

SERFF Tracking Number: AAAL-125559034 State: Arkansas  
Filing Company: AAA Life Insurance Company State Tracking Number: 38788  
Company Tracking Number: AAAMLTCERT-08  
TOI: H03G Group Health - Accidental Death & Dismemberment Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment  
Product Name: MLTA-08  
Project Name/Number: MLTA-08/AAAMLTCERT-08

## Filing at a Glance

Company: AAA Life Insurance Company

Product Name: MLTA-08

SERFF Tr Num: AAAL-125559034 State: ArkansasLH

TOI: H03G Group Health - Accidental Death & Dismemberment

SERFF Status: Closed

State Tr Num: 38788

Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment

Co Tr Num: AAAMLTCERT-08

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Author: Barbara Hassell

Disposition Date: 04/29/2008

Date Submitted: 04/24/2008

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: MLTA-08

Project Number: AAAMLTCERT-08

Requested Filing Mode:

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Exempt from filing in Michigan, our domiciliary state.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Overall Rate Impact:

Group Market Type: Association

Filing Status Changed: 04/29/2008

State Status Changed: 04/29/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Please refer to cover letter



<i>SERFF Tracking Number:</i>	<i>AAAL-125559034</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>AAA Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38788</i>
<i>Company Tracking Number:</i>	<i>AAAMLTCERT-08</i>		
<i>TOI:</i>	<i>H03G Group Health - Accidental Death &amp; Dismemberment</i>	<i>Sub-TOI:</i>	<i>H03G.000 Health - Accidental Death &amp; Dismemberment</i>
<i>Product Name:</i>	<i>MLTA-08</i>		
<i>Project Name/Number:</i>	<i>MLTA-08/AAAMLTCERT-08</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Rosalind Minor	04/29/2008	04/29/2008

### Objection Letters and Response Letters

<b>Objection Letters</b>				<b>Response Letters</b>		
<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>	<b>Responded By</b>	<b>Created On</b>	<b>Date Submitted</b>
Pending Industry Response	Rosalind Minor	04/29/2008	04/29/2008	Barbara Hassell	04/29/2008	04/29/2008



SERFF Tracking Number: AAAL-125559034 State: Arkansas  
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 TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death &  
 Dismemberment Dismemberment  
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	Actuarial Memo	Approved-Closed	Yes
Form (revised)	Member Loyalty Travel Accident Certificate of Insurance	Approved-Closed	Yes
Form	Member Loyalty Travel Accident Certificate of Insurance	Withdrawn	No

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 04/29/2008  
Submitted Date 04/29/2008

Respond By Date

Dear Barbara Hassell,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Member Loyalty Travel Accident Certificate of Insurance (Form)

Comment: The Time Payment of Claims provision is not in compliance with Rule 43, Section 12, which states that...."A Health Carrier shall pay or deny a clean claim within 30 days after receipt by the Health Carrier if the claim was submitted electronically, or within 45 days after receipt if the claim was submitted by other means....".

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 04/29/2008  
Submitted Date 04/29/2008

Dear Rosalind Minor,

### Comments:

### Response 1

Comments: Attached please find a revised certificate, which has been modified by changing the Time Payment of Claims provision to comply with Rule 43, Section 12.

### Related Objection 1

Applies To:

- Member Loyalty Travel Accident Certificate of Insurance (Form)

SERFF Tracking Number: AAAL-125559034 State: Arkansas  
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 Product Name: MLTA-08  
 Project Name/Number: MLTA-08/AAAMLTCERT-08

**Comment:**

The Time Payment of Claims provision is not in compliance with Rule 43, Section 12, which states that..."A Health Carrier shall pay or deny a clean claim within 30 days after receipt by the Health Carrier if the claim was submitted electronically, or within 45 days after receipt if the claim was submitted by other means....".

**Changed Items:**

No Supporting Documents changed.

**Form Schedule Item Changes**

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Member Loyalty Travel Accident Certificate of Insurance	AAA-MLTCERT-08AR		Certificate	Other	Please refer to our cover letter	42	AAA-MLTCERT-08AR.r2.pdf
<b>Previous Version</b>							
Member Loyalty Travel Accident Certificate of Insurance	AAA-MLTCERT-08AR		Certificate	Other	Please refer to our cover letter	42	AAA-MLTCERT-08AR.pdf

No Rate/Rule Schedule items changed.

Sincerely,  
Barbara Hassell

SERFF Tracking Number: AAAL-125559034 State: Arkansas  
 Filing Company: AAA Life Insurance Company State Tracking Number: 38788  
 Company Tracking Number: AAAMLTCERT-08  
 TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death &  
 Dismemberment Dismemberment  
 Product Name: MLTA-08  
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## Form Schedule

Lead Form Number: AAA-MLTCERT-08AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	AAA-MLTCERT-08AR	Certificate	Member Loyalty Travel Accident Certificate of Insurance	Other	Other Explanation: Please refer to our cover letter	42	AAA-MLTCERT-08AR r2.pdf



Livonia, MI

17250 Newburgh Road  
 Livonia, MI 48152  
 (877) 434-1141

## Member Loyalty Travel Accident Insurance Certificate of Insurance

Group Policy: AAA-MLT-02

BANK NEWPORT as Trustee for the AAA Group Member Loyalty Travel Insurance Trust

### Schedule of Benefits

Insured:	John Doe	Membership Number:	XXXXXXXXXXXX
Certificate Number:	XXXXXXXXXXXX	Effective Date:	XX/XX/XXXX
Coverage Type:	[Individual/Family]	Issue Age:	XX
Premium:	\$XXX.XX	Mode:	[Annual/Semi-Annual]

<u>Certificate Year</u>	<u>Face Amount</u>	<u>Hospital Indemnity, Recuperation &amp; Emergency Room Benefit Amount</u>
1	\$ xx,xxx	\$xxx
2	\$ xx,xxx	\$xxx
3	\$ xx,xxx	\$xxx
4	\$ xx,xxx	\$xxx
5 and above	\$xxx,xxx	\$xxx

### READ YOUR CERTIFICATE CAREFULLY

**THIRTY-ONE DAY RIGHT TO EXAMINE CERTIFICATE:** You have the right to examine the Certificate for a period of 31 days after receipt. If You are not satisfied with the coverage provided under this Certificate, You may return it to Us or to Your agent. We will then void it as though it were never issued as of the Effective Date and refund the premium that has been paid.

