

SERFF Tracking Number: NTAL-127173675 State: Arkansas  
 Filing Company: National Teachers Associates Life Insurance Company State Tracking Number: 48922  
 Company Tracking Number: GRA-3003-AR (4/11)  
 TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only  
 Product Name: Accident 3 and Application  
 Project Name/Number: /

## Filing at a Glance

Company: National Teachers Associates Life Insurance Company

Product Name: Accident 3 and Application SERFF Tr Num: NTAL-127173675 State: Arkansas  
 TOI: H02I Individual Health - Accident Only SERFF Status: Closed-Approved- Closed State Tr Num: 48922  
 Sub-TOI: H02I.000 Health - Accident Only Co Tr Num: GRA-3003-AR (4/11) State Status: Approved-Closed  
 Filing Type: Form/Rate Reviewer(s): Rosalind Minor  
 Author: Wm. Bradley Cox Disposition Date: 06/07/2011  
 Date Submitted: 05/27/2011 Disposition Status: Approved-Closed  
 Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: Status of Filing in Domicile: Authorized  
 Project Number: Date Approved in Domicile:  
 Requested Filing Mode: Review & Approval Domicile Status Comments: Filed Exempt  
 Explanation for Combination/Other: Market Type: Individual  
 Submission Type: New Submission Individual Market Type:  
 Overall Rate Impact: Filing Status Changed: 06/07/2011  
 State Status Changed: 06/07/2011  
 Deemer Date: Created By: Wm. Bradley Cox  
 Submitted By: Wm. Bradley Cox Corresponding Filing Tracking Number:  
 Filing Description:

The above-referenced forms are enclosed in duplicate for your review and approval.

These forms are new and do not replace any previously approved forms. They will provide coverage for services related to a covered injury caused by an accident. Such services include hospital confinement, injury care, and ambulance travel. The application is also new and will only be used with this policy. The outline of coverage is provided to applicants at the time the application is completed.

The policy will be marketed to individual applicants by independent agents.

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These forms were filed "Exempt" by Texas, our domicile, on May 17, 2011.

Also enclosed is the Actuarial Memorandum with premium rates.

## Company and Contact

### Filing Contact Information

David Mather, Compliance Analyst david.mather@ntalife.com  
 4949 Keller Springs Road 972-532-2133 [Phone] 2577 [Ext]  
 Addison, TX 75001 972-532-2194 [FAX]

### Filing Company Information

National Teachers Associates Life Insurance Company CoCode: 87963 State of Domicile: Texas  
 4949 Keller Springs Road Group Code: Company Type: LAH  
 Addison, TX 75001 Group Name: State ID Number:  
 (972) 532-2100 ext. [Phone] FEIN Number: 75-1623431

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Teachers Associates Life Insurance Company	\$50.00	05/27/2011	48134164
National Teachers Associates Life Insurance Company	\$100.00	06/01/2011	48219386

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/07/2011	06/07/2011

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	06/02/2011	06/02/2011	Wm. Bradley Cox	06/02/2011	06/02/2011
Pending Industry Response	Rosalind Minor	06/01/2011	06/01/2011	Wm. Bradley Cox	06/01/2011	06/01/2011

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 TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only  
 Product Name: Accident 3 and Application  
 Project Name/Number: /

## Disposition

Disposition Date: 06/07/2011

Implementation Date:

Status: Approved-Closed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
National Teachers Associates Life Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	No
<b>Supporting Document</b>	Outline of Coverage	Approved-Closed	Yes
<b>Supporting Document</b>	Cover Letter	Approved-Closed	Yes
<b>Form (revised)</b>	Accident Insurance Policy	Approved-Closed	Yes
<b>Form</b>	Accident Insurance Policy	Replaced	Yes
<b>Form</b>	Outline of Coverage	Approved-Closed	Yes
<b>Form</b>	Application for Accident Insurance	Approved-Closed	Yes
<b>Rate</b>	Accident 3 Premium Rates	Approved-Closed	Yes

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Product Name: Accident 3 and Application  
Project Name/Number: /

## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 06/02/2011

Submitted Date 06/02/2011

Respond By Date

Dear David Mather,

This will acknowledge receipt of the captioned filing.

Objection 1

- Accident Insurance Policy, GRA-3003-AR (4/11) (Form)

Comment:

The definition of accident may be defined to employ "result" language and shall not include workds which establish an accidental means test or use words such as "external, violent, visible wounds" or similar words of description or characterization.

The definition shall not be more restrictive than the following: Injury or injuries, for which benefits are provided, means accidental bodily injury sustained by the insured person which is the direct cause, independent of disease or bodily infirmity or any other cause and occurs while the insurance is in force.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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## Response Letter

Response Letter Status Submitted to State  
 Response Letter Date 06/02/2011  
 Submitted Date 06/02/2011

Dear Rosalind Minor,

### Comments:

Thank you for your correspondence.

### Response 1

Comments: We have removed the word "external" from the 'Accident' definition.

### Related Objection 1

Applies To:

- Accident Insurance Policy, GRA-3003-AR (4/11) (Form)

Comment:

The definition of accident may be defined to employ "result" language and shall not include workds which establish an accidental means test or use words such as "external, violent, visible wounds" or similar words of description or characterization.

The definition shall not be more restrictive than the following: Injury or injuries, for which benefits are provided, means accidental bodily injury sustained by the insured person which is the direct cause, independent of disease or bodily infirmity or any other cause and occurs while the insurance is in force.

### 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
Accident Insurance	GRA-		Policy/Contract/Fraternal	Initial		55.100	GRA-



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Product Name: Accident 3 and Application  
Project Name/Number: /

## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 06/01/2011

Submitted Date 06/01/2011

Respond By Date

Dear David Mather,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Accident Insurance Policy, GRA-3003-AR (4/11) (Form)
- Outline of Coverage, GRA-3003-AR.OC (4/11) (Form)
- Application for Accident Insurance, 75-3003-B-APP (4/11) (Form)

### Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$150.00. Please submit an additional \$100.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Product Name: Accident 3 and Application  
Project Name/Number: /

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 06/01/2011  
Submitted Date 06/01/2011

Dear Rosalind Minor,

### Comments:

### Response 1

Comments: Additional fees have been added via EFT.

### Related Objection 1

Applies To:

- Accident Insurance Policy, GRA-3003-AR (4/11) (Form)
- Outline of Coverage, GRA-3003-AR.OC (4/11) (Form)
- Application for Accident Insurance, 75-3003-B-APP (4/11) (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$150.00. Please submit an additional \$100.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

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Sincerely,  
Wm. Bradley Cox

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## Form Schedule

### Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 06/07/2011	GRA-3003-AR (4/11)	Policy/Contract/Fraternal Certificate	Accident Insurance	Initial		55.100	GRA-3003-AR (4.11) rev 1.pdf
Approved-Closed 06/07/2011	GRA-3003-AR.OC (4/11)	Outline of Coverage	Outline of Coverage	Initial		52.900	GRA-3003-AR.OC (4.11).pdf
Approved-Closed 06/07/2011	75-3003-B-APP (4/11)	Application/Enrollment Form	Application for Accident Insurance	Initial		52.900	75-3003-B-APP (4 11).pdf

# NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY

[4949 Keller Springs Road, Addison, Texas 75001] • [PO Box 802207, Dallas, Texas 75380]  
[(888) 671-6771] • [www.ntalife.com]

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## ACCIDENT INSURANCE POLICY—SERIES III

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**PLEASE READ THIS POLICY CAREFULLY.**

**THIS POLICY IS A LEGAL CONTRACT BETWEEN THE OWNER AND THE COMPANY.**

**THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE.** This Policy is guaranteed renewable for life if the premiums are paid when due or within the Grace Period. If the premiums are paid on time, we will not cancel the Policy. Renewal premiums will be at the premium rates in effect on each Renewal Date. Premium rates may change, but only if we do so for all policies in the same class.

**NOTICE OF 10-DAY RIGHT TO EXAMINE POLICY.** If the Owner is not satisfied with the Policy for any reason, the Owner may return it to us within 10 days after it is received. Once returned, we will refund the premiums paid, and the Policy will be voided from the original Issue Date.

**IMPORTANT NOTICE! REVIEW THE ATTACHED INSURANCE APPLICATION.** This Policy was issued based on the answers to the questions in the Application (a copy of which is attached to and made a part of this Policy). If there is a misstatement in the Application, or if any information concerning the medical history of the Insured has been omitted, the Owner or Insured must notify us immediately. If any answers on the Application are incomplete, incorrect, or untrue, we may have the right to deny benefits, reform the Policy, or even void the Policy (subject to the “Incontestable” provision and/or applicable laws governing insurance fraud). The best time to clear up any misunderstanding is now, before a claim arises.

**WARNING! WE ARE REQUIRED TO REPORT INSURANCE FRAUD.** 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.

**RECEIPT OF INJURY CARE.** To receive any Policy benefits, you must seek Injury Care or be Hospital confined for an Injury while the Policy is in force and within 14 days of the Accident causing the Injury.

This Policy is signed for us by:



[President and Chief Executive Officer]



[Vice President and Corporate Secretary]

**THIS IS AN ACCIDENT ONLY POLICY. IT DOES NOT PAY ANY BENEFITS FOR LOSS FROM SICKNESS. READ IT CAREFULLY. EXCEPT AS PROVIDED IN THE “TERMINATION OF COVERAGE -- TERMINATION OF POLICY” PROVISION, WE WILL ONLY PROVIDE BENEFITS FOR ACCIDENTS INCURRED WHILE THIS POLICY IS IN FORCE.**

**CAUTION: THIS IS A LIMITED POLICY. READ IT CAREFULLY WITH THE  
OUTLINE OF COVERAGE.**

# NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY

## IMPORTANT NOTICE

To obtain information or make a complaint, you may call or write to  
National Teachers Associates Life Insurance Company at:

**National Teachers Associates Life Insurance Company**

P.O. Box 802207  
Dallas, Texas 75380  
Toll Free 1-888-671-6771  
FAX 1-972-532-2194

If we at National Teachers Associates Life fail to provide you with reasonable and adequate service,  
you should feel free to contact the **Arkansas Insurance Department at:**

**Arkansas Insurance Department**

**Consumer Services Division**

1200 West Third Street  
Little Rock, Arkansas 72201  
1-501-371-2640  
Toll-Free 1-800-852-5494



## SCHEDULE PAGE

THIS SCHEDULE PAGE CONTAINS IMPORTANT INFORMATION ABOUT BENEFIT PLANS YOU HAVE SELECTED AND THE PREMIUM AMOUNT FOR THOSE PLANS.

<b>Policy Number:</b>	A 000246810	<b>Plan:</b>	Family	<b>Issue</b>	Eff / Rev
<b>Primary Insured:</b>	JOHN E DOE	<b>Policy Plan Date:</b>		6/1/11	
<b>Owner:</b>	JOHN E DOE	<b>Rider(s) Date:</b>			
	1234 SKILLMAN ST				
	DALLAS TX 75243				

<b>MODE OF PAYMENT:</b>	Monthly	\$ 64.95
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FORM	DESCRIPTION	ANNUAL PREMIUM
<b>BASE POLICY SELECTED:</b>		
GRA-3003-AR (4/11) Occupational Group I	<b>ACCIDENT POLICY – GOLD PROGRAM</b>	\$779.40

**OPTIONAL RIDER:**

This Policy covers persons who meet the definition of Covered Person in this Policy in accordance with the type of Plan selected unless a person is excluded from coverage as indicated in the Application or any endorsement to this Policy.

<b>Total Annual Premium and Policy Fee (if applicable)</b>	\$779.40
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# POLICY INDEX

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## POLICY BENEFITS SCHEDULE

*THIS IS ONLY A SUMMARY. SEE THE ACTUAL POLICY PROVISIONS FOR LIMITATIONS AND COMPLETE DETAILS.*

### GREEN PROGRAM

<b>A. Injury Care Benefit</b>	\$250/ visit
Maximum per covered Injury	1 visit
Maximum per Calendar Year per Covered Person	2 visits
<b>B. Diagnostic Imaging Benefit</b>	\$150/ image
Maximum per covered Injury	1 image
Maximum per Calendar Year per Covered Person	2 images
<b>C. Ambulance Benefit</b>	
Land	\$500/ trip
Air	\$1,500/ trip
Maximum per covered Injury	1 trip
Maximum per Calendar Year per Covered Person	2 trips
<b>D. First Day Hospital Confinement Benefit</b>	\$2,500/ Day
Maximum per Calendar Year per Covered Person	1 Day
<b>E. Continuing Hospital Confinement Daily Benefit</b>	\$300/ Day
Maximum per covered Injury	30 Days
Not Payable for any Day covered by the First Day Hospital Confinement Benefit	
<b>F. Attending Physician Benefit</b>	\$100/ Day
Payable same number of Days as Hospital Confined	
<b>G. At Home Recovery Benefit</b>	\$300/day
Payable three times number of Days Hospital Confined	

## POLICY BENEFITS SCHEDULE

*THIS IS ONLY A SUMMARY. SEE THE ACTUAL POLICY PROVISIONS FOR LIMITATIONS AND COMPLETE DETAILS.*

### GOLD PROGRAM

<b>A. Injury Care Benefit</b>	\$375/ visit
Maximum per covered Injury	1 visit
Maximum per Calendar Year per Covered Person	2 visits
<b>B. Diagnostic Imaging Benefit</b>	\$225/ image
Maximum per covered Injury	1 image
Maximum per Calendar Year per Covered Person	2 images
<b>C. Ambulance Benefit</b>	
Land	\$750/ trip
Air	\$2,250/ trip
Maximum per covered Injury	1 trip
Maximum per Calendar Year per Covered Person	2 trips
<b>D. First Day Hospital Confinement Benefit</b>	\$3,750/ Day
Maximum per Calendar Year per Covered Person	1 Day
<b>E. Continuing Hospital Confinement Daily Benefit</b>	\$450/ Day
Maximum per covered Injury	30 Days
Not Payable for any Day covered by the First Day Hospital Confinement Benefit	
<b>F. Attending Physician Benefit</b>	\$150/ Day
Payable same number of Days as Hospital Confined	
<b>G. At Home Recovery Benefit</b>	\$450/day
Payable three times number of Days Hospital Confined	

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## INSURING PROVISION

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**We agree to pay the benefits provided by this Policy and any Riders attached to it, subject to the definitions, provisions, exclusions and limitations contained in this Policy and/or attached Riders.**

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## CONSIDERATION

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We have issued this Policy in consideration of the Application and payment of the first premium on or before the Issue Date. Coverage begins on the Coverage Effective Date at 11:59 pm in the time zone where the Policy was purchased.

