

## Teachers Protective Mutual Life Insurance Company 116-118 North Prince Street Lancaster, PA 17603 Phone 717-394-7156

## **Certificate of Insurance**

This Certificate of Insurance summarizes Your rights and benefits under the Policy. Coverage is provided under the Policy for benefits described in the Policy and this Certificate. Benefits payable under this Certificate of Insurance are subject to all of the provisions contained in the Policy. This Certificate provides evidence of coverage under the Policy, but is not the contract of insurance. **Read these pages carefully.** 

All periods of time under the Policy will begin and end at 12:01 A.M. local time at the Policyholder's address.

The insurance of the Insured reflected by this Certificate is further subject to any modifications of the Policy entered into by mutual agreement between the Company and the Policyholder as of the date of such modification.

President

D. Edward Young

## **Supplemental Group Accident Certificate**

THIS IS A LIMITED HEALTH INSURANCE PLAN NOT BEING OFFERED AS A SUBSTITUTE FOR HOSPITAL OR MEDICAL EXPENSE INSURANCE OR MAJOR MEDICAL EXPENSE INSURANCE

RENEWABLE AT THE OPTION OF THE COMPANY

**PARTICIPATING** 

**Please Read Carefully** 

TPM-HERO-CERT-PA 08-06

## **Certificate Schedule of Benefits**

ear: [Calendar Year or Policy Year] eductible - Individual Family binsurance %	[Calendar] [NA-\$3,000]
Family pinsurance %	
pinsurance %	
······································	[NA- \$9,000]
of Dealer Marineron (Osinarona Limit)	[NA-50%]
ut of Pocket Maximum (Coinsurance Limit)	[NA- \$10,000]
aximum Total Benefit Amount	[N/A to 9,500]
ccident Benefit	Yes
pes the Policy Deductible and Coinsurance apply to this benefit?	Yes
aximum Accident Benefit Amount for <u>All Covered Facilities</u> per year:	[NA -\$9500]
PTIONAL RIDERS	
ckness Benefit Rider:	Yes
pes the Policy Deductible and Coinsurance apply to this rider?	Yes
aximum Sickness Benefit Amount for <u>All Covered Facilities</u> per year:	[NA-\$9,500]
ior Plan Deductible Credit Rider	[Yes, No]
lied Service Rider	Yes

THIS SCHEDULE IS ATTACHED TO AND MADE PART OF YOUR CERTIFICATE. THIS SCHEDULE REPLACES AND CANCELS ALL OTHER SCHEDULES ISSUED PRIOR TO THE EFFECTIVE DATE FOR THE ELIGIBLE PERSONS UNDER THIS POLICY.