

**GROUP ACTIVITIES  
MASTER ACCIDENT AND ILLNESS POLICY**



**American Income Life Insurance Company  
HOME OFFICE: INDIANAPOLIS, INDIANA**

HEREBY AGREES with the Group named in the Schedule (herein called Unit) to insure each member for whom application is made (herein called Insured Member), and promises to pay for losses resulting from injury or illness to the extent herein provided.

This policy is written for a term of one year from the date of issue and will automatically be renewed from year to year except as provided in Part Seven of this contract.

The effective date and termination date of any unit activity covered will be those dates set forth in the specified activity application, provided such application or notification is received at the Home Office of the Company at least one day prior to the effective date so specified.

The words "Insured Member" as used in this policy shall mean all members included in the activity for which application is made.

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| PART 1 LOSS OF LIFE ACCIDENT INDEMNITY                              | PART 7 EFFECTIVE DATE AND POLICY TERMS             |
| PART 2 SPECIFIC LOSS ACCIDENT INDEMNITY                             | PART 8 ELIGIBILITY AND EFFECTIVE DATE OF INSURANCE |
| PART 3 PHYSICIAN, SURGEON, DENTAL,<br>HOSPITAL, NUSE, PRESCRIPTIONS | PART 9 INDIVIDUAL TERMINATION                      |
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<p>NAME &amp; ADDRESS OF UNIT</p> <p><b>SPECIMEN</b></p>
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<p>POLICY NUMBER SRP</p> <p>ISSUE DATE</p> <p>YEARLY RENEWAL DATE</p> <p>ANNUAL PREMIUM SHALL BE \$</p>
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<u>Loss of Life</u>	<u>Specific Loss</u>	<u>Medical &amp; Hospital Expense Indemnity</u>		<u>Dental Expense</u>	<u>Specified Disease</u>
Accident Indemnity Part 1	Accident Indemnity Part 2	Accident Part 3	Illness Part 4	Part 3	Part 5
\$5000.00	\$5000.00	\$2500.00	\$00	\$300.00	\$00

"Injury" wherever used in this Policy means bodily injury caused by an accident occurring while this Policy is in force as to the Insured Member and resulting directly and independently of all other causes in loss covered by this Policy, provided such injury is sustained by the Insured Member while and in the consequence of

- (1) Participating in, or attendance at, any regularly approved Unit activity as a group, under the supervision of the duly designated Unit Leader, or
- (2) Traveling directly to and from such regularly scheduled and approved group activity with the other Members of the Unit as a group provided such group is at the time under the supervision of the proper authority of the Unit, or
- (3) Traveling directly to or from the Insured Member's residence and meeting place for the purpose of participating in such regularly scheduled Unit Activity.

## PART 1 LOSS OF LIFE ACCIDENT INDEMNITY

When Injury results in loss of life of the Insured We will pay a benefit. Such loss of life must occur within 100 days after the date of the accident. The Loss of Life Accident Indemnity is shown in the Schedule.

## PART 2 SPECIFIC LOSS ACCIDENT INDEMNITY

When Injury does not result in loss of life, but does result in any of the following losses within 100 days after the date of the accident, We will pay for:

Loss of both hands or both feet	The Specific Loss Accident Indemnity
Loss of the entire sight of both eyes	The Specific Loss Accident Indemnity
Loss of one hand and one foot	The Specific Loss Accident Indemnity
Loss of one hand and the entire sight of one eye	The Specific Loss Accident Indemnity
Loss of one foot and the entire sight of one eye	The Specific Loss Accident Indemnity
Loss of the entire sight of one eye	50% of The Specific Loss Accident Indemnity
Loss of one hand or one foot	50% of the Specific Loss Accident Indemnity

"Loss" as used above with reference to: (a) Hand or foot means complete severance through or above the wrist or ankle joint; (b) Arm or leg means complete severance through or above the elbow or knee joint; and (c) Eye means the irrecoverable loss of the entire sight thereof. No indemnity will be paid under any circumstances for more than one of the losses above, the greatest for which provision is made in this Part.