The Policy will remain in force for any period for which the premium is paid when due or during the Grace Period. If the Policy terminates due to nonpayment of premium, it will terminate on the Renewal Date at 12:01 am in the time zone where the Policy was purchased (subject to the Grace Period).

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## DEFINITIONS

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This section provides the meaning of special terms used in this Policy.

**Accident** means a sudden, unexpected, and unforeseen event which results in a Covered Person's Inpatient Hospital confinement or receipt of medical services at a Hospital, Emergency Care Clinic, or Medical Practitioner's office within 14 days after the event.

**Application** means the application(s) for coverage under this Policy, application(s) for additional benefits, and any application amendment(s). Applications are attached to and made a part of this Policy.

**Calendar Year** begins on the Issue Date and continues through December 31 of that year. Subsequently, a Calendar Year will be January 1 through December 31.

**Child or Children** (unless specifically excluded from coverage as indicated in the Application, Schedule Page, or on any endorsement to this Policy) means: (1) the Primary Insured's children by birth; (2) the Primary Insured's adopted children; (3) the Primary Insured's stepchildren at the time of the application for coverage of the stepchildren; and (4) the children of the Primary Insured's children at the time of the initial application for such coverage for whom the Primary Insured is legally obligated to provide medical support. "Adopted children" shall mean children adopted by the Primary Insured, regardless of whether a final decree of adoption has been entered, provided that a petition has been duly filed and is pursued to a final decree of adoption.

Additionally, a child meeting the criteria of any of the categories listed above must also be: (1) unmarried; and (2) either under age 27 or legally incapacitated and unable to support himself/herself because of a medically ascertainable mental or physical handicap.

Proof of incapacity must be given with the Application if the Child is then incapacitated and older than age 26. If the incapacity occurs after the Application is completed, proof of incapacity must also be provided if the incapacity persists after the Child's 27<sup>th</sup> birthday. We reserve the right to require additional proof that the Child is still incapacitated and dependent on the Primary Insured. After 2 years of continuous incapacity, we will not require such proof more often than once each year.

If the Owner has selected the One Parent Plan or the Family Plan, children born to the Primary Insured or adopted by the Primary Insured after the Issue Date are covered from the date of live birth or date of adoption if they meet the conditions listed above.

**Company** means National Teachers Associates Life Insurance Company.

**Coverage Effective Date** for a Covered Person means the later of: (1) the Issue Date as to the Covered Persons listed on the original Application; (2) the date we approve any additional Covered Persons under the "Adding New Covered Persons" provision; (3) the date of any increases in Policy or Rider benefits which were requested by the Owner and approved by us; or (4) the date we approve a reinstatement as to a Covered Person. The original Coverage Effective Dates for Covered Persons other than Children are listed on the Schedule Page.

**Covered Person** means the person(s) described by the type of Plan selected:

- (1) An "Individual Plan" means the Primary Insured is covered.
- (2) A "One Parent Plan" means the Primary Insured and the Primary Insured's Children are covered.
- (3) A "Family Plan" means the Primary Insured, Primary Insured's Spouse, and Primary Insured's Children are covered.

**Day** means an overnight stay in a Hospital that is expressly billed by the Hospital: (1) as an Inpatient confinement; or (2) on an hourly basis for twenty-four or more continuous hours.

**Diagnostic Imaging** means a technique or process used to create images of the internal human body or parts thereof, such as an x-ray, ultrasound, sonogram, computed tomography (CT) scan, and magnetic resonance imaging (MRI).

**Emergency Care Clinic** means a facility licensed by a state, where Injury Care is provided by a Medical Practitioner on an outpatient basis. Such facility must have at least one Medical Practitioner on call at all times. The term includes an urgent care facility but does not include any facility that provides services or accommodations for patients to stay overnight.

**Home Office** means P.O. Box 802207, Dallas, Texas 75380, or such other address as designated by us to the Owner in writing.

**Hospice** means a facility licensed, certified or registered in accordance with state law which provides a formal program of care that is: (1) for terminally ill patients whose life expectancy is less than 6 months; (2) provided on an Inpatient or outpatient basis; and (3) directed by a physician.

**Hospital** means a legally licensed institution that: (1) provides diagnostic, medical and surgical treatment to sick or injured persons on an Inpatient basis (or has such surgical facilities available on a prearranged contractual basis); (2) provides 24-hour nursing care by or under the supervision of a nurse; and (3) is under the supervision of a staff of one or more duly licensed physicians practicing within the scope of their license.

Hospital does not include: a Hospice; rehabilitation facility; convalescent, nursing or rest home; home for the aged; facility for the care and treatment of drug addiction or alcoholism; hotel units, residential annexes or nurse administered units in or associated with a hospital; or a special ward, floor or other accommodation for: (i) convalescent, nursing, rehabilitation, ambulatory or extended care; or (ii) for the care and treatment of drug addiction or alcoholism.

**Injury** means bodily harm that: (1) is sustained by a Covered Person; (2) is caused by an Accident; (3) is the direct cause of loss, independent of disease, bodily infirmity, a previous injury or condition, or any other cause; (4) occurs while this Policy is in force; and (5) is not otherwise excluded from coverage under the "Exclusions and Limitations" provision of this Policy. Injury does not include the recurrence, exacerbation, or aggravation of any bodily harm sustained or any condition suffered by the Covered Person prior to the Coverage Effective Date of the Policy. All Injuries sustained in any one Accident, all complications arising therefrom, and recurrences of complications shall be deemed to be a single Injury for purposes of determining maximum benefits per Injury.

**Injury Care** means medical services provided to a Covered Person primarily to care for and treat an Injury, performed at a Hospital emergency room, Emergency Care Clinic, or Medical Practitioner's office.

**Inpatient** means a Day of confinement in a Hospital.

**Issue Date** means the effective date of this Policy or any attached rider (as shown on the Schedule Page).

**Medically Necessary** means medical care or treatment that is: appropriate to the diagnosis; essential to proper patient care; and widely accepted as prudent by the Medical Practitioner's peer group. Care, treatment, drugs or medicines provided must not be experimental, investigative or illegal.

**Medical Practitioner** means a doctor, nurse, chiropractor, physician's assistant, or other medical professional who is: (1) duly licensed by the state in which he or she practices; and (2) acting within the scope of his or her license. Medical Practitioner does not include a Covered Person or a Covered Person's spouse, parents, stepparents, in-laws, brothers, sisters, stepbrothers, stepsisters, children or grandchildren.

**One Period of Confinement** means: (1) one continuous Hospital confinement; or (2) two or more separate Hospital confinements for the same or a related cause that are each separated by less than 30 days.

**Owner** means the person named on the Schedule Page as the Owner of the Policy. The Owner has the right to make all changes to the Policy and receive benefits under the Policy (as specified under the "Ownership" provision).

**Plan** means the scope of persons insured under this Policy as selected on the application and shown on the Schedule Page. See the definition of "Covered Person."

**Primary Insured** means the person named on the Schedule Page as the Primary Insured.

**Program** means the benefit level (such as Green or Gold) selected on the application and shown on the Schedule Page. The premium will vary with the benefit Program selected.

**Renewal Date** means the date to which premiums are paid, and the date on which the next premium is due to continue this Policy in force.

**Spouse** means the insurable person named as the spouse on the application and married to the Primary Insured as of that date. Where a state legally recognizes civil unions, a Spouse may include a person's partner in that recognized civil union. Where state law provides for registered domestic partnerships, a Spouse may include a person's registered domestic partner. We reserve the right to request proof of the legally recognized status of a person's marriage, civil union, or domestic partnership.

The Owner may terminate the Spouse's insurance by notifying us in writing. If the Primary Insured divorces and remarries (or terminates a civil union or domestic partnership and enters into a new one, where appropriate), the person designated as Spouse may be changed by following the procedures under the "Adding New Covered Persons" provision of the Policy. Only one person may be insured as a Spouse at any given time.

**We, us, our** means National Teachers Associates Life Insurance Company.

**Written Request** means a request in writing signed by the Owner and acceptable to us. We may require that the Policy be sent in with the written request.

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## BENEFITS

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Subject to the terms, conditions, exclusions, and limitations of the Policy, we will pay the benefits described below for the Medically Necessary care and treatment of a Covered Person for a covered Injury that occurs after the Coverage Effective Date for that person. Charges for such care and treatment must be the direct result of the covered Injury and must be incurred while the Policy is in force for the Covered Person. The care and treatment must be initially furnished by or under the supervision of a Medical Practitioner within 14 days of the Injury to be payable. The benefit amounts and any applicable maximums payable for each benefit are shown in the Policy Benefits Schedule (unless otherwise stated in the benefit itself).

**A. Injury Care Benefit.** We will pay the benefit amount shown on the Policy Benefits Schedule for Injury Care received in a Hospital emergency room, Emergency Care Clinic, or Medical Practitioner's office for a covered Injury for a Covered Person, not to exceed the maximum amount per covered Injury and per Calendar Year (as stated on the Policy Benefits Schedule).

**B. Diagnostic Imaging Benefit.** We will pay the benefit amount shown in the Policy Benefits Schedule for Diagnostic Imaging that a Covered Person receives in connection with Injury Care for a covered Injury, not to exceed the maximum amount per covered Injury and per Calendar Year (as stated on the Policy Benefits Schedule).

**C. Ambulance Benefit.** We will pay the benefit amount shown in the Policy Benefits Schedule for transport to a Hospital by either a ground or an air ambulance for a covered Injury if a Covered Person requires the services of a licensed professional ambulance company, up to the maximum amount per covered Injury and per Calendar Year per Covered Person (as stated on the Policy Benefits Schedule). If a Covered Person requires both a ground and an air ambulance for a covered Injury, we will pay the greater benefit, but we will not pay for both.

**D. First Day Hospital Confinement Benefit.** We will pay the benefit amount shown in the Policy Benefits Schedule for the first Day a Covered Person is confined as an Inpatient to a Hospital for any One Period of Confinement for a covered Injury. This benefit is not payable on the same day that the Continuing Hospital Confinement Daily Benefit is paid. This benefit is payable only one time per Covered Person per Calendar Year.

**E. Continuing Hospital Confinement Daily Benefit.** We will pay the benefit amount shown in the Policy Benefits Schedule when a Covered Person is confined for a Day or more as an Inpatient to a Hospital for any One Period of Confinement for a covered Injury, not to exceed the maximum number of Days for One Period of Confinement (as stated on the Policy Benefits Schedule). This benefit is not payable on the same day that the First Day Hospital Confinement Benefit is paid.

**F. Attending Physician Benefit.** For each Day that the First Day Hospital Confinement Benefit or the Continuing Hospital Confinement Benefit is properly payable under the Policy, we will pay the benefit amount shown in the Policy Benefits Schedule for the services of an attending physician.

**G. Home Recovery Benefit.** For each Day that the First Day Hospital Confinement Benefit or the Continuing Hospital Confinement Benefit is properly payable under the Policy, we will pay three days of Home Recovery Benefit at the daily rate provided on the Policy Benefits Schedule.

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### EXCLUSIONS AND LIMITATIONS

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No benefits are provided for services or supplies that are not Medically Necessary or are attributable to a recurrence, exacerbation, or aggravation of any bodily harm sustained or any condition suffered by the Covered Person prior to the Coverage Effective Date of the Policy. This Policy does not provide benefits if the Covered Person's Injury is caused or contributed to by:

- (1) Suicide, attempted suicide, or an intentionally self-inflicted injury (while sane or insane);
- (2) The voluntary taking of any poison;
- (3) Any poison, gas, or fumes voluntarily absorbed, inhaled, or taken; or medical or surgical treatment of these acts;
- (4) Injury of a Covered Person resulting from the Covered Person's intoxication or being under the influence of any intoxicant;
- (5) The voluntary use or taking of any narcotic, barbiturate, controlled substance, or any other drug (unless taken or used as prescribed by a physician);
- (6) Cosmetic surgery, an elective procedure, or dental treatment that is not the direct result of a covered Injury; and any complications arising from such surgery, procedure, or treatment;
- (7) The Covered Person's commission or attempted commission of an assault or felony; or being engaged in an illegal occupation; or while the Covered Person is incarcerated in a municipal, county, state, or federal correctional facility;
- (8) War, any act of war (whether declared or undeclared), or participation in a riot or civil commotion;
- (9) Active duty status in the armed forces (if you notify us in advance of such active duty, we will refund any premiums paid for any period for which no coverage is provided as a result of this exception);
- (10) Any disease, sickness, infection, or other disorder, unless such condition is a medical complication: (i) caused by and arising out of a covered Injury; and (ii) initially treated by a Medical Practitioner within 14 days of the covered Injury.
- (11) Any bodily infirmity, mental infirmity, or psychiatric illness; or medical or surgical treatment therefor; or
- (12) Infestation by any virus, bacteria, or microorganism unless such infestation is a medical complication: (i) caused by and arising out of a covered Injury; and (ii) initially treated by a Medical Practitioner within 14 days of the covered Injury.

This Policy pays benefits only for loss resulting from a covered Injury which occurs while this Policy is in force and only up to the maximum limits shown on the Policy Benefits Schedule. If a covered Hospital confinement or care or treatment received is due to more than one covered Injury resulting from the same Accident, benefits will be payable only for the covered Injury with the greatest covered benefits.

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### PREMIUMS

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**Payment of Premium.** The first premium is due on the Issue Date. This Policy may be continued to the next Renewal Date by timely payment of premium. All premiums are to be paid to us and are due on the last day of the term for which the most recent premium was paid. The premium for this Policy may change, as stated in the "Renewal Premiums" provision.