#### IMPORTANT CANCELLATION INFORMATION

**Please Read the Provision Entitled “General Provision – Individual Termination”** Offered Exclusively for Members of the American Automobile Association

#### THIS IS NOT A MEDICARE SUPPLEMENT CERTIFICATE

**If you are eligible for Medicare, review the Medicare Supplement Buyer’s Guide available from the Company.**

For additional information you may contact the Arkansas Department of Insurance:

Arkansas Department of Insurance  
 1200 West 3<sup>rd</sup> Street  
 Little Rock, Arkansas 72201-1904  
 (800) 852-549

**CERTIFICATE OF INSURANCE**  
**THIS CERTIFICATE SUMMARIZES YOUR PARTICIPATION IN AN ACCIDENTAL INJURY**  
**AND DEATH GROUP POLICY AND IS NOT AUTOMOBILE LIABILITY INSURANCE COVERAGE**  
**AAA LIFE INSURANCE COMPANY**  
**LIVONIA, MI**  
(A Stock Company)  
(Herein called the Company)

The Group Master Policy ("the Policy") is issued to:

**BANK NEWPORT, as Trustee for the AAA Group Travel Insurance Trust, Newport, RI**

WE CERTIFY that the person named in the Schedule is insured under the Policy. We promise to pay benefits as described herein.

The insurance evidenced by this Certificate is provided under and is subject to all provisions of the Policy, which provisions are set forth in this Certificate.

**PART A** **DEFINITIONS**

When used in this Certificate, these terms will have the meaning stated below, unless otherwise defined where they are used.

**Eligible Member (Member):** A person age 18 and over, whose name appears in good standing in the active files of the American Automobile Association on the date this Certificate is issued.

**Face Amount:** The amount shown on the Schedule. The initial Face Amount is determined at the time of issue by the number of consecutive years, according to Club records, that the Insured has been a Member of the American Automobile Association.

**Basic Membership:** The lowest membership available from the Member's American Automobile Association local Club.

**Family Member:**

- (a) A person eligible for coverage, if "Family Coverage" is shown on the Schedule. Eligible Family Members include Your spouse, unless legally separated, and Your unmarried children (including stepchildren, legally adopted children and foster children) from birth up to 19 years of age who are dependent on You for the main part of their support and maintenance. An unmarried dependent child over age 19 who is a full-time student at an accredited college or university, will continue to be an eligible Family Member up to age 23 or the date he is no longer a full-time student, whichever occurs first.
- (b) Family coverage is provided only if You have submitted an enrollment form for such coverage and paid the required additional premium. Family coverage, when applied for after You become insured under this Certificate, becomes effective on the date of Your enrollment form. While Family Coverage is in force, each new Family Member that You acquire on or after the effective date of that coverage will automatically become insured on the date the Family Member becomes eligible.

**Group Policy:** Group Member Loyalty Travel Accident Insurance Policy bearing the number AAA-MLT-02 and issued to the Policyholder by Us.

**Hospital:** A place (a) licensed or recognized as a general Hospital by the appropriate authority of the state in which it is located, (b) operated for the care and treatment of resident inpatients with a registered graduate nurse (R.N.) always on duty and with laboratory and x-ray facilities, (c) recognized by the Joint Commission on the Accreditation of Hospitals, or (d) certified as a Hospital by Medicare. In no event shall the term "Hospital" mean any institution or part of a Hospital or institution that is licensed or used principally for the treatment or care of drug addicts or alcoholics or as a clinic, continued or extended care facility, skilled nursing facility, convalescent home, rehabilitation facility, psychiatric facility, rest home, nursing home, home for the aged, or any facility with an average length of stay of more than thirty (30) days.

**Injuries:** Means accidental bodily injuries received while the Insured is covered under the Policy which result in a covered loss, independent of sickness and all other causes, as follows:

1. **SCHEDULED AIRLINE:** While, as a passenger and not as a pilot or crew member, You or Your covered Family Member is riding in, boarding or exiting from an aircraft operated on a regularly scheduled flight by:  
(a) a scheduled airline of United States registry holding the proper license and certification issued by the United States Government, (b) a scheduled airline of foreign registry holding a Certificate, license or similar authorization for scheduled air transportation by the governmental authorities having jurisdiction for civil aviation in the country of registry or (c) a transport type aircraft operated by the Military Airlift Command of the United States, the Department of National Defense (Canada), the Department of Transport (Canada) or the Royal Air Force Air Support Command of Great Britain.
2. **COMMON CARRIER:** While You or Your covered Family Member are riding in, boarding or exiting from any public land or water conveyance provided by a common carrier primarily for passenger service. You or Your covered Family Member must be only a passenger, and not an operator or crew member of the common carrier.
3. **AUTOMOBILE AND PEDESTRIAN:** (a) While, driving, riding in, boarding or exiting from any private passenger automobile or (b) by being struck while a pedestrian, by any motor vehicle ordinarily operated on the public streets and highways.

**Insured, You, Yours:** Means a Member at the time of issue, who is covered under this Certificate.

**Physician:** An individual, other than You or a member of Your immediate family, who is licensed to practice medicine and/or treat illness in the state in which treatment is received.

**Policyholder:** The Group Policyholder shown on the face page of this Certificate.

**Private Passenger Automobile:** A motor vehicle intended for personal use and licensed by a state as a private vehicle. Included in the category of Private Passenger Automobile are:

1. self-propelled motor homes;
2. vans; and
3. sport utility vehicles; and
4. trucks with a rated towing capacity of no more than 17,000 pounds.

