

<i>SERFF Tracking Number:</i>	<i>AMAL-127336587</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Amalgamated Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49489</i>
<i>Company Tracking Number:</i>	<i>ALGADDP-10</i>		
<i>TOI:</i>	<i>H03G Group Health - Accidental Death & Dismemberment</i>	<i>Sub-TOI:</i>	<i>H03G.000 Health - Accidental Death & Dismemberment</i>
<i>Product Name:</i>	<i>Group AD&D Policy</i>		
<i>Project Name/Number:</i>	<i>Group AD&D Policy/ALGADDP-10</i>		

Filing at a Glance

Company: Amalgamated Life Insurance Company

Product Name: Group AD&D Policy	SERFF Tr Num: AMAL-127336587	State: Arkansas
TOI: H03G Group Health - Accidental Death & Dismemberment	SERFF Status: Closed-Approved- Closed	State Tr Num: 49489
Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment	Co Tr Num: ALGADDP-10	State Status: Approved-Closed
Filing Type: Form	Author: Claire Pizzuti	Reviewer(s): Rosalind Minor
	Date Submitted: 08/08/2011	Disposition Date: 08/08/2011
		Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name: Group AD&D Policy	Status of Filing in Domicile: Authorized
Project Number: ALGADDP-10	Date Approved in Domicile: 01/24/2011
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Group Market Type: Employer, Other	Explanation for Other Group Market Type: unions
Overall Rate Impact:	Filing Status Changed: 08/08/2011
	State Status Changed: 08/08/2011
Deemer Date:	Created By: Claire Pizzuti
Submitted By: Claire Pizzuti	Corresponding Filing Tracking Number:

Filing Description:

Enclosed for your review and approval are the following forms. These forms are new and will not replace any other previously filed or approved forms.

Form ALGADDP-10 (AR), Group Accident Insurance Policy provides coverage to an individual eligible to be insured under the group policy. Form ALGADDC-10 (AR), Group Accident Insurance Certificate is provided to the individual insured as evidence of coverage under the group policy. The policy may be written as 100% employee paid, 100%

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Dismemberment Dismemberment
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employer paid or a split of employee and employer paid. The policy is a stand-alone product. It may be purchased with or without an underlying Group Term Life policy.

Application forms ALGADDA-Group Application-10 (AR) and ALGADDEF-EnrollmentForm-10 (AR) are used to apply for this policy.

Rider Forms for Review

The following Riders may be used with policy Form ALGADDP-10 (AR), Group Accident Insurance Policy and ALGADDC-10 (AR), Group Accident Insurance Certificate. The available rider forms are selected at the group level. The individuals may only select from the rider forms specified by the group.

Form ALGADDR-Airbag-10, Airbag Benefit Rider, provides for payment of an additional benefit if an insured dies or suffers a covered dismemberment while driving or riding in a private passenger car equipped with airbags.

Form ALGADDR-Bereavement-10, Bereavement and Trauma Counseling Benefit Rider, provides for payment if an insured dies or suffers a covered dismemberment for bereavement counseling.

Form ALGADDR-ChildCare-10, Child Care Benefit Rider, provides for payment of certain expenses of child care after the death of the insured.

Form ALGADDR-CommonAccident-10, Common Accident Benefit Rider, provides for an additional payment if the insured and his or her spouse die from the same covered accident.

Form ALGADDR-Disappearance-10, Disappearance Benefit Rider, provides for payment of the principal sum if an insured's body has not been found.

Form ALGADDR-EmerMedEvac-10, Emergency Medical Evacuation Benefit Rider, provides for payment of a specified sum to cover the cost of an emergency medical evacuation while traveling outside his or her country.

Form ALGADDR-Exposure-10, Exposure Benefit Rider, provides for payment of a benefit if an insured is exposed to the elements by reason of a covered accident.

Form ALGADDR-ExtDependentIns-10, Extended Dependents Insurance Benefit Rider, provides for a dependent to continue the insured's coverage in force for 12 months.

Form ALGADDR-HigherEd-10, Higher Education Benefit Rider, provides for payment of a portion of the cost of higher

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education for dependents if the insured dies in a covered accident.