**Renewal Premiums.** Renewal premiums will be at the premium rates in effect on each Renewal Date. We may change the premium rates for this Policy. If we do change the premium rates, we will do so only if we change the premium rates for all policies of this same form and premium classification issued in the same state as this Policy. Premium classification is determined by issue age, type and level of benefits, underwriting classification and payment method. We will notify the Owner in writing at the Owner's last known address at least 31 days before the change becomes effective.

**Refund of Prepaid Premiums.** After the death of a Covered Person, we will change the Plan to one with a lower premium, if possible, and will refund prepaid premiums to the Owner for any period beyond the end of the Policy month in which the death occurred if we are provided: (1) written notice; and (2) proper evidence of the death. It is the duty of the Owner, executor, or administrator of the estate of the Covered Person, or their designee, to provide us with prompt notice of the death of the Covered Person.

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## TERMINATION OF COVERAGE

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**Termination of Policy.** This Policy will terminate and coverage will end for all Covered Persons on the earliest of:

- (1) The end of the Policy premium paying month during which the Owner has requested to cancel this Policy;
- (2) The Renewal Date if the required premium is not paid when due (subject to the Grace Period); or
- (3) The date of the Owner's death (subject to the "Continuation of Policy After the Owner's Death" provision).

No benefits for treatment for a covered Injury incurred after the termination of this Policy will be payable for any Covered Person except for covered benefits during a continuous Hospital confinement that begins before the coverage ended and ends after the coverage has terminated. Covered benefits for the continuous Hospital confinement will be paid for a period not to exceed 30 days.

**Grace Period.** This Policy has a 31-day Grace Period. This means that if a premium is not paid on or before the Renewal Date, it may be paid during the 31 days following the Renewal Date. During the Grace Period, this Policy will remain in force. If a benefit is paid during the Grace Period, we may offset the benefit amount otherwise payable by the premium due.

**Reinstatement.** If the renewal premium is not paid before the Grace Period ends, the Policy will lapse as of the Renewal Date. After the Policy lapses, if we accept premium but do not require a completed application for reinstatement, we will reinstate this Policy, effective on the date we accept the premium or as otherwise required. If we require an application for reinstatement and such application is approved by the Home Office, the Policy will be reinstated as of the approval date. A fully completed application of the form then in use by the Company will be deemed approved on the 45th day after the date we receive the application, unless we have previously written the Owner of our disapproval.

If the Policy is reinstated, the reinstatement application will be subject to the "Incontestable" provision beginning from the date that the reinstatement is approved, and we will pay benefits only for a covered Injury sustained after the reinstatement approval date. For purposes of any riders, the reinstated coverage will only cover loss from Injury sustained after the reinstatement approval date. Except for any conditions added because of reinstatement, both the Owner's rights and ours will be the same as before the Policy or any rider lapsed.

**Termination of Coverage for Spouse / Child.** In the event of the death of the Primary Insured's Spouse, upon Written Request from the Owner, we will change the Plan of insurance to one which reflects the termination of the Spouse's coverage (if applicable). The change will be effective as of the end of the Policy month during which we receive notice.

If a Plan of insurance was selected on an application which included the Primary Insured's Spouse, the coverage for the Spouse will not automatically terminate upon divorce (or upon termination of a civil union or domestic partnership, where appropriate). To change the Plan type to delete the individual covered as a Spouse, the Owner must notify us in writing. The change will be effective as of the end of the Policy month during which we receive notice, or at the end of a later Policy month if requested.

A Child's insurance will automatically terminate at the end of the Policy month in which that Child ceases to meet the definition of a Child. The Owner must notify us of any request to change the Plan type (e.g., if the Primary Insured does not have any remaining covered Children, and the Owner wishes to change from a Single Parent Plan to an Individual Plan).

Changes of any Plan type which results in a lower premium due to a termination in coverage of a Child or Spouse may be made up to 12 months retroactive to the date of the request, but not earlier than the date on which there were no persons meeting the definition of a Child or Spouse (as appropriate). Premiums will be refunded for the difference between the old

Plan and the new Plan, but no refunds greater than this excess for 12 months will be made. Our acceptance of premium for such terminated Covered Person does not mean that we will provide benefits under the Policy.

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### ADDING OR DELETING COVERED PERSONS

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***Adding New Covered Persons.*** An application must be completed and approved by the Home Office if: (1) the Individual Plan was initially selected and the Owner wishes to add coverage for the Primary Insured's Spouse or Children; (2) the One Parent Plan was initially selected and the Owner wishes to add coverage for the Primary Insured's Spouse or new stepchildren; or (3) the Family Plan was initially selected, coverage was terminated on the Primary Insured's former Spouse, and the Owner wishes to add coverage for the Primary Insured's new Spouse and/or new stepchildren.

Proof must be furnished that the persons are insurable by our underwriting standards and any additional premium due because of a change in the plan type must be paid. The additional coverage requested will not be effective until the application has been approved by our Home Office. The Coverage Effective Date for a Covered Person, other than a Child, added after the Issue Date will be shown on the Schedule Page.

***Deletion of Covered Persons.*** To change the plan type to delete Covered Persons, the Owner must notify us in writing. The change will be effective as of the end of the Policy month next following the date we receive notice or at the end of a later Policy month (if requested).

If we accept premium for a Covered Person whose coverage is terminated, we will refund any excess premium paid for the terminated Covered Person effective as of the end of the Policy month in which the coverage was terminated. Our acceptance of premium for such terminated Covered Person does not provide benefits under the Policy other than a return of the excess premium.

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### CONVERSION AND CONTINUATION PRIVILEGE

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***Conversion of Child's Coverage.*** When a Child's coverage ends because he or she is no longer eligible as a Child, coverage for the Child may be converted to a new policy. An application must be completed for the new policy and the required premium paid within 180 days prior to or after the date that the Child's coverage terminates. Any delay after the Child's coverage terminates may result in a gap in coverage. The new policy will be issued without requiring evidence of good health. We will use the policy form we are then offering in the Child's state of residence which is most similar to this Policy. The new policy will contain any limitations contained in this Policy for the Child. All benefit limitations on the new policy regarding Calendar Year benefits or covered Injury benefits will be determined by including amounts payable under this Policy during the same Calendar Year or for the same covered Injury. Coverage under the new policy will begin on the date next following the date the Child's coverage terminates under this Policy.

***Conversion of Spouse's Coverage.*** When a covered Spouse's coverage ceases due to divorce or legal separation, the Spouse may convert his/her coverage to a new policy. To be issued a new policy, the Spouse must complete an application and pay any required premium within the greater of: (i) 31 days of the date that the Spouse's coverage under this Policy ends; or (ii) 180 days after divorce. The new policy will be issued without requiring evidence of good health. We will use the policy form we are then offering in the Spouse's state of residence which is most similar to this Policy. The new policy will contain any limitations contained in this Policy for the Spouse. All benefit limitations on the new policy regarding Calendar Year benefits or covered Injury benefits will be determined by including amounts payable under this Policy during the same Calendar Year or for the same covered Injury. Coverage under the new policy will begin on the date next following the date the Spouse's coverage terminates under this Policy. At the option of the Spouse, any Children covered under this Policy (for whom the Spouse has the legal obligation of support) may also be converted to the new policy. Conversion for any Children is subject to the same conditions as the Spouse's conversion.

***Continuation of Coverage.*** If the individual who pays the premiums for this Policy does so by payroll deduction and leaves his/her employer for any reason, the Company will waive the premium for the Policy and any attached riders for 2 months from the time the premium ceases being paid by payroll deduction with the former employer. Additionally, the Owner or the employer must notify us in writing within 30 days of the date the premium is last paid. The Owner must reestablish premium payments within the 2 month period either by payroll deduction with a new employer or by direct billing with the Company.

***Continuation of Policy After the Owner's Death.*** In the event of the Owner's death, the Covered Persons insured under this Policy have the right to name a new Owner and continue their coverage by paying the required premium when due or

within the Grace Period. If a new Owner is not named, but the required premiums are paid, we will name a Covered Person as the new Owner and send a new Schedule Page reflecting this change.

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## CLAIM PROVISIONS

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**Notice of Claim.** Written notice of claim must be given to us within 30 days after a covered loss starts or as soon as reasonably possible. The notice must be given to us at our Home Office. Notice should include the name of the Covered Person and Policy number. Providing a proper Notice of Claim within the provisions contained in this Policy is an express condition precedent to any claim payment. Failure to submit a notice of claim within these provisions will be deemed prejudicial to the Company. **WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit is guilty of a crime and may be subject to fines and confinement in prison.**

**Claim Form.** When we receive notice of claim, we will send forms for filing proof of loss. If these forms are not sent within 15 days after we receive the notice, proof of loss requirements will be met by giving us a written statement of the nature and extent of the loss. We must receive this statement within the time limit stated in the "Proof of Loss" provision.

**Proof of Loss.** As an express condition precedent to receiving any benefit under this Policy, written proof of loss must be furnished to us within 90 days after we have properly received notice of claim as required by this Policy. But, if it is not reasonably possible for the Owner and any Covered Person to meet this standard, we will not deny or reduce any benefit because we are not furnished proof of loss within the 90-day timeframe. However, if the Owner has suffered a legal incapacity, proof of loss must still be furnished as soon as reasonably possible, and in no event later than 12 months from the time proof of loss would otherwise be required without the legal incapacity. Failure to submit proof of loss within these provisions will be deemed prejudicial to the Company.

**Authorization to Obtain Medical Information.** If necessary to determine our liability, as part of proof of loss, we may require proof of eligibility, itemized bills stating the extent of loss, and other information that might affect our liability. We may request authorization for release of medical data from providers of medical services and from other sources from whom benefits have been claimed. If any information is not furnished or the release of data is not authorized, we reserve the right to withhold benefits.

**Time of Payment of Claims.** Benefits payable under this Policy will be paid as soon as we receive proper written proof of loss.

**Payment of Claims.** We will pay all benefits to the Owner, unless the Owner has assigned the right to receive benefits, as stated in the "Assignment" provision. If any accrued benefits are unpaid at the Owner death, we will pay them to the Owner's estate or as otherwise provided by law.

If the Company reasonably believes that it faces a possibility of competing claims for the Policy proceeds, it will be permitted 90 days to interplead the Policy proceeds into a court's registry. Such action is not to be construed as a breach of contract or bad faith. The Company may offset the Policy proceeds for any expenses incurred in relation to this judicial proceeding.

**Unpaid Premium.** When a claim is paid, any premium due and unpaid may be deducted from the claim payment.

**Claim Appeal Process.** Our practice is to treat each claim submission fairly, based on the facts we are provided. We will inform the Owner if a claim or any part of a claim is denied. The Owner may have additional information that could change a claim decision. If the Owner believes that our decision is in error, we will re-evaluate the claim. The request for re-evaluation must be in writing from the Owner and should include the names, addresses and telephone numbers of any Medical Practitioners who treated the Covered Person or facilities that provided care or treatment. The request must be sent to us within 3 years of the earlier of the time written notice of proof of loss was filed or should have been filed. After we re-evaluate the claim, we will notify the Owner of our decision in writing. Any benefits due as a result of our re-evaluation will be paid immediately as provided in the "Payment of Claim" provision.

**Physical Examination and Autopsy.** At our expense, we have the right to have a Covered Person examined as often as reasonably necessary while a claim is pending and, where it is not prohibited by law, to require an autopsy when death occurs. We also reserve the right to have a physician of our choice and at our expense review the medical records to confirm the diagnosis.

**Legal Action.** No legal action may be brought to recover on this Policy: (1) unless notice of claim and proof of loss was provided to the Company within the provisions contained in this Policy; (2) within 60 days after written proof of loss has been given as required by this Policy; and (3) after 3 years from the time written proof of loss is required to be provided to the Company.

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## GENERAL PROVISIONS

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**Entire Contract; Changes.** This Policy, including the Application and any attachments and Riders, is the entire contract between the Owner and us. No change in this Policy will be valid until approved (in writing) by one of our executive officers and the approval has been forwarded to the Owner for attachment to the Policy. No other person has the authority to change this Policy or to waive any of its provisions.

**Incontestable.** After this Policy has been in force for a period of 3 years during the Covered Person's lifetime (excluding any period during which the Covered Person is disabled), or after 3 years after the date of reinstatement (if later), the Policy shall become incontestable as to the statements contained in the Application regarding the applicable Covered Person, except for fraudulent misstatements. If the Owner applies and is approved for an increase of benefits under this Policy (e.g., from the Green Program to the Gold Program), the increase in benefits shall become incontestable as to the statements contained in the application for increase in benefits 3 years after the date of such application, except for fraudulent misstatements.

**Nonparticipation.** This Policy will not participate in the surplus of the Company.

**Ownership.** The Owner may exercise and enjoy all rights hereunder. These rights include: assigning his Policy; changing ownership; increasing or decreasing benefits (within the Company's then current guidelines); and exercising all Policy options.

**Assignment.** Any assignment of rights to receive benefits under this Policy must be in writing, and must be filed in our Home Office or with the medical provider specifically referencing our Company prior to the payment of benefits. We assume no responsibility for the validity of any assignment.

**Other Insurance with Us.** A Covered Person cannot be covered under more than one of our Accident policies at a time. If we issue more than one such policy, we will cancel the later issued policy or modify the Plan on the later issued policy (if appropriate) to eliminate duplicate coverage, effective as of the date duplicate coverage was issued. We will refund the premiums paid for the cancelled or modified policy for the time duplicate coverage was in effect.

**Conformity with State Statutes.** Any provision of this Policy, which is in conflict with the laws of the state in which you live on the Policy Issue Date, is amended to conform to the minimum requirements of such laws.