Private Passenger Automobile does not include:

1. automobiles licensed to carry passengers for hire;
2. automobiles primarily used or licensed for commercial purposes;
3. motorcycles, mopeds, motor scooters, all-terrain vehicles, snowmobiles or jet skis.

**Schedule of Benefits (“Schedule”):** Is shown on the first page of this Certificate.

**We, Ours, Us and the Company:** Means AAA Life Insurance Company.

## **PART B BENEFITS FOR LOSS OF LIFE**

We will pay benefits for loss of life due to injuries resulting from a covered accident. Benefits will be paid to you or Your eligible Family Member. Loss of Life must occur within ninety (90) days from the date of the accident. Benefits will be paid as follows:

	<b>Type</b>	<b>Benefit</b>
<b>Insured:</b>	Scheduled Airlines:	Twice the Face Amount*
	Common Carrier, Automobile & Pedestrian:	Face Amount*
<b>Spouse:</b>	Scheduled Airlines	Sixty percent (60%) of the amount payable to the Insured.
	Common Carrier, Automobile & Pedestrian:	
<b>Dependent:</b>	Scheduled Airlines	Twenty percent (20%) of the amount payable to the Insured for each Dependent.
	Common Carrier, Automobile & Pedestrian:	

\*Face Amount is shown on the Schedule.

## **PART C**

### **LIFETIME MEMBERSHIP BENEFIT**

Upon approval of benefits due to loss of life of either You or Your covered Spouse, We will pay the cost for a lifetime basic American Automobile Association Membership to the surviving spouse. No other indemnity will be provided in lieu of the membership as stated.

If, at the time of benefit, the surviving spouse is an active member of the American Automobile Association, they must provide their membership number to Us. If, at the time of benefit, the surviving spouse is not currently a member of the American Automobile Association, they must complete an application for membership from their local American Automobile Association Club and forward to Us.

The application or current membership number must be received within 180 days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate the claim for benefit if it was not reasonably possible to give proof within such time. Such proof must be furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than 2 years from the time proof is otherwise required.

## **PART D**

### **HOSPITAL INDEMNITY BENEFITS**

When You or Your Family Member are confined in a Hospital as a resident inpatient due to Injuries, We will pay:

1. **For You:**  
The Amount shown on the Schedule of Benefits.
2. **For Your Spouse:**  
60% of the amount payable to You for each day of confinement
3. **For Each Dependent Child:**  
20% of the amount payable to You for each day of confinement.

The Face Amount is shown on the Schedule of Benefits. This benefit is payable from the first day of Hospital confinement and will be paid for a maximum of 365 days for any one accident. Confinement must begin within 90 days after the accident. There must be less 90 days between confinements as a result of the same accident.

## **PART E**

### **RECUPERATION BENEFITS**

If Injuries from an accident required Hospitalization for You or Your covered Family Member in accordance with Part A, Sections 1, 2 or 3, after which recuperation at home or in any treatment facility is medically prescribed, We will pay:

1. **For You:**  
The Amount shown on the Schedule of Benefits.
2. **For Your Spouse:**  
60% of the amount payable to You.
3. **For each Dependent Child:**  
20% of the amount payable to You.

The benefit will be paid for as many days as the Hospitalization was required, not to exceed 365 days for any one accident. The recuperation must begin within 7 days of a covered Hospitalization and be prescribed by a Physician.

## **PART F**

### **EMERGENCY ROOM BENEFITS**

When, due to Injuries, the Insured or covered Family Member requires treatment in a lawfully operated Hospital emergency room within 24 hours of the time of a covered accident, We will pay:

1. **For You:**  
The Amount shown on the Schedule of Benefits.
2. **For the Spouse:**  
60% of the amount payable to You.
3. **For each Dependent Child:**  
20% of the amount payable to You.

This benefit is payable once per 365 days for You or Your covered Family Member.

## **PART G**

## **EXPOSURE AND DISAPPEARANCE**

If, while insured under the Certificate, You or Your covered Family Member were riding in a covered conveyance, and are unavoidably exposed to the elements because of an accident that causes the disappearance, sinking or damaging of that conveyance, and if such exposure results in a loss suffered for which benefits are otherwise payable, the loss will be covered under this Certificate.

If, while insured under the Certificate, You or Your covered Family Member disappears because of an accident resulting in the disappearance or sinking of a covered common carrier in which he was riding, and if Your body or Your Family Member's body has not been found within 52 weeks after the date of such accident, it will be presumed, barring any evidence to the contrary, that loss of life was suffered as a result of Injuries covered by the Policy.

## **PART H**

## **EXCEPTIONS AND LIMITATIONS**

This Certificate does not cover:

- a) suicide or attempted suicide while sane or insane;
- b) injuries received while participating in any maneuvers or training exercises of the Armed Forces,
- c) injuries received while under the influence of alcohol (a blood alcohol level as defined by state law is conclusive evidence of intoxication for purposes of this Certificate);
- d) injuries received while under the influence of any narcotic or drug unless administered on the advice of a physician.
- e) injuries received while participating in the commission of a crime.
- f) injuries caused by, contributed to by, or resulting directly or indirectly in whole or part from sickness, disease or bodily or mental infirmity.
- g) injuries sustained prior to the effective date of the Certificate.

The Policy is a single group travel accident insurance contract issued to the Policyholder and offered to Members of the American Automobile Association on an optional basis. If more than one Certificate is issued to one person (whether in one or more states), Our liability under the Policy shall be limited only to the amount payable on the Certificate bearing the highest Face Amount. We will refund any premiums paid to Us for excessive coverage to You, Your designated beneficiary or Your estate.

