15 days of intensive care unit confinement per Accidental Injury for each Insured Person. This Benefit is payable in addition to the Hospital Confinement Benefit.)

Rehabilitation Unit Benefit

Applicable Principal Sum payable if an Insured Person is confined to a hospital for Injuries sustained in an Accident and is transferred to a rehabilitation unit of the hospital.

(Benefit limited to 30 days of rehabilitation unit confinement per Accidental Injury, up to a maximum of 60 days per year, for each Insured Person.)

Exclusions

For any Insured Person:

- (a) We will pay NO benefits under this Policy if covered services provided are not related to a covered Accident.
- (b) We will pay NO benefits for any Accident or any loss caused in whole or in part by, or resulting in whole or in part from the following:
 - i) the Insured Person's suicide or attempt at suicide, or intentional self-inflicted injury or sickness, or any attempt at intentional self-inflicted injury or sickness while sane or insane;
 - ii) the Insured Person being under the influence of an excitant, depressant, hallucinogen, narcotic, other drug, or intoxicant including those taken as prescribed by a Physician;
 - iii) the Insured Person's commission of or attempt to commit an assault or felony;
 - iv) the Insured Person engaging in an illegal activity or occupation;
 - v) the Insured Person's voluntary participation in any riot or civil insurrection;
 - vi) declared or undeclared war, or any act of declared or undeclared war;
 - vii) the insured Person's operating, learning to operate, serving as a crew member of, or jumping, parachuting, or falling from an aircraft or hot air balloon, including those which are not motor driven;
 - viii) the Insured Person's engaging in hang gliding, bungee jumping, parachuting, sailgliding, parasailing or parakiting or any similar activity;
 - ix) the Insured Person's riding in or driving any motor driven vehicle in a race, stunt show or speed test;
 - x) the Insured Person practicing for or participating in any semi-professional or professional competitive athletic contest for which such Insured Person receives any compensation or remuneration;
 - xi) the Insured Person's operating any type of land, water, or air vehicle while having a blood alcohol content at or above the level made illegal for operation of such vehicle by the jurisdiction where the Accidental Injury occurred; and
 - xii) any illness, loss, or condition specifically excluded from the definition of any Accident.
- (c) If the policy is issued with a Non-Occupational Coverage Only Endorsement, We will pay NO benefits under the policy or any rider(s) for any Injury that occurs while the Insured is performing any duties of his or her Regular Occupation.

Definitions

Accident means the unforeseen occurrence of an event that results in Injury or Accidental Injury to an Insured Person, wholly independent of disease, bodily infirmity, illness, infection or any other physical condition.

Accidental Injury/Accidental Injuries means bodily injury sustained by an Insured Person as a direct result of an Accident, after coverage under the policy takes effect and while the policy is in force.

Insured Person means all persons who are indicated as an "Insured Person" in the Policy Data of the policy.

Regular Occupation means any job duties related to the Insured's occupation shown on the application.

Total Disability means a condition that, solely as a result of an On-the-Job or Off-the-Job Accident occurring immediately after a period of active employment of at least 30 hours per week, affects an Insured Person so that he/she is:

- (a) unable to work at any job for which he/she is qualified by reason of education, training and experience;
- (b) not working at any job for pay or benefits; and
- (c) under the Regular and Appropriate Care of a Physician for treatment arising from or related to the On-the-Job Accident or Off-the-Job Accident.

THIS OUTLINE OF COVERAGE IS ONLY A SUMMARY OF THE COVERAGE PROVIDED; THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE GOVERNING CONTRACTUAL PROVISIONS.

American General

Life Companies

American General Life Insurance Company
A subsidiary of American International Group, Inc.

2727-A Allen Parkway
Houston, TX 77019

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