Form ALGADDR-HomeAlteration-10, Home Alteration and Vehicle Modification Benefit Rider, provides for payment of an additional amount to cover the cost of home alteration and/or vehicle modification if an insured suffers a loss other than loss of life.

Form ALGADDR-LineofDuty-10, Line of Duty Benefit Rider, provides for payment of an additional benefit if the insured dies in the line of duty.

Form ALGADDR-Repatriation-10, Repatriation of Remains Benefit, provides for payment to cover the cost of returning the insured's body to his or her home country.

Form ALGADDR-Rehabilitation-10, Rehabilitation Benefit Rider, provides for payment of a portion of the cost of rehabilitation if an insured suffers a covered dismemberment.

Form ALGADDR-SeatBelt-10, Seat Belt Benefit Rider, provides for payment of an additional benefit if an insured dies or suffers a covered dismemberment while driving or riding in a private passenger car and properly using a seatbelt.

Form ALGADDR-SpouseTraining-10, Spouse Training Benefit Rider, provides for payment of a of a portion of the cost of education for the spouse if the insured dies in a covered accident.

Form ALGADDR-TotalDisability-10, Total and Permanent Disability Benefit Rider, provides a lumpsum payment of a portion of the Principal Sum if an insured becomes totally disabled.

Form ALGADDR-Waiver-10, Waiver of Premium Rider, provides for waiver of premium if, while under age 60, a certificate holder becomes totally disabled for at least nine months.

Application forms ALGADDMA-Group Application-10 (AR) and ALGADDEF-Enrollment Form-10 (AR) are used to apply for these riders.

Variability

Bracketed text within the policy forms indicates variability dependent upon the group to which the policy is issued.

Intended Market

This policy is intended to be marketed primarily to labor union groups but may also be marketed to employer groups.

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The product will be sold through Amalgamated Life Sales Executives and brokerage firms. Amalgamated Life specializes in the labor union market serving the needs of the members of labor unions and employee welfare trust funds. The policy may be issued as 100% employer paid, 100% employee paid or split between employer and employee. Commissions and fee schedules do not differ from those already on file for this type of product in this market.

Unisex and Uniage Rates

Premium rates are unisex and uniage. Initial premium rates are based on age/sex composition, group size, industry SIC code, participation, contributory/non-contributory provisions, riders elected, account administration expense etc. Renewal rates would be calculated based on evolving experience, and all the factors mentioned above and any revisions in benefit plan design.

The forms have been completed in John Doe fashion and are subject to minor modification in paper size and stock, ink, logo, border and adaptation to electronic printing.

Company and Contact

Filing Contact Information

Claire Pizzuti, Compliance Director cpizzuti@amalgamatedlife.com
 333 Westchester Avenue 914-367-5581 [Phone]
 White Plains, NY 10604 914-367-2581 [FAX]

Filing Company Information

Amalgamated Life Insurance Company CoCode: 60216 State of Domicile: New York
 333 Westchester Ave. Group Code: Company Type:
 White Plains, NY 10604 Group Name: State ID Number:
 (914) 367-5581 ext. [Phone] FEIN Number: 13-5501223

Filing Fees

Fee Required? Yes
 Fee Amount: \$1,050.00
 Retaliatory? No
 Fee Explanation: 21 forms @ \$50 each
 Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

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Amalgamated Life Insurance Company \$1,050.00 08/08/2011 50437155

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/08/2011	08/08/2011

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	Group Accident Insurance Policy	Approved-Closed	Yes
Form	Group Accident Insurance Certificate	Approved-Closed	Yes
Form	Group Application	Approved-Closed	Yes
Form	Enrollment Form	Approved-Closed	Yes
Form	Air Bag Rider	Approved-Closed	Yes
Form	Bereavement Rider	Approved-Closed	Yes
Form	Child Care Rider	Approved-Closed	Yes
Form	Common Accident Rider	Approved-Closed	Yes
Form	Disappearance Rider	Approved-Closed	Yes
Form	Emergency Medical Evacuation Rider	Approved-Closed	Yes
Form	Exposure Rider	Approved-Closed	Yes
Form	Extended Dependents Rider	Approved-Closed	Yes
Form	Higher Education Rider	Approved-Closed	Yes
Form	Home Alteration Rider	Approved-Closed	Yes
Form	Line of Duty Rider	Approved-Closed	Yes
Form	Rehabilitation Rider	Approved-Closed	Yes
Form	Repatriation Rider	Approved-Closed	Yes
Form	Seat Belt Rider	Approved-Closed	Yes
Form	Spouse Training Rider	Approved-Closed	Yes
Form	Total Disability Rider	Approved-Closed	Yes
Form	Waiver Rider	Approved-Closed	Yes