## **PART I**

## **GENERAL PROVISIONS**

- 1. Individual Termination:** Your insurance will terminate on whichever of the following dates occurs first:
  - a) the date that any premium is due and unpaid,
  - b) the first renewal date after the date we receive written request from You to cancel the coverage.
  - c) the first renewal date of this Certificate following the date the Policy is terminated or canceled.
- 2. Family Insurance Terminations:** The insurance of any Family Member will terminate on whichever of the following dates occurs first:
  - a) the first renewal date following the date the Family Member ceases to be eligible in accordance with 1(a) above,
  - b) the date Your coverage hereunder terminates, or
  - c) the date any premium for the Family insurance is due and unpaid.
  - d) the date Your unmarried child(ren) reaches nineteen (19) years of age. In event that an unmarried dependent child is over age 19 and is a full-time student at an accredited college or university, such child will continue to be an eligible Family Member up to age twenty-three (23) or the date he is no longer a full-time student, whichever date occurs first.

Coverage on an unmarried dependent child will not terminate as indicated in 2d) if the child is and continues to be both:

1. incapable of self-sustaining employment by reason of mental retardation or physical handicap, and
2. chiefly dependent upon You for support and maintenance.

Proof of such incapacity and dependency shall be furnished to the Company by the Insured at the Company's expense upon request no more frequently than annually. If a dependent child's incapacity or dependency is later removed or terminated, the Insured shall so notify the Company

The Term "Renewal Date" means the renewal date of Your Certificate.

3. **Reinstatement:** If Your insurance or that of Your Family Member is terminated for any reason, You may reinstate the coverage within 14 days from the end of the Grace Period by submitting the appropriate premium. Coverage will be reinstated back to the date of termination.
4. **Re-enrollment:** After the 14-day reinstatement period, You may re-enroll by completing a new enrollment form and submitting the appropriate premium. Insurance subsequently effected on You or Your Family Member through re-enrollment applies only to loss resulting from covered injuries sustained after the date of re-enrollment.
5. **Term of Coverage:** The initial term of this Certificate begins on the Certificate Date at 12:01 a.m. Standard Time of the place where You reside, and ends at 12:01 a.m., the same Standard Time, on the first renewal date. Each time this Certificate is renewed, the renewal term begins at the same time the preceding term ends and ends at 12:01 a.m., the same Standard Time, on the date the next renewal premium becomes due.
6. **Premiums:** Premiums may be adjusted at any time. We will provide You with at least 45 days written notice of any change in premiums in accordance with the terms of the Policy.

The adjusted premium rate charge for this coverage will be based on:

- Your age and coverage type; and
- The anticipated appropriate future actuarial factors.

Any change in the premium rates will apply to all Insureds of the same insuring age, type of insurance amount, and year of issue.

7. **Misstatement of Age:** If Your age has been misstated, the correct age at the date of application will be used to determine:
  1. The effective date or termination date of insurance;
  2. The amount of insurance; and
  3. Any other rights or benefits under the Certificate.

If Your age has not been correctly stated, We will adjust the Face Amount of life insurance. This adjustment will be based on the amount which the premiums would have purchased at the correct age.

8. **Consideration; Renewals; Grace Period:** This Certificate is issued in consideration of the advance payment of the premium required for the initial term. This Certificate may be renewed from term to term by the payment of the Premium prior to the expiration of the preceding term; subject, however, to the provisions of Individual Terminations described in the General Provisions; and provided the Policyholder has opted to maintain the Policy in force. A grace period of 31 days will be granted for the payment of each premium falling due after the first premium. During the grace period, Your insurance will remain in force.
9. **Notice of Claim:** Written notice of claim must be given to Us within 20 days after a covered loss occurs, or as soon thereafter as reasonably possible. The notice should be sent to the Company's Home Office or to any authorized agent of the Company. Notice should include sufficient information to identify the name of the Covered Person and the Certificate Number.
10. **Claim Forms:** Upon receipt of a notice of claim, We will furnish to the claimant forms for filing proof of loss. If such forms are not furnished within 15 days after We receive 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.
11. **Proof of Loss:** Written proof of loss must be furnished to Us at Our Home Office within 90 days after the date of such loss. If it was not reasonably possible to give Us Written Proof of Loss within ninety (90) days the Company will not reduce or deny a claim for this reason, if it is shown that the Written Proof of Loss was submitted as soon as reasonably possible. However, in no event, except in the absence of legal capacity, will benefits be paid if Written Proof of Loss is not submitted within one (1) year from the date the Loss occurs.

- 12. Time of Payment of Claims:** Claims for benefits provided by the Policy will be paid within 30 days after receipt of written proof of loss when submitted electronically, and within 45 days after receipt of written proof of loss when submitted by other means.
- 13. Payment of Claims:** Indemnity for the Insured's loss of life will be payable in accordance with the beneficiary designation and the provisions respecting such payment which are prescribed herein and effective at the time of payment. If no such designation is then effective, indemnity for loss of life of the Insured shall be payable as follows: (a) to the spouse of the Insured, otherwise (b) equally to the then living lawful children of the Insured, including stepchildren and adopted children, if any, otherwise (c) equally to the Insured's parents or parent then living, otherwise (d) to the estate of the Insured. Any other accrued indemnities unpaid at the Insured's death may, at the option of Us, be paid either to the Insured's beneficiary or to his estate. All other indemnities will be payable to the Insured.
- 14. Beneficiary:** We will pay loss of life benefits to the person or entity named by the Insured to receive benefits, on forms and in a manner approved by us. The named beneficiary will be kept on file at the Company and may be changed as indicated below.
- 15. Change of Beneficiary; Assignment:** Unless the Insured makes an irrevocable designation of beneficiary, the right to change of beneficiary is reserved to the Insured and the consent of the beneficiary or beneficiaries shall not be requisite to assignment of the Insured's insurance under the Policy nor to any change in beneficiary or beneficiaries.
- 16. Physical Examinations and Autopsy:** The Company at Our expense shall have the right and opportunity to examine the person of anyone covered under the Policy when and as often as it may reasonably require during the dependency of a claim hereunder and to make an autopsy in case of death where it is not forbidden by law.
- 17. Legal Actions:** No action of 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.
- 18. Conformity with State Statutes:** Any provision of the Policy which, on its effective date, is in conflict with the statutes of the state in which the Policyholder is located on such date is hereby amended to conform to the minimum requirements of such statutes.
- 19. Schedule:** The Schedule and the information thereon is a part of this Certificate to the same extent as if it preceded the execution clause.

