

SERFF Tracking Number: AFDL-125933557 State: Arkansas
Filing Company: American Public Life Insurance Company State Tracking Number: 41057
Company Tracking Number: GM GA508AR, GC GA508AR, GHR111, GA508MASAPPAR, GA508APPAR
TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
Product Name: GM GA508AR, GC GA508AR, GHR111, GA508MASAPPAR, GA508APPAR
Project Name/Number: GM GA508AR, GC GA508AR, GHR111, GA508MASAPPAR, GA508APPAR /GM GA508AR, GC GA508AR, GHR111, GA508MASAPPAR, GA508APPAR

Filing at a Glance

Company: American Public Life Insurance Company

Product Name: GM GA508AR, GC GA508AR, SERFF Tr Num: AFDL-125933557 State: ArkansasLH
GHR111, GA508MASAPPAR, GA508APPAR

TOI: H02G Group Health - Accident Only SERFF Status: Closed State Tr Num: 41057
Sub-TOI: H02G.000 Health - Accident Only Co Tr Num: GM GA508AR, GC State Status: Re-opened

Filing Type: Form

GA508AR, GHR111,
GA508MASAPPAR, GA508APPAR
Co Status: Reviewer(s): Rosalind Minor
Authors: Janice Farmer, Shari Vick, Disposition Date: 12/31/2008
Ashlie Snyder
Date Submitted: 12/09/2008 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: GM GA508AR, GC GA508AR, GHR111,
GA508MASAPPAR, GA508APPAR

Status of Filing in Domicile: Pending

Project Number: GM GA508AR, GC GA508AR, GHR111,
GA508MASAPPAR, GA508APPAR

Date Approved in Domicile: 12/09/2008

Requested Filing Mode: Review & Approval

Domicile Status Comments: Filed

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Employer, Association

Filing Status Changed: 12/31/2008

State Status Changed: 12/30/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

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American Fidelity Assurance Company is filing the above listed forms for approval with your Department on behalf of American Public Life Insurance Company. Enclosed is a letter of authorization.

These are new forms and are not intended to replace any forms previously approved or declined by your department. This is a group accident only policy and certificate with optional rider, along with the master application and enrollment form to be used in applying for this coverage. The issue ages for this policy is age 17 and older. This policy/certificate will be marketed by American Public Life Insurance Company licensed agents and appointed brokers. The product will be marketed to employer and association groups. This group policy has been filed in our domicile state of Oklahoma on December 9, 2008.

The policy provides benefits for hospital emergency room, physician's office, emergency dental work, hospital admission, hospital confinement, intensive care, accidental death, dismemberment, ambulance and medical imaging. The base policy provides these benefits for a non-occupational covered accident. Optional rider, GHR111, modifies the base to provide these same benefits 24 hours.

The policyholder application is form GA508MASAPP, and the enrollment form is GA508APP.

The Flesch scores are: GM GA508 Master Accident Only Policy, 50 (w/o defined terms); GC GA508 Accident Only Certificate, 50 (w/o defined terms); 24 Hour Accident Amendment Rider, 56 (w/o defined terms); GA508MASAPP Master Accident Only Application, 50; GA508APP Employee's Accident Only Application, 54.

These forms may eventually be issued from an automated system. We will make every attempt to produce the automated version to duplicate this final printed format; however, fonts and word wrap can vary when going from one system or printer to another. We will not alter the wording and will try to duplicate all pages, including keeping the verbiage on each page as submitted for approval. The pages may print on different colors of paper depending upon the market.

I hereby certify that to the best of my knowledge the forms submitted herewith are in compliance in all respects with the provisions of the insurance laws, rules and regulations of your state and such forms contain no provisions previously disapproved by the Department.

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Thank you for your assistance with this matter. If you have any questions, please feel free to call me at 1-800-654-8489, extension 7782. My email address is shari.vick@af-group.com.

Company and Contact

Filing Contact Information

Shari Vick, Compliance Analyst II shari.vick@af-group.com
 2000 Classen Blvd (800) 654-8489 [Phone]
 Oklahoma City, OK 73106 (405) 523-5793[FAX]

Filing Company Information

American Public Life Insurance Company	CoCode: 60801	State of Domicile: Oklahoma
2305 Lakeland Drive	Group Code: 330	Company Type: LAH
Flowood, MS 39232	Group Name:	State ID Number:
(601) 936-2157 ext. [Phone]	FEIN Number: 64-0349942	

Filing Fees

Fee Required? Yes
 Fee Amount: \$175.00
 Retaliatory? Yes
 Fee Explanation: \$50/policy/cert
 \$25/rider/app
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Public Life Insurance Company	\$175.00	12/09/2008	24423572

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/31/2008	12/31/2008
Approved-Closed	Rosalind Minor	12/12/2008	12/12/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Accident Only Form Insurance Policy		Shari Vick	12/31/2008	12/31/2008
Accident Only Form Insurance Certificate		Shari Vick	12/31/2008	12/31/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
2nd request for reopen	Note To Reviewer	Shari Vick	12/29/2008	12/29/2008
Reopen	Note To Reviewer	Shari Vick	12/15/2008	12/15/2008

SERFF Tracking Number: *AFDL-125933557* *State:* *Arkansas*
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Disposition

Disposition Date: 12/31/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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 GA508MASAPPAR, GA508APPAR

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Authorization	Approved-Closed	Yes
Form (revised)	Accident Only Insurance Policy	Approved-Closed	Yes
Form	Accident Only Insurance Policy	Replaced	Yes
Form (revised)	Accident Only Insurance Certificate	Approved-Closed	Yes
Form	Accident Only Insurance Certificate	Replaced	Yes
Form	24 Hour Accident Amendment Rider	Approved-Closed	Yes
Form	Master Application	Approved-Closed	Yes
Form	Group Accident Only Application	Approved-Closed	Yes

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Form	Accident Only Insurance Policy	Replaced	Yes
Form (revised)	Accident Only Insurance Certificate	Approved-Closed	Yes
Form	Accident Only Insurance Certificate	Replaced	Yes
Form	24 Hour Accident Amendment Rider	Approved-Closed	Yes
Form	Master Application	Approved-Closed	Yes
Form	Group Accident Only Application	Approved-Closed	Yes

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Amendment Letter

Amendment Date:
 Submitted Date: 12/31/2008

Comments:

Thank you for reopening this filing. I have fixed the typographical error in the definition of Eligible Dependent. It has been corrected in the policy and certificate.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
GM GA508AR	Policy/Contract/Certificate	Accident Only Insurance Policy	Initial				50	GM GA508.Master.AR.pdf

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
GC GA508AR	Certificate	Accident Only Insurance Certificate	Initial				50	GC GA508.Cert.AR.pdf

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Note To Reviewer

Created By:

Shari Vick on 12/29/2008 02:29 PM

Subject:

2nd request for reopen

Comments:

I sent a request for reopen the same day it was approved, and have not received a response. Here is my original request: I discovered a typographical error in the policy and certificate definition of Eligible Dependent. Bullet (3) did not reference the correct bullets above, and bullet (4) failed to mention the above bullets. Would it be possible to reopen this file, so I can submit the corrected policy and certificate. Here is the correct definition:

ELIGIBLE DEPENDENT means any person who is:

- (1) the Insured's legal spouse who is under age 70; or,
- (2) the Insured's, or Insured spouse's, natural child, adopted child, or stepchild who:
 - a. is dependent upon the Insured for support; and
 - b. is under the age of 21, or under 25 years of age if attending an accredited school, college or university full-time; or
 - c. becomes incapable of self-sustaining employment because of mental or physical incapacity while covered under the Policy, prior to reaching the limiting age for dependent children. The child must be dependent on the Insured for support and maintenance. The Company must receive proof of incapacity within 31 days after coverage would otherwise terminate. Coverage will then continue as long as the Insured's insurance stays in force and the child remains incapacitated. Additional proof may be required from time to time but not more often than once a year after the child attains age 23; or
- (3) under the charge, care and control of the Insured, if placed with the Insured for adoption, and who meets conditions (2)(a), (b) or (c) listed above; or
- (4) a child of any Eligible Child covered under the Insured's Certificate, and who meets conditions (2)(a), (b) or (c) listed above.

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Note To Reviewer

Created By:

Shari Vick on 12/15/2008 12:20 PM

Subject:

Reopen

Comments:

I discovered a typographical error in the policy and certificate definition of Eligible Dependent. Bullet (3) did not reference the correct bullets above, and bullet (4) failed to mention the above bullets. Would it be possible to reopen this file, so I can submit the corrected policy and certificate. Here is the correct definition:

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Form Schedule

Lead Form Number: GM GA508AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	GM GA508AR	Policy/Cont	Accident Only ract/Fratern Insurance Policy al Certificate	Initial		50	GM GA508.Maste r.AR.pdf
Approved-Closed	GC GA508AR	Certificate	Accident Only Insurance Certificate	Initial		50	GC GA508.Cert.A R.pdf
Approved-Closed	GHR111	Policy/Cont	24 Hour Accident ract/Fratern Amendment Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		56	GHR111 24Hour.Final. 11-19-08.pdf
Approved-Closed	GA508MAS APPAR	Application/	Master Application Enrollment Form	Initial		50	GA508MASA PP.AR.pdf
Approved-Closed	GA508APP AR	Application/	Group Accident Only Enrollment Application Form	Initial		54	GA508APP.A R.pdf



American Public Life Insurance Company

A member of the American Fidelity Group

2305 Lakeland Drive, Flowood, Mississippi 39232
(800) 256-8606

ACCIDENT ONLY INSURANCE

POLICYHOLDER:

ADDRESS:

POLICY NUMBER:

EFFECTIVE DATE:

ISSUE DATE:

POLICY ANNIVERSARY DATE:

In consideration of the application for this group Policy and the timely payment of premiums, American Public Life Insurance Company (herein called the Company) agrees to pay the benefits of this Policy, subject to all of its terms and conditions.

The Policy takes effect on the Effective Date shown above, 12:01 a. m., Standard Time at the address of the Policyholder.

Signed for American Public Life Insurance Company.

Assistant Secretary

Vice President

**THIS POLICY PROVIDES LIMITED BENEFITS. READ IT CAREFULLY.
IT DOES NOT PAY BENEFITS DUE TO SICKNESS.**

Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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Application

**Policy GAO508
Accident Only Insurance Plan**

**Policyholder: [ABC Company]
Policy Number: [M00000]**

Policy Effective Date: [6/1/2009]

DESCRIPTION OF COVERAGE

Benefit Description	Benefit Amount		
	[Level I]	[Level II]	[Level III]
<u>Outpatient Treatment Benefits:</u>			
Hospital Emergency Room <i>Initial treatment within 72 hours</i>	\$250	\$500	\$750
Non-Emergency Room <i>Initial treatment within 30 days</i>	\$50	\$100	\$150
Emergency Dental <i>Initial treatment within 72 hours</i>	\$50	\$100	\$150
<u>Inpatient Treatment Benefits:</u>			
Hospital Admission <i>Once per Covered Person per Covered Accident</i>	\$250	\$500	\$750
Daily Hospital Confinement <i>Per day up to 30 days</i>	\$100	\$200	\$300
Intensive Care Unit <i>Per day up to 15 days</i>	\$200	\$400	\$600
<u>Accidental Death & Dismemberment:</u>			
Death Benefit (<i>Insured and Spouse</i>)**	\$15,000	\$30,000	\$45,000
Dismemberment (<i>Insured and Spouse</i>)**			
<i>Both arms AND legs</i>	\$15,000	\$30,000	\$45,000
<i>Both arms, legs, hands, feet, OR eyes</i>	\$7,500	\$15,000	\$22,500
<i>One arm, leg, hand, foot OR eye</i>	\$3,750	\$7,500	\$11,250
<i>One or more finger(s) or toe(s)</i>	\$1,000	\$2,000	\$3,000
**Eligible Child benefit is ½ the Insured's Benefit Amount			
<u>Ambulance Benefit – Ground or Air</u>			
<i>Once per Covered Person per Covered Accident</i>	\$250	\$500	\$750
<u>Medical Imaging</u>			
<i>Once per Covered Person per Covered Accident</i>	\$100	\$200	\$300

[Optional Riders

24 Hour Accident Rider]

DEFINITIONS

Additional Definitions may be contained in the Benefit Provisions or any attached Endorsement or Rider.

ACCIDENTAL BODILY INJURY or INJURY or ACCIDENTAL INJURY means physical damage to a Covered Person:

- (1) sustained in a Covered Accident on or after the Certificate Effective Date; and
- (2) while the Certificate is in force; and
- (3) which is the direct cause of the loss, independent of disease, bodily infirmity or any other excluded cause; and
- (4) for which benefits are provided.

All injuries sustained in any one Covered Accident and all complications arising there from and recurrence and complication shall be deemed to be a single "Injury."

ACCIDENTAL DEATH or ACCIDENTAL DISMEMBERMENT means Death or Dismemberment caused by a Covered Accident that occurs on or after the Effective Date of coverage and while coverage is in force, which is independent of disease or bodily infirmity or any other excluded cause.

ACTIVELY AT WORK means that the Insured is:

- (1) doing in the usual manner all of the regular duties of his/her employment on a full-time basis on a scheduled work day; and
- (2) these duties are being done at one of the places of business where the Insured normally does such duties or at some location to which his/her employment sends the Insured.

The Insured will be said to be on Actively At Work on a day which is not a scheduled work day only if he/she would be able to perform in the usual manner all of the regular duties of his/her employment if it were a scheduled work day.

CALENDAR YEAR means the period beginning on the Certificate Effective Date and ending on December 31 of the same year. Thereafter, it is the period beginning on January 1 and ending on December 31 of each year.

CERTIFICATE means the individual Certificate issued to an Insured. It describes the coverage under this Policy; how benefits will be paid; any limitations of the Policy; and all other essential features of the Policy. If the Insured is issued more than one Certificate under the Policy, only the last one will be in effect.

CERTIFICATE EFFECTIVE DATE means the effective date of an individual Certificate issued to an Insured.

COMPANY, OUR, WE, US means the American Public Life Insurance Company.

COVERED ACCIDENT means a sudden, unexpected and unintended event, which results in Accidental Bodily Injury, which is independent of disease or bodily infirmity or any other excluded cause. A Covered Accident does not include any Accidental Injury that occurs while engaged in any activity that pertains to the Covered Person's job where such Covered Person receives pay or benefits.

COVERED PERSON means the Insured and the Insured's Eligible Dependents whose insurance has become effective under all conditions and provisions of this Policy.