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 Product Name: Group AD&D Policy
 Project Name/Number: Group AD&D Policy/ALGADDP-10

Form Schedule

Lead Form Number: ALGADDP-10

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 08/08/2011	ALGADDP-10 (AR)	Policy/Contract Certificate	Group Accident Insurance Policy	Initial		46.800	ALGADDP-10 (AR) filed.pdf
Approved-Closed 08/08/2011	ALGADDC-10 (AR)	Certificate	Group Accident Insurance Certificate	Initial		45.900	ALGADDC-10 (AR) filed.pdf
Approved-Closed 08/08/2011	ALGADD-GroupApplication-10 (AR)	Application/Enrollment Form	Group Application	Initial		45.100	ALGADDA-GroupApplication-10 (AR) filed.pdf
Approved-Closed 08/08/2011	ALGADD-Enrollment Form-10 (AR)	Application/Enrollment Form	Enrollment Form	Initial		45.700	ALGADDEF-EnrollmentForm-10 (AR) filed.pdf
Approved-Closed 08/08/2011	ALGADDR-Airbag-10	Policy/Contract Certificate: Amendment, Insert Page, Endorsement or Rider	Air Bag Rider	Initial		45.900	ALGADDR-AirBag-10.pdf
Approved-Closed 08/08/2011	ALGADDR-Bereavement-10	Policy/Contract Certificate: Amendment, Insert	Bereavement Rider	Initial		45.400	ALGADDR-Bereavement-10.pdf

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<i>TOI:</i>	<i>H03G Group Health - Accidental Death & Dismemberment</i>	<i>Sub-TOI:</i>	<i>H03G.000 Health - Accidental Death & Dismemberment</i>
<i>Product Name:</i>	<i>Group AD&D Policy</i>		
<i>Project Name/Number:</i>	<i>Group AD&D Policy/ALGADDP-10</i>		
	Page, Endorseme nt or Rider		
Approved- Closed 08/08/2011	ALGADDR- ChildCare- 10 Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Child Care Rider Initial	57.400 ALGADDR- ChildCare- 10.pdf
Approved- Closed 08/08/2011	ALGADDR- CommonAc cident-10 Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Common Accident Rider Initial	47.900 ALGADDR- CommonAcci dent-10.pdf
Approved- Closed 08/08/2011	ALGADDR- Disappeara nce-10 Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Disappearance Rider Initial	53.700 ALGADDR- Disappearanc e-10.pdf
Approved- Closed 08/08/2011	ALGADDR- EmerMedE vac-10 Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page,	Emergency Medical Evacuation Rider Initial	47.200 ALGADDR- EmerMedEva c-10.pdf

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<i>TOI:</i>	<i>H03G Group Health - Accidental Death & Dismemberment</i>	<i>Sub-TOI:</i>	<i>H03G.000 Health - Accidental Death & Dismemberment</i>	
<i>Product Name:</i>	<i>Group AD&D Policy</i>			
<i>Project Name/Number:</i>	<i>Group AD&D Policy/ALGADDP-10</i>			
Approved- Closed 08/08/2011	ALGADDR- Exposure- 10 Policy/Cont Exposure Rider ract/Fraternal Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	55.600	ALGADDR- Exposure- 10.pdf
Approved- Closed 08/08/2011	ALGADDR- ExtDepend entIns-10 Policy/Cont Extended ract/Fraternal Dependents Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	54.800	ALGADDR- ExtDependent Ins-10.pdf
Approved- Closed 08/08/2011	ALGADDR- HigherEd- 10 Policy/Cont Higher Education ract/Fraternal Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	46.500	ALGADDR- HigherEd- 10.pdf
Approved- Closed 08/08/2011	ALGADDR- HomeAlteration-10 Policy/Cont Home Alteration ract/Fraternal Rider Certificate: Amendmen t, Insert Page, Endorseme	Initial	47.700	ALGADDR- HomeAlteratio n-10.pdf