# **NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY**

## **ACCIDENT INSURANCE POLICY**

**THIS IS AN ACCIDENT ONLY POLICY. IT DOES NOT PAY ANY BENEFITS FOR LOSS FROM SICKNESS. READ IT CAREFULLY. EXCEPT AS PROVIDED IN THE "TERMINATION OF COVERAGE -- TERMINATION OF POLICY" PROVISION, WE WILL ONLY PROVIDE BENEFITS FOR ACCIDENTS INCURRED WHILE THIS POLICY IS IN FORCE.**



# NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY

P. O. BOX 802207 • DALLAS, TEXAS 75380 • (888) 671-6771

KEEP THIS FORM FOR YOUR RECORDS

## OUTLINE OF COVERAGE

For Accident Only Coverage Policy Series GRA-3003-AR (4/11)

- (1) This outline of coverage provides a very brief description of some of the important features of your Policy. All capitalized words are defined in the Policy. This is not the insurance contract and only the actual Policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both you and the Company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY**.
- (2) The accident coverage is designed to provide you with coverage paying benefits only when certain losses occur as a result of a covered accidental Injury. Coverage is provided as outlined in paragraph (3). The benefits described in paragraph (3) may be limited by paragraph (4).

### (3) BENEFITS

**Policy GRA-3003-AR (4/11)** We will pay certain benefits if the Insured sustains an accidental bodily Injury which is the direct cause of loss, independent of disease, bodily infirmity or any other cause, and which occurs while the Policy is in force.

<b>THIS IS ONLY A SUMMARY OF BENEFITS. REFER TO THE ACTUAL POLICY PROVISIONS FOR SPECIFIC LIMITATIONS AND COMPLETE DETAILS. PREMIUMS AND BENEFITS VARY WITH THE PLAN &amp; PROGRAM SELECTED.</b>		
	[Green Program]	[Gold Program]
<b>A. Injury Care Benefit</b> Maximum per covered Injury Maximum per Calendar Year per Covered Person	[\$250]/ visit 1 visit 2 visits	[\$375]/visit 1 visit 2 visits
<b>B. Diagnostic Imaging Benefit</b> Maximum per covered Injury Maximum per Calendar Year per Covered Person	[\$150]/ image 1 image 2 images	[\$225]/image 1 image 2 images
<b>C. Ambulance Benefit</b> Land Air Maximum per covered Injury Maximum per Calendar Year per Covered Person	[\$500]/ trip [\$1,500]/ trip 1 trip 2 trips	[\$750]/trip [\$2,250]/trip 1 trip 2 trips
<b>D. First Day Hospital Confinement Benefit</b> Maximum per Calendar Year per Covered Person	[\$2,500]/ Day 1 Day	[\$3,750]/Day 1 Day
<b>E. Continuing Hospital Confinement Daily Benefit</b> Maximum per covered Injury Not Payable for any Day covered by the First Day Hospital Confinement Benefit	[\$300]/ Day 30 Days	[\$450]/Day 30 Days
<b>F. Attending Physician Benefit</b> Payable same number of Days as Hospital Confined	[\$100]/ Day	[\$150]/Day
<b>G. At Home Recovery Benefit</b> Payable three times number of Days Hospital Confined	[\$300]/day	[\$450]/Day

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**EXCLUSIONS AND LIMITATIONS**

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No benefits are provided for services or supplies that are not Medically Necessary or are attributable to a recurrence, exacerbation, or aggravation of any bodily harm sustained or any condition suffered by the Covered Person prior to the Coverage Effective Date of the Policy. This Policy does not provide benefits if the Covered Person's Injury is caused or contributed to by:

- (1) Suicide, attempted suicide, or an intentionally self-inflicted injury (while sane or insane);
- (2) The voluntary taking of any poison;
- (3) Any poison, gas, or fumes voluntarily absorbed, inhaled, or taken; or medical or surgical treatment of these acts;
- (4) Injury of a Covered Person resulting from the Covered Person's intoxication, or being under the influence of any intoxicant;
- (5) The voluntary use or taking of any narcotic, barbiturate, controlled substance, or any other drug (unless taken or used as prescribed by a physician);
- (6) Cosmetic surgery, an elective procedure, or dental treatment that is not the direct result of a covered Injury; and any complications arising from such surgery, procedure, or treatment;
- (7) The Covered Person's commission or attempted commission of an assault or felony; or being engaged in an illegal occupation; or while the Covered Person is incarcerated in a municipal, county, state, or federal correctional facility;
- (8) War, any act of war (whether declared or undeclared), or participation in a riot or civil commotion;
- (9) Active duty status in the armed forces (if you notify us in advance of such active duty, we will refund any premiums paid for any period for which no coverage is provided as a result of this exception);
- (10) Any disease, sickness, infection, or other disorder, unless such condition is a medical complication: (i) caused by and arising out of a covered Injury; and (ii) initially treated by a Medical Practitioner within 14 days of the covered Injury.
- (11) Any bodily infirmity, mental infirmity, or psychiatric illness; or medical or surgical treatment therefor; or
- (12) Infestation by any virus, bacteria, or microorganism unless such infestation is a medical complication: (i) caused by and arising out of a covered Injury; and (ii) initially treated by a Medical Practitioner within 14 days of the covered Injury.

This Policy pays benefits only for loss resulting from a covered Injury which occurs while this Policy is in force and only up to the maximum limits shown on the Policy Benefits Schedule. If a covered Hospital confinement or care or treatment received is due to more than one covered Injury resulting from the same Accident, benefits will be payable only for the covered Injury with the greatest covered benefits.

To receive any Policy benefits, you must seek Injury Care or be Hospital confined for an Injury while the Policy is in force and within 14 days of the Accident causing the Injury.

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**RENEWABILITY**

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The Policy is guaranteed renewable for life if the premiums are paid when due or within the Grace Period. If the premiums are paid on time, we cannot cancel the Policy or place any restrictions on it. Renewal premiums will be at the premium rates in effect on the Renewal Date.

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**PREMIUMS**

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The first premium is due before we issue the Policy. The Policy may be continued to the next Renewal Date by timely payment of premium. All premiums are to be paid to us, and are due in advance of the period they are to cover. This Policy has a 31-day Grace Period in which to pay the premium. During the Grace Period, the Policy will stay in force. Premiums are subject to change. If we do change the premium rates, we will do so only if we change the premium rates for all policies in the same class and in the same state as this Policy.

**NATIONAL TEACHERS ASSOCIATES  
LIFE INSURANCE COMPANY**  
P.O. Box 802207, Dallas, Texas 75380  
Phone (888) 671-6771 Fax (972) 532-2180

**Check if applicable:**  
 Exchange \*  
 Policy Reinstatement  
 Plan Change:  
 Policy # \_\_\_\_\_  
 Other \_\_\_\_\_



**APPLICATION FOR ACCIDENT INSURANCE**

Please supply the following information for each person applying for insurance (including the Primary Insured, Spouse, and/or Children). We will use this information to determine eligibility for coverage, including age and occupation. Maximum age for issuance of coverage to a Primary Insured or Spouse is 64.

Name of Proposed Primary Insured (Last, First, Middle Initial)				Social Security No. - -		
Sex	Date of Birth	Age (Max. 64)	E-mail Address			
Address			City	County or Parish	State	Zip -
ST. CODES	St.	Cnty.	City	Bldg.	Best place and time to call (before 5 pm) <input type="checkbox"/> HM <input type="checkbox"/> WK <input type="checkbox"/> CELL / <input type="checkbox"/> AM____ <input type="checkbox"/> PM____	
	Home Phone ( )		Work Phone ( )		Cell Phone ( )	
School System				School or Business		
Occupation				Occupational Duties		

**Complete only if Spouse is proposed to be a Covered Person under this policy.**

Spouse's Name	Date of Birth	Age (Max 64)	Occupation	Social Security No. - -
Spouse's School or Business			Spouse's Occupation and Duties	

<input type="checkbox"/> Owner and/or <input type="checkbox"/> Payor of Policy if Other than Proposed Insured		Relationship	Address	
City	State	Zip	Social Security Number - -	

The following questions apply to the persons listed above and to all children (if coverage for children is requested):

- No    Yes   Are you requesting Child(ren) coverage with a Family Plan?
- No    Yes   Is the policy for which you are applying intended to replace or change any of your existing accident or sickness policies? If yes, identify the company and type of coverage: \_\_\_\_\_
- Yes   Do you understand that the policy you are requesting will only cover injuries that first occur after the issue date of the policy, which may be later than the date this application is signed?

<b>ACCIDENT POLICY:</b> Covered Person Plan: <input type="checkbox"/> Individual <input type="checkbox"/> One Parent <input type="checkbox"/> Family Coverage Benefit Level: <input type="checkbox"/> Green <input type="checkbox"/> Gold <input type="checkbox"/> Other Plan _____  OPTIONS: <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	Occupational Pricing Group: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Combination (For Family Plan: One Spouse Group 1 and One Spouse Group 2)
	Total Monthly Premium for Policy and Optional Riders: \$ _____



**MODE OF PAYMENT**

Initial Premium  Check Attached  
 with Application:  Credit Card Payment  
 Other \_\_\_\_\_

**Recurring Payments:**

Bank Draft  Credit Card  
 Payroll Deduction  Other \_\_\_\_\_

When a check is provided as a payment, National Teachers Associates Life Insurance Company (NTA) may use the information from the check to make a one-time electronic funds transfer (EFT) from your account or to process the payment as a check transaction. If we use information from the check to make an EFT, funds may be withdrawn from your account the same day that NTA receives your check. You may not receive the cancelled check from your financial institution.

**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.**

I (or we) certify that I have read or had read to me the completed application and submit it as my offer for the purchase of insurance. I understand that I have no coverage unless and until the policy is issued by the Company. I represent that the answers are true and correct and realize that any fraudulent statement or material misrepresentation in the application may result in a loss of coverage. I authorize the Company to call me on a recorded phone call to clarify or verify certain information in this application and agree that a transcript of such recording can be made a part of my application for insurance. No oral statement between the agent and me will be binding on the Company. No person to be covered under this policy is currently receiving benefits under Medicare or Medicaid. A copy of this application will be valid as if it were an original. I also certify that I have received a copy of the Company's Privacy Notice and HIPAA Notice of Privacy Practices.

DATED AT \_\_\_\_\_, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_ Year  
 City and State Day Month

X \_\_\_\_\_ X \_\_\_\_\_  
 Signature of Proposed Primary Insured Signature of Owner/Payor if other than Proposed Primary Insured

\* When the exchange option is selected, it is your written request to cancel any Accident-Series II insurance policy with us upon the issuance of the Accident-Series III insurance policy for which you have applied. The Accident-Series III insurance policy will only be issued if the Primary Insured and Spouse (if applicable) satisfy the applicable age and occupation underwriting requirements. Other restrictions may apply.

**BANK DRAFT AUTHORIZATION****USE ACCOUNT INFO. FROM:**

Initial Premium Check **OR**  
 Specimen Check (attached)

I request and authorize National Teachers Associates Life Insurance Company to make withdrawals against the bank account selected above, or any account subsequently named by me, and such bank(s) to process these withdrawals as if I had signed them for the purpose of collecting premiums under the policy. If the said account is replaced by an account in another bank, this request and authorization shall also apply to such other bank. I understand that I have the right to receive notice of each electronic debit entry that varies in amount from the previous entry, but I elect to receive such notice only when such entry differs from the previous entry by more than \$200.

X \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Signature exactly as it appears on bank records Date Signed

Requested first draft date (1-28 only)

I certify that I have truly and accurately recorded on this Application the information supplied by the applicant.

\_\_\_\_\_  
 Licensed Agent Signature

\_\_\_\_\_  
 Printed Agent Name

\_\_\_\_\_  
 License ID No.

\_\_\_\_\_  
 Agent No.

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Phone

SERFF Tracking Number: NTAL-127173675 State: Arkansas  
 Filing Company: National Teachers Associates Life Insurance Company State Tracking Number: 48922  
 Company Tracking Number: GRA-3003-AR (4/11)  
 TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only  
 Product Name: Accident 3 and Application  
 Project Name/Number: /

**Rate Information**

Rate data applies to filing.

**Filing Method:** SERFF  
**Rate Change Type:** Neutral  
**Overall Percentage of Last Rate Revision:** %  
**Effective Date of Last Rate Revision:**  
**Filing Method of Last Filing:**

**Company Rate Information**

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
National Teachers Associates Life Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking Number: NTAL-127173675 State: Arkansas  
 Filing Company: National Teachers Associates Life Insurance State Tracking Number: 48922  
 Company Company  
 Company Tracking Number: GRA-3003-AR (4/11)  
 TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only  
 Product Name: Accident 3 and Application  
 Project Name/Number: /

## Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 06/07/2011	Accident 3 Premium Rates	GRA-3003 (4/11)	New		GRA-3003 (4.11) Rates.pdf

Appendix I  
 Premium rates  
 Accident form GRA-3003 (4/11)

Monthly premiums

Green plan

	Group I	Group II	Combination (Couple)
Individual	\$19.95	\$27.95	
Single Parent family	30.95	41.95	
Family	43.95	59.95	\$51.95

Gold plan

	Group I	Group II	Combination (Couple)
Individual	\$28.95	\$41.95	
Single Parent family	45.95	62.95	
Family	64.95	89.95	\$77.45

Annual premiums equal monthly premiums times 12.

SERFF Tracking Number: NTAL-127173675 State: Arkansas  
 Filing Company: National Teachers Associates Life Insurance Company State Tracking Number: 48922  
 Company Tracking Number: GRA-3003-AR (4/11)  
 TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only  
 Product Name: Accident 3 and Application  
 Project Name/Number: /

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	06/07/2011
<b>Comments:</b>		
<b>Attachment:</b> AR Acc3 Read Cert.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Application	Approved-Closed	06/07/2011
<b>Comments:</b>		
<b>Attachments:</b> 75-3003-B-APP (4 11).pdf 75-3003-B-APP (4 11) John Doe.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Health - Actuarial Justification	Approved-Closed	06/07/2011
<b>Comments:</b>		
<b>Attachment:</b> GRA-3003 (4.11) generic actuarial memo.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Outline of Coverage	Approved-Closed	06/07/2011
<b>Comments:</b>		
<b>Attachment:</b> GRA-3003-AR.OC (4.11).pdf		

	<b>Item Status:</b>	<b>Status Date:</b>

SERFF Tracking Number: NTAL-127173675 State: Arkansas  
Filing Company: National Teachers Associates Life Insurance State Tracking Number: 48922  
Company  
Company Tracking Number: GRA-3003-AR (4/11)  
TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only  
Product Name: Accident 3 and Application  
Project Name/Number: /  
**Satisfied - Item:** Cover Letter Approved-Closed 06/07/2011  
**Comments:**  
**Attachment:**  
AR Acc3 Letter.pdf



# NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY

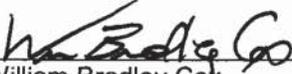
4949 Keller Springs Road • Addison, Texas 75001-5910  
(972) 532-2100 • Fax (972) 532-2194  
[www.ntalife.com](http://www.ntalife.com)

## ARKANSAS

I hereby certify that to the best of my knowledge and belief the following forms, according to the  
Flesh test, have these readability scores:

Defined terms and headings have been excluded for purposes of the calculation of the  
Readability score.