ELIGIBLE DEPENDENT means any person who is:

- (1) the Insured's legal spouse who is under age 70; or,
- (2) the Insured's, or Insured spouse's, unmarried natural child, adopted child, or stepchild who:
 - a. is dependent upon the Insured for support; and
 - b. is under the age of 21, or under 25 years of age if attending an accredited school, college or university full-time; or
 - c. becomes incapable of self-sustaining employment because of mental or physical incapacity while covered under the Policy, prior to reaching the limiting age for dependent children. The child must be dependent on the Insured for support and maintenance. The Company must receive notification of incapacity. The Insured must notify Us if this incapacity is removed or terminated at a later date. The premium will remain at the dependent rate; or
- (3) under the charge, care and control of the Insured, if placed with the Insured for adoption, and meets conditions (2)(a), (b), or (c) listed above; or
- (4) a child of any Eligible Child covered under the Insured's Certificate, and who meets conditions (2)(a), (b) or (c) listed above.

EMERGENCY ROOM means a specified area within a hospital that is designated for the emergency care of accident injuries. This area must:

- (1) be staffed and equipped to handle trauma;
- (2) be supervised and provide treatment by Physicians; and
- (3) provide care 7 days a week, 24 hours per day.

HOSPITAL means a place that:

- (1) is licensed and operated pursuant to law;
- (2) provides care and treatment for sick and injured persons on an inpatient basis;
- (3) provides facilities for medical, diagnostic and surgical care (These facilities need not be at the Hospital. They may be elsewhere if there is a formal agreement for their use.);
- (4) provides 24 hour a day nursing care by or under the supervision of a nurse;
- (5) is supervised by a staff of one or more Physicians;
- (6) is accredited by the Joint Commission on the Accreditation of Hospitals; and
- (7) is not an institution, or part thereof, used as: a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a rehabilitative facility; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction.

HOSPITAL CONFINEMENT or HOSPITAL CONFINED or CONFINED means the Covered Person must be assigned to a bed as a resident inpatient in a Hospital or confined in an observation unit within a Hospital on the advice of a Physician for at least 18 consecutive hours to be considered one day of Hospital Confinement.

INSURED means that person named as Insured in the Certificate's Schedule of Benefits. The Insured must:

- (1) be employed by the Policyholder; or
- (2) be a member in or employed by the association, if the Policy is issued to an association.

INTENSIVE CARE OR CORONARY CARE UNIT means only that portion of the Hospital that:

- (1) is operated solely to give the highest level of medical care for the critically ill or injured;
- (2) is kept separate from other Hospital facilities;
- (3) has special supplies and equipment necessary for immediate use;
- (4) and provides room, board and constant observation and care by registered professional nurses or other highly trained Hospital personnel.

The Intensive Care Unit must be listed in the current edition of the American Hospital Association Guide. Types of facilities that meet the requirements are: Intensive Care Units; Cardiac Intensive Care Units; Burn Units; and Infant (Neonatal) Intensive Care Units.

Intensive Care Unit does not include: any Hospital facility used to provide normal post-operative recovery treatment; or service or confinement in units such as: Surgical Recovery Rooms, Progressive Care, Intermediate Care, Private Monitored Rooms, observation units, Telemetry Units or Psychiatric Units not involving intensive medical care; or other facilities which do not meet the standards for Intensive Care Unit as defined above.

LOSS (for Dismemberment Benefits) means:

Loss of use does not constitute dismemberment, except as stated for eye injury in (7) below.

- (1) Arm - actual severance above the elbow;
- (2) Leg - actual severance above the knee;
- (3) Hand - actual severance above the wrist;
- (4) Foot - actual severance above the ankle;
- (5) Finger - actual severance at the joint (closest to the first interphalangeal joint) where it is attached to the hand;
- (6) Toe - actual severance at the joint (closest to the first interphalangeal joint) where it is attached to the foot; and
- (7) Eye - loss of the eye or permanent loss of 80% of total vision.

PHYSICIAN means a practitioner of the healing arts who:

- (1) is practicing within the scope of his or her license in the state where so licensed; and
- (2) is not related to the Covered Person; and,
- (3) renders treatment for which benefits are provided by this Policy.

A Physician does not include a family member of the Covered Person or anyone who normally resides with the Covered Person in their residence. Family member means the Covered Person's spouse, child, sibling, parent, parent-in-law, grandparent or grandchild.

POLICY means the Policy issued to the Policyholder which covers the Covered Persons.

POLICY EFFECTIVE DATE means the date shown as Policy Effective Date in the master Policy Schedule.

POLICYHOLDER means the association or employer who holds the Policy.

SCHEDULE OF BENEFITS means the benefit schedule set forth in the Certificate.

YOU, YOUR means the Insured as defined.

ELIGIBILITY AND EFFECTIVE DATE

ELIGIBILITY

The Insured is eligible to be insured under the Policy if (s)he:

- (1) is Actively At Work as an employee of the Policyholder, or as a member or employee of a member of the Policyholder on his/her Certificate Effective Date; and,
- (2) qualifies as an eligible Insured, as defined in the Master Application; and,
- (3) is under age 70 (if (s)he is employed by an employer employing less than 20 employees).

EFFECTIVE DATE

A person must use forms provided by Us when applying for insurance. The insurance will take effect on the requested Certificate Effective Date; or the Certificate Effective Date assigned by Us upon approval of the person's application, whichever is later, if Our underwriting rules are met and the premium has been paid.

DEPENDENT ELIGIBILITY

Dependents of the Insured are eligible for insurance on the date the Insured becomes eligible for insurance or the date a person becomes a Dependent, whichever is later.

DEPENDENT EFFECTIVE DATE

The effective date of coverage for each Eligible Dependent will be the first of the month following Our approval of the application; and receipt of the first premium.

A newborn child will become covered automatically on the day he or she is born as long as the Insured's coverage was in force on that date. The newborn child's coverage will not continue past the 90-day period following his or her birth unless: We are notified by the end of the 90-day period of the addition of such newborn child; and any applicable additional premium is paid.

Coverage for newborn children will also include coverage for: a newly-born child adopted by the Insured, from the moment of birth, if a petition for adoption was filed within 60 days of the birth of the child; and a child adopted by the Insured from the date of placement for adoption. Coverage shall terminate upon the dismissal or denial of a petition for adoption.

Coverage for the adopted child will not continue past 60 days after the date of placement unless: We are notified by the end of the 60-day period of the addition of such adopted child; and any applicable additional premium is paid.

For purposes of this provision, placement means the assumption by the Insured of physical custody of the adopted child and the financial support and care of the child.

BENEFITS

We will pay the following benefits if a Covered Person's death, dismemberment, or Injuries are caused by a Covered Accident which occurs while the coverage is in force. This Policy will not pay benefits for Injuries received prior to the Certificate Effective Date of coverage that are aggravated or re-injured by any event that occurs after the Certificate Effective Date.

PART I – OUTPATIENT TREATMENT BENEFITS

Hospital Emergency Room

We will pay the indemnity amount shown on the Schedule of Benefits for a Covered Person who receives initial medical treatment for Injuries sustained in a Covered Accident when such treatment is received in a Hospital Emergency Room. For the purpose of this benefit, initial medical treatment must:

- (1) be received in a Hospital Emergency Room for Injuries sustained in a Covered Accident; and
- (2) be the first treatment received by the Covered Person for such Injuries; and
- (3) occur within 72 hours following the Covered Accident.

This benefit is payable once per Covered Person per Covered Accident. This benefit is not payable if a Physician's Office benefit is payable.

Physician's Office

We will pay the indemnity amount shown on the Schedule of Benefits for a Covered Person who receives initial medical treatment for Injuries sustained in a Covered Accident when such treatment is received in a Physician's office. For the purpose of this benefit, initial medical treatment must:

- (1) be received in a Physician's office for Injuries sustained in a Covered Accident; and
- (2) be the first treatment received by the Covered Person for such Injuries; and
- (3) occur within 30 days following the Covered Accident.

This benefit is payable once per Covered Person per Covered Accident. This benefit is not payable if a Hospital Emergency Room benefit is payable.

Emergency Dental Work

We will pay the indemnity amount shown on the Schedule of Benefits for a Covered Person for repair to natural teeth when treated by a Physician or dentist and that is a result of Injuries sustained in a Covered Accident. Initial dental treatment must be received within 72 hours of the Covered Accident. Benefits are paid only once per Covered Person per Covered Accident.

PART II – INPATIENT TREATMENT BENEFITS

Hospital Admission

We will pay the indemnity amount shown on the Schedule of Benefits when a Covered Person is Confined to a Hospital for Injuries sustained in a Covered Accident. We will pay this amount once per Covered Person per Covered Accident.

Daily Hospital Confinement

We will pay the daily indemnity amount shown on the Schedule of Benefits when the Covered Person requires Hospital Confinement due to an Injury sustained in a Covered Accident. This benefit is payable up to 30 days per Covered Person resulting from any one Covered Accident.

Intensive Care Unit

We will pay the daily indemnity benefit as shown on the Schedule of Benefits when a Covered Person is Confined in an Intensive Care Unit due to an Injury sustained in a Covered Accident, not to exceed 15 days per Covered Person for any one Covered Accident. This benefit is paid in addition to the Daily Hospital Confinement benefit.

PART III – ACCIDENTAL DEATH & DISMEMBERMENT

Accidental Death Benefit

We will pay the indemnity amount shown on the Schedule of Benefits if an Accidental Bodily Injury results in the loss of life of the Covered Person within 90 days of the Covered Accident causing such Injury. The Accidental Death Benefit shall be paid to the beneficiary, if any, otherwise to the estate of the Covered Person.

Dismemberment Benefit

We will pay the indemnity amount shown on the Schedule of Benefits if an Accidental Bodily Injury results in Loss of finger, toe, hand, arm, foot, leg or sight of a Covered Person within 90 days of the Covered Accident causing such Injury.

PART IV - AMBULANCE BENEFIT

We will pay the indemnity amount shown on the Schedule of Benefits if a Covered Person requires emergency air or ground ambulance transportation to or from a Hospital, as a result of a Covered Accident. The ambulance service must be provided by a licensed ambulance company. This benefit is payable once per Covered Person per Covered Accident.

PART V – MEDICAL IMAGING

We will pay the amount shown on the Schedule of Benefits for a Covered Person to have either a Magnetic Resonance Imaging (MRI), a Computed Tomography (CT) scan, Computed Axial Tomography (CAT) scan, Positron Emission Tomography (PET) scan, or an ultrasound when performed due to an Accidental Bodily Injury sustained in a Covered Accident. The MRI, CT scan, CAT scan, PET scan, or ultrasound must be done at the request of a Physician. This benefit is payable one time per Covered Person per Covered Accident.

EXCLUSIONS AND LIMITATIONS

Benefits otherwise provided by this Policy will not be payable for services or expenses or any such loss resulting from or in connection with:

- (1) sickness, illness or bodily infirmity;
- (2) intentionally self-inflicted bodily Injury, suicide or attempted suicide, whether sane or insane;
- (3) any act that was caused by war, declared or undeclared, or service in the armed forces;
- (4) participation in any form of flight aviation other than as a fare-paying passenger in a fully licensed/passenger-carrying aircraft;
- (5) Injury that occurs while engaged in any activity that pertains to the Covered Person's job where such Covered Person receives pay or benefits.
- (6) participation in any activity or event while under the influence of any narcotic drug, medication or sedative, unless prescribed and taken and directed by a Physician;
- (7) voluntary taking of poison or asphyxiation from the voluntary taking or inhaling of poison, gas or fumes;
- (8) participation in, or attempting to participate in, a felony, riot or insurrection (A felony is defined by the law of the jurisdiction in which the activity takes place.);
- (9) participation in any sport for pay or profit;
- (10) participation in any contest of speed in a power driven vehicle for pay or profit;
- (11) participation in parachuting, bungee jumping, rappelling, mountain climbing or hang gliding;
- (12) any bacterial infection (except pyogenic infections which result from an accidental cut or wound);
- (13) medical treatment received outside the United States or its territories.;

TERMINATION OF COVERAGE

TERMINATION OF CERTIFICATE

Insurance coverage under the Certificate will end on the earliest of these dates:

- (1) the date a person no longer qualifies as an Insured;
- (2) the last day of the period for which a premium has been paid, subject to the Grace Period;
- (3) the date the Policy terminates;
- (4) the date the Insured retires;
- (5) the date the Insured attains age 70 (if (s)he works for an employer employing less than 20 employees);
- (6) the date the Insured ceases employment with the employer through whom (s)he originally became insured under the Policy, or terminates his/her membership with the association through whom (s)he originally became insured under the Policy; or
- (7) the date We receive the Insured's written request for termination.

TERMINATION OF DEPENDENT(S)

Insurance coverage on a Dependent will end on the earliest of these dates:

- (1) the date the coverage under the Certificate terminates;
- (2) the date the Dependent no longer meets the definition of Eligible Dependent, as defined in the Policy;
- (3) the date We receive the Insured's written request for termination.

We may end the coverage of any Covered Person who submits a fraudulent claim.

TERMINATION OF POLICY

The Policyholder or We may terminate the Policy on any premium due date after the first Policy Anniversary Date, subject to 60 days written notice.

TERMINATION WITHOUT PREJUDICE

If termination of coverage occurs because of termination of the Insured's employment with the Policyholder, such termination shall be without prejudice to any Hospital Confinement which commenced while this Policy was in force.

COBRA CONTINUATION OF COVERAGE

This plan may be continued in accordance with the Consolidated Omnibus Reconciliation Act of 1986.

PREMIUMS

The first premium is due on or before the Effective Date of the Insured's Coverage. Thereafter, premiums are due on or before the premium due date. Premiums may be remitted to:

- (a) Our Home Office; or
- (b) an authorized insurance producer of Ours.

The premium rates may be changed by Us. If the rates are changed, the Company will give the Insured at least 45 days advance written notice. If a change in benefits increases the Company's liability, premium rates may be changed on the date the Company's liability is increased.

GENERAL PROVISIONS

ENTIRE CONTRACT: This Policy, including the optional benefits and endorsements and the attached papers, if any, constitutes the entire contract of insurance. No change in this Policy shall be valid unless such approval is endorsed hereon or attached hereto. No insurance producer has authority to change this Policy or to waive any of its provisions.

TIME LIMIT ON CERTAIN DEFENSES: After 2 years from the Certificate Effective Date, no misstatement, except fraudulent misstatements, made by the applicant in the application for such Certificate shall be used to void the Certificate or to deny a claim for loss incurred commencing after the expiration of such 2 year period.

GRACE PERIOD: A Grace Period of 31 days will be granted for the payment of each premium falling due after the first premium, during which Grace Period this Policy shall continue in force.

NOTICE OF CLAIM: Written Notice of Claim must be given to Us within 60 days after the occurrence or commencement of any loss covered by this Policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the Insured or the Beneficiary to the Company, at its Home Office, or to any authorized insurance producer of the Company, with information sufficient to identify the Insured, shall be deemed notice to the Company. Notice should include the name of the Insured and the Policy Number.