This Certificate is signed for the Company at its Home Office in Livonia, Michigan and it shall replace any other Certificate previously issued to the Insured under the Policy.



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Harold W. Huffstetler, Jr., President



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Robert J. Dotson, Vice President & General Counsel



SERFF Tracking Number: AAAL-125559034 State: Arkansas  
Filing Company: AAA Life Insurance Company State Tracking Number: 38788  
Company Tracking Number: AAAMLCERT-08  
TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death &  
Dismemberment Dismemberment  
Product Name: MLTA-08  
Project Name/Number: MLTA-08/AAAMLCERT-08

## Supporting Document Schedules

**Satisfied -Name:** Certification/Notice **Review Status:** Approved-Closed 04/29/2008

**Comments:**

Attached below is our readability certification. Also, please note that we have included the Arkansas Department of Insurance Address and telephone number on the face page of the certificate.

**Attachment:**

READABILITY CERTIFICATION.pdf

**Satisfied -Name:** Application **Review Status:** Approved-Closed 04/29/2008

**Comments:**

The application form for this product is form number AAA-MLT-03, approved for use in Arkansas on 08/02/2004.

**Satisfied -Name:** Cover Letter **Review Status:** Approved-Closed 04/29/2008

**Comments:**

**Attachment:**

AR Cover Letter AAA-MLTCERT-08 .pdf

## READABILITY CERTIFICATION

**COMPANY NAME:** AAA Life Insurance Company

I hereby certify that the form listed below has (have) the following score as calculated by the Flesch Reading Ease Test.

<u>Form Number</u>	<u>Score</u>
AAA-MLTCERT-08	42.2



\_\_\_\_\_  
Company Officer: Robert J Dotson

Title: Secretary and General Counsel

\_\_\_\_\_  
March 25, 2008

Date



Barbara G. Hassell  
Compliance Specialist II

17250 Newburgh Road  
Livonia, Michigan 48152  
Phone: 734-779-2942  
Fax: 734-805-2915  
bhassell@aaalife.com

April 24, 2008  
Arkansas Department of Insurance

Re: AAA-MLTCERT-08

Dear Reviewer:

Attached is the above referenced form, which is being submitted for your information, on a file and use basis. This form is intended to combine forms AAA-MLTCERT-02(AR), approved in Arkansas on 08/02/04, and AAAMLTCERTEND, approved on 03/20/07. This form has achieved a readability score of 43.6 on the Flesch reading ease test.

Our address is bracketed on the form. We will be moving to a new location in July 2008, after which our new address, 17900 N. Laurel Park Drive, Box 537908, Livonia, MI 48153-7908, will be used.

In addition, we have increased the benefit levels offered, as shown in the attached Actuarial Memo; this increase in benefit levels has not resulted in an increase in premium for this product.

These forms are exempt from filing in Michigan, our state of domicile.

To the best of our knowledge and belief, this submission complies with all the relevant statutes and regulations of the State of Alabama. It includes nothing that has been previously objected to or disapproved by your Department.

Thank you for your time and consideration in regard to this filing. Should you have any questions, or require any additional information to complete your review, please contact me directly.

Sincerely,

A handwritten signature in cursive script that reads 'Barbara G. Hassell'.

Barbara G. Hassell  
Compliance Specialist II



INSURANCE MARKETPLACE  
STANDARDS ASSOCIATION

<i>SERFF Tracking Number:</i>	<i>AAAL-125559034</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>AAA Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38788</i>
<i>Company Tracking Number:</i>	<i>AAAMLTCERT-08</i>		
<i>TOI:</i>	<i>H03G Group Health - Accidental Death &amp; Dismemberment</i>	<i>Sub-TOI:</i>	<i>H03G.000 Health - Accidental Death &amp; Dismemberment</i>
<i>Product Name:</i>	<i>MLTA-08</i>		
<i>Project Name/Number:</i>	<i>MLTA-08/AAAMLTCERT-08</i>		

## 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.

<b>Original Date:</b>	<b>Schedule</b>	<b>Document Name</b>	<b>Replaced Date</b>	<b>Attach Document</b>
No original date	Form	Member Loyalty Travel Accident Certificate of Insurance	04/24/2008	AAA-MLTCERT-08AR.pdf



Livonia, MI

17250 Newburgh Road  
 Livonia, MI 48152  
 (877) 434-1141

## Member Loyalty Travel Accident Insurance Certificate of Insurance

Group Policy: AAA-MLT-02

BANK NEWPORT as Trustee for the AAA Group Member Loyalty Travel Insurance Trust

### Schedule of Benefits

Insured:	John Doe	Membership Number:	XXXXXXXXXXXX
Certificate Number:	XXXXXXXXXXXX	Effective Date:	XX/XX/XXXX
Coverage Type:	[Individual/Family]	Issue Age:	XX
Premium:	\$XXX.XX	Mode:	[Annual/Semi-Annual]

<u>Certificate Year</u>	<u>Face Amount</u>	<u>Hospital Indemnity, Recuperation &amp; Emergency Room Benefit Amount</u>
1	\$ xx,xxx	\$xxx
2	\$ xx,xxx	\$xxx
3	\$ xx,xxx	\$xxx
4	\$ xx,xxx	\$xxx
5 and above	\$xxx,xxx	\$xxx

### READ YOUR CERTIFICATE CAREFULLY

**THIRTY-ONE DAY RIGHT TO EXAMINE CERTIFICATE:** You have the right to examine the Certificate for a period of 31 days after receipt. If You are not satisfied with the coverage provided under this Certificate, You may return it to Us or to Your agent. We will then void it as though it were never issued as of the Effective Date and refund the premium that has been paid.

