

FIRST TIME EVER OFFERED

A NEW OUT-PATIENT POLICY

PAYS IN ADDITION TO ANY OTHER INSURANCE YOU CARRY INCLUDING MEDI-CARE

Issued On Ages 0-100 Years Of Age

COVERS SICKNESS AND ACCIDENTS

- ★ PAYS ON DOCTOR'S VISITS AT DOCTOR'S OFFICE OR CLINIC
- ★ PAYS ON DOCTOR'S VISITS AT THE HOME
- ★ PAYS ON PRESCRIPTIONS - DRUGS - MEDICINES BY THE DOCTOR'S PRESCRIPTION IN THE DRUG STORE OR PHARMACY
- ★ PAYS ON ROUTINE PHYSICAL EXAMINATION IN DOCTOR'S OFFICE OR CLINIC
- ★ PAYS ON SPECIAL MEDICAL BENEFITS IN THE DOCTOR'S OFFICE OR CLINIC
- ★ PAYS ON DENTAL SERVICES
- ★ PAYS ON EYE GLASSES EXPENSES
- ★ PAYS ON CHIROPRACTOR TREATMENTS

FORM OP-1010

WE DO NOT ATTACH RIDERS OR ENDORSEMENTS EXCLUDING COVERAGE ON THESE POLICIES

ALL OUR POLICIES ARE ON FILE WITH THE TEXAS STATE INSURANCE DEPARTMENT

A 30-DAY MONEY-BACK CERTIFICATE OF GUARANTEE

You will be guaranteed a full refund of any and all premiums paid Trinity National Life and Accident Insurance Company if you can find a better policy that will give you more coverage for the same money or as much coverage for less money. We give you this Certificate of Guarantee in writing at the time you make application.

Endorsed by
Doctors and Hosp



Write Today For Your
Free 500



S&H Green Stamps

FILL IN AND MAIL TODAY THE POSTAGE FREE CARD AND WE'LL RUSH YOUR FREE 500 S&H GREEN STAMPS ALONG WITH COMPLETE INFORMATION AT NO OBLIGATION ON ANY OF THESE

LOW LOW COST PLANS

Just fill out the attached postage FREE certificate and drop in the mail today.

ENROLLMENT SUBJECT TO CLOSE WITHOUT FURTHER NOTICE

FREE INFORMATION CERTIFICATE

Please rush me complete facts including rates about these reliable hospital and outpatient policies that pay for sickness and accidents along with my free 500 S&H green stamps. I understand there is absolutely no charge for this personalized service — and I am under no obligation whatsoever.

PROMPT MAILING MAY SAVE YOU A HOSPITAL BILL

Name _____ No. in Family _____
 And Their Ages _____ Race _____ Occupation _____
 Street Address _____ Phone _____
 Rt. _____ Box No. _____ Community _____
 City _____ County _____