CLAIM FORMS: The Company, upon receipt of a Notice of Claim, will furnish to the claimant such forms as are usually furnished by it for filing Proof of Loss. If such forms are not furnished within 15 days after the giving of such notice, the claimant shall be deemed to have complied with the requirements of this Policy as to Proof of Loss upon submitting, within the time fixed in this Policy for filing Proof of Loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.

PROOF OF LOSS: Written Proof of Loss must be furnished to the Company at its Home Office, at 2305 Lakeland Drive, Flowood, MS 39232, within 90 days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as is 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 OF PAYMENT OF CLAIMS: Benefits payable under this Policy for any loss will be paid immediately upon receipt of due written proof of such loss.

PAYMENT OF CLAIMS: All benefits will be paid to the Insured. Benefits payable under the Policy will be paid to the Insured or the providers of services and supplies, if the Insured so directs in writing. Any benefits unpaid at the Insured's death will be paid to the Insured's Estate.

Accrued benefits that are not paid at the Insured's death will be paid to the Insured's beneficiary or estate. If a benefit is to be paid to the Insured's estate, or, if the Insured or his/her beneficiary are not competent to give a valid release, We may pay up to \$1,000 of such benefit to one of the Insured's relatives who is deemed by Us to be justly entitled to it. Such payment, made in good faith, fully discharges Us to the extent of the payment.

PHYSICAL EXAMINATION: The Company at its own expense shall have the right and opportunity to examine the Covered Person when and as often as it may reasonably require during the pendency of a claim.

LEGAL ACTION: No action at law or in equity shall be brought to recover on this Policy prior to the expiration of 60 days after written Proof of Loss has been furnished in accordance with the requirements of this Policy. No such action shall be brought after the expiration of 3 years after the time written Proof of Loss is required to be furnished.

CHANGE OF BENEFICIARY: Unless the Insured makes an irrevocable designation of Beneficiary, the right to change the Beneficiary is reserved to the Insured, and the consent of the Beneficiary or Beneficiaries shall not be requisite to surrender or assignment of the Certificate, or to any change of the Beneficiary or Beneficiaries, or to any other changes in the Certificate.

UNPAID PREMIUM: Upon payment of a claim under the Certificate, any premium then due and unpaid or covered by any note or written order may be deducted there from.

REFUND OF PREMIUM: Upon the death of a Covered Person, any proceeds payable will include any premiums for that person for any period beyond the end of the month in which death occurred.

CONFORMITY WITH STATE STATUTES: Any provision of this Policy, on its Policy Effective Date, in conflict with the statutes of the state of issue on such date, is hereby amended to conform to the minimum requirements of such state.

ASSIGNMENT: Any assignment of interest under the Insured's Certificate must be in writing. We shall not be deemed to have knowledge of any assignment unless the original or a duplicate thereof is filed at the Home Office. We assume no responsibility for the validity or sufficiency of any assignment.

NOTICE OF THE RIGHT TO APPEAL

Any denial of a claim for benefits will be explained in writing and the explanation will include:

- (1) the specific reason for the denial;
- (2) reference to the Policy provision upon which the denial was based;
- (3) a description of any additional information that a Covered Person may be required to provide and an explanation of why it is needed; and
- (4) an explanation of the Policy's claim review procedure.

The Covered Person or the beneficiary, or a duly authorized representative may appeal any denial of a claim for benefits by filing a written request to Us. In connection with such a request, documents pertinent to the administration of the Plan may be reviewed, and issues outlining the basis of the appeal may be submitted. The Covered Person may have representation throughout this review procedure.

The Covered Person's request for review must be filed within 90 days after receipt of the written notice of denial of a claim. A decision will be rendered by Us, no later than 90 days after receipt of the request for review. If there are special circumstances, the decision shall be rendered as soon as possible, but no later than 120 days after receipt of the request for review. The decision, after the review, shall be in writing and shall include specific reasons for the decision. This decision shall also include specific references to the pertinent Plan provisions on which the decision was based.



American Public Life Insurance Company

A member of the American Fidelity Group

2305 Lakeland Drive, Flowood, Mississippi 39232
(800) 256-8606

CERTIFICATE OF INSURANCE ACCIDENT ONLY INSURANCE

American Public Life Insurance Company (We, Us, Our) hereby certifies that it has issued and delivered to the Policyholder a group Policy, described on the Certificate Schedule page attached hereto. The group Policy covers certain eligible persons, as described in the Policy.

This Certificate describes the benefits and provisions of the group Policy and becomes Your Certificate of insurance only if:

- (a) You are eligible for the insurance;
- (b) You are Actively At Work as an employee of the Policyholder, or a member or employee of a member of the Policyholder, on the date this Certificate is to take effect; and
- (c) You become insured and remain insured in accordance with all of the provisions of the Policy.

Further, the insurance is to be effective only if the required premium payments are made by You or on Your behalf to Us. (See Eligibility and Effective Date)

No insurance producer may change the Policy or waive any of its provisions.

This Certificate takes the place of any other Certificate previously issued to You under the group Policy. It should be kept in a safe place.

IN WITNESS WHEREOF, We cause this Certificate to take effect on the Effective Date.

Assistant Secretary

Vice President

**PLEASE READ YOUR CERTIFICATE CAREFULLY.
THE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED PROVIDES LIMITED BENEFITS.
IT DOES NOT PAY BENEFITS DUE TO SICKNESS.**

Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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Application

Certificate of Insurance
GA0508
Accident Only Insurance

Policyholder: [ABC Company]
 Policy Number: [M00000]

Policy Effective Date: [6/1/2009]

Certificate Number: [C00000]

Certificate Effective Date: [6/1/2009]

Insured: [John Doe
 123 First Avenue]

Benefit Plan: [Level I, Level II, Level III]

Plan Selected: [Individual, Couple, Single Parent Family, Two Parent Family]

Method of Payment: [Direct Bill, Payroll Deduction, Bank Draft]

Premium Mode: [Weekly, Bi-Weekly, Monthly, Semi-Monthly, Paid by Master Policyholder, Other]

Premium Amount: [\$XXX.XX]

DESCRIPTION OF COVERAGE

Benefit Description	Benefit Amount			Premium
<u>Outpatient Treatment Benefits:</u>				[\$ XX.XX]
Hospital Emergency Room <i>Initial treatment within 72 hours</i>	\$250	\$500	\$750	
Non-Emergency Room <i>Initial treatment within 30 days</i>	\$50	\$100	\$150	
Emergency Dental <i>Initial treatment within 72 hours</i>	\$50	\$100	\$150	
<u>Inpatient Treatment Benefits:</u>				
Hospital Admission <i>Once per Covered Person per Covered Accident</i>	\$250	\$500	\$750	
Daily Hospital Confinement <i>Per day up to 30 days</i>	\$100	\$200	\$300	
Intensive Care Unit <i>Per day up to 15 days</i>	\$200	\$400	\$600	
<u>Accidental Death & Dismemberment:</u>				
Death Benefit (<i>Insured and Spouse</i>)**	\$15,000	\$30,000	\$45,000	
Dismemberment (<i>Insured and Spouse</i>)**				
<i>Both arms AND legs</i>	\$15,000	\$30,000	\$45,000	
<i>Both arms, legs, hands, feet, OR eyes</i>	\$7,500	\$15,000	\$22,500	
<i>One arm, leg, hand, foot OR eye</i>	\$3,750	\$7,500	\$11,250	
<i>One or more finger(s) or toe(s)</i>	\$1,000	\$2,000	\$3,000	
**Eligible Child benefit is ½ the Insured's Benefit Amount				
<u>Ambulance Benefit – Ground or Air</u> <i>Once per Covered Person per Covered Accident</i>	\$250	\$500	\$750	
<u>Medical Imaging</u> <i>Once per Covered Person per Covered Accident</i>	\$100	\$200	\$300	

[Optional Riders

24 Hour Accident Rider

[\$ XX.XX]

Total Premium

[\$ 80.60]

DEFINITIONS

Additional Definitions may be contained in the Benefit Provisions or any attached Endorsement or Rider.

ACCIDENTAL BODILY INJURY or INJURY or ACCIDENTAL INJURY means physical damage to a Covered Person:

- (1) sustained in a Covered Accident on or after the Certificate Effective Date; and
- (2) while this Certificate is in force; and
- (3) which is the direct cause of the loss, independent of disease, bodily infirmity or any other excluded cause; and
- (4) for which benefits are provided.

All injuries sustained in any one Covered Accident and all complications arising there from and recurrence and complication shall be deemed to be a single "Injury."

ACCIDENTAL DEATH or ACCIDENTAL DISMEMBERMENT means Death or Dismemberment caused by a Covered Accident that occurs on or after the Effective Date of coverage and while coverage is in force, which is independent of disease or bodily infirmity or any other excluded cause.

ACTIVELY AT WORK means that You are:

- (1) doing in the usual manner all of the regular duties of Your employment on a full-time basis on a scheduled work day; and
- (2) these duties are being done at one of the places of business where You normally do such duties or at some location to which Your employment sends You.

You will be said to be Actively At Work on a day which is not a scheduled work day only if You would be able to perform in the usual manner all of the regular duties of Your employment if it were a scheduled work day.

CALENDAR YEAR means the period beginning on the Certificate Effective Date and ending on December 31 of the same year. Thereafter, it is the period beginning on January 1 and ending on December 31 of each year.

CERTIFICATE means the individual Certificate issued to an Insured. It describes the coverage under the Policy; how benefits will be paid; any limitations of the Policy; and all other essential features of the Policy. If You are issued more than one Certificate under the Policy, only the last one will be in effect.

CERTIFICATE EFFECTIVE DATE means the effective date of an individual Certificate issued to You.

COMPANY, OUR, WE, US means the American Public Life Insurance Company.

COVERED ACCIDENT means a sudden, unexpected and unintended event, which results in Accidental Bodily Injury, which is independent of disease or bodily infirmity or any other excluded cause. A Covered Accident does not include any Accidental Injury that occurs while engaged in any activity that pertains to the Covered Person's job where such Covered Person receives pay or benefits.

COVERED PERSON means You and Your Eligible Dependents whose insurance has become effective under all conditions and provisions of the Policy.

ELIGIBLE DEPENDENT means any person who is:

- (1) Your legal spouse who is under age 70; or,
- (2) Your, or Your spouse's, unmarried natural child, adopted child, or stepchild who:
 - a. is dependent upon You for support; and
 - b. is under the age of 21, or under 25 years of age if attending an accredited school, college or university full-time; or
 - c. becomes incapable of self-sustaining employment because of mental or physical incapacity while covered under the Policy, prior to reaching the limiting age for dependent children. The child must be dependent on You for support and maintenance. We must receive notification of incapacity. The Insured must notify Us if this incapacity is removed or terminated at a later date. The premium will remain at the dependent rate; or
- (3) under Your charge, care and control, if placed with You for adoption, and meets conditions (2)(a), (b), or (c) listed above; or
- (4) a child of any Eligible Child covered under Your Certificate, and who meets conditions (2)(a), (b) or (c) listed above.

EMERGENCY ROOM means a specified area within a hospital that is designated for the emergency care of accident injuries. This area must:

- (1) be staffed and equipped to handle trauma;
- (2) be supervised and provide treatment by Physicians; and
- (3) provide care 7 days a week, 24 hours per day.

HOSPITAL means a place that:

- (1) is licensed and operated pursuant to law;
- (2) provides care and treatment for sick and injured persons on an inpatient basis;
- (3) provides facilities for medical, diagnostic and surgical care (These facilities need not be at the Hospital. They may be elsewhere if there is a formal agreement for their use.);
- (4) provides 24 hour a day nursing care by or under the supervision of a nurse;
- (5) is supervised by a staff of one or more Physicians;
- (6) is accredited by the Joint Commission on the Accreditation of Hospitals; and
- (7) is not an institution, or part thereof, used as: a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a rehabilitative facility; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction.

HOSPITAL CONFINEMENT or HOSPITAL CONFINED or CONFINED means the Covered Person must be assigned to a bed as a resident inpatient in a Hospital or confined in an observation unit within a Hospital on the advice of a Physician for at least 18 consecutive hours to be considered one day of Hospital Confinement.

INSURED means that person named as Insured in the Certificate's Schedule of Benefits. The Insured must:

- (1) be employed by the Policyholder; or
- (2) be a member in or employed by the association, if the Policy is issued to an association.

INTENSIVE CARE OR CORONARY CARE UNIT means only that portion of the Hospital that:

- (1) is operated solely to give the highest level of medical care for the critically ill or injured;
- (2) is kept separate from other Hospital facilities;
- (3) has special supplies and equipment necessary for immediate use;
- (4) and provides room, board and constant observation and care by registered professional nurses or other highly trained Hospital personnel.

The Intensive Care Unit must be listed in the current edition of the American Hospital Association Guide. Types of facilities that meet the requirements are: Intensive Care Units; Cardiac Intensive Care Units; Burn Units; and Infant (Neonatal) Intensive Care Units.

Intensive Care Unit does not include: any Hospital facility used to provide normal post-operative recovery treatment; or service or confinement in units such as: Surgical Recovery Rooms, Progressive Care, Intermediate Care, Private Monitored Rooms, observation units, Telemetry Units or Psychiatric Units not involving intensive medical care; or other facilities which do not meet the standards for Intensive Care Unit as defined above.

LOSS (for Dismemberment Benefits) means:

Loss of use does not constitute dismemberment, except as stated for eye injury in (7) below.

- (1) Arm - actual severance above the elbow;
- (2) Leg - actual severance above the knee;
- (3) Hand - actual severance above the wrist;
- (4) Foot - actual severance above the ankle;
- (5) Finger - actual severance at the joint (closest to the first interphalangeal joint) where it is attached to the hand;
- (6) Toe - actual severance at the joint (closest to the first interphalangeal joint) where it is attached to the foot; and
- (7) Eye - loss of the eye or permanent loss of 80% of total vision.

PHYSICIAN means a practitioner of the healing arts who:

- (1) is practicing within the scope of his or her license in the state where so licensed; and
- (2) is not related to the Covered Person; and,
- (3) renders treatment for which benefits are provided by the Policy.

A Physician does not include a family member of the Covered Person or anyone who normally resides with the Covered Person in their residence. Family member means the Covered Person's spouse, child, sibling, parent, parent-in-law, grandparent or grandchild.

POLICY means the Policy issued to the Policyholder which covers the Covered Persons.

POLICY EFFECTIVE DATE means the date shown as Policy Effective Date in the Certificate Schedule.

POLICYHOLDER means the association or employer who holds the Policy.

SCHEDULE OF BENEFITS means the benefit schedule set forth in this Certificate.

YOU, YOUR means the Insured as defined.