FORM	FORM NO.	SCORE
Accident Only Insurance Policy – Series III	GRA-3003-AR (4/11)	55.1
Application for Accident Insurance	75-3003-B-APP (4/11)	52.9
Outline of Coverage	GRA-3003-AR.OC (4/11)	52.9

Signed   
William Bradley Cox  
General Counsel and  
Vice President

Date 5-27-11

**NATIONAL TEACHERS ASSOCIATES  
LIFE INSURANCE COMPANY**  
P.O. Box 802207, Dallas, Texas 75380  
Phone (888) 671-6771 Fax (972) 532-2180

**Check if applicable:**  
 Exchange \*  
 Policy Reinstatement  
 Plan Change:  
 Policy # \_\_\_\_\_  
 Other \_\_\_\_\_



**APPLICATION FOR ACCIDENT INSURANCE**

Please supply the following information for each person applying for insurance (including the Primary Insured, Spouse, and/or Children). We will use this information to determine eligibility for coverage, including age and occupation. Maximum age for issuance of coverage to a Primary Insured or Spouse is 64.

Name of Proposed Primary Insured (Last, First, Middle Initial)				Social Security No. - -		
Sex	Date of Birth	Age (Max. 64)	E-mail Address			
Address		City	County or Parish	State	Zip -	
CODES	St.	Cnty.	City	Bldg.	Best place and time to call (before 5 pm) <input type="checkbox"/> HM <input type="checkbox"/> WK <input type="checkbox"/> CELL / <input type="checkbox"/> AM____ <input type="checkbox"/> PM____	
	Home Phone ( )		Work Phone ( )		Cell Phone ( )	
School System			School or Business			
Occupation			Occupational Duties			

**Complete only if Spouse is proposed to be a Covered Person under this policy.**

Spouse's Name	Date of Birth	Age (Max 64)	Occupation	Social Security No. - -
Spouse's School or Business			Spouse's Occupation and Duties	

<input type="checkbox"/> Owner and/or <input type="checkbox"/> Payor of Policy if Other than Proposed Insured		Relationship	Address	
City	State	Zip	Social Security Number - -	

The following questions apply to the persons listed above and to all children (if coverage for children is requested):

- No    Yes   Are you requesting Child(ren) coverage with a Family Plan?
- No    Yes   Is the policy for which you are applying intended to replace or change any of your existing accident or sickness policies? If yes, identify the company and type of coverage: \_\_\_\_\_
- Yes   Do you understand that the policy you are requesting will only cover injuries that first occur after the issue date of the policy, which may be later than the date this application is signed?

<b>ACCIDENT POLICY:</b> Covered Person Plan: <input type="checkbox"/> Individual <input type="checkbox"/> One Parent <input type="checkbox"/> Family Coverage Benefit Level: <input type="checkbox"/> Green <input type="checkbox"/> Gold <input type="checkbox"/> Other Plan _____  OPTIONS: <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	Occupational Pricing Group: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Combination (For Family Plan: One Spouse Group 1 and One Spouse Group 2)
	Total Monthly Premium for Policy and Optional Riders: \$ _____



**MODE OF PAYMENT**

Initial Premium  Check Attached  
 with Application:  Credit Card Payment  
 Other \_\_\_\_\_

**Recurring Payments:**

Bank Draft  Credit Card  
 Payroll Deduction  Other \_\_\_\_\_

When a check is provided as a payment, National Teachers Associates Life Insurance Company (NTA) may use the information from the check to make a one-time electronic funds transfer (EFT) from your account or to process the payment as a check transaction. If we use information from the check to make an EFT, funds may be withdrawn from your account the same day that NTA receives your check. You may not receive the cancelled check from your financial institution.

**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.**

I (or we) certify that I have read or had read to me the completed application and submit it as my offer for the purchase of insurance. I understand that I have no coverage unless and until the policy is issued by the Company. I represent that the answers are true and correct and realize that any fraudulent statement or material misrepresentation in the application may result in a loss of coverage. I authorize the Company to call me on a recorded phone call to clarify or verify certain information in this application and agree that a transcript of such recording can be made a part of my application for insurance. No oral statement between the agent and me will be binding on the Company. No person to be covered under this policy is currently receiving benefits under Medicare or Medicaid. A copy of this application will be valid as if it were an original. I also certify that I have received a copy of the Company's Privacy Notice and HIPAA Notice of Privacy Practices.

DATED AT \_\_\_\_\_, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_ Year  
 City and State Day Month

X \_\_\_\_\_ X \_\_\_\_\_  
 Signature of Proposed Primary Insured Signature of Owner/Payor if other than Proposed Primary Insured

\* When the exchange option is selected, it is your written request to cancel any Accident-Series II insurance policy with us upon the issuance of the Accident-Series III insurance policy for which you have applied. The Accident-Series III insurance policy will only be issued if the Primary Insured and Spouse (if applicable) satisfy the applicable age and occupation underwriting requirements. Other restrictions may apply.

**BANK DRAFT AUTHORIZATION****USE ACCOUNT INFO. FROM:**

Initial Premium Check **OR**  
 Specimen Check (attached)

I request and authorize National Teachers Associates Life Insurance Company to make withdrawals against the bank account selected above, or any account subsequently named by me, and such bank(s) to process these withdrawals as if I had signed them for the purpose of collecting premiums under the policy. If the said account is replaced by an account in another bank, this request and authorization shall also apply to such other bank. I understand that I have the right to receive notice of each electronic debit entry that varies in amount from the previous entry, but I elect to receive such notice only when such entry differs from the previous entry by more than \$200.

X \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Signature exactly as it appears on bank records Date Signed

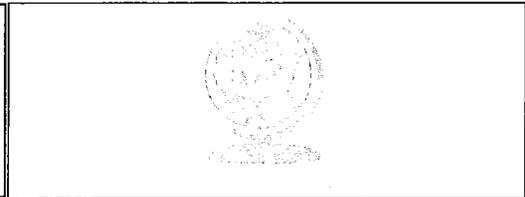
Requested first draft date (1-28 only)

I certify that I have truly and accurately recorded on this Application the information supplied by the applicant.

\_\_\_\_\_  
 Licensed Agent Signature Printed Agent Name License ID No. Agent No.  
 \_\_\_\_\_  
 Address Phone

**NATIONAL TEACHERS ASSOCIATES  
LIFE INSURANCE COMPANY**  
P.O. Box 802207, Dallas, Texas 75380  
Phone (888) 671-6771 Fax (972) 532-2180

**Check if applicable:**  
 Exchange \*  
 Policy Reinstatement  
 Plan Change:  
 Policy # \_\_\_\_\_  
 Other \_\_\_\_\_



**APPLICATION FOR ACCIDENT INSURANCE**

Please supply the following information for each person applying for insurance (including the Primary Insured, Spouse, and/or Children). We will use this information to determine eligibility for coverage, including age and occupation. Maximum age for issuance of coverage to a Primary Insured or Spouse is 64.

Name of Proposed Primary Insured (Last, First, Middle Initial) <i>Doc, John A</i>				Social Security No. <i>123 - 45 - 6789</i>	
Sex <i>M</i>	Date of Birth <i>1-1-74</i>	Age (Max. 64) <i>37</i>	E-mail Address <i>J. Doc @ Hotmail.com</i>		
Address <i>123 Main</i>		City <i>Dallas</i>	County or Parish <i>Dallas</i>	State <i>TX</i>	Zip <i>75000</i>
CODES	St.	Cnty.	City	Bldg.	Best place and time to call (before 5 pm) <input type="checkbox"/> HM <input checked="" type="checkbox"/> BK <input type="checkbox"/> CELL / <input checked="" type="checkbox"/> AM <i>9</i> <input type="checkbox"/> PM
	Home Phone <i>(214) 867-5309</i>		Work Phone <i>(214) 867-5309</i>		Cell Phone <i>(214) 867-5309</i>
School System <i>DISD</i>			School or Business <i>Carter</i>		
Occupation <i>Teacher</i>			Occupational Duties <i>Teaching</i>		

**Complete only if Spouse is proposed to be a Covered Person under this policy.**

Spouse's Name <i>Jane A Doc</i>	Date of Birth <i>1-1-77</i>	Age (Max 64) <i>34</i>	Occupation <i>Teacher</i>	Social Security No. <i>234 - 56 - 7891</i>
Spouse's School or Business <i>Carter</i>			Spouse's Occupation and Duties <i>Teacher</i>	

<input type="checkbox"/> Owner and/or <input type="checkbox"/> Payor of Policy if Other than Proposed Insured	Relationship	Address	
City	State	Zip	Social Security Number <i>- -</i>

The following questions apply to the persons listed above and to all children (if coverage for children is requested):

- No  Yes Are you requesting Child(ren) coverage with a Family Plan?
- No  Yes Is the policy for which you are applying intended to replace or change any of your existing accident or sickness policies? If yes, identify the company and type of coverage: \_\_\_\_\_
- Yes Do you understand that the policy you are requesting will only cover injuries that first occur after the issue date of the policy, which may be later than the date this application is signed?

<b>ACCIDENT POLICY:</b> Covered Person Plan: <input type="checkbox"/> Individual <input type="checkbox"/> One Parent <input checked="" type="checkbox"/> Family Coverage Benefit Level: <input type="checkbox"/> Green <input checked="" type="checkbox"/> Gold <input type="checkbox"/> Other Plan _____  OPTIONS: <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	Occupational Pricing Group: <input checked="" type="checkbox"/> Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Combination (For Family Plan: One Spouse Group 1 and One Spouse Group 2)
	Total Monthly Premium for Policy and Optional Riders: \$ _____



**MODE OF PAYMENT**

Initial Premium  Check Attached  
 with Application:  Credit Card Payment  
 Other \_\_\_\_\_

**Recurring Payments:**

Bank Draft  Credit Card  
 Payroll Deduction  Other \_\_\_\_\_

When a check is provided as a payment, National Teachers Associates Life Insurance Company (NTA) may use the information from the check to make a one-time electronic funds transfer (EFT) from your account or to process the payment as a check transaction. If we use information from the check to make an EFT, funds may be withdrawn from your account the same day that NTA receives your check. You may not receive the cancelled check from your financial institution.

**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.**

I (or we) certify that I have read or had read to me the completed application and submit it as my offer for the purchase of insurance. I understand that I have no coverage unless and until the policy is issued by the Company. I represent that the answers are true and correct and realize that any fraudulent statement or material misrepresentation in the application may result in a loss of coverage. I authorize the Company to call me on a recorded phone call to clarify or verify certain information in this application and agree that a transcript of such recording can be made a part of my application for insurance. No oral statement between the agent and me will be binding on the Company. No person to be covered under this policy is currently receiving benefits under Medicare or Medicaid. A copy of this application will be valid as if it were an original. I also certify that I have received a copy of the Company's Privacy Notice and HIPAA Notice of Privacy Practices.

DATED AT Dallas TX, THIS 25 DAY OF May, 2011  
 City and State Day Month Year

X [Signature] X \_\_\_\_\_  
 Signature of Proposed Primary Insured Signature of Owner/Payor if other than Proposed Primary Insured

\* When the exchange option is selected, it is your written request to cancel any Accident-Series II insurance policy with us upon the issuance of the Accident-Series III insurance policy for which you have applied. The Accident-Series III insurance policy will only be issued if the Primary Insured and Spouse (if applicable) satisfy the applicable age and occupation underwriting requirements. Other restrictions may apply.

**BANK DRAFT AUTHORIZATION**

**USE ACCOUNT INFO. FROM:**  Initial Premium Check **OR**  
 Specimen Check (attached)

I request and authorize National Teachers Associates Life Insurance Company to make withdrawals against the bank account selected above, or any account subsequently named by me, and such bank(s) to process these withdrawals as if I had signed them for the purpose of collecting premiums under the policy. If the said account is replaced by an account in another bank, this request and authorization shall also apply to such other bank. I understand that I have the right to receive notice of each electronic debit entry that varies in amount from the previous entry, but I elect to receive such notice only when such entry differs from the previous entry by more than \$200.

X [Signature] 5/25/11 Requested first draft date (1-28 only)  
 Signature exactly as it appears on bank records Date Signed 15

I certify that I have truly and accurately recorded on this Application the information supplied by the applicant.

[Signature] John C Doe 111-1 111  
 Licensed Agent Signature Printed Agent Name License ID No. Agent No.  
234 Main 214-555-6677  
 Address Phone



# NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY

P. O. BOX 802207 • DALLAS, TEXAS 75380 • (888) 671-6771

KEEP THIS FORM FOR YOUR RECORDS

## OUTLINE OF COVERAGE

For Accident Only Coverage Policy Series GRA-3003-AR (4/11)

- (1) This outline of coverage provides a very brief description of some of the important features of your Policy. All capitalized words are defined in the Policy. This is not the insurance contract and only the actual Policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both you and the Company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY**.
- (2) The accident coverage is designed to provide you with coverage paying benefits only when certain losses occur as a result of a covered accidental Injury. Coverage is provided as outlined in paragraph (3). The benefits described in paragraph (3) may be limited by paragraph (4).

