

# PAID

## *Personal Accident Indemnity Delivery*

For complete details of coverage, contact your agent or the Company.

Form HPACC13-24 Accident Policy Rate Schedule								
	Weekly Premium		Bi-Weekly Premium		Semi-Monthly Premium		Monthly Premium	
	One Unit	Two Units	One Unit	Two Units	One Unit	Two Units	One Unit	Two Units
<b>24-Hour Coverage</b>								
Employee	4.23	5.08	8.46	10.15	9.17	11.00	18.33	22.00
Employee/ Spouse	5.96	7.38	11.92	14.77	12.92	16.00	25.83	32.00
Employee/ Child	5.96	7.38	11.92	14.77	12.92	16.00	25.83	32.00
Family	7.69	9.69	15.38	19.38	16.67	21.00	33.33	42.00
<b>Off-the-Job Coverage Only</b>								
Employee	3.58	4.15	7.15	8.31	7.75	9.00	15.50	18.00
Employee/ Spouse	5.60	6.75	11.19	13.50	12.13	14.63	24.25	29.25
Employee/ Child	5.60	6.75	11.19	13.50	12.13	14.63	24.25	29.25
Family	6.52	8.08	13.04	16.15	14.13	17.50	28.25	35.00

Wellness Rider				
	Weekly Premium	Bi-Weekly Premium	Semi-Monthly Premium	Monthly Premium
Employee	0.69	1.38	1.50	3.00
Employee/ Spouse	1.38	2.77	3.00	6.00
Employee/ Child	1.38	2.77	3.00	6.00
Family	2.08	4.15	4.50	9.00