ELIGIBILITY AND EFFECTIVE DATE

ELIGIBILITY

You are eligible to be insured under the Policy if You:

- (1) are Actively At Work as an employee of the Policyholder, or as a member or employee of a member of the Policyholder on Your Certificate Effective Date; and,
- (2) qualify as an eligible Insured, as defined in the Master Application; and,
- (3) are under age 70 (if You are employed by an employer employing less than 20 employees).

EFFECTIVE DATE

A person must use forms provided by Us when applying for insurance. The insurance will take effect on the requested Certificate Effective Date; or the Certificate Effective Date assigned by Us upon approval of the person's application, whichever is later, if Our underwriting rules are met and the premium has been paid.

DEPENDENT ELIGIBILITY

Your Dependents are eligible for insurance on the date You become eligible for insurance or the date a person becomes a Dependent, whichever is later.

DEPENDENT EFFECTIVE DATE

The effective date of coverage for each Eligible Dependent will be the first of the month following Our approval of the application; and receipt of the first premium.

A newborn child will become covered automatically on the day he or she is born as long as Your coverage was in force on that date. The newborn child's coverage will not continue past the 90-day period following his or her birth unless: We are notified by the end of the 90-day period of the addition of such newborn child; and any applicable additional premium is paid.

Coverage for newborn children will also include coverage for: a newly-born child adopted by You, from the moment of birth, if a petition for adoption was filed within 60 days of the birth of the child; and a child adopted by You from the date of placement for adoption. Coverage shall terminate upon the dismissal or denial of a petition for adoption.

Coverage for the adopted child will not continue past 60 days after the date of placement unless: We are notified by the end of the 60-day period of the addition of such adopted child; and any applicable additional premium is paid.

For purposes of this provision, placement means the assumption by You of physical custody of the adopted child and the financial support and care of the child.

BENEFITS

We will pay the following benefits if a Covered Person's death, dismemberment, or Injuries are caused by a Covered Accident which occurs while the coverage is in force. The Policy will not pay benefits for Injuries received prior to the Certificate Effective Date of coverage that are aggravated or re-injured by any event that occurs after the Certificate Effective Date.

PART I – OUTPATIENT TREATMENT BENEFITS

Hospital Emergency Room

We will pay the indemnity amount shown on the Schedule of Benefits for a Covered Person who receives initial medical treatment for Injuries sustained in a Covered Accident when such treatment is received in a Hospital Emergency Room. For the purpose of this benefit, initial medical treatment must:

- (1) be received in a Hospital Emergency Room for Injuries sustained in a Covered Accident; and
- (2) be the first treatment received by the Covered Person for such Injuries; and
- (3) occur within 72 hours following the Covered Accident.

This benefit is payable once per Covered Person per Covered Accident. This benefit is not payable if a Physician's Office benefit is payable.

Physician's Office

We will pay the indemnity amount shown on the Schedule of Benefits for a Covered Person who receives initial medical treatment for Injuries sustained in a Covered Accident when such treatment is received in a Physician's office. For the purpose of this benefit, initial medical treatment must:

- (1) be received in a Physician's office for Injuries sustained in a Covered Accident; and
- (2) be the first treatment received by the Covered Person for such Injuries; and
- (3) occur within 30 days following the Covered Accident.

This benefit is payable once per Covered Person per Covered Accident. This benefit is not payable if a Hospital Emergency Room benefit is payable.

Emergency Dental Work

We will pay the indemnity amount shown on the Schedule of Benefits for a Covered Person for repair to natural teeth when treated by a Physician or dentist and that is a result of Injuries sustained in a Covered Accident. Initial dental treatment must be received within 72 hours of the Covered Accident. Benefits are paid only once per Covered Person per Covered Accident.

PART II – INPATIENT TREATMENT BENEFITS

Hospital Admission

We will pay the indemnity amount shown on the Schedule of Benefits when a Covered Person is Confined to a Hospital for Injuries sustained in a Covered Accident. We will pay this amount once per Covered Person per Covered Accident.

Daily Hospital Confinement

We will pay the daily indemnity amount shown on the Schedule of Benefits when the Covered Person requires Hospital Confinement due to an Injury sustained in a Covered Accident. This benefit is payable up to 30 days per Covered Person resulting from any one Covered Accident.

Intensive Care Unit

We will pay the daily indemnity benefit as shown on the Schedule of Benefits when a Covered Person is Confined in an Intensive Care Unit due to an Injury sustained in a Covered Accident, not to exceed 15 days per Covered Person for any one Covered Accident. This benefit is paid in addition to the Daily Hospital Confinement benefit.

PART III – ACCIDENTAL DEATH & DISMEMBERMENT

Accidental Death Benefit

We will pay the indemnity amount shown on the Schedule of Benefits if an Accidental Bodily Injury results in the loss of life of the Covered Person within 90 days of the Covered Accident causing such Injury. The Accidental Death Benefit shall be paid to the beneficiary, if any, otherwise to the estate of the Covered Person.

Dismemberment Benefit

We will pay the indemnity amount shown on the Schedule of Benefits if an Accidental Bodily Injury results in Loss of finger, toe, hand, arm, foot, leg or sight of a Covered Person within 90 days of the Covered Accident causing such Injury.

PART IV - AMBULANCE BENEFIT

We will pay the indemnity amount shown on the Schedule of Benefits if a Covered Person requires emergency air or ground ambulance transportation to or from a Hospital, as a result of a Covered Accident. The ambulance service must be provided by a licensed ambulance company. This benefit is payable once per Covered Person per Covered Accident.

PART V – MEDICAL IMAGING

We will pay the amount shown on the Schedule of Benefits for a Covered Person to have either a Magnetic Resonance Imaging (MRI), a Computed Tomography (CT) scan, Computed Axial Tomography (CAT) scan, Positron Emission Tomography (PET) scan, or an ultrasound when performed due to an Accidental Bodily Injury sustained in a Covered Accident. The MRI, CT scan, CAT scan, PET scan, or ultrasound must be done at the request of a Physician. This benefit is payable one time per Covered Person per Covered Accident.

EXCLUSIONS AND LIMITATIONS

Benefits otherwise provided by the Policy will not be payable for services or expenses or any such loss resulting from or in connection with:

- (1) sickness, illness or bodily infirmity;
- (2) intentionally self-inflicted bodily Injury, suicide or attempted suicide, whether sane or insane;
- (3) any act that was caused by war, declared or undeclared, or service in the armed forces;
- (4) participation in any form of flight aviation other than as a fare-paying passenger in a fully licensed/passenger-carrying aircraft;
- (5) Injury that occurs while engaged in any activity that pertains to the Covered Person's job where such Covered Person receives pay or benefits.
- (6) participation in any activity or event while under the influence of any narcotic drug, medication or sedative, unless prescribed and taken as directed by a Physician;
- (7) voluntary taking of poison or asphyxiation from the voluntary taking or inhaling of poison, gas or fumes;
- (8) participation in, or attempting to participate in, a felony, riot or insurrection (A felony is defined by the law of the jurisdiction in which the activity takes place.);
- (9) participation in any sport for pay or profit;
- (10) participation in any contest of speed in a power driven vehicle for pay or profit;
- (11) participation in parachuting, bungee jumping, rappelling, mountain climbing or hang gliding;
- (12) any bacterial infection (except pyogenic infections which result from an accidental cut or wound);
- (13) medical treatment received outside the United States or its territories.;

TERMINATION OF COVERAGE

TERMINATION OF CERTIFICATE

Insurance coverage under the Certificate will end on the earliest of these dates:

- (1) the date You no longer qualify as an Insured;
- (2) the last day of the period for which a premium has been paid, subject to the Grace Period;
- (3) the date the Policy terminates;
- (4) the date You retire;
- (5) the date You attain age 70 (if You work for an employer employing less than 20 employees);
- (6) the date You cease employment with the employer through whom You originally became insured under the Policy, or terminate Your membership with the association through whom You originally became insured under the Policy; or
- (7) the date We receive Your written request for termination.

TERMINATION OF DEPENDENT(S)

Insurance coverage on a Dependent will end on the earliest of these dates:

- (1) the date the coverage under the Certificate terminates;
- (2) the date the Dependent no longer meets the definition of Eligible Dependent, as defined in the Policy;
- (3) the date We receive Your written request for termination.

We may end the coverage of any Covered Person who submits a fraudulent claim.

TERMINATION OF POLICY

The Policyholder or We may terminate the Policy on any premium due date after the first Policy Anniversary Date, subject to 60 days written notice.

TERMINATION WITHOUT PREJUDICE

If termination of coverage occurs because of termination of Your employment with the Policyholder, such termination shall be without prejudice to any Hospital Confinement which commenced while the Policy was in force.

COBRA CONTINUATION OF COVERAGE

This plan may be continued in accordance with the Consolidated Omnibus Reconciliation Act of 1986.

PREMIUMS

The first premium is due on or before the Effective Date of Your Coverage. Thereafter, premiums are due on or before the premium due date. Premiums may be remitted to:

- (a) Our Home Office; or
- (b) an authorized insurance producer of Ours.

The premium rates may be changed by Us. If the rates are changed, the Company will give You at least 45 days advance written notice. If a change in benefits increases the Company's liability, premium rates may be changed on the date the Company's liability is increased.

GENERAL PROVISIONS

ENTIRE CONTRACT: The Policy, including the optional benefits and endorsements and the attached papers, if any, constitutes the entire contract of insurance. No change in the Policy shall be valid unless such approval is endorsed hereon or attached hereto. No insurance producer has authority to change the Policy or to waive any of its provisions.

TIME LIMIT ON CERTAIN DEFENSES: After 2 years from the Certificate Effective Date, no misstatement, except fraudulent misstatements, made by the applicant in the application for such Certificate shall be used to void the Certificate or to deny a claim for loss incurred commencing after the expiration of such 2 year period.

GRACE PERIOD: A Grace Period of 31 days will be granted for the payment of each premium falling due after the first premium, during which Grace Period the Policy shall continue in force.

NOTICE OF CLAIM: Written Notice of Claim must be given to Us within 60 days after the occurrence or commencement of any loss covered by the Policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the Insured or the Beneficiary to the Company, at its Home Office, or to any authorized insurance producer of the Company, with information sufficient to identify the Insured, shall be deemed notice to the Company. Notice should include the name of the Insured and the Policy Number.

CLAIM FORMS: The Company, upon receipt of a Notice of Claim, will furnish to the claimant such forms as are usually furnished by it for filing Proof of Loss. If such forms are not furnished within 15 days after the giving of such notice, the claimant shall be deemed to have complied with the requirements of the Policy as to Proof of Loss upon submitting, within the time fixed in the Policy for filing Proof of Loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.

PROOF OF LOSS: Written Proof of Loss must be furnished to Us at Our Home Office, at 2305 Lakeland Drive, Flowood, MS 39232, within 90 days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as is 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 OF PAYMENT OF CLAIMS: Benefits payable under the Policy for any loss will be paid immediately upon receipt of due written proof of such loss.

PAYMENT OF CLAIMS: All benefits will be paid to You. Benefits payable under the Policy will be paid to You or the providers of services and supplies, if You so direct in writing. Any benefits unpaid at Your death will be paid to Your Estate.

Accrued benefits that are not paid at Your death will be paid to Your beneficiary or estate. If a benefit is to be paid to Your estate, or, if You or Your beneficiary are not competent to give a valid release, We may pay up to \$1,000 of such benefit to one of Your relatives who is deemed by Us to be justly entitled to it. Such payment, made in good faith, fully discharges Us to the extent of the payment.

PHYSICAL EXAMINATION: The Company at its own expense shall have the right and opportunity to examine the Covered Person when and as often as it may reasonably require during the pendency of a claim.

LEGAL ACTION: No action at law or in equity shall be brought to recover on the Policy prior to the expiration of 60 days after written Proof of Loss has been furnished in accordance with the requirements of the Policy. No such action shall be brought after the expiration of 3 years after the time written Proof of Loss is required to be furnished.

CHANGE OF BENEFICIARY: Unless You make an irrevocable designation of Beneficiary, the right to change the Beneficiary is reserved to You, and the consent of the Beneficiary or Beneficiaries shall not be requisite to surrender or assignment of the Certificate, or to any change of the Beneficiary or Beneficiaries, or to any other changes in the Certificate.

UNPAID PREMIUM: Upon payment of a claim under the Certificate, any premium then due and unpaid or covered by any note or written order may be deducted there from.

REFUND OF PREMIUM: Upon the death of a Covered Person, any proceeds payable will include any premiums for that person for any period beyond the end of the month in which death occurred.

CONFORMITY WITH STATE STATUTES: Any provision of this Certificate which, on its Certificate Effective Date, is in conflict with the statutes of the state of issue on such date, is hereby amended to conform to the minimum requirements of such state.

ASSIGNMENT: Any assignment of interest under Your Certificate must be in writing. We shall not be deemed to have knowledge of any assignment unless the original or a duplicate thereof is filed at the Home Office. We assume no responsibility for the validity or sufficiency of any assignment.

NOTICE OF THE RIGHT TO APPEAL

Any denial of a claim for benefits will be explained in writing and the explanation will include:

- (1) the specific reason for the denial;
- (2) reference to the Policy provision upon which the denial was based;
- (3) a description of any additional information that a Covered Person may be required to provide and an explanation of why it is needed; and
- (4) an explanation of the Policy's claim review procedure.

The Covered Person or the beneficiary, or a duly authorized representative may appeal any denial of a claim for benefits by filing a written request to Us. In connection with such a request, documents pertinent to the administration of the Plan may be reviewed, and issues outlining the basis of the appeal may be submitted. The Covered Person may have representation throughout this review procedure.

The Covered Person's request for review must be filed within 90 days after receipt of the written notice of denial of a claim. A decision will be rendered by Us, no later than 90 days after receipt of the request for review. If there are special circumstances, the decision shall be rendered as soon as possible, but no later than 120 days after receipt of the request for review. The decision, after the review, shall be in writing and shall include specific reasons for the decision. This decision shall also include specific references to the pertinent Plan provisions on which the decision was based.



American Public Life Insurance Company

A member of the American Fidelity Group

2305 Lakeland Drive, Flowood, Mississippi 39232
(800) 256-8606

24 Hour Accident Amendment Rider

This rider is a part of the Policy/Certificate to which it is attached. It is subject to all the provisions of the Policy/Certificate that are not in conflict with the provisions of this rider. The Effective Date of this rider is the same date as the Certificate to which it is attached. This rider will terminate on the same date as the Certificate to which it is attached.

The Policy/Certificate to which this rider is attached is hereby amended as follows:

The definition of Covered Accident is replaced in its entirety by the following:

COVERED ACCIDENT means a sudden, unexpected and unintended event, which results in Accidental Bodily Injury, which is independent of disease or bodily infirmity or any other excluded cause.