#### IMPORTANT CANCELLATION INFORMATION

**Please Read the Provision Entitled “General Provision – Individual Termination”  
 Offered Exclusively for Members of the American Automobile Association**

#### THIS IS NOT A MEDICARE SUPPLEMENT CERTIFICATE

**If you are eligible for Medicare, review the Medicare Supplement Buyer’s Guide  
 available from the Company.**

For additional information you may contact the Arkansas Department of Insurance:  
 Arkansas Department of Insurance  
 1200 West 3<sup>rd</sup> Street  
 Little Rock, Arkansas 72201-1904  
 (800) 852-549

**CERTIFICATE OF INSURANCE**  
**THIS CERTIFICATE SUMMARIZES YOUR PARTICIPATION IN AN ACCIDENTAL INJURY**  
**AND DEATH GROUP POLICY AND IS NOT AUTOMOBILE LIABILITY INSURANCE COVERAGE**  
**AAA LIFE INSURANCE COMPANY**  
**LIVONIA, MI**  
(A Stock Company)  
(Herein called the Company)

The Group Master Policy ("the Policy") is issued to:

**BANK NEWPORT, as Trustee for the AAA Group Travel Insurance Trust, Newport, RI**

WE CERTIFY that the person named in the Schedule is insured under the Policy. We promise to pay benefits as described herein.

The insurance evidenced by this Certificate is provided under and is subject to all provisions of the Policy, which provisions are set forth in this Certificate.

**PART A** **DEFINITIONS**

When used in this Certificate, these terms will have the meaning stated below, unless otherwise defined where they are used.

**Eligible Member (Member):** A person age 18 and over, whose name appears in good standing in the active files of the American Automobile Association on the date this Certificate is issued.

**Face Amount:** The amount shown on the Schedule. The initial Face Amount is determined at the time of issue by the number of consecutive years, according to Club records, that the Insured has been a Member of the American Automobile Association.

**Basic Membership:** The lowest membership available from the Member's American Automobile Association local Club.

**Family Member:**

- (a) A person eligible for coverage, if "Family Coverage" is shown on the Schedule. Eligible Family Members include Your spouse, unless legally separated, and Your unmarried children (including stepchildren, legally adopted children and foster children) from birth up to 19 years of age who are dependent on You for the main part of their support and maintenance. An unmarried dependent child over age 19 who is a full-time student at an accredited college or university, will continue to be an eligible Family Member up to age 23 or the date he is no longer a full-time student, whichever occurs first.
- (b) Family coverage is provided only if You have submitted an enrollment form for such coverage and paid the required additional premium. Family coverage, when applied for after You become insured under this Certificate, becomes effective on the date of Your enrollment form. While Family Coverage is in force, each new Family Member that You acquire on or after the effective date of that coverage will automatically become insured on the date the Family Member becomes eligible.

**Group Policy:** Group Member Loyalty Travel Accident Insurance Policy bearing the number AAA-MLT-02 and issued to the Policyholder by Us.

**Hospital:** A place (a) licensed or recognized as a general Hospital by the appropriate authority of the state in which it is located, (b) operated for the care and treatment of resident inpatients with a registered graduate nurse (R.N.) always on duty and with laboratory and x-ray facilities, (c) recognized by the Joint Commission on the Accreditation of Hospitals, or (d) certified as a Hospital by Medicare. In no event shall the term "Hospital" mean any institution or part of a Hospital or institution that is licensed or used principally for the treatment or care of drug addicts or alcoholics or as a clinic, continued or extended care facility, skilled nursing facility, convalescent home, rehabilitation facility, psychiatric facility, rest home, nursing home, home for the aged, or any facility with an average length of stay of more than thirty (30) days.

**Injuries:** Means accidental bodily injuries received while the Insured is covered under the Policy which result in a covered loss, independent of sickness and all other causes, as follows:

1. **SCHEDULED AIRLINE:** While, as a passenger and not as a pilot or crew member, You or Your covered Family Member is riding in, boarding or exiting from an aircraft operated on a regularly scheduled flight by:  
(a) a scheduled airline of United States registry holding the proper license and certification issued by the United States Government, (b) a scheduled airline of foreign registry holding a Certificate, license or similar authorization for scheduled air transportation by the governmental authorities having jurisdiction for civil aviation in the country of registry or (c) a transport type aircraft operated by the Military Airlift Command of the United States, the Department of National Defense (Canada), the Department of Transport (Canada) or the Royal Air Force Air Support Command of Great Britain.
2. **COMMON CARRIER:** While You or Your covered Family Member are riding in, boarding or exiting from any public land or water conveyance provided by a common carrier primarily for passenger service. You or Your covered Family Member must be only a passenger, and not an operator or crew member of the common carrier.
3. **AUTOMOBILE AND PEDESTRIAN:** (a) While, driving, riding in, boarding or exiting from any private passenger automobile or (b) by being struck while a pedestrian, by any motor vehicle ordinarily operated on the public streets and highways.

**Insured, You, Yours:** Means a Member at the time of issue, who is covered under this Certificate.

**Physician:** An individual, other than You or a member of Your immediate family, who is licensed to practice medicine and/or treat illness in the state in which treatment is received.

**Policyholder:** The Group Policyholder shown on the face page of this Certificate.

**Private Passenger Automobile:** A motor vehicle intended for personal use and licensed by a state as a private vehicle. Included in the category of Private Passenger Automobile are:

1. self-propelled motor homes;
2. vans; and
3. sport utility vehicles; and
4. trucks with a rated towing capacity of no more than 17,000 pounds.

Private Passenger Automobile does not include:

1. automobiles licensed to carry passengers for hire;
2. automobiles primarily used or licensed for commercial purposes;
3. motorcycles, mopeds, motor scooters, all-terrain vehicles, snowmobiles or jet skis.