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<i>TOI:</i>	<i>H03G Group Health - Accidental Death & Dismemberment</i>	<i>Sub-TOI:</i>	<i>H03G.000 Health - Accidental Death & Dismemberment</i>
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<i>Project Name/Number:</i>	<i>Group AD&D Policy/ALGADDP-10</i>		
Approved- Closed 08/08/2011	ALGADDR- LineofDuty- 10 al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Policy/Cont racter/Fratern 10 Initial	45.100 ALGADDR- LineofDuty- 10.pdf
Approved- Closed 08/08/2011	ALGADDR- Rehabilitati on-10 al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Policy/Cont racter/Fratern 10 Initial	45.100 ALGADDR- Rehabilitaion- 10.pdf
Approved- Closed 08/08/2011	ALGADDR- Repatriatio n-10 al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Policy/Cont racter/Fratern 10 Initial	47.700 ALGADDR- Repatriation- 10.pdf
Approved- Closed 08/08/2011	ALGADDR- SeatBelt-10 al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Policy/Cont racter/Fratern 10 Initial	47.200 ALGADDR- SeatBelt- 10.pdf

AMALGAMATED LIFE INSURANCE COMPANY
333 Westchester Avenue White Plains, New York 10604
(Herein called the Company)

POLICYHOLDER: [ABC Corporation]

POLICY NUMBER: [ADD-123]

POLICY EFFECTIVE DATE: [January 1, 2010]

GROUP ACCIDENT INSURANCE POLICY

This Policy is a legal contract between the Policyholder and the Company. The Company agrees to insure eligible persons (herein called Insured Persons) against loss covered by this Policy subject to its provisions, limitations and exclusions. The persons eligible to be Insured Persons are all persons described in the Classification of Eligible Persons section of the Master Application.

This Policy is issued in consideration of the payment of the required premium when due and the statements set forth in the signed Master Application which is attached to and made part of this Policy, and in the individual enrollment forms, if any.

This Policy begins on the Policy Effective Date shown in the Master Application and continues in effect as long as premiums are paid when due, unless otherwise terminated as further provided in this Policy. If this Policy is terminated, insurance ends on the date to which premiums have been paid.

This Policy is governed by the laws of the state in which it is delivered.

In witness whereof, the Company has caused this policy to be signed by its President and Secretary.



David J. Walsh
President



Mark Schwartz
Secretary

THIS IS A LIMITED POLICY.
THIS IS A GROUP ACCIDENT INSURANCE POLICY. IT DOES NOT PAY BENEFITS FOR
LOSSES CAUSED BY SICKNESS.
PLEASE READ YOUR POLICY CAREFULLY.

Annual Renewable Group Accident Insurance Policy
Non-Participating

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INCORPORATION PROVISION

Incorporation of the Certificate of Insurance

The Certificate of Insurance (Form No. ALGADDC-10) is attached to this Policy; and it is hereby incorporated in and made part of this policy.

The terms found in the Certificate of Insurance will control:

1. the benefit plan provisions;
2. the eligibility and effective date of insurance rules;
3. the termination of insurance rules;
4. exclusions; and
5. other general policy provisions pertaining to state insurance law requirements.

The following table sets forth the list of Rider Forms attached to this Group Policy and made part of the Group Policy.