The following Exclusion is removed in its entirety from the Exclusions and Limitations section of the Policy/Certificate:

- (5) No benefits will be provided for any Injury that occurs while engaged in any activity that pertains to the Covered Person's job where such Covered Person receives pay or benefits.

The following Exclusion in the Exclusions and Limitations section of the Policy/Certificate is replaced in its entirety by the following:

- (7) voluntary taking of poison or asphyxiation from the voluntary taking or inhaling of poison, gas or fumes other than as the result of an occupational accident.

Assistant Secretary

Vice President


**American Public Life
Insurance Company**

A member of the American Fidelity Group
 2305 Lakeland Drive • Flowood, Mississippi • 39232
 Phone: (601) 936-6600 or (800) 256-8606 • Fax: (601) 932-9011

This is an application for insurance on Form #: GM GA508. It is based on the following statements and representations.

1. Plan Sponsor/Policyholder: ABC School
2. Mailing Address: 345 Anystreet City Anywhere State AS Zip 00000
3. Physical Address: 345 Anystreet City Anywhere State AS Zip 00000
(if different than mailing address)
4. Plan Sponsor/Policyholder Contact Name: Jane C. Doe
5. Contact Phone: (222) 222-2222 Fax: (222) 333-3333 6. E-mail Address: Abcschool@edu.net
7. Group Type: Association Employer Other (describe) _____
8. Tax I.D.#: XXXXXXXXXX 9. SIC Code: 21 10. Year Established? 1965
11. Nature of Business: Elementary school 12. Subsidiary & Affiliated Organizations: No Yes (attach information)
13. For Associations Only: Eligibility Determined at employer level
14. Current Employees/Members are Eligible: Immediately After _____ Days Employment (Full-Time Employee means 35 hours per week.)
15. New Employees/Members are Eligible After 30 Days Employment
16. Number of Currently Eligible Employees/Members 250 17. Requested Effective Date 1/1/08
18. Do you currently have insurance like or similar to the coverage applied for? Yes No If "yes", please list type of insurance and carrier(s): _____
19. Will the insurance applied for replace any existing insurance? Yes No If "yes" list type of insurance, carrier, and termination date: _____
20. Will any coverage applied for be offered under a Cafeteria Plan? Yes No If "yes" which coverage? (List anniversary date, Plan Administrator, address and phone number.) _____
21. Are insureds covered under Workers' Compensation? Yes No
22. Billing: Frequency: Monthly Semi-Monthly Bi-Weekly Weekly Other _____
 Skip Month: 8/12 9/12 10/12 11/12 Which months Skipped? _____
 Method: Paper Electronic – Email Address: _____ Date of 1st Deduction: 2/1/08
 Send Billing To: Name Ellen C. Doe Phone #: (222) 331-2222
(List Billing Contact and Address if different than above.)
 Billing Address: _____ City _____ State _____ Zip _____
23. Accident Coverage Applied for: Voluntary Plan Sponsor Pays _____ %
 24 Hour Off The Job Only
 [Level I] [Level II] [Level III]
24. If this application is approved American Public Life Insurance Company, group insurance will take effect: (a) on the Effective Date; or, (b) on the date the required number of eligible persons have enrolled, if such persons are to pay for part of the cost of their coverage; whichever is the later date. Group insurance will be issued: (a) at the Company's rates; and, (b) under the terms and conditions of the policy or policies applied for. If this application is not approved, no insurance will take effect. Any premium payment advanced by the Policyholder will be returned.
25. **THE POLICYHOLDER DECLARES** that to the best of his knowledge and belief the statements and answers shown above are true and complete. The Policyholder understands and agrees that: (a) the application will form a part of any policy issued; (b) no information given to, or acquired by, any representative of the Company will bind the Company unless it appears in writing on this application; (c) no waiver or modification will bind the Company unless it is in writing and is signed by an Executive Officer of the Company; and (d) only those persons eligible under the terms of the policy or policies issued will be covered. I hereby request American Public Life Insurance Company to issue the Group Insurance Policy(ies) and Certificates of Insurance for the coverage applied for. I agree to collect and remit premiums for insurance products for the insured (and dependents, if applicable).

No Insurance is Effective until the Policy and Certificates are actually issued and then only from the Effective Date.

<u>Jane C. Doe</u>	<u>President</u>	<u>12/31/07</u>
Signature of Plan Sponsor Official	Title	Date
<u>John Q. Agent</u>	<u>123456</u>	
Agent Signature	Agent Number	

Employer groups may be subject to certain State and/or Federal Employment related laws (including ERISA, IRS Sections 89 and 125, and COBRA) and is solely responsible for compliance of these laws including any required benefit payments not covered by an Insurance Plan.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FOR HOME OFFICE USE ONLY:

Effective Date: _____

PRD #: _____



American Public Life Insurance Company

A member of the American Fidelity Group

2305 Lakeland Drive • Flowood, Mississippi 39232

Phone: (601) 936-6600 or (800) 256-8606 • Fax: (601) 932-9011

FOR AGENT USE ONLY:

Requested Effective Date: _____

New Enrollment

Reinstatement

Change of Family Status

GROUP ACCIDENT ONLY APPLICATION

APPLICANT INFORMATION

1. Proposed Insured(s):				SEX	AGE	COUNTRY OF CITIZENSHIP	BIRTHDATE			SOCIAL SECURITY NUMBER
Last Name	First Name	Initial	Mo.				Date	Yr.		
a. Applicant	Doe	John	C	M	35	United States	01	01	71	XXXXXXXXXX
b. Spouse										
c. Children										

2. Home Address: 123 Anystreet

<u>Anywhere</u>	<u>Anystate</u>	<u>00000</u>
City	State	Zip

Home Phone: (111) 111-1111

3. Master Policyholder: ABC School

Address: 345 Anystreet

<u>Anywhere</u>	<u>Anystate</u>	<u>00000</u>
City	State	Zip

Work Phone: (222) 222-2222

Employment Date: 01/01/2006

If Master Policyholder is not your Employer, please complete the following:

Employer: _____

Phone: ()

Employment Date: _____

Address: _____

City State Zip

4.a. What is Your Occupation? Professor 4.b. Full Time: Yes No No. of Hours Per Week: _____

5. Have you been actively at work on a full time basis, as defined by your employer, for the last six months, except for minor illnesses or injury for 1 week or less, or for normal pregnancy? Yes No

6. GA508 Group Accident Only Policy 24 Hour Accident Rider

Plan Applied For: [Level I] [Level II] [Level III] Monthly Premium Amount: \$ XX.xx

Payroll Deduction Period: Weekly Bi-Weekly Monthly Semi-Monthly Paid by Master Policyholder

Other: _____

7.a. Beneficiary: George C. Doe Relationship: Father Country of Citizenship: United States

b. Contingent Beneficiary: James C. Doe Relationship: Brother Country of Citizenship: United States

FRAUD WARNINGS

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

AGREEMENT

I have received and reviewed a copy of consumer brochure # SB _____

I hereby enroll or change, as indicated above, this group insurance coverage for which I am eligible. I authorize my employer to deduct my contributions, if any, from my pay. ANY CHANGE REQUIRES WRITTEN NOTICE. I declare that all statements and answers in this application are complete, true and correct to the best of my knowledge and belief and are made as a consideration of the insurance herein applied for. I understand and agree that no coverage will take effect, until a Policy or Certificate is issued.

DATED AT: Anywye, Anystate

AGENT (print): John Q. Agent APPLICANT: John C. Doe DATE: 5/25/08

AGENT (signature): John Q. Agent STATE LIC. #: 12345 AGENT #: 1264

(where required by law)

MATERIAL OMISSIONS OR MISSTATEMENTS IN THIS APPLICATION MAY VOID INSURANCE.

SERFF Tracking Number: AFDL-125933557 State: Arkansas
 Filing Company: American Public Life Insurance Company State Tracking Number: 41057
 Company Tracking Number: GM GA508AR, GC GA508AR, GHR111, GA508MASAPPAR, GA508APPAR
 TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
 Product Name: GM GA508AR, GC GA508AR, GHR111, GA508MASAPPAR, GA508APPAR
 Project Name/Number: GM GA508AR, GC GA508AR, GHR111, GA508MASAPPAR, GA508APPAR /GM GA508AR, GC GA508AR, GHR111,
 GA508MASAPPAR, GA508APPAR

Supporting Document Schedules

<p> Satisfied -Name: Certification/Notice Comments: Attachment: AR FLESCHE HEALTH.pdf </p>	<p> Review Status: Approved-Closed 12/12/2008 </p>
<p> Bypassed -Name: Application Bypass Reason: see form tab Comments: </p>	<p> Review Status: Approved-Closed 12/12/2008 </p>
<p> Satisfied -Name: Authorization Comments: Attachment: Authorization08.pdf </p>	<p> Review Status: Approved-Closed 12/12/2008 </p>



A member of the American Fidelity Group

ARKANSAS FLESCH CERTIFICATION

This is to certify that the Flesch scores for the enclosed forms are as follows:

Form Number	Flesch Score	Words Contained in Text
GM GA508 Master Accident Only Policy	50 (w/o defined terms)	3915
GC GA508 Accident Only Certificate	50 (w/o defined terms)	4029
24 Hour Accident Amendment Rider	56 (w/o defined terms)	158
GA508MASAPPAR Master Accident Only Application	50	701
GA508APPAR Employee's Accident Only Application	54	438

The forms are printed in not less than 10 point type, one point leaded.

The application has been scored by the Flesch method.

A handwritten signature in black ink, appearing to read 'Alex M Bagby', is written over a horizontal line.

Alex M Bagby, A.S.A., M.A.A.A.
Vice President and Chief Risk Officer

December 12, 2008

Date



American Public Life Insurance Company

A member of the American Fidelity Group.

January 2, 2008

NAIC Number: 60801
FEIN Number: 64-0349942

To Whom It May Concern:

American Fidelity Assurance Company, located at 2000 N. Classen Boulevard, Oklahoma City, Oklahoma, 73125, is hereby authorized to submit forms for approval to the Department of Insurance on behalf of American Public Life Insurance Company. Changes to the forms, as may be necessary to gain approval, are included in this authorization.

Sincerely,

Alex M. Bagby, ASA, MAAA
Vice President & Chief Risk Officer

SERFF Tracking Number: AFDL-125933557 State: Arkansas
 Filing Company: American Public Life Insurance Company State Tracking Number: 41057
 Company Tracking Number: GM GA508AR, GC GA508AR, GHR111, GA508MASAPPAR, GA508APPAR
 TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
 Product Name: GM GA508AR, GC GA508AR, GHR111, GA508MASAPPAR, GA508APPAR
 Project Name/Number: GM GA508AR, GC GA508AR, GHR111, GA508MASAPPAR, GA508APPAR /GM GA508AR, GC GA508AR, GHR111,
 GA508MASAPPAR, GA508APPAR

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Accident Only Insurance Policy	12/05/2008	GM GA508.Master.A R.pdf
No original date	Form	Accident Only Insurance Certificate	12/05/2008	GC GA508.Cert.AR.p df



American Public Life Insurance Company

A member of the American Fidelity Group

2305 Lakeland Drive, Flowood, Mississippi 39232
(800) 256-8606

ACCIDENT ONLY INSURANCE

POLICYHOLDER:

ADDRESS:

POLICY NUMBER:

EFFECTIVE DATE:

ISSUE DATE:

POLICY ANNIVERSARY DATE:

In consideration of the application for this group Policy and the timely payment of premiums, American Public Life Insurance Company (herein called the Company) agrees to pay the benefits of this Policy, subject to all of its terms and conditions.

The Policy takes effect on the Effective Date shown above, 12:01 a. m., Standard Time at the address of the Policyholder.

Signed for American Public Life Insurance Company.

Assistant Secretary

Vice President

**THIS POLICY PROVIDES LIMITED BENEFITS. READ IT CAREFULLY.
IT DOES NOT PAY BENEFITS DUE TO SICKNESS.**

Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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Application

**Policy GAO508
Accident Only Insurance Plan**

**Policyholder: [ABC Company]
Policy Number: [M00000]**

Policy Effective Date: [6/1/2009]

DESCRIPTION OF COVERAGE

Benefit Description	Benefit Amount		
	[Level I]	[Level II]	[Level III]
<u>Outpatient Treatment Benefits:</u>			
Hospital Emergency Room <i>Initial treatment within 72 hours</i>	\$250	\$500	\$750
Non-Emergency Room <i>Initial treatment within 30 days</i>	\$50	\$100	\$150
Emergency Dental <i>Initial treatment within 72 hours</i>	\$50	\$100	\$150
<u>Inpatient Treatment Benefits:</u>			
Hospital Admission <i>Once per Covered Person per Covered Accident</i>	\$250	\$500	\$750
Daily Hospital Confinement <i>Per day up to 30 days</i>	\$100	\$200	\$300
Intensive Care Unit <i>Per day up to 15 days</i>	\$200	\$400	\$600
<u>Accidental Death & Dismemberment:</u>			
Death Benefit (<i>Insured and Spouse</i>)**	\$15,000	\$30,000	\$45,000
Dismemberment (<i>Insured and Spouse</i>)**			
<i>Both arms AND legs</i>	\$15,000	\$30,000	\$45,000
<i>Both arms, legs, hands, feet, OR eyes</i>	\$7,500	\$15,000	\$22,500
<i>One arm, leg, hand, foot OR eye</i>	\$3,750	\$7,500	\$11,250
<i>One or more finger(s) or toe(s)</i>	\$1,000	\$2,000	\$3,000
**Eligible Child benefit is ½ the Insured's Benefit Amount			
<u>Ambulance Benefit – Ground or Air</u>			
<i>Once per Covered Person per Covered Accident</i>	\$250	\$500	\$750
<u>Medical Imaging</u>			
<i>Once per Covered Person per Covered Accident</i>	\$100	\$200	\$300

[Optional Riders

24 Hour Accident Rider]

DEFINITIONS

Additional Definitions may be contained in the Benefit Provisions or any attached Endorsement or Rider.

ACCIDENTAL BODILY INJURY or INJURY or ACCIDENTAL INJURY means physical damage to a Covered Person:

- (1) sustained in a Covered Accident on or after the Certificate Effective Date; and
- (2) while the Certificate is in force; and
- (3) which is the direct cause of the loss, independent of disease, bodily infirmity or any other excluded cause; and
- (4) for which benefits are provided.

All injuries sustained in any one Covered Accident and all complications arising there from and recurrence and complication shall be deemed to be a single "Injury."

ACCIDENTAL DEATH or ACCIDENTAL DISMEMBERMENT means Death or Dismemberment caused by a Covered Accident that occurs on or after the Effective Date of coverage and while coverage is in force, which is independent of disease or bodily infirmity or any other excluded cause.