### (3) BENEFITS

**Policy GRA-3003-AR (4/11)** We will pay certain benefits if the Insured sustains an accidental bodily Injury which is the direct cause of loss, independent of disease, bodily infirmity or any other cause, and which occurs while the Policy is in force.

<b>THIS IS ONLY A SUMMARY OF BENEFITS. REFER TO THE ACTUAL POLICY PROVISIONS FOR SPECIFIC LIMITATIONS AND COMPLETE DETAILS. PREMIUMS AND BENEFITS VARY WITH THE PLAN &amp; PROGRAM SELECTED.</b>	[Green Program]	[Gold Program]
<b>A. Injury Care Benefit</b> Maximum per covered Injury Maximum per Calendar Year per Covered Person	[\$250]/ visit 1 visit 2 visits	[\$375]/visit 1 visit 2 visits
<b>B. Diagnostic Imaging Benefit</b> Maximum per covered Injury Maximum per Calendar Year per Covered Person	[\$150]/ image 1 image 2 images	[\$225]/image 1 image 2 images
<b>C. Ambulance Benefit</b> Land Air Maximum per covered Injury Maximum per Calendar Year per Covered Person	[\$500]/ trip [\$1,500]/ trip 1 trip 2 trips	[\$750]/trip [\$2,250]/trip 1 trip 2 trips
<b>D. First Day Hospital Confinement Benefit</b> Maximum per Calendar Year per Covered Person	[\$2,500]/ Day 1 Day	[\$3,750]/Day 1 Day
<b>E. Continuing Hospital Confinement Daily Benefit</b> Maximum per covered Injury Not Payable for any Day covered by the First Day Hospital Confinement Benefit	[\$300]/ Day 30 Days	[\$450]/Day 30 Days
<b>F. Attending Physician Benefit</b> Payable same number of Days as Hospital Confined	[\$100]/ Day	[\$150]/Day
<b>G. At Home Recovery Benefit</b> Payable three times number of Days Hospital Confined	[\$300]/day	[\$450]/Day

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**(4)**

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**EXCLUSIONS AND LIMITATIONS**

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No benefits are provided for services or supplies that are not Medically Necessary or are attributable to a recurrence, exacerbation, or aggravation of any bodily harm sustained or any condition suffered by the Covered Person prior to the Coverage Effective Date of the Policy. This Policy does not provide benefits if the Covered Person's Injury is caused or contributed to by:

- (1) Suicide, attempted suicide, or an intentionally self-inflicted injury (while sane or insane);
- (2) The voluntary taking of any poison;
- (3) Any poison, gas, or fumes voluntarily absorbed, inhaled, or taken; or medical or surgical treatment of these acts;
- (4) Injury of a Covered Person resulting from the Covered Person's intoxication, or being under the influence of any intoxicant;
- (5) The voluntary use or taking of any narcotic, barbiturate, controlled substance, or any other drug (unless taken or used as prescribed by a physician);
- (6) Cosmetic surgery, an elective procedure, or dental treatment that is not the direct result of a covered Injury; and any complications arising from such surgery, procedure, or treatment;
- (7) The Covered Person's commission or attempted commission of an assault or felony; or being engaged in an illegal occupation; or while the Covered Person is incarcerated in a municipal, county, state, or federal correctional facility;
- (8) War, any act of war (whether declared or undeclared), or participation in a riot or civil commotion;
- (9) Active duty status in the armed forces (if you notify us in advance of such active duty, we will refund any premiums paid for any period for which no coverage is provided as a result of this exception);
- (10) Any disease, sickness, infection, or other disorder, unless such condition is a medical complication: (i) caused by and arising out of a covered Injury; and (ii) initially treated by a Medical Practitioner within 14 days of the covered Injury.
- (11) Any bodily infirmity, mental infirmity, or psychiatric illness; or medical or surgical treatment therefor; or
- (12) Infestation by any virus, bacteria, or microorganism unless such infestation is a medical complication: (i) caused by and arising out of a covered Injury; and (ii) initially treated by a Medical Practitioner within 14 days of the covered Injury.

This Policy pays benefits only for loss resulting from a covered Injury which occurs while this Policy is in force and only up to the maximum limits shown on the Policy Benefits Schedule. If a covered Hospital confinement or care or treatment received is due to more than one covered Injury resulting from the same Accident, benefits will be payable only for the covered Injury with the greatest covered benefits.

To receive any Policy benefits, you must seek Injury Care or be Hospital confined for an Injury while the Policy is in force and within 14 days of the Accident causing the Injury.

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**(5)**

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**RENEWABILITY**

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The Policy is guaranteed renewable for life if the premiums are paid when due or within the Grace Period. If the premiums are paid on time, we cannot cancel the Policy or place any restrictions on it. Renewal premiums will be at the premium rates in effect on the Renewal Date.

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**(6)**

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**PREMIUMS**

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The first premium is due before we issue the Policy. The Policy may be continued to the next Renewal Date by timely payment of premium. All premiums are to be paid to us, and are due in advance of the period they are to cover. This Policy has a 31-day Grace Period in which to pay the premium. During the Grace Period, the Policy will stay in force. Premiums are subject to change. If we do change the premium rates, we will do so only if we change the premium rates for all policies in the same class and in the same state as this Policy.



**NATIONAL TEACHERS ASSOCIATES  
LIFE INSURANCE COMPANY**

4949 Keller Springs Road • Addison, Texas 75001-5910  
(972) 532-2100 • Fax (972) 532-2194  
[www.ntalife.com](http://www.ntalife.com)

May 25, 2011

Arkansas Department of Insurance  
Life and Health Division  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

Re: National Teachers Associates Life Insurance Company  
NAIC# 87963  
Federal ID # 75-1623431  
Forms: GRA-3003-AR (4/11) Accident Insurance Policy – Series III  
75-3003-B-APP (4/11) Application for Accident Insurance

Dear Department of Insurance:

The above-referenced forms are enclosed in duplicate for your review and approval.

These forms are new and do not replace any previously approved forms. They will provide coverage for services related to a covered injury caused by an accident. Such services include hospital confinement, injury care, and ambulance travel. The application is also new and will only be used with this policy.

The policy will be marketed to individual applicants by independent agents.

These forms were filed "Exempt" by Texas, our domicile, on May 17, 2011.

Also enclosed is the Actuarial Memorandum with premium rates.

If you have any questions, or if you require any additional information, please call me at (800) 825-5682 extension 2156. You may also e-mail me directly at [david.mather@ntalife.com](mailto:david.mather@ntalife.com).

Sincerely,

David R Mather  
Compliance Analyst

enclosures

SERFF Tracking Number: NTAL-127173675 State: Arkansas  
 Filing Company: National Teachers Associates Life Insurance State Tracking Number: 48922  
 Company  
 Company Tracking Number: GRA-3003-AR (4/11)  
 TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only  
 Product Name: Accident 3 and Application  
 Project Name/Number: /

## Superseded Schedule Items

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.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/24/2011	Form	Accident Insurance Policy	06/02/2011	GRA-3003-AR (4.11).pdf (Superseded)

# NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY

[4949 Keller Springs Road, Addison, Texas 75001] • [PO Box 802207, Dallas, Texas 75380]  
[(888) 671-6771] • [www.ntalife.com]

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## ACCIDENT INSURANCE POLICY—SERIES III

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**PLEASE READ THIS POLICY CAREFULLY.**

**THIS POLICY IS A LEGAL CONTRACT BETWEEN THE OWNER AND THE COMPANY.**

**THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE.** This Policy is guaranteed renewable for life if the premiums are paid when due or within the Grace Period. If the premiums are paid on time, we will not cancel the Policy. Renewal premiums will be at the premium rates in effect on each Renewal Date. Premium rates may change, but only if we do so for all policies in the same class.

**NOTICE OF 10-DAY RIGHT TO EXAMINE POLICY.** If the Owner is not satisfied with the Policy for any reason, the Owner may return it to us within 10 days after it is received. Once returned, we will refund the premiums paid, and the Policy will be voided from the original Issue Date.

**IMPORTANT NOTICE! REVIEW THE ATTACHED INSURANCE APPLICATION.** This Policy was issued based on the answers to the questions in the Application (a copy of which is attached to and made a part of this Policy). If there is a misstatement in the Application, or if any information concerning the medical history of the Insured has been omitted, the Owner or Insured must notify us immediately. If any answers on the Application are incomplete, incorrect, or untrue, we may have the right to deny benefits, reform the Policy, or even void the Policy (subject to the "Incontestable" provision and/or applicable laws governing insurance fraud). The best time to clear up any misunderstanding is now, before a claim arises.

**WARNING! WE ARE REQUIRED TO REPORT INSURANCE FRAUD.** 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.

**RECEIPT OF INJURY CARE.** To receive any Policy benefits, you must seek Injury Care or be Hospital confined for an Injury while the Policy is in force and within 14 days of the Accident causing the Injury.

This Policy is signed for us by:



[President and Chief Executive Officer]



[Vice President and Corporate Secretary]

**THIS IS AN ACCIDENT ONLY POLICY. IT DOES NOT PAY ANY BENEFITS FOR LOSS FROM SICKNESS. READ IT CAREFULLY. EXCEPT AS PROVIDED IN THE "TERMINATION OF COVERAGE -- TERMINATION OF POLICY" PROVISION, WE WILL ONLY PROVIDE BENEFITS FOR ACCIDENTS INCURRED WHILE THIS POLICY IS IN FORCE.**

**CAUTION: THIS IS A LIMITED POLICY. READ IT CAREFULLY WITH THE  
OUTLINE OF COVERAGE.**

# NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY

## IMPORTANT NOTICE

To obtain information or make a complaint, you may call or write to  
National Teachers Associates Life Insurance Company at:

**National Teachers Associates Life Insurance Company**

P.O. Box 802207  
Dallas, Texas 75380  
Toll Free 1-888-671-6771  
FAX 1-972-532-2194

If we at National Teachers Associates Life fail to provide you with reasonable and adequate service,  
you should feel free to contact the **Arkansas Insurance Department at:**

**Arkansas Insurance Department**

**Consumer Services Division**

1200 West Third Street  
Little Rock, Arkansas 72201  
1-501-371-2640  
Toll-Free 1-800-852-5494



## SCHEDULE PAGE

THIS SCHEDULE PAGE CONTAINS IMPORTANT INFORMATION ABOUT BENEFIT PLANS YOU HAVE SELECTED AND THE PREMIUM AMOUNT FOR THOSE PLANS.

<b>Policy Number:</b>	A 000246810	<b>Plan:</b>	Family	<b>Issue</b>	Eff / Rev
<b>Primary Insured:</b>	JOHN E DOE	<b>Policy Plan Date:</b>		6/1/11	
<b>Owner:</b>	JOHN E DOE	<b>Rider(s) Date:</b>			
	1234 SKILLMAN ST DALLAS TX 75243				

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<b>MODE OF PAYMENT:</b>	Monthly	\$ 64.95
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FORM	DESCRIPTION	ANNUAL PREMIUM
<b>BASE POLICY SELECTED:</b>		
GRA-3003-AR (4/11) Occupational Group I	<b>ACCIDENT POLICY – GOLD PROGRAM</b>	\$779.40

**OPTIONAL RIDER:**

This Policy covers persons who meet the definition of Covered Person in this Policy in accordance with the type of Plan selected unless a person is excluded from coverage as indicated in the Application or any endorsement to this Policy.

<b>Total Annual Premium and Policy Fee (if applicable)</b>	\$779.40
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# POLICY INDEX

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## POLICY BENEFITS SCHEDULE

*THIS IS ONLY A SUMMARY. SEE THE ACTUAL POLICY PROVISIONS FOR LIMITATIONS AND COMPLETE DETAILS.*

### GREEN PROGRAM

<b>A. Injury Care Benefit</b>	\$250/ visit
Maximum per covered Injury	1 visit
Maximum per Calendar Year per Covered Person	2 visits
<b>B. Diagnostic Imaging Benefit</b>	\$150/ image
Maximum per covered Injury	1 image
Maximum per Calendar Year per Covered Person	2 images
<b>C. Ambulance Benefit</b>	
Land	\$500/ trip
Air	\$1,500/ trip
Maximum per covered Injury	1 trip
Maximum per Calendar Year per Covered Person	2 trips
<b>D. First Day Hospital Confinement Benefit</b>	\$2,500/ Day
Maximum per Calendar Year per Covered Person	1 Day
<b>E. Continuing Hospital Confinement Daily Benefit</b>	\$300/ Day
Maximum per covered Injury	30 Days
Not Payable for any Day covered by the First Day Hospital Confinement Benefit	
<b>F. Attending Physician Benefit</b>	\$100/ Day
Payable same number of Days as Hospital Confined	
<b>G. At Home Recovery Benefit</b>	\$300/day
Payable three times number of Days Hospital Confined	

## POLICY BENEFITS SCHEDULE

*THIS IS ONLY A SUMMARY. SEE THE ACTUAL POLICY PROVISIONS FOR LIMITATIONS AND COMPLETE DETAILS.*

### GOLD PROGRAM

<b>A. Injury Care Benefit</b>	\$375/ visit
Maximum per covered Injury	1 visit
Maximum per Calendar Year per Covered Person	2 visits
<b>B. Diagnostic Imaging Benefit</b>	\$225/ image
Maximum per covered Injury	1 image
Maximum per Calendar Year per Covered Person	2 images
<b>C. Ambulance Benefit</b>	
Land	\$750/ trip
Air	\$2,250/ trip
Maximum per covered Injury	1 trip
Maximum per Calendar Year per Covered Person	2 trips
<b>D. First Day Hospital Confinement Benefit</b>	\$3,750/ Day
Maximum per Calendar Year per Covered Person	1 Day
<b>E. Continuing Hospital Confinement Daily Benefit</b>	\$450/ Day
Maximum per covered Injury	30 Days
Not Payable for any Day covered by the First Day Hospital Confinement Benefit	
<b>F. Attending Physician Benefit</b>	\$150/ Day
Payable same number of Days as Hospital Confined	
<b>G. At Home Recovery Benefit</b>	\$450/day
Payable three times number of Days Hospital Confined	

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## INSURING PROVISION

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**We agree to pay the benefits provided by this Policy and any Riders attached to it, subject to the definitions, provisions, exclusions and limitations contained in this Policy and/or attached Riders.**

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## CONSIDERATION

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We have issued this Policy in consideration of the Application and payment of the first premium on or before the Issue Date. Coverage begins on the Coverage Effective Date at 11:59 pm in the time zone where the Policy was purchased.