## PART 3 PHYSICIAN, SURGEON, DENTAL, HOSPITAL, NURSE, PRESCRIPTIONS

When Injury shall require:

1. Treatment by a legally qualified physician or surgeon;
2. Confinement within a hospital;
3. Employment of a licensed or graduate nurse while hospital confined;
4. X-ray examination;
5. Use of an ambulance; or
6. Drugs and medicines requiring the written prescription of a physician;

We will pay a benefit for the expense for such services incurred by the Insured. This will be in addition to any indemnity payable under Part I or Part H. Such expense must be incurred within 52 weeks after the date of the accident causing the Injury. We will not pay more than the Amount Payable shown in the Schedule as the result of any one accident to any one Insured.

Any expense incurred due to external contact with any of the following shall be considered an Injury: Poison ivy; Poison oak; or any other poisonous substance.

The maximum payment for any Injury necessitating dental treatment to natural teeth shall be the amount shown in the Schedule. Such dental service must actually be performed within 52 weeks after the date of the accident.

## PART 4 SPECIAL ILLNESS INDEMNITY

In addition to all other benefits provided in this Policy, We will pay for the expense of hospital care, physician or prescriptions ordered by the physician, subject to all of the following:

1. Benefits will not exceed the sum stated in the schedule for expense incurred as the result of any one illness;
2. The illness for which such expense is incurred manifests itself while the Insured is covered under this Policy;
3. Medical attention is received within 24 hours after the last date this insurance is in force as to the Insured;
4. Such expense is actually incurred within 52 weeks after the date of first treatment.

The following shall be considered an illness: (a) Any infection of the gastrointestinal tract due to food poisoning; and (b) Any infection of the ear and/or the respiratory tract due to swimming.

## PART 5 SPECIFIED DISEASE INDEMNITY

Subject to the following, We will pay for the expense of hospital, nurse, physician, and medicines requiring a prescription as a result of Poliomyelitis; Diphtheria; Scarlet fever; Smallpox; Tetanus; Cerebrospinal meningitis; typhoid fever; Lukemia or primary encephalitis:

1. Such condition must manifest itself while the insured is covered under this Policy;
2. Medical attention for the condition must be received during the period this insurance is in force as to such Insured;
3. Benefits will not exceed the amount shown in the schedule.

## PART 6 EXCLUSIONS

This Policy does not cover any loss caused by or resulting from: (a) Pregnancy; (b) Suicide or any attempt thereat while sane or intentional self destruction or any attempt thereat while insane; (c) Riding as a passenger or otherwise in any vehicle or device for aerial navigation; (d) The expense of replacing eyeglasses or prescriptions therefore; (e) Hernia in any form; (f) Any expense due to an accident or illness which is the result of a pre-existing condition, meaning the existence of symptoms which would cause a person to seek diagnosis, care or treatment within a 5 year period preceding the effective date of the coverage or for which medical advice for treatment was recommended by a physician within such 5 year period; (g) Loss covered by worker's compensation or Medicare; (h) Treatment by self, members of family, or persons employed by the Unit; (i) Injury sustained while skiing, tobogganing, tubing or sledding.

## PART 7 EFFECTIVE DATE AND POLICY TERMS

This Policy is in effect only for the period for which application is made. Either We or the Unit may terminate this Policy as of any anniversary date. Notice must be given to the other party at least 30 days prior to such date.

All periods of insurance hereunder for any specific date shall begin and end in each case at twelve o'clock midnight Standard Time

## PART 8 ELIGIBILITY AND EFFECTIVE DATE OF INSURANCE

All active members and leaders for which application is made are eligible for insurance under this Policy. Coverage for each eligible member of the Unit will take effect on the date such member begins active participation in the Unit activity for which coverage is applied for, but in no event prior to the effective date of this Policy.