ACTIVELY AT WORK means that the Insured is:

- (1) doing in the usual manner all of the regular duties of his/her employment on a full-time basis on a scheduled work day; and
- (2) these duties are being done at one of the places of business where the Insured normally does such duties or at some location to which his/her employment sends the Insured.

The Insured will be said to be on Actively At Work on a day which is not a scheduled work day only if he/she would be able to perform in the usual manner all of the regular duties of his/her employment if it were a scheduled work day.

CALENDAR YEAR means the period beginning on the Certificate Effective Date and ending on December 31 of the same year. Thereafter, it is the period beginning on January 1 and ending on December 31 of each year.

CERTIFICATE means the individual Certificate issued to an Insured. It describes the coverage under this Policy; how benefits will be paid; any limitations of the Policy; and all other essential features of the Policy. If the Insured is issued more than one Certificate under the Policy, only the last one will be in effect.

CERTIFICATE EFFECTIVE DATE means the effective date of an individual Certificate issued to an Insured.

COMPANY, OUR, WE, US means the American Public Life Insurance Company.

COVERED ACCIDENT means a sudden, unexpected and unintended event, which results in Accidental Bodily Injury, which is independent of disease or bodily infirmity or any other excluded cause. A Covered Accident does not include any Accidental Injury that occurs while engaged in any activity that pertains to the Covered Person's job where such Covered Person receives pay or benefits.

COVERED PERSON means the Insured and the Insured's Eligible Dependents whose insurance has become effective under all conditions and provisions of this Policy.

ELIGIBLE DEPENDENT means any person who is:

- (1) the Insured's legal spouse who is under age 70; or,
- (2) the Insured's, or Insured spouse's, unmarried natural child, adopted child, or stepchild who:
 - a. is dependent upon the Insured for support; and
 - b. is under the age of 21, or under 25 years of age if attending an accredited school, college or university full-time; or
 - c. becomes incapable of self-sustaining employment because of mental or physical incapacity while covered under the Policy, prior to reaching the limiting age for dependent children. The child must be dependent on the Insured for support and maintenance. The Company must receive notification of incapacity. The Insured must notify Us if this incapacity is removed or terminated at a later date. The premium will remain at the dependent rate; or
- (3) under the charge, care and control of the Insured, if placed with the Insured for adoption, and meets conditions (2)(a) and (b) listed above; or
- (4) a child of any Eligible Child covered under the Insured's Certificate.

EMERGENCY ROOM means a specified area within a hospital that is designated for the emergency care of accident injuries. This area must:

- (1) be staffed and equipped to handle trauma;
- (2) be supervised and provide treatment by Physicians; and
- (3) provide care 7 days a week, 24 hours per day.

HOSPITAL means a place that:

- (1) is licensed and operated pursuant to law;
- (2) provides care and treatment for sick and injured persons on an inpatient basis;
- (3) provides facilities for medical, diagnostic and surgical care (These facilities need not be at the Hospital. They may be elsewhere if there is a formal agreement for their use.);
- (4) provides 24 hour a day nursing care by or under the supervision of a nurse;
- (5) is supervised by a staff of one or more Physicians;
- (6) is accredited by the Joint Commission on the Accreditation of Hospitals; and
- (7) is not an institution, or part thereof, used as: a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a rehabilitative facility; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction.

HOSPITAL CONFINEMENT or HOSPITAL CONFINED or CONFINED means the Covered Person must be assigned to a bed as a resident inpatient in a Hospital or confined in an observation unit within a Hospital on the advice of a Physician for at least 18 consecutive hours to be considered one day of Hospital Confinement.

INSURED means that person named as Insured in the Certificate's Schedule of Benefits. The Insured must:

- (1) be employed by the Policyholder; or
- (2) be a member in or employed by the association, if the Policy is issued to an association.

INTENSIVE CARE OR CORONARY CARE UNIT means only that portion of the Hospital that:

- (1) is operated solely to give the highest level of medical care for the critically ill or injured;
- (2) is kept separate from other Hospital facilities;
- (3) has special supplies and equipment necessary for immediate use;
- (4) and provides room, board and constant observation and care by registered professional nurses or other highly trained Hospital personnel.

The Intensive Care Unit must be listed in the current edition of the American Hospital Association Guide. Types of facilities that meet the requirements are: Intensive Care Units; Cardiac Intensive Care Units; Burn Units; and Infant (Neonatal) Intensive Care Units.

Intensive Care Unit does not include: any Hospital facility used to provide normal post-operative recovery treatment; or service or confinement in units such as: Surgical Recovery Rooms, Progressive Care, Intermediate Care, Private Monitored Rooms, observation units, Telemetry Units or Psychiatric Units not involving intensive medical care; or other facilities which do not meet the standards for Intensive Care Unit as defined above.

LOSS (for Dismemberment Benefits) means:

Loss of use does not constitute dismemberment, except as stated for eye injury in (7) below.

- (1) Arm - actual severance above the elbow;
- (2) Leg - actual severance above the knee;
- (3) Hand - actual severance above the wrist;
- (4) Foot - actual severance above the ankle;
- (5) Finger - actual severance at the joint (closest to the first interphalangeal joint) where it is attached to the hand;
- (6) Toe - actual severance at the joint (closest to the first interphalangeal joint) where it is attached to the foot; and
- (7) Eye - loss of the eye or permanent loss of 80% of total vision.

PHYSICIAN means a practitioner of the healing arts who:

- (1) is practicing within the scope of his or her license in the state where so licensed; and
- (2) is not related to the Covered Person; and,
- (3) renders treatment for which benefits are provided by this Policy.

A Physician does not include a family member of the Covered Person or anyone who normally resides with the Covered Person in their residence. Family member means the Covered Person's spouse, child, sibling, parent, parent-in-law, grandparent or grandchild.

POLICY means the Policy issued to the Policyholder which covers the Covered Persons.

POLICY EFFECTIVE DATE means the date shown as Policy Effective Date in the master Policy Schedule.

POLICYHOLDER means the association or employer who holds the Policy.

SCHEDULE OF BENEFITS means the benefit schedule set forth in the Certificate.

YOU, YOUR means the Insured as defined.

ELIGIBILITY AND EFFECTIVE DATE

ELIGIBILITY

The Insured is eligible to be insured under the Policy if (s)he:

- (1) is Actively At Work as an employee of the Policyholder, or as a member or employee of a member of the Policyholder on his/her Certificate Effective Date; and,
- (2) qualifies as an eligible Insured, as defined in the Master Application; and,
- (3) is under age 70 (if (s)he is employed by an employer employing less than 20 employees).

EFFECTIVE DATE

A person must use forms provided by Us when applying for insurance. The insurance will take effect on the requested Certificate Effective Date; or the Certificate Effective Date assigned by Us upon approval of the person's application, whichever is later, if Our underwriting rules are met and the premium has been paid.

DEPENDENT ELIGIBILITY

Dependents of the Insured are eligible for insurance on the date the Insured becomes eligible for insurance or the date a person becomes a Dependent, whichever is later.

DEPENDENT EFFECTIVE DATE

The effective date of coverage for each Eligible Dependent will be the first of the month following Our approval of the application; and receipt of the first premium.

A newborn child will become covered automatically on the day he or she is born as long as the Insured's coverage was in force on that date. The newborn child's coverage will not continue past the 90-day period following his or her birth unless: We are notified by the end of the 90-day period of the addition of such newborn child; and any applicable additional premium is paid.

Coverage for newborn children will also include coverage for: a newly-born child adopted by the Insured, from the moment of birth, if a petition for adoption was filed within 60 days of the birth of the child; and a child adopted by the Insured from the date of placement for adoption. Coverage shall terminate upon the dismissal or denial of a petition for adoption.

Coverage for the adopted child will not continue past 60 days after the date of placement unless: We are notified by the end of the 60-day period of the addition of such adopted child; and any applicable additional premium is paid.

For purposes of this provision, placement means the assumption by the Insured of physical custody of the adopted child and the financial support and care of the child.

BENEFITS

We will pay the following benefits if a Covered Person's death, dismemberment, or Injuries are caused by a Covered Accident which occurs while the coverage is in force. This Policy will not pay benefits for Injuries received prior to the Certificate Effective Date of coverage that are aggravated or re-injured by any event that occurs after the Certificate Effective Date.

PART I – OUTPATIENT TREATMENT BENEFITS

Hospital Emergency Room

We will pay the indemnity amount shown on the Schedule of Benefits for a Covered Person who receives initial medical treatment for Injuries sustained in a Covered Accident when such treatment is received in a Hospital Emergency Room. For the purpose of this benefit, initial medical treatment must:

- (1) be received in a Hospital Emergency Room for Injuries sustained in a Covered Accident; and
- (2) be the first treatment received by the Covered Person for such Injuries; and
- (3) occur within 72 hours following the Covered Accident.

This benefit is payable once per Covered Person per Covered Accident. This benefit is not payable if a Physician's Office benefit is payable.

Physician's Office

We will pay the indemnity amount shown on the Schedule of Benefits for a Covered Person who receives initial medical treatment for Injuries sustained in a Covered Accident when such treatment is received in a Physician's office. For the purpose of this benefit, initial medical treatment must:

- (1) be received in a Physician's office for Injuries sustained in a Covered Accident; and
- (2) be the first treatment received by the Covered Person for such Injuries; and
- (3) occur within 30 days following the Covered Accident.

This benefit is payable once per Covered Person per Covered Accident. This benefit is not payable if a Hospital Emergency Room benefit is payable.

Emergency Dental Work

We will pay the indemnity amount shown on the Schedule of Benefits for a Covered Person for repair to natural teeth when treated by a Physician or dentist and that is a result of Injuries sustained in a Covered Accident. Initial dental treatment must be received within 72 hours of the Covered Accident. Benefits are paid only once per Covered Person per Covered Accident.

PART II – INPATIENT TREATMENT BENEFITS

Hospital Admission

We will pay the indemnity amount shown on the Schedule of Benefits when a Covered Person is Confined to a Hospital for Injuries sustained in a Covered Accident. We will pay this amount once per Covered Person per Covered Accident.

Daily Hospital Confinement

We will pay the daily indemnity amount shown on the Schedule of Benefits when the Covered Person requires Hospital Confinement due to an Injury sustained in a Covered Accident. This benefit is payable up to 30 days per Covered Person resulting from any one Covered Accident.

Intensive Care Unit

We will pay the daily indemnity benefit as shown on the Schedule of Benefits when a Covered Person is Confined in an Intensive Care Unit due to an Injury sustained in a Covered Accident, not to exceed 15 days per Covered Person for any one Covered Accident. This benefit is paid in addition to the Daily Hospital Confinement benefit.

PART III – ACCIDENTAL DEATH & DISMEMBERMENT

Accidental Death Benefit

We will pay the indemnity amount shown on the Schedule of Benefits if an Accidental Bodily Injury results in the loss of life of the Covered Person within 90 days of the Covered Accident causing such Injury. The Accidental Death Benefit shall be paid to the beneficiary, if any, otherwise to the estate of the Covered Person.

Dismemberment Benefit

We will pay the indemnity amount shown on the Schedule of Benefits if an Accidental Bodily Injury results in Loss of finger, toe, hand, arm, foot, leg or sight of a Covered Person within 90 days of the Covered Accident causing such Injury.

PART IV - AMBULANCE BENEFIT

We will pay the indemnity amount shown on the Schedule of Benefits if a Covered Person requires emergency air or ground ambulance transportation to or from a Hospital, as a result of a Covered Accident. The ambulance service must be provided by a licensed ambulance company. This benefit is payable once per Covered Person per Covered Accident.

PART V – MEDICAL IMAGING

We will pay the amount shown on the Schedule of Benefits for a Covered Person to have either a Magnetic Resonance Imaging (MRI), a Computed Tomography (CT) scan, Computed Axial Tomography (CAT) scan, Positron Emission Tomography (PET) scan, or an ultrasound when performed due to an Accidental Bodily Injury sustained in a Covered Accident. The MRI, CT scan, CAT scan, PET scan, or ultrasound must be done at the request of a Physician. This benefit is payable one time per Covered Person per Covered Accident.

EXCLUSIONS AND LIMITATIONS

Benefits otherwise provided by this Policy will not be payable for services or expenses or any such loss resulting from or in connection with:

- (1) sickness, illness or bodily infirmity;
- (2) intentionally self-inflicted bodily Injury, suicide or attempted suicide, whether sane or insane;
- (3) any act that was caused by war, declared or undeclared, or service in the armed forces;
- (4) participation in any form of flight aviation other than as a fare-paying passenger in a fully licensed/passenger-carrying aircraft;
- (5) Injury that occurs while engaged in any activity that pertains to the Covered Person's job where such Covered Person receives pay or benefits.
- (6) participation in any activity or event while under the influence of any narcotic drug, medication or sedative, unless prescribed and taken and directed by a Physician;
- (7) voluntary taking of poison or asphyxiation from the voluntary taking or inhaling of poison, gas or fumes;
- (8) participation in, or attempting to participate in, a felony, riot or insurrection (A felony is defined by the law of the jurisdiction in which the activity takes place.);
- (9) participation in any sport for pay or profit;
- (10) participation in any contest of speed in a power driven vehicle for pay or profit;
- (11) participation in parachuting, bungee jumping, rappelling, mountain climbing or hang gliding;
- (12) any bacterial infection (except pyogenic infections which result from an accidental cut or wound);
- (13) medical treatment received outside the United States or its territories.;

TERMINATION OF COVERAGE

TERMINATION OF CERTIFICATE

Insurance coverage under the Certificate will end on the earliest of these dates:

- (1) the date a person no longer qualifies as an Insured;
- (2) the last day of the period for which a premium has been paid, subject to the Grace Period;
- (3) the date the Policy terminates;
- (4) the date the Insured retires;
- (5) the date the Insured attains age 70 (if (s)he works for an employer employing less than 20 employees);
- (6) the date the Insured ceases employment with the employer through whom (s)he originally became insured under the Policy, or terminates his/her membership with the association through whom (s)he originally became insured under the Policy; or
- (7) the date We receive the Insured's written request for termination.

TERMINATION OF DEPENDENT(S)

Insurance coverage on a Dependent will end on the earliest of these dates:

- (1) the date the coverage under the Certificate terminates;
- (2) the date the Dependent no longer meets the definition of Eligible Dependent, as defined in the Policy;
- (3) the date We receive the Insured's written request for termination.

We may end the coverage of any Covered Person who submits a fraudulent claim.

TERMINATION OF POLICY

The Policyholder or We may terminate the Policy on any premium due date after the first Policy Anniversary Date, subject to 60 days written notice.

TERMINATION WITHOUT PREJUDICE

If termination of coverage occurs because of termination of the Insured's employment with the Policyholder, such termination shall be without prejudice to any Hospital Confinement which commenced while this Policy was in force.