**Schedule of Benefits (“Schedule”):** Is shown on the first page of this Certificate.

**We, Ours, Us and the Company:** Means AAA Life Insurance Company.

## **PART B BENEFITS FOR LOSS OF LIFE**

We will pay benefits for loss of life due to injuries resulting from a covered accident. Benefits will be paid to you or Your eligible Family Member. Loss of Life must occur within ninety (90) days from the date of the accident. Benefits will be paid as follows:

	<u>Type</u>	<u>Benefit</u>
<b>Insured:</b>	Scheduled Airlines:	Twice the Face Amount*
	Common Carrier, Automobile & Pedestrian:	Face Amount*
<b>Spouse:</b>	Scheduled Airlines	Sixty percent (60%) of the amount payable to the Insured.
	Common Carrier, Automobile & Pedestrian:	
<b>Dependent:</b>	Scheduled Airlines	Twenty percent (20%) of the amount payable to the Insured for each Dependent.
	Common Carrier, Automobile & Pedestrian:	

\*Face Amount is shown on the Schedule.

## **PART C**

### **LIFETIME MEMBERSHIP BENEFIT**

Upon approval of benefits due to loss of life of either You or Your covered Spouse, We will pay the cost for a lifetime basic American Automobile Association Membership to the surviving spouse. No other indemnity will be provided in lieu of the membership as stated.

If, at the time of benefit, the surviving spouse is an active member of the American Automobile Association, they must provide their membership number to Us. If, at the time of benefit, the surviving spouse is not currently a member of the American Automobile Association, they must complete an application for membership from their local American Automobile Association Club and forward to Us.

The application or current membership number must be received within 180 days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate the claim for benefit if it was not reasonably possible to give proof within such time. Such proof must be furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than 2 years from the time proof is otherwise required.

## **PART D**

### **HOSPITAL INDEMNITY BENEFITS**

When You or Your Family Member are confined in a Hospital as a resident inpatient due to Injuries, We will pay:

1. **For You:**  
The Amount shown on the Schedule of Benefits.
2. **For Your Spouse:**  
60% of the amount payable to You for each day of confinement
3. **For Each Dependent Child:**  
20% of the amount payable to You for each day of confinement.

The Face Amount is shown on the Schedule of Benefits. This benefit is payable from the first day of Hospital confinement and will be paid for a maximum of 365 days for any one accident. Confinement must begin within 90 days after the accident. There must be less 90 days between confinements as a result of the same accident.

## **PART E**

### **RECUPERATION BENEFITS**

If Injuries from an accident required Hospitalization for You or Your covered Family Member in accordance with Part A, Sections 1, 2 or 3, after which recuperation at home or in any treatment facility is medically prescribed, We will pay:

1. **For You:**  
The Amount shown on the Schedule of Benefits.
2. **For Your Spouse:**  
60% of the amount payable to You.
3. **For each Dependent Child:**  
20% of the amount payable to You.

The benefit will be paid for as many days as the Hospitalization was required, not to exceed 365 days for any one accident. The recuperation must begin within 7 days of a covered Hospitalization and be prescribed by a Physician.

## **PART F**

### **EMERGENCY ROOM BENEFITS**

When, due to Injuries, the Insured or covered Family Member requires treatment in a lawfully operated Hospital emergency room within 24 hours of the time of a covered accident, We will pay:

1. **For You:**  
The Amount shown on the Schedule of Benefits.
2. **For the Spouse:**  
60% of the amount payable to You.
3. **For each Dependent Child:**  
20% of the amount payable to You.

This benefit is payable once per 365 days for You or Your covered Family Member.

## PART G

## EXPOSURE AND DISAPPEARANCE

If, while insured under the Certificate, You or Your covered Family Member were riding in a covered conveyance, and are unavoidably exposed to the elements because of an accident that causes the disappearance, sinking or damaging of that conveyance, and if such exposure results in a loss suffered for which benefits are otherwise payable, the loss will be covered under this Certificate.

If, while insured under the Certificate, You or Your covered Family Member disappears because of an accident resulting in the disappearance or sinking of a covered common carrier in which he was riding, and if Your body or Your Family Member's body has not been found within 52 weeks after the date of such accident, it will be presumed, barring any evidence to the contrary, that loss of life was suffered as a result of Injuries covered by the Policy.

## PART H

## EXCEPTIONS AND LIMITATIONS

This Certificate does not cover:

- a) suicide or attempted suicide while sane or insane;
- b) injuries received while participating in any maneuvers or training exercises of the Armed Forces,
- c) injuries received while under the influence of alcohol (a blood alcohol level as defined by state law is conclusive evidence of intoxication for purposes of this Certificate);
- d) injuries received while under the influence of any narcotic or drug unless administered on the advice of a physician.
- e) injuries received while participating in the commission of a crime.
- f) injuries caused by, contributed to by, or resulting directly or indirectly in whole or part from sickness, disease or bodily or mental infirmity.
- g) injuries sustained prior to the effective date of the Certificate.

The Policy is a single group travel accident insurance contract issued to the Policyholder and offered to Members of the American Automobile Association on an optional basis. If more than one Certificate is issued to one person (whether in one or more states), Our liability under the Policy shall be limited only to the amount payable on the Certificate bearing the highest Face Amount. We will refund any premiums paid to Us for excessive coverage to You, Your designated beneficiary or Your estate.

## PART I

## GENERAL PROVISIONS

1. **Individual Termination:** Your insurance will terminate on whichever of the following dates occurs first:
  - a) the date that any premium is due and unpaid,
  - b) the first renewal date after the date we receive written request from You to cancel the coverage.
  - c) the first renewal date of this Certificate following the date the Policy is terminated or canceled.
2. **Family Insurance Terminations:** The insurance of any Family Member will terminate on whichever of the following dates occurs first:
  - a) the first renewal date following the date the Family Member ceases to be eligible in accordance with 1(a) above,
  - b) the date Your coverage hereunder terminates, or
  - c) the date any premium for the Family insurance is due and unpaid.
  - d) the date Your unmarried child(ren) reaches nineteen (19) years of age. In event that an unmarried dependent child is over age 19 and is a full-time student at an accredited college or university, such child will continue to be an eligible Family Member up to age twenty-three (23) or the date he is no longer a full-time student, whichever date occurs first.