We have the right and opportunity to inspect the records of the Unit that pertain to this insurance at all reasonable times. We may do this within two years after: (1) The expiration of this Policy; or (2) Settlement of all claims hereunder, whichever last occurs.

## PART 9 INDIVIDUAL TERMINATION

The insurance on any Insured shall immediately terminate on the earliest of the following dates:

1. On the date this Policy terminated; or
2. On the date the Insured ceases to be an active member of the Unit.

## PART 10 PREMIUM AND PREMIUM PAYMENT

This insurance will be placed in force: (a) Providing an application for coverage is received showing the number of persons participating in such Unit activity and the number of days the insurance shall be in force; and (b) In consideration of the payment of the premium stated in the schedule. Such payment must be received by the Home Office within 10 days after the termination of any specified activity.

## PART 11 GENERAL PROVISIONS

**Entire Contract:** This Policy and the application of the Unit, constitute the entire contract between the parties. All statements made by the Unit shall be deemed representations and not warranties. No such statement shall void the insurance or reduce the benefits under this Policy or be used in defense to a claim hereunder unless it is contained in the written application.

**Changes:** No agent has authority to change this Policy or to waive any of its provisions. No change in this Policy shall be valid unless approved by an executive officer of Ours. Any such approval must be endorsed on this Policy.

**Notice of Claim:** Written notice of claim must be given to Us within 20 days after the date any loss covered by this Policy begins, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the Insured or the Beneficiary to Us at Our Office in Indianapolis, IN with information sufficient to identify the Insured, shall be deemed notice to Us.



American Income  
Life Insurance  
Company

Home Office: Indianapolis, Indiana

GROUP ACTIVITIES MASTER  
ACCIDENT AND ILLNESS POLICY

SRP 106 Rev.3-81

**Proof of Loss/Claim Forms:** Written proof of loss must be submitted to Us within the time fixed in the Policy for filing proof of loss. It must cover the date of occurrence, the nature and the extent of loss for which claim is made. We, at Our discretion, may request a regular claim form to be completed by the attending physician.

Written proof of loss must be furnished to Us at Our Home Office within 90 days after the termination of the period for which We may be liable. Failure to furnish such proof within this time shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time. However, such proof must be furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

**Time Payment of Claims:** Indemnities payable under this Policy will be paid immediately upon receipt of due written proof of such loss.

**Physical Exam and Autopsy:** We, at Our own expense, shall have the right and opportunity to examine the person of the Insured when and so often as We may reasonably require while his/her claim is pending. We may also, at Our own expense, make an autopsy in case of death where it is not forbidden by law.

**Payment of Claims:** Indemnity for loss of life of the Insured is payable to the spouse or parent of the Insured, if surviving the Insured. Otherwise the indemnity will be paid to the estate of the Insured. All other indemnities of this Policy are payable to the Insured. In the event the Insured is a minor, We may pay any amount otherwise payable to the Insured to his/her parents, or guardian or other person actually supporting the Insured.

**Legal Actions:** No action at law or equity shall be brought to recover on this Policy prior to the expiration of 60 days after proof of loss has been filed according to the requirements of this Policy. No such action may be brought at all unless brought within 3 years from the expiration of the time within which proof of loss is required by this Policy.

It may be that a time limit of this Policy with respect to commencing an action at law or in equity is less than that permitted by the law of the state in which the Unit is located at the time this Policy is issued. If so, such limit is hereby extended to agree with the minimum period permitted by such law.

**Choice of Provider:** The Insured shall have the sole right to select his/her own physician, surgeon and hospital. The physician-patient relationship shall be maintained.

IN WITNESS WHEREOF, THE AMERICAN INCOME LIFE INSURANCE COMPANY has caused this Policy to be signed by its President and Secretary, but the same shall not be binding upon Us unless countersigned by its duly authorized agent.

Secretary

President