COBRA CONTINUATION OF COVERAGE

This plan may be continued in accordance with the Consolidated Omnibus Reconciliation Act of 1986.

PREMIUMS

The first premium is due on or before the Effective Date of the Insured's Coverage. Thereafter, premiums are due on or before the premium due date. Premiums may be remitted to:

- (a) Our Home Office; or
- (b) an authorized insurance producer of Ours.

The premium rates may be changed by Us. If the rates are changed, the Company will give the Insured at least 45 days advance written notice. If a change in benefits increases the Company's liability, premium rates may be changed on the date the Company's liability is increased.

GENERAL PROVISIONS

ENTIRE CONTRACT: This Policy, including the optional benefits and endorsements and the attached papers, if any, constitutes the entire contract of insurance. No change in this Policy shall be valid unless such approval is endorsed hereon or attached hereto. No insurance producer has authority to change this Policy or to waive any of its provisions.

TIME LIMIT ON CERTAIN DEFENSES: After 2 years from the Certificate Effective Date, no misstatement, except fraudulent misstatements, made by the applicant in the application for such Certificate shall be used to void the Certificate or to deny a claim for loss incurred commencing after the expiration of such 2 year period.

GRACE PERIOD: A Grace Period of 31 days will be granted for the payment of each premium falling due after the first premium, during which Grace Period this Policy shall continue in force.

NOTICE OF CLAIM: Written Notice of Claim must be given to Us within 60 days after the occurrence or commencement of any loss covered by this Policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the Insured or the Beneficiary to the Company, at its Home Office, or to any authorized insurance producer of the Company, with information sufficient to identify the Insured, shall be deemed notice to the Company. Notice should include the name of the Insured and the Policy Number.

CLAIM FORMS: The Company, upon receipt of a Notice of Claim, will furnish to the claimant such forms as are usually furnished by it for filing Proof of Loss. If such forms are not furnished within 15 days after the giving of such notice, the claimant shall be deemed to have complied with the requirements of this Policy as to Proof of Loss upon submitting, within the time fixed in this Policy for filing Proof of Loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.

PROOF OF LOSS: Written Proof of Loss must be furnished to the Company at its Home Office, at 2305 Lakeland Drive, Flowood, MS 39232, within 90 days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as is 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 OF PAYMENT OF CLAIMS: Benefits payable under this Policy for any loss will be paid immediately upon receipt of due written proof of such loss.

PAYMENT OF CLAIMS: All benefits will be paid to the Insured. Benefits payable under the Policy will be paid to the Insured or the providers of services and supplies, if the Insured so directs in writing. Any benefits unpaid at the Insured's death will be paid to the Insured's Estate.

Accrued benefits that are not paid at the Insured's death will be paid to the Insured's beneficiary or estate. If a benefit is to be paid to the Insured's estate, or, if the Insured or his/her beneficiary are not competent to give a valid release, We may pay up to \$1,000 of such benefit to one of the Insured's relatives who is deemed by Us to be justly entitled to it. Such payment, made in good faith, fully discharges Us to the extent of the payment.

PHYSICAL EXAMINATION: The Company at its own expense shall have the right and opportunity to examine the Covered Person when and as often as it may reasonably require during the pendency of a claim.

LEGAL ACTION: No action at law or in equity shall be brought to recover on this Policy prior to the expiration of 60 days after written Proof of Loss has been furnished in accordance with the requirements of this Policy. No such action shall be brought after the expiration of 3 years after the time written Proof of Loss is required to be furnished.

CHANGE OF BENEFICIARY: Unless the Insured makes an irrevocable designation of Beneficiary, the right to change the Beneficiary is reserved to the Insured, and the consent of the Beneficiary or Beneficiaries shall not be requisite to surrender or assignment of the Certificate, or to any change of the Beneficiary or Beneficiaries, or to any other changes in the Certificate.

UNPAID PREMIUM: Upon payment of a claim under the Certificate, any premium then due and unpaid or covered by any note or written order may be deducted there from.

REFUND OF PREMIUM: Upon the death of a Covered Person, any proceeds payable will include any premiums for that person for any period beyond the end of the month in which death occurred.

CONFORMITY WITH STATE STATUTES: Any provision of this Policy, on its Policy Effective Date, in conflict with the statutes of the state of issue on such date, is hereby amended to conform to the minimum requirements of such state.

ASSIGNMENT: Any assignment of interest under the Insured's Certificate must be in writing. We shall not be deemed to have knowledge of any assignment unless the original or a duplicate thereof is filed at the Home Office. We assume no responsibility for the validity or sufficiency of any assignment.

NOTICE OF THE RIGHT TO APPEAL

Any denial of a claim for benefits will be explained in writing and the explanation will include:

- (1) the specific reason for the denial;
- (2) reference to the Policy provision upon which the denial was based;
- (3) a description of any additional information that a Covered Person may be required to provide and an explanation of why it is needed; and
- (4) an explanation of the Policy's claim review procedure.

The Covered Person or the beneficiary, or a duly authorized representative may appeal any denial of a claim for benefits by filing a written request to Us. In connection with such a request, documents pertinent to the administration of the Plan may be reviewed, and issues outlining the basis of the appeal may be submitted. The Covered Person may have representation throughout this review procedure.

The Covered Person's request for review must be filed within 90 days after receipt of the written notice of denial of a claim. A decision will be rendered by Us, no later than 90 days after receipt of the request for review. If there are special circumstances, the decision shall be rendered as soon as possible, but no later than 120 days after receipt of the request for review. The decision, after the review, shall be in writing and shall include specific reasons for the decision. This decision shall also include specific references to the pertinent Plan provisions on which the decision was based.



American Public Life Insurance Company

A member of the American Fidelity Group

2305 Lakeland Drive, Flowood, Mississippi 39232
(800) 256-8606

CERTIFICATE OF INSURANCE ACCIDENT ONLY INSURANCE

American Public Life Insurance Company (We, Us, Our) hereby certifies that it has issued and delivered to the Policyholder a group Policy, described on the Certificate Schedule page attached hereto. The group Policy covers certain eligible persons, as described in the Policy.

This Certificate describes the benefits and provisions of the group Policy and becomes Your Certificate of insurance only if:

- (a) You are eligible for the insurance;
- (b) You are Actively At Work as an employee of the Policyholder, or a member or employee of a member of the Policyholder, on the date this Certificate is to take effect; and
- (c) You become insured and remain insured in accordance with all of the provisions of the Policy.

Further, the insurance is to be effective only if the required premium payments are made by You or on Your behalf to Us. (See Eligibility and Effective Date)

No insurance producer may change the Policy or waive any of its provisions.

This Certificate takes the place of any other Certificate previously issued to You under the group Policy. It should be kept in a safe place.

IN WITNESS WHEREOF, We cause this Certificate to take effect on the Effective Date.

Assistant Secretary

Vice President

**PLEASE READ YOUR CERTIFICATE CAREFULLY.
THE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED PROVIDES LIMITED BENEFITS.
IT DOES NOT PAY BENEFITS DUE TO SICKNESS.**

Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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Application

Certificate of Insurance
GA0508
Accident Only Insurance

Policyholder: [ABC Company]
 Policy Number: [M00000]

Policy Effective Date: [6/1/2009]

Certificate Number: [C00000]

Certificate Effective Date: [6/1/2009]

Insured: [John Doe
 123 First Avenue]

Benefit Plan: [Level I, Level II, Level III]

Plan Selected: [Individual, Couple, Single Parent Family, Two Parent Family]

Method of Payment: [Direct Bill, Payroll Deduction, Bank Draft]

Premium Mode: [Weekly, Bi-Weekly, Monthly, Semi-Monthly, Paid by Master Policyholder, Other]

Premium Amount: [\$XXX.XX]

DESCRIPTION OF COVERAGE

Benefit Description	Benefit Amount			Premium
<u>Outpatient Treatment Benefits:</u>				[\$ XX.XX]
Hospital Emergency Room <i>Initial treatment within 72 hours</i>	\$250	\$500	\$750	
Non-Emergency Room <i>Initial treatment within 30 days</i>	\$50	\$100	\$150	
Emergency Dental <i>Initial treatment within 72 hours</i>	\$50	\$100	\$150	
<u>Inpatient Treatment Benefits:</u>				
Hospital Admission <i>Once per Covered Person per Covered Accident</i>	\$250	\$500	\$750	
Daily Hospital Confinement <i>Per day up to 30 days</i>	\$100	\$200	\$300	
Intensive Care Unit <i>Per day up to 15 days</i>	\$200	\$400	\$600	
<u>Accidental Death & Dismemberment:</u>				
Death Benefit (<i>Insured and Spouse</i>)**	\$15,000	\$30,000	\$45,000	
Dismemberment (<i>Insured and Spouse</i>)**				
<i>Both arms AND legs</i>	\$15,000	\$30,000	\$45,000	
<i>Both arms, legs, hands, feet, OR eyes</i>	\$7,500	\$15,000	\$22,500	
<i>One arm, leg, hand, foot OR eye</i>	\$3,750	\$7,500	\$11,250	
<i>One or more finger(s) or toe(s)</i>	\$1,000	\$2,000	\$3,000	
**Eligible Child benefit is ½ the Insured's Benefit Amount				
<u>Ambulance Benefit – Ground or Air</u> <i>Once per Covered Person per Covered Accident</i>	\$250	\$500	\$750	
<u>Medical Imaging</u> <i>Once per Covered Person per Covered Accident</i>	\$100	\$200	\$300	

[Optional Riders

24 Hour Accident Rider

[\$ XX.XX]

Total Premium

[\$ 80.60]

DEFINITIONS

Additional Definitions may be contained in the Benefit Provisions or any attached Endorsement or Rider.

ACCIDENTAL BODILY INJURY or INJURY or ACCIDENTAL INJURY means physical damage to a Covered Person:

- (1) sustained in a Covered Accident on or after the Certificate Effective Date; and
- (2) while this Certificate is in force; and
- (3) which is the direct cause of the loss, independent of disease, bodily infirmity or any other excluded cause; and
- (4) for which benefits are provided.

All injuries sustained in any one Covered Accident and all complications arising there from and recurrence and complication shall be deemed to be a single "Injury."

ACCIDENTAL DEATH or ACCIDENTAL DISMEMBERMENT means Death or Dismemberment caused by a Covered Accident that occurs on or after the Effective Date of coverage and while coverage is in force, which is independent of disease or bodily infirmity or any other excluded cause.

ACTIVELY AT WORK means that You are:

- (1) doing in the usual manner all of the regular duties of Your employment on a full-time basis on a scheduled work day; and
- (2) these duties are being done at one of the places of business where You normally do such duties or at some location to which Your employment sends You.

You will be said to be Actively At Work on a day which is not a scheduled work day only if You would be able to perform in the usual manner all of the regular duties of Your employment if it were a scheduled work day.

CALENDAR YEAR means the period beginning on the Certificate Effective Date and ending on December 31 of the same year. Thereafter, it is the period beginning on January 1 and ending on December 31 of each year.

CERTIFICATE means the individual Certificate issued to an Insured. It describes the coverage under the Policy; how benefits will be paid; any limitations of the Policy; and all other essential features of the Policy. If You are issued more than one Certificate under the Policy, only the last one will be in effect.

CERTIFICATE EFFECTIVE DATE means the effective date of an individual Certificate issued to You.

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COVERED PERSON means You and Your Eligible Dependents whose insurance has become effective under all conditions and provisions of the Policy.

ELIGIBLE DEPENDENT means any person who is:

- (1) Your legal spouse who is under age 70; or,
- (2) Your, or Your spouse's, unmarried natural child, adopted child, or stepchild who:
 - a. is dependent upon You for support; and
 - b. is under the age of 21, or under 25 years of age if attending an accredited school, college or university full-time; or
 - c. becomes incapable of self-sustaining employment because of mental or physical incapacity while covered under the Policy, prior to reaching the limiting age for dependent children. The child must be dependent on You for support and maintenance. We must receive notification of incapacity. The Insured must notify Us if this incapacity is removed or terminated at a later date. The premium will remain at the dependent rate; or
- (3) under Your charge, care and control, if placed with You for adoption, and meets conditions (2)(a) and (b) listed above; or
- (4) a child of any Eligible Child covered under Your Certificate.

EMERGENCY ROOM means a specified area within a hospital that is designated for the emergency care of accident injuries. This area must:

- (1) be staffed and equipped to handle trauma;
- (2) be supervised and provide treatment by Physicians; and
- (3) provide care 7 days a week, 24 hours per day.

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- (1) is licensed and operated pursuant to law;
- (2) provides care and treatment for sick and injured persons on an inpatient basis;
- (3) provides facilities for medical, diagnostic and surgical care (These facilities need not be at the Hospital. They may be elsewhere if there is a formal agreement for their use.);
- (4) provides 24 hour a day nursing care by or under the supervision of a nurse;
- (5) is supervised by a staff of one or more Physicians;
- (6) is accredited by the Joint Commission on the Accreditation of Hospitals; and
- (7) is not an institution, or part thereof, used as: a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a rehabilitative facility; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction.

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- (1) be employed by the Policyholder; or
- (2) be a member in or employed by the association, if the Policy is issued to an association.

INTENSIVE CARE OR CORONARY CARE UNIT means only that portion of the Hospital that:

- (1) is operated solely to give the highest level of medical care for the critically ill or injured;
- (2) is kept separate from other Hospital facilities;
- (3) has special supplies and equipment necessary for immediate use;
- (4) and provides room, board and constant observation and care by registered professional nurses or other highly trained Hospital personnel.

The Intensive Care Unit must be listed in the current edition of the American Hospital Association Guide. Types of facilities that meet the requirements are: Intensive Care Units; Cardiac Intensive Care Units; Burn Units; and Infant (Neonatal) Intensive Care Units.

Intensive Care Unit does not include: any Hospital facility used to provide normal post-operative recovery treatment; or service or confinement in units such as: Surgical Recovery Rooms, Progressive Care, Intermediate Care, Private Monitored Rooms, observation units, Telemetry Units or Psychiatric Units not involving intensive medical care; or other facilities which do not meet the standards for Intensive Care Unit as defined above.

LOSS (for Dismemberment Benefits) means:

Loss of use does not constitute dismemberment, except as stated for eye injury in (7) below.

- (1) Arm - actual severance above the elbow;
- (2) Leg - actual severance above the knee;
- (3) Hand - actual severance above the wrist;
- (4) Foot - actual severance above the ankle;
- (5) Finger - actual severance at the joint (closest to the first interphalangeal joint) where it is attached to the hand;
- (6) Toe - actual severance at the joint (closest to the first interphalangeal joint) where it is attached to the foot; and
- (7) Eye - loss of the eye or permanent loss of 80% of total vision.