The Policy will remain in force for any period for which the premium is paid when due or during the Grace Period. If the Policy terminates due to nonpayment of premium, it will terminate on the Renewal Date at 12:01 am in the time zone where the Policy was purchased (subject to the Grace Period).

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## DEFINITIONS

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This section provides the meaning of special terms used in this Policy.

**Accident** means a sudden, unexpected, and unforeseen external event which results in a Covered Person's Inpatient Hospital confinement or receipt of medical services at a Hospital, Emergency Care Clinic, or Medical Practitioner's office within 14 days after the event.

**Application** means the application(s) for coverage under this Policy, application(s) for additional benefits, and any application amendment(s). Applications are attached to and made a part of this Policy.

**Calendar Year** begins on the Issue Date and continues through December 31 of that year. Subsequently, a Calendar Year will be January 1 through December 31.

**Child or Children** (unless specifically excluded from coverage as indicated in the Application, Schedule Page, or on any endorsement to this Policy) means: (1) the Primary Insured's children by birth; (2) the Primary Insured's adopted children; (3) the Primary Insured's stepchildren at the time of the application for coverage of the stepchildren; and (4) the children of the Primary Insured's children at the time of the initial application for such coverage for whom the Primary Insured is legally obligated to provide medical support. "Adopted children" shall mean children adopted by the Primary Insured, regardless of whether a final decree of adoption has been entered, provided that a petition has been duly filed and is pursued to a final decree of adoption.

Additionally, a child meeting the criteria of any of the categories listed above must also be: (1) unmarried; and (2) either under age 27 or legally incapacitated and unable to support himself/herself because of a medically ascertainable mental or physical handicap.

Proof of incapacity must be given with the Application if the Child is then incapacitated and older than age 26. If the incapacity occurs after the Application is completed, proof of incapacity must also be provided if the incapacity persists after the Child's 27<sup>th</sup> birthday. We reserve the right to require additional proof that the Child is still incapacitated and dependent on the Primary Insured. After 2 years of continuous incapacity, we will not require such proof more often than once each year.

If the Owner has selected the One Parent Plan or the Family Plan, children born to the Primary Insured or adopted by the Primary Insured after the Issue Date are covered from the date of live birth or date of adoption if they meet the conditions listed above.

**Company** means National Teachers Associates Life Insurance Company.

**Coverage Effective Date** for a Covered Person means the later of: (1) the Issue Date as to the Covered Persons listed on the original Application; (2) the date we approve any additional Covered Persons under the "Adding New Covered Persons" provision; (3) the date of any increases in Policy or Rider benefits which were requested by the Owner and approved by us; or (4) the date we approve a reinstatement as to a Covered Person. The original Coverage Effective Dates for Covered Persons other than Children are listed on the Schedule Page.

**Covered Person** means the person(s) described by the type of Plan selected:

- (1) An "Individual Plan" means the Primary Insured is covered.
- (2) A "One Parent Plan" means the Primary Insured and the Primary Insured's Children are covered.
- (3) A "Family Plan" means the Primary Insured, Primary Insured's Spouse, and Primary Insured's Children are covered.

**Day** means an overnight stay in a Hospital that is expressly billed by the Hospital: (1) as an Inpatient confinement; or (2) on an hourly basis for twenty-four or more continuous hours.

**Diagnostic Imaging** means a technique or process used to create images of the internal human body or parts thereof, such as an x-ray, ultrasound, sonogram, computed tomography (CT) scan, and magnetic resonance imaging (MRI).

**Emergency Care Clinic** means a facility licensed by a state, where Injury Care is provided by a Medical Practitioner on an outpatient basis. Such facility must have at least one Medical Practitioner on call at all times. The term includes an urgent care facility but does not include any facility that provides services or accommodations for patients to stay overnight.

**Home Office** means P.O. Box 802207, Dallas, Texas 75380, or such other address as designated by us to the Owner in writing.

**Hospice** means a facility licensed, certified or registered in accordance with state law which provides a formal program of care that is: (1) for terminally ill patients whose life expectancy is less than 6 months; (2) provided on an Inpatient or outpatient basis; and (3) directed by a physician.

**Hospital** means a legally licensed institution that: (1) provides diagnostic, medical and surgical treatment to sick or injured persons on an Inpatient basis (or has such surgical facilities available on a prearranged contractual basis); (2) provides 24-hour nursing care by or under the supervision of a nurse; and (3) is under the supervision of a staff of one or more duly licensed physicians practicing within the scope of their license.

Hospital does not include: a Hospice; rehabilitation facility; convalescent, nursing or rest home; home for the aged; facility for the care and treatment of drug addiction or alcoholism; hotel units, residential annexes or nurse administered units in or associated with a hospital; or a special ward, floor or other accommodation for: (i) convalescent, nursing, rehabilitation, ambulatory or extended care; or (ii) for the care and treatment of drug addiction or alcoholism.

**Injury** means bodily harm that: (1) is sustained by a Covered Person; (2) is caused by an Accident; (3) is the direct cause of loss, independent of disease, bodily infirmity, a previous injury or condition, or any other cause; (4) occurs while this Policy is in force; and (5) is not otherwise excluded from coverage under the "Exclusions and Limitations" provision of this Policy. Injury does not include the recurrence, exacerbation, or aggravation of any bodily harm sustained or any condition suffered by the Covered Person prior to the Coverage Effective Date of the Policy. All Injuries sustained in any one Accident, all complications arising therefrom, and recurrences of complications shall be deemed to be a single Injury for purposes of determining maximum benefits per Injury.

**Injury Care** means medical services provided to a Covered Person primarily to care for and treat an Injury, performed at a Hospital emergency room, Emergency Care Clinic, or Medical Practitioner's office.

**Inpatient** means a Day of confinement in a Hospital.

**Issue Date** means the effective date of this Policy or any attached rider (as shown on the Schedule Page).

**Medically Necessary** means medical care or treatment that is: appropriate to the diagnosis; essential to proper patient care; and widely accepted as prudent by the Medical Practitioner's peer group. Care, treatment, drugs or medicines provided must not be experimental, investigative or illegal.

**Medical Practitioner** means a doctor, nurse, chiropractor, physician's assistant, or other medical professional who is: (1) duly licensed by the state in which he or she practices; and (2) acting within the scope of his or her license. Medical Practitioner does not include a Covered Person or a Covered Person's spouse, parents, stepparents, in-laws, brothers, sisters, stepbrothers, stepsisters, children or grandchildren.

**One Period of Confinement** means: (1) one continuous Hospital confinement; or (2) two or more separate Hospital confinements for the same or a related cause that are each separated by less than 30 days.

**Owner** means the person named on the Schedule Page as the Owner of the Policy. The Owner has the right to make all changes to the Policy and receive benefits under the Policy (as specified under the "Ownership" provision).

**Plan** means the scope of persons insured under this Policy as selected on the application and shown on the Schedule Page. See the definition of "Covered Person."

**Primary Insured** means the person named on the Schedule Page as the Primary Insured.

**Program** means the benefit level (such as Green or Gold) selected on the application and shown on the Schedule Page. The premium will vary with the benefit Program selected.

**Renewal Date** means the date to which premiums are paid, and the date on which the next premium is due to continue this Policy in force.

**Spouse** means the insurable person named as the spouse on the application and married to the Primary Insured as of that date. Where a state legally recognizes civil unions, a Spouse may include a person's partner in that recognized civil union. Where state law provides for registered domestic partnerships, a Spouse may include a person's registered domestic partner. We reserve the right to request proof of the legally recognized status of a person's marriage, civil union, or domestic partnership.

The Owner may terminate the Spouse's insurance by notifying us in writing. If the Primary Insured divorces and remarries (or terminates a civil union or domestic partnership and enters into a new one, where appropriate), the person designated as Spouse may be changed by following the procedures under the "Adding New Covered Persons" provision of the Policy. Only one person may be insured as a Spouse at any given time.

**We, us, our** means National Teachers Associates Life Insurance Company.

**Written Request** means a request in writing signed by the Owner and acceptable to us. We may require that the Policy be sent in with the written request.

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## BENEFITS

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Subject to the terms, conditions, exclusions, and limitations of the Policy, we will pay the benefits described below for the Medically Necessary care and treatment of a Covered Person for a covered Injury that occurs after the Coverage Effective Date for that person. Charges for such care and treatment must be the direct result of the covered Injury and must be incurred while the Policy is in force for the Covered Person. The care and treatment must be initially furnished by or under the supervision of a Medical Practitioner within 14 days of the Injury to be payable. The benefit amounts and any applicable maximums payable for each benefit are shown in the Policy Benefits Schedule (unless otherwise stated in the benefit itself).

**A. Injury Care Benefit.** We will pay the benefit amount shown on the Policy Benefits Schedule for Injury Care received in a Hospital emergency room, Emergency Care Clinic, or Medical Practitioner's office for a covered Injury for a Covered Person, not to exceed the maximum amount per covered Injury and per Calendar Year (as stated on the Policy Benefits Schedule).

**B. Diagnostic Imaging Benefit.** We will pay the benefit amount shown in the Policy Benefits Schedule for Diagnostic Imaging that a Covered Person receives in connection with Injury Care for a covered Injury, not to exceed the maximum amount per covered Injury and per Calendar Year (as stated on the Policy Benefits Schedule).

**C. Ambulance Benefit.** We will pay the benefit amount shown in the Policy Benefits Schedule for transport to a Hospital by either a ground or an air ambulance for a covered Injury if a Covered Person requires the services of a licensed professional ambulance company, up to the maximum amount per covered Injury and per Calendar Year per Covered Person (as stated on the Policy Benefits Schedule). If a Covered Person requires both a ground and an air ambulance for a covered Injury, we will pay the greater benefit, but we will not pay for both.

**D. First Day Hospital Confinement Benefit.** We will pay the benefit amount shown in the Policy Benefits Schedule for the first Day a Covered Person is confined as an Inpatient to a Hospital for any One Period of Confinement for a covered Injury. This benefit is not payable on the same day that the Continuing Hospital Confinement Daily Benefit is paid. This benefit is payable only one time per Covered Person per Calendar Year.

**E. Continuing Hospital Confinement Daily Benefit.** We will pay the benefit amount shown in the Policy Benefits Schedule when a Covered Person is confined for a Day or more as an Inpatient to a Hospital for any One Period of Confinement for a covered Injury, not to exceed the maximum number of Days for One Period of Confinement (as stated on the Policy Benefits Schedule). This benefit is not payable on the same day that the First Day Hospital Confinement Benefit is paid.

**F. Attending Physician Benefit.** For each Day that the First Day Hospital Confinement Benefit or the Continuing Hospital Confinement Benefit is properly payable under the Policy, we will pay the benefit amount shown in the Policy Benefits Schedule for the services of an attending physician.

**G. Home Recovery Benefit.** For each Day that the First Day Hospital Confinement Benefit or the Continuing Hospital Confinement Benefit is properly payable under the Policy, we will pay three days of Home Recovery Benefit at the daily rate provided on the Policy Benefits Schedule.

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## EXCLUSIONS AND LIMITATIONS

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No benefits are provided for services or supplies that are not Medically Necessary or are attributable to a recurrence, exacerbation, or aggravation of any bodily harm sustained or any condition suffered by the Covered Person prior to the Coverage Effective Date of the Policy. This Policy does not provide benefits if the Covered Person's Injury is caused or contributed to by:

- (1) Suicide, attempted suicide, or an intentionally self-inflicted injury (while sane or insane);
- (2) The voluntary taking of any poison;
- (3) Any poison, gas, or fumes voluntarily absorbed, inhaled, or taken; or medical or surgical treatment of these acts;
- (4) Injury of a Covered Person resulting from the Covered Person's intoxication or being under the influence of any intoxicant;
- (5) The voluntary use or taking of any narcotic, barbiturate, controlled substance, or any other drug (unless taken or used as prescribed by a physician);
- (6) Cosmetic surgery, an elective procedure, or dental treatment that is not the direct result of a covered Injury; and any complications arising from such surgery, procedure, or treatment;
- (7) The Covered Person's commission or attempted commission of an assault or felony; or being engaged in an illegal occupation; or while the Covered Person is incarcerated in a municipal, county, state, or federal correctional facility;
- (8) War, any act of war (whether declared or undeclared), or participation in a riot or civil commotion;
- (9) Active duty status in the armed forces (if you notify us in advance of such active duty, we will refund any premiums paid for any period for which no coverage is provided as a result of this exception);
- (10) Any disease, sickness, infection, or other disorder, unless such condition is a medical complication: (i) caused by and arising out of a covered Injury; and (ii) initially treated by a Medical Practitioner within 14 days of the covered Injury.
- (11) Any bodily infirmity, mental infirmity, or psychiatric illness; or medical or surgical treatment therefor; or
- (12) Infestation by any virus, bacteria, or microorganism unless such infestation is a medical complication: (i) caused by and arising out of a covered Injury; and (ii) initially treated by a Medical Practitioner within 14 days of the covered Injury.

This Policy pays benefits only for loss resulting from a covered Injury which occurs while this Policy is in force and only up to the maximum limits shown on the Policy Benefits Schedule. If a covered Hospital confinement or care or treatment received is due to more than one covered Injury resulting from the same Accident, benefits will be payable only for the covered Injury with the greatest covered benefits.

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## PREMIUMS

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**Payment of Premium.** The first premium is due on the Issue Date. This Policy may be continued to the next Renewal Date by timely payment of premium. All premiums are to be paid to us and are due on the last day of the term for which the most recent premium was paid. The premium for this Policy may change, as stated in the "Renewal Premiums" provision.