Coverage on an unmarried dependent child will not terminate as indicated in 2d) if the child is and continues to be both:

1. incapable of self-sustaining employment by reason of mental retardation or physical handicap, and
2. chiefly dependent upon You for support and maintenance.

Proof of such incapacity and dependency shall be furnished to the Company by the Insured at the Company's expense upon request no more frequently than annually. If a dependent child's incapacity or dependency is later removed or terminated, the Insured shall so notify the Company

The Term "Renewal Date" means the renewal date of Your Certificate.

3. **Reinstatement:** If Your insurance or that of Your Family Member is terminated for any reason, You may reinstate the coverage within 14 days from the end of the Grace Period by submitting the appropriate premium. Coverage will be reinstated back to the date of termination.
4. **Re-enrollment:** After the 14 -day reinstatement period, You may re-enroll by completing a new enrollment form and submitting the appropriate premium. Insurance subsequently effected on You or Your Family Member through re-enrollment applies only to loss resulting from covered injuries sustained after the date of re-enrollment.
5. **Term of Coverage:** The initial term of this Certificate begins on the Certificate Date at 12:01 a.m. Standard Time of the place where You reside, and ends at 12:01 a.m., the same Standard Time, on the first renewal date. Each time this Certificate is renewed, the renewal term begins at the same time the preceding term ends and ends at 12:01 a.m., the same Standard Time, on the date the next renewal premium becomes due.
6. **Premiums:** Premiums may be adjusted at any time. We will provide You with at least 45 days written notice of any change in premiums in accordance with the terms of the Policy.

The adjusted premium rate charge for this coverage will be based on:

- Your age and coverage type; and
- The anticipated appropriate future actuarial factors.

Any change in the premium rates will apply to all Insureds of the same insuring age, type of insurance amount, and year of issue.

7. **Misstatement of Age:** If Your age has been misstated, the correct age at the date of application will be used to determine:
  1. The effective date or termination date of insurance;
  2. The amount of insurance; and
  3. Any other rights or benefits under the Certificate.

If Your age has not been correctly stated, We will adjust the Face Amount of life insurance. This adjustment will be based on the amount which the premiums would have purchased at the correct age.

8. **Consideration; Renewals; Grace Period:** This Certificate is issued in consideration of the advance payment of the premium required for the initial term. This Certificate may be renewed from term to term by the payment of the Premium prior to the expiration of the preceding term; subject, however, to the provisions of Individual Terminations described in the General Provisions; and provided the Policyholder has opted to maintain the Policy in force. A grace period of 31 days will be granted for the payment of each premium falling due after the first premium. During the grace period, Your insurance will remain in force.
9. **Notice of Claim:** Written notice of claim must be given to Us within 20 days after a covered loss occurs, or as soon thereafter as reasonably possible. The notice should be sent to the Company's Home Office or to any authorized agent of the Company. Notice should include sufficient information to identify the name of the Covered Person and the Certificate Number.
10. **Claim Forms:** Upon receipt of a notice of claim, We will furnish to the claimant forms for filing proof of loss. If such forms are not furnished within 15 days after We receive 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.
11. **Proof of Loss:** Written proof of loss must be furnished to Us at Our Home Office within 90 days after the date of such loss. If it was not reasonably possible to give Us Written Proof of Loss within ninety (90) days the Company will not reduce or deny a claim for this reason, if it is shown that the Written Proof of Loss was submitted as soon as reasonably possible. However, in no event, except in the absence of legal capacity, will benefits be paid if Written Proof of Loss is not submitted within one (1) year from the date the Loss occurs.

- 12. Time of Payment of Claims:** Claims for benefits provided by the Policy will be paid within two (2) months upon receipt of written proof of loss.
- 13. Payment of Claims:** Indemnity for the Insured's loss of life will be payable in accordance with the beneficiary designation and the provisions respecting such payment which are prescribed herein and effective at the time of payment. If no such designation is then effective, indemnity for loss of life of the Insured shall be payable as follows: (a) to the spouse of the Insured, otherwise (b) equally to the then living lawful children of the Insured, including stepchildren and adopted children, if any, otherwise (c) equally to the Insured's parents or parent then living, otherwise (d) to the estate of the Insured. Any other accrued indemnities unpaid at the Insured's death may, at the option of Us, be paid either to the Insured's beneficiary or to his estate. All other indemnities will be payable to the Insured.
- 14. Beneficiary:** We will pay loss of life benefits to the person or entity named by the Insured to receive benefits, on forms and in a manner approved by us. The named beneficiary will be kept on file at the Company and may be changed as indicated below.
- 15. Change of Beneficiary; Assignment:** Unless the Insured makes an irrevocable designation of beneficiary, the right to change of beneficiary is reserved to the Insured and the consent of the beneficiary or beneficiaries shall not be requisite to assignment of the Insured's insurance under the Policy nor to any change in beneficiary or beneficiaries.
- 16. Physical Examinations and Autopsy:** The Company at Our expense shall have the right and opportunity to examine the person of anyone covered under the Policy when and as often as it may reasonably require during the dependency of a claim hereunder and to make an autopsy in case of death where it is not forbidden by law.
- 17. Legal Actions:** No action of 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.
- 18. Conformity with State Statutes:** Any provision of the Policy which, on its effective date, is in conflict with the statutes of the state in which the Policyholder is located on such date is hereby amended to conform to the minimum requirements of such statutes.
- 19. Schedule:** The Schedule and the information thereon is a part of this Certificate to the same extent as if it preceded the execution clause.

This Certificate is signed for the Company at its Home Office in Livonia, Michigan and it shall replace any other Certificate previously issued to the Insured under the Policy.



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Harold W. Huffstettler, Jr., President



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Robert J. Dotson, Vice President & General Counsel