



LifeSecure Insurance Company
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HOSPITAL RECOVERY INSURANCE

SCHEDULE OF BENEFITS

Primary Policyholder: [John Smith
10 Main Street
Anytown, USA 11111]

Policy Number: [LS-0000001]

Policy Effective Date: [09/01/14]

Issue Age: [45]

[Coverage Change

Effective Date: 10/01/14]

Type of Coverage:

[Self Only]

[Self + Spouse/Domestic Partner]

[Self + Children]

[Self + Spouse/Domestic Partner & Children]

BENEFITS AND COVERAGE AMOUNTS

Hospital Recovery Benefit

Daily Benefit Amount:

[\$100 - \$900] per Covered Person

Annual Benefit Bank:

[\$3,000 - \$27,000] per Covered Person

[OPTIONAL BENEFIT RIDERS]

[Emergency Room and Ambulance Benefit Rider

Emergency Room Benefit

~~[\$300 per Covered Person]~~

Ambulance Benefit

Ground Ambulance

~~[\$150 per Covered Person]~~

Air Ambulance

~~[\$500 per Covered Person]~~

[Major Diagnostic Examination Benefit Rider

~~[\$500 per Covered Person]~~

[Rehabilitation Facility Benefit Rider

~~[\$100 per day, up to 15 days]~~

PREMIUM INFORMATION

Base Policy Premium

Hospital Recovery Benefit Premium

Primary [\$\$\$ (Annual Premium)]

[Spouse/Domestic Partner] \$\$\$\$ (Annual Premium)]

[Child(ren)] \$\$\$\$ (Annual Premium)]

[Rider Premium]

[Emergency Room and Ambulance Benefit Rider] \$XXX (Annual Premium)]

[Major Diagnostic Examination Benefit Rider] \$XXX (Annual Premium)]

[Rehabilitation Facility Benefit Rider] \$XXX (Annual Premium)]

Premium Payment Mode:

[Monthly, Quarterly, Semi-annually, Annually]

Total Premium Amount:

[\$###] per [month, quarter, semi-annual period, year] [\$\$\$ per payroll deduction]