**Renewal Premiums.** Renewal premiums will be at the premium rates in effect on each Renewal Date. We may change the premium rates for this Policy. If we do change the premium rates, we will do so only if we change the premium rates for all policies of this same form and premium classification issued in the same state as this Policy. Premium classification is determined by issue age, type and level of benefits, underwriting classification and payment method. We will notify the Owner in writing at the Owner's last known address at least 31 days before the change becomes effective.

**Refund of Prepaid Premiums.** After the death of a Covered Person, we will change the Plan to one with a lower premium, if possible, and will refund prepaid premiums to the Owner for any period beyond the end of the Policy month in which the death occurred if we are provided: (1) written notice; and (2) proper evidence of the death. It is the duty of the Owner, executor, or administrator of the estate of the Covered Person, or their designee, to provide us with prompt notice of the death of the Covered Person.

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## TERMINATION OF COVERAGE

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**Termination of Policy.** This Policy will terminate and coverage will end for all Covered Persons on the earliest of:

- (1) The end of the Policy premium paying month during which the Owner has requested to cancel this Policy;
- (2) The Renewal Date if the required premium is not paid when due (subject to the Grace Period); or
- (3) The date of the Owner's death (subject to the "Continuation of Policy After the Owner's Death" provision).

No benefits for treatment for a covered Injury incurred after the termination of this Policy will be payable for any Covered Person except for covered benefits during a continuous Hospital confinement that begins before the coverage ended and ends after the coverage has terminated. Covered benefits for the continuous Hospital confinement will be paid for a period not to exceed 30 days.

**Grace Period.** This Policy has a 31-day Grace Period. This means that if a premium is not paid on or before the Renewal Date, it may be paid during the 31 days following the Renewal Date. During the Grace Period, this Policy will remain in force. If a benefit is paid during the Grace Period, we may offset the benefit amount otherwise payable by the premium due.

**Reinstatement.** If the renewal premium is not paid before the Grace Period ends, the Policy will lapse as of the Renewal Date. After the Policy lapses, if we accept premium but do not require a completed application for reinstatement, we will reinstate this Policy, effective on the date we accept the premium or as otherwise required. If we require an application for reinstatement and such application is approved by the Home Office, the Policy will be reinstated as of the approval date. A fully completed application of the form then in use by the Company will be deemed approved on the 45th day after the date we receive the application, unless we have previously written the Owner of our disapproval.

If the Policy is reinstated, the reinstatement application will be subject to the "Incontestable" provision beginning from the date that the reinstatement is approved, and we will pay benefits only for a covered Injury sustained after the reinstatement approval date. For purposes of any riders, the reinstated coverage will only cover loss from Injury sustained after the reinstatement approval date. Except for any conditions added because of reinstatement, both the Owner's rights and ours will be the same as before the Policy or any rider lapsed.

**Termination of Coverage for Spouse / Child.** In the event of the death of the Primary Insured's Spouse, upon Written Request from the Owner, we will change the Plan of insurance to one which reflects the termination of the Spouse's coverage (if applicable). The change will be effective as of the end of the Policy month during which we receive notice.

If a Plan of insurance was selected on an application which included the Primary Insured's Spouse, the coverage for the Spouse will not automatically terminate upon divorce (or upon termination of a civil union or domestic partnership, where appropriate). To change the Plan type to delete the individual covered as a Spouse, the Owner must notify us in writing. The change will be effective as of the end of the Policy month during which we receive notice, or at the end of a later Policy month if requested.

A Child's insurance will automatically terminate at the end of the Policy month in which that Child ceases to meet the definition of a Child. The Owner must notify us of any request to change the Plan type (e.g., if the Primary Insured does not have any remaining covered Children, and the Owner wishes to change from a Single Parent Plan to an Individual Plan).

Changes of any Plan type which results in a lower premium due to a termination in coverage of a Child or Spouse may be made up to 12 months retroactive to the date of the request, but not earlier than the date on which there were no persons meeting the definition of a Child or Spouse (as appropriate). Premiums will be refunded for the difference between the old

Plan and the new Plan, but no refunds greater than this excess for 12 months will be made. Our acceptance of premium for such terminated Covered Person does not mean that we will provide benefits under the Policy.

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### ADDING OR DELETING COVERED PERSONS

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***Adding New Covered Persons.*** An application must be completed and approved by the Home Office if: (1) the Individual Plan was initially selected and the Owner wishes to add coverage for the Primary Insured's Spouse or Children; (2) the One Parent Plan was initially selected and the Owner wishes to add coverage for the Primary Insured's Spouse or new stepchildren; or (3) the Family Plan was initially selected, coverage was terminated on the Primary Insured's former Spouse, and the Owner wishes to add coverage for the Primary Insured's new Spouse and/or new stepchildren.

Proof must be furnished that the persons are insurable by our underwriting standards and any additional premium due because of a change in the plan type must be paid. The additional coverage requested will not be effective until the application has been approved by our Home Office. The Coverage Effective Date for a Covered Person, other than a Child, added after the Issue Date will be shown on the Schedule Page.

***Deletion of Covered Persons.*** To change the plan type to delete Covered Persons, the Owner must notify us in writing. The change will be effective as of the end of the Policy month next following the date we receive notice or at the end of a later Policy month (if requested).

If we accept premium for a Covered Person whose coverage is terminated, we will refund any excess premium paid for the terminated Covered Person effective as of the end of the Policy month in which the coverage was terminated. Our acceptance of premium for such terminated Covered Person does not provide benefits under the Policy other than a return of the excess premium.

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### CONVERSION AND CONTINUATION PRIVILEGE

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***Conversion of Child's Coverage.*** When a Child's coverage ends because he or she is no longer eligible as a Child, coverage for the Child may be converted to a new policy. An application must be completed for the new policy and the required premium paid within 180 days prior to or after the date that the Child's coverage terminates. Any delay after the Child's coverage terminates may result in a gap in coverage. The new policy will be issued without requiring evidence of good health. We will use the policy form we are then offering in the Child's state of residence which is most similar to this Policy. The new policy will contain any limitations contained in this Policy for the Child. All benefit limitations on the new policy regarding Calendar Year benefits or covered Injury benefits will be determined by including amounts payable under this Policy during the same Calendar Year or for the same covered Injury. Coverage under the new policy will begin on the date next following the date the Child's coverage terminates under this Policy.

***Conversion of Spouse's Coverage.*** When a covered Spouse's coverage ceases due to divorce or legal separation, the Spouse may convert his/her coverage to a new policy. To be issued a new policy, the Spouse must complete an application and pay any required premium within the greater of: (i) 31 days of the date that the Spouse's coverage under this Policy ends; or (ii) 180 days after divorce. The new policy will be issued without requiring evidence of good health. We will use the policy form we are then offering in the Spouse's state of residence which is most similar to this Policy. The new policy will contain any limitations contained in this Policy for the Spouse. All benefit limitations on the new policy regarding Calendar Year benefits or covered Injury benefits will be determined by including amounts payable under this Policy during the same Calendar Year or for the same covered Injury. Coverage under the new policy will begin on the date next following the date the Spouse's coverage terminates under this Policy. At the option of the Spouse, any Children covered under this Policy (for whom the Spouse has the legal obligation of support) may also be converted to the new policy. Conversion for any Children is subject to the same conditions as the Spouse's conversion.

***Continuation of Coverage.*** If the individual who pays the premiums for this Policy does so by payroll deduction and leaves his/her employer for any reason, the Company will waive the premium for the Policy and any attached riders for 2 months from the time the premium ceases being paid by payroll deduction with the former employer. Additionally, the Owner or the employer must notify us in writing within 30 days of the date the premium is last paid. The Owner must reestablish premium payments within the 2 month period either by payroll deduction with a new employer or by direct billing with the Company.

***Continuation of Policy After the Owner's Death.*** In the event of the Owner's death, the Covered Persons insured under this Policy have the right to name a new Owner and continue their coverage by paying the required premium when due or

within the Grace Period. If a new Owner is not named, but the required premiums are paid, we will name a Covered Person as the new Owner and send a new Schedule Page reflecting this change.

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## CLAIM PROVISIONS

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**Notice of Claim.** Written notice of claim must be given to us within 30 days after a covered loss starts or as soon as reasonably possible. The notice must be given to us at our Home Office. Notice should include the name of the Covered Person and Policy number. Providing a proper Notice of Claim within the provisions contained in this Policy is an express condition precedent to any claim payment. Failure to submit a notice of claim within these provisions will be deemed prejudicial to the Company. **WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit is guilty of a crime and may be subject to fines and confinement in prison.**

**Claim Form.** When we receive notice of claim, we will send forms for filing proof of loss. If these forms are not sent within 15 days after we receive the notice, proof of loss requirements will be met by giving us a written statement of the nature and extent of the loss. We must receive this statement within the time limit stated in the "Proof of Loss" provision.

**Proof of Loss.** As an express condition precedent to receiving any benefit under this Policy, written proof of loss must be furnished to us within 90 days after we have properly received notice of claim as required by this Policy. But, if it is not reasonably possible for the Owner and any Covered Person to meet this standard, we will not deny or reduce any benefit because we are not furnished proof of loss within the 90-day timeframe. However, if the Owner has suffered a legal incapacity, proof of loss must still be furnished as soon as reasonably possible, and in no event later than 12 months from the time proof of loss would otherwise be required without the legal incapacity. Failure to submit proof of loss within these provisions will be deemed prejudicial to the Company.

**Authorization to Obtain Medical Information.** If necessary to determine our liability, as part of proof of loss, we may require proof of eligibility, itemized bills stating the extent of loss, and other information that might affect our liability. We may request authorization for release of medical data from providers of medical services and from other sources from whom benefits have been claimed. If any information is not furnished or the release of data is not authorized, we reserve the right to withhold benefits.

**Time of Payment of Claims.** Benefits payable under this Policy will be paid as soon as we receive proper written proof of loss.

**Payment of Claims.** We will pay all benefits to the Owner, unless the Owner has assigned the right to receive benefits, as stated in the "Assignment" provision. If any accrued benefits are unpaid at the Owner death, we will pay them to the Owner's estate or as otherwise provided by law.

If the Company reasonably believes that it faces a possibility of competing claims for the Policy proceeds, it will be permitted 90 days to interplead the Policy proceeds into a court's registry. Such action is not to be construed as a breach of contract or bad faith. The Company may offset the Policy proceeds for any expenses incurred in relation to this judicial proceeding.

**Unpaid Premium.** When a claim is paid, any premium due and unpaid may be deducted from the claim payment.

**Claim Appeal Process.** Our practice is to treat each claim submission fairly, based on the facts we are provided. We will inform the Owner if a claim or any part of a claim is denied. The Owner may have additional information that could change a claim decision. If the Owner believes that our decision is in error, we will re-evaluate the claim. The request for re-evaluation must be in writing from the Owner and should include the names, addresses and telephone numbers of any Medical Practitioners who treated the Covered Person or facilities that provided care or treatment. The request must be sent to us within 3 years of the earlier of the time written notice of proof of loss was filed or should have been filed. After we re-evaluate the claim, we will notify the Owner of our decision in writing. Any benefits due as a result of our re-evaluation will be paid immediately as provided in the "Payment of Claim" provision.

**Physical Examination and Autopsy.** At our expense, we have the right to have a Covered Person examined as often as reasonably necessary while a claim is pending and, where it is not prohibited by law, to require an autopsy when death occurs. We also reserve the right to have a physician of our choice and at our expense review the medical records to confirm the diagnosis.

**Legal Action.** No legal action may be brought to recover on this Policy: (1) unless notice of claim and proof of loss was provided to the Company within the provisions contained in this Policy; (2) within 60 days after written proof of loss has been given as required by this Policy; and (3) after 3 years from the time written proof of loss is required to be provided to the Company.

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## GENERAL PROVISIONS

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**Entire Contract; Changes.** This Policy, including the Application and any attachments and Riders, is the entire contract between the Owner and us. No change in this Policy will be valid until approved (in writing) by one of our executive officers and the approval has been forwarded to the Owner for attachment to the Policy. No other person has the authority to change this Policy or to waive any of its provisions.

**Incontestable.** After this Policy has been in force for a period of 3 years during the Covered Person's lifetime (excluding any period during which the Covered Person is disabled), or after 3 years after the date of reinstatement (if later), the Policy shall become incontestable as to the statements contained in the Application regarding the applicable Covered Person, except for fraudulent misstatements. If the Owner applies and is approved for an increase of benefits under this Policy (e.g., from the Green Program to the Gold Program), the increase in benefits shall become incontestable as to the statements contained in the application for increase in benefits 3 years after the date of such application, except for fraudulent misstatements.

**Nonparticipation.** This Policy will not participate in the surplus of the Company.

**Ownership.** The Owner may exercise and enjoy all rights hereunder. These rights include: assigning his Policy; changing ownership; increasing or decreasing benefits (within the Company's then current guidelines); and exercising all Policy options.

**Assignment.** Any assignment of rights to receive benefits under this Policy must be in writing, and must be filed in our Home Office or with the medical provider specifically referencing our Company prior to the payment of benefits. We assume no responsibility for the validity of any assignment.

**Other Insurance with Us.** A Covered Person cannot be covered under more than one of our Accident policies at a time. If we issue more than one such policy, we will cancel the later issued policy or modify the Plan on the later issued policy (if appropriate) to eliminate duplicate coverage, effective as of the date duplicate coverage was issued. We will refund the premiums paid for the cancelled or modified policy for the time duplicate coverage was in effect.

**Conformity with State Statutes.** Any provision of this Policy, which is in conflict with the laws of the state in which you live on the Policy Issue Date, is amended to conform to the minimum requirements of such laws.

# **NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY**

## **ACCIDENT INSURANCE POLICY**

**THIS IS AN ACCIDENT ONLY POLICY. IT DOES NOT PAY ANY BENEFITS FOR LOSS FROM SICKNESS. READ IT CAREFULLY. EXCEPT AS PROVIDED IN THE "TERMINATION OF COVERAGE -- TERMINATION OF POLICY" PROVISION, WE WILL ONLY PROVIDE BENEFITS FOR ACCIDENTS INCURRED WHILE THIS POLICY IS IN FORCE.**