PHYSICIAN means a practitioner of the healing arts who:

- (1) is practicing within the scope of his or her license in the state where so licensed; and
- (2) is not related to the Covered Person; and,
- (3) renders treatment for which benefits are provided by the Policy.

A Physician does not include a family member of the Covered Person or anyone who normally resides with the Covered Person in their residence. Family member means the Covered Person's spouse, child, sibling, parent, parent-in-law, grandparent or grandchild.

POLICY means the Policy issued to the Policyholder which covers the Covered Persons.

POLICY EFFECTIVE DATE means the date shown as Policy Effective Date in the Certificate Schedule.

POLICYHOLDER means the association or employer who holds the Policy.

SCHEDULE OF BENEFITS means the benefit schedule set forth in this Certificate.

YOU, YOUR means the Insured as defined.

ELIGIBILITY AND EFFECTIVE DATE

ELIGIBILITY

You are eligible to be insured under the Policy if You:

- (1) are Actively At Work as an employee of the Policyholder, or as a member or employee of a member of the Policyholder on Your Certificate Effective Date; and,
- (2) qualify as an eligible Insured, as defined in the Master Application; and,
- (3) are under age 70 (if You are employed by an employer employing less than 20 employees).

EFFECTIVE DATE

A person must use forms provided by Us when applying for insurance. The insurance will take effect on the requested Certificate Effective Date; or the Certificate Effective Date assigned by Us upon approval of the person's application, whichever is later, if Our underwriting rules are met and the premium has been paid.

DEPENDENT ELIGIBILITY

Your Dependents are eligible for insurance on the date You become eligible for insurance or the date a person becomes a Dependent, whichever is later.

DEPENDENT EFFECTIVE DATE

The effective date of coverage for each Eligible Dependent will be the first of the month following Our approval of the application; and receipt of the first premium.

A newborn child will become covered automatically on the day he or she is born as long as Your coverage was in force on that date. The newborn child's coverage will not continue past the 90-day period following his or her birth unless: We are notified by the end of the 90-day period of the addition of such newborn child; and any applicable additional premium is paid.

Coverage for newborn children will also include coverage for: a newly-born child adopted by You, from the moment of birth, if a petition for adoption was filed within 60 days of the birth of the child; and a child adopted by You from the date of placement for adoption. Coverage shall terminate upon the dismissal or denial of a petition for adoption.

Coverage for the adopted child will not continue past 60 days after the date of placement unless: We are notified by the end of the 60-day period of the addition of such adopted child; and any applicable additional premium is paid.

For purposes of this provision, placement means the assumption by You of physical custody of the adopted child and the financial support and care of the child.

BENEFITS

We will pay the following benefits if a Covered Person's death, dismemberment, or Injuries are caused by a Covered Accident which occurs while the coverage is in force. The Policy will not pay benefits for Injuries received prior to the Certificate Effective Date of coverage that are aggravated or re-injured by any event that occurs after the Certificate Effective Date.

PART I – OUTPATIENT TREATMENT BENEFITS

Hospital Emergency Room

We will pay the indemnity amount shown on the Schedule of Benefits for a Covered Person who receives initial medical treatment for Injuries sustained in a Covered Accident when such treatment is received in a Hospital Emergency Room. For the purpose of this benefit, initial medical treatment must:

- (1) be received in a Hospital Emergency Room for Injuries sustained in a Covered Accident; and
- (2) be the first treatment received by the Covered Person for such Injuries; and
- (3) occur within 72 hours following the Covered Accident.

This benefit is payable once per Covered Person per Covered Accident. This benefit is not payable if a Physician's Office benefit is payable.

Physician's Office

We will pay the indemnity amount shown on the Schedule of Benefits for a Covered Person who receives initial medical treatment for Injuries sustained in a Covered Accident when such treatment is received in a Physician's office. For the purpose of this benefit, initial medical treatment must:

- (1) be received in a Physician's office for Injuries sustained in a Covered Accident; and
- (2) be the first treatment received by the Covered Person for such Injuries; and
- (3) occur within 30 days following the Covered Accident.

This benefit is payable once per Covered Person per Covered Accident. This benefit is not payable if a Hospital Emergency Room benefit is payable.

Emergency Dental Work

We will pay the indemnity amount shown on the Schedule of Benefits for a Covered Person for repair to natural teeth when treated by a Physician or dentist and that is a result of Injuries sustained in a Covered Accident. Initial dental treatment must be received within 72 hours of the Covered Accident. Benefits are paid only once per Covered Person per Covered Accident.

PART II – INPATIENT TREATMENT BENEFITS

Hospital Admission

We will pay the indemnity amount shown on the Schedule of Benefits when a Covered Person is Confined to a Hospital for Injuries sustained in a Covered Accident. We will pay this amount once per Covered Person per Covered Accident.

Daily Hospital Confinement

We will pay the daily indemnity amount shown on the Schedule of Benefits when the Covered Person requires Hospital Confinement due to an Injury sustained in a Covered Accident. This benefit is payable up to 30 days per Covered Person resulting from any one Covered Accident.

Intensive Care Unit

We will pay the daily indemnity benefit as shown on the Schedule of Benefits when a Covered Person is Confined in an Intensive Care Unit due to an Injury sustained in a Covered Accident, not to exceed 15 days per Covered Person for any one Covered Accident. This benefit is paid in addition to the Daily Hospital Confinement benefit.

PART III – ACCIDENTAL DEATH & DISMEMBERMENT

Accidental Death Benefit

We will pay the indemnity amount shown on the Schedule of Benefits if an Accidental Bodily Injury results in the loss of life of the Covered Person within 90 days of the Covered Accident causing such Injury. The Accidental Death Benefit shall be paid to the beneficiary, if any, otherwise to the estate of the Covered Person.

Dismemberment Benefit

We will pay the indemnity amount shown on the Schedule of Benefits if an Accidental Bodily Injury results in Loss of finger, toe, hand, arm, foot, leg or sight of a Covered Person within 90 days of the Covered Accident causing such Injury.

PART IV - AMBULANCE BENEFIT

We will pay the indemnity amount shown on the Schedule of Benefits if a Covered Person requires emergency air or ground ambulance transportation to or from a Hospital, as a result of a Covered Accident. The ambulance service must be provided by a licensed ambulance company. This benefit is payable once per Covered Person per Covered Accident.

PART V – MEDICAL IMAGING

We will pay the amount shown on the Schedule of Benefits for a Covered Person to have either a Magnetic Resonance Imaging (MRI), a Computed Tomography (CT) scan, Computed Axial Tomography (CAT) scan, Positron Emission Tomography (PET) scan, or an ultrasound when performed due to an Accidental Bodily Injury sustained in a Covered Accident. The MRI, CT scan, CAT scan, PET scan, or ultrasound must be done at the request of a Physician. This benefit is payable one time per Covered Person per Covered Accident.

EXCLUSIONS AND LIMITATIONS

Benefits otherwise provided by the Policy will not be payable for services or expenses or any such loss resulting from or in connection with:

- (1) sickness, illness or bodily infirmity;
- (2) intentionally self-inflicted bodily Injury, suicide or attempted suicide, whether sane or insane;
- (3) any act that was caused by war, declared or undeclared, or service in the armed forces;
- (4) participation in any form of flight aviation other than as a fare-paying passenger in a fully licensed/passenger-carrying aircraft;
- (5) Injury that occurs while engaged in any activity that pertains to the Covered Person's job where such Covered Person receives pay or benefits.
- (6) participation in any activity or event while under the influence of any narcotic drug, medication or sedative, unless prescribed and taken as directed by a Physician;
- (7) voluntary taking of poison or asphyxiation from the voluntary taking or inhaling of poison, gas or fumes;
- (8) participation in, or attempting to participate in, a felony, riot or insurrection (A felony is defined by the law of the jurisdiction in which the activity takes place.);
- (9) participation in any sport for pay or profit;
- (10) participation in any contest of speed in a power driven vehicle for pay or profit;
- (11) participation in parachuting, bungee jumping, rappelling, mountain climbing or hang gliding;
- (12) any bacterial infection (except pyogenic infections which result from an accidental cut or wound);
- (13) medical treatment received outside the United States or its territories.;

TERMINATION OF COVERAGE

TERMINATION OF CERTIFICATE

Insurance coverage under the Certificate will end on the earliest of these dates:

- (1) the date You no longer qualify as an Insured;
- (2) the last day of the period for which a premium has been paid, subject to the Grace Period;
- (3) the date the Policy terminates;
- (4) the date You retire;
- (5) the date You attain age 70 (if You work for an employer employing less than 20 employees);
- (6) the date You cease employment with the employer through whom You originally became insured under the Policy, or terminate Your membership with the association through whom You originally became insured under the Policy; or
- (7) the date We receive Your written request for termination.

TERMINATION OF DEPENDENT(S)

Insurance coverage on a Dependent will end on the earliest of these dates:

- (1) the date the coverage under the Certificate terminates;
- (2) the date the Dependent no longer meets the definition of Eligible Dependent, as defined in the Policy;
- (3) the date We receive Your written request for termination.

We may end the coverage of any Covered Person who submits a fraudulent claim.

TERMINATION OF POLICY

The Policyholder or We may terminate the Policy on any premium due date after the first Policy Anniversary Date, subject to 60 days written notice.

TERMINATION WITHOUT PREJUDICE

If termination of coverage occurs because of termination of Your employment with the Policyholder, such termination shall be without prejudice to any Hospital Confinement which commenced while the Policy was in force.

COBRA CONTINUATION OF COVERAGE

This plan may be continued in accordance with the Consolidated Omnibus Reconciliation Act of 1986.

PREMIUMS

The first premium is due on or before the Effective Date of Your Coverage. Thereafter, premiums are due on or before the premium due date. Premiums may be remitted to:

- (a) Our Home Office; or
- (b) an authorized insurance producer of Ours.

The premium rates may be changed by Us. If the rates are changed, the Company will give You at least 45 days advance written notice. If a change in benefits increases the Company's liability, premium rates may be changed on the date the Company's liability is increased.

GENERAL PROVISIONS

ENTIRE CONTRACT: The Policy, including the optional benefits and endorsements and the attached papers, if any, constitutes the entire contract of insurance. No change in the Policy shall be valid unless such approval is endorsed hereon or attached hereto. No insurance producer has authority to change the Policy or to waive any of its provisions.

TIME LIMIT ON CERTAIN DEFENSES: After 2 years from the Certificate Effective Date, no misstatement, except fraudulent misstatements, made by the applicant in the application for such Certificate shall be used to void the Certificate or to deny a claim for loss incurred commencing after the expiration of such 2 year period.

GRACE PERIOD: A Grace Period of 31 days will be granted for the payment of each premium falling due after the first premium, during which Grace Period the Policy shall continue in force.

NOTICE OF CLAIM: Written Notice of Claim must be given to Us within 60 days after the occurrence or commencement of any loss covered by the Policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the Insured or the Beneficiary to the Company, at its Home Office, or to any authorized insurance producer of the Company, with information sufficient to identify the Insured, shall be deemed notice to the Company. Notice should include the name of the Insured and the Policy Number.

CLAIM FORMS: The Company, upon receipt of a Notice of Claim, will furnish to the claimant such forms as are usually furnished by it for filing Proof of Loss. If such forms are not furnished within 15 days after the giving of such notice, the claimant shall be deemed to have complied with the requirements of the Policy as to Proof of Loss upon submitting, within the time fixed in the Policy for filing Proof of Loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.

PROOF OF LOSS: Written Proof of Loss must be furnished to Us at Our Home Office, at 2305 Lakeland Drive, Flowood, MS 39232, within 90 days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as is 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 OF PAYMENT OF CLAIMS: Benefits payable under the Policy for any loss will be paid immediately upon receipt of due written proof of such loss.

PAYMENT OF CLAIMS: All benefits will be paid to You. Benefits payable under the Policy will be paid to You or the providers of services and supplies, if You so direct in writing. Any benefits unpaid at Your death will be paid to Your Estate.

Accrued benefits that are not paid at Your death will be paid to Your beneficiary or estate. If a benefit is to be paid to Your estate, or, if You or Your beneficiary are not competent to give a valid release, We may pay up to \$1,000 of such benefit to one of Your relatives who is deemed by Us to be justly entitled to it. Such payment, made in good faith, fully discharges Us to the extent of the payment.

PHYSICAL EXAMINATION: The Company at its own expense shall have the right and opportunity to examine the Covered Person when and as often as it may reasonably require during the pendency of a claim.

LEGAL ACTION: No action at law or in equity shall be brought to recover on the Policy prior to the expiration of 60 days after written Proof of Loss has been furnished in accordance with the requirements of the Policy. No such action shall be brought after the expiration of 3 years after the time written Proof of Loss is required to be furnished.

CHANGE OF BENEFICIARY: Unless You make an irrevocable designation of Beneficiary, the right to change the Beneficiary is reserved to You, and the consent of the Beneficiary or Beneficiaries shall not be requisite to surrender or assignment of the Certificate, or to any change of the Beneficiary or Beneficiaries, or to any other changes in the Certificate.

UNPAID PREMIUM: Upon payment of a claim under the Certificate, any premium then due and unpaid or covered by any note or written order may be deducted there from.

REFUND OF PREMIUM: Upon the death of a Covered Person, any proceeds payable will include any premiums for that person for any period beyond the end of the month in which death occurred.

CONFORMITY WITH STATE STATUTES: Any provision of this Certificate which, on its Certificate Effective Date, is in conflict with the statutes of the state of issue on such date, is hereby amended to conform to the minimum requirements of such state.

ASSIGNMENT: Any assignment of interest under Your Certificate must be in writing. We shall not be deemed to have knowledge of any assignment unless the original or a duplicate thereof is filed at the Home Office. We assume no responsibility for the validity or sufficiency of any assignment.

NOTICE OF THE RIGHT TO APPEAL

Any denial of a claim for benefits will be explained in writing and the explanation will include:

- (1) the specific reason for the denial;
- (2) reference to the Policy provision upon which the denial was based;
- (3) a description of any additional information that a Covered Person may be required to provide and an explanation of why it is needed; and
- (4) an explanation of the Policy's claim review procedure.

The Covered Person or the beneficiary, or a duly authorized representative may appeal any denial of a claim for benefits by filing a written request to Us. In connection with such a request, documents pertinent to the administration of the Plan may be reviewed, and issues outlining the basis of the appeal may be submitted. The Covered Person may have representation throughout this review procedure.

The Covered Person's request for review must be filed within 90 days after receipt of the written notice of denial of a claim. A decision will be rendered by Us, no later than 90 days after receipt of the request for review. If there are special circumstances, the decision shall be rendered as soon as possible, but no later than 120 days after receipt of the request for review. The decision, after the review, shall be in writing and shall include specific reasons for the decision. This decision shall also include specific references to the pertinent Plan provisions on which the decision was based.