Form	Form Number	Effective Date
[Airbag Benefit Rider	ALGADDR-Airbag-10	mm/dd/yy]
[Bereavement and Trauma Counseling Benefit Rider	ALGADDR-Bereavement-10	mm/dd/yy]
[Child Care Benefit Rider	ALGADDR-ChildCare-10	mm/dd/yy]
[Common Accident Benefit Rider	ALGADDR-CommonAccident-10	mm/dd/yy]
[Disappearance Benefit Rider	ALGADDR-Disappearance-10	mm/dd/yy]
[Emergency Medical Evacuation Benefit Rider	ALGADDR-EmerMedEvac-10	mm/dd/yy]
[Exposure Benefit Rider	ALGADDR-Exposure-10	mm/dd/yy]
[Extended Dependents Insurance Benefit Rider	ALGADDR-ExtDependentIns-10	mm/dd/yy]
[Higher Education Benefit Rider	ALGADDR-HigherEd-10	mm/dd/yy]
[Home Alteration and Vehicle Modification Benefit Rider	ALGADDR-HomeAlteration-10	mm/dd/yy]
[Line of Duty Benefit Rider	ALGADDR-LineofDuty-10	mm/dd/yy]
[Rehabilitation Benefit Rider	ALGADDR-Rehabilitation-10	mm/dd/yy]
[Repatriation of Remains Benefit Rider	ALGADDR-Repatriation-10	mm/dd/yy]
[Seat Belt Benefit Rider	ALGADDR-SeatBelt-10	mm/dd/yy]
[Spouse Training Benefit Rider	ALGADDR-SpouseTraining-10	mm/dd/yy]
[Total and Permanent Disability Benefit Rider	ALGADDR-TotalDisability-10	mm/dd/yy]
[Waiver of Premium Benefit Rider	ALGADDR-Waiver-10	mm/dd/yy]

SCHEDULE OF BENEFITS

The Schedule of Benefits is as shown in the Certificate of Insurance (Form No. ALGADDC-10).

The Schedule of Benefits will control the:

1. benefit amounts and maximum limits;
2. eligibility and effective date rules; and
3. other schedule amounts and limits,

that apply to the employees of the Policyholder.

DEFINITIONS

Covered Loss - means an injury or sickness covered under the terms of this Certificate. As used in this Certificate, [Covered Loss includes coma.]

[Domestic Partner - any person claiming to be a Domestic Partner may be required to demonstrate the validity and existence of the domestic partnership, such as by providing:

1. registration as a domestic partnership with You, or in the case of retirees living outside New York City, an alternative affidavit of domestic partnership with You;
2. proof of cohabitation (e.g. a driver's license, tax return or other sufficient proof);
3. evidence of two or more of items such as, but not limited to:
 - a. a joint bank account;
 - b. a joint credit or charge card;
 - c. joint ownership of a residence or other real estate;
 - d. jointly paid common expenses;
 - e. joint responsibility for child care; or
 - f. other items of proof sufficient to establish economic interdependency with You under the circumstances of the particular case.]

Injury - means bodily injury caused by an accident occurring while this Policy is in force as to the person whose injury is the basis of a claim and resulting directly and independently of all other causes in a covered loss.

Insured - means a person:

1. who is a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Master Application;
2. who has enrolled for coverage under this Policy, if required;
3. for whom premium has been paid; and
4. while covered under this Policy.

However, an Insured does not include any person covered under this Policy solely as an Insured Dependent as defined in the Certificate.

Immediate Family Member - means a person who is related to the Insured Person in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted child or stepchild).

Insured Person - means an Insured or an Insured Dependent as defined in the Certificate.

Physician - means a licensed practitioner of the healing arts acting within the scope of his or her license who is not:

1. the Insured Person;

2. an Immediate Family Member; or
3. retained by the Policyholder.

Spouse - means the Insured's legal spouse [or Domestic Partner].]

POLICY EFFECTIVE AND TERMINATION DATES

Effective Date. This Policy begins on the Policy Effective Date shown in the Master Application at 12:01 AM Standard Time at the address of the Policyholder where this Policy is delivered.

Termination Date. Either the Company or the Policyholder may terminate this Policy on any premium due date by giving 31 days advance written notice to the other party. This Policy may also, at any time, be terminated by mutual written consent of the Company and the Policyholder. This Policy terminates automatically on the premium due date if premiums are not paid when due. Termination takes effect at 12:01 AM Standard Time at the Policyholder's address on the date of termination.

INSURED'S EFFECTIVE AND TERMINATION DATES

Effective Date. An Insured's coverage under this Policy begins on the latest of:

1. the Policy Effective Date;
2. the date the first premium for the Insured's coverage is paid in accordance with the Premiums section of the Master Application;
3. if individual enrollment is required, the date written enrollment is received by the Policyholder;
4. the date the person becomes a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Master Application; or
5. the Coverage Effective Date described in the Master Application.

A change in coverage due to a change in the Insured's class or Annual Salary or election of Principal Sum amount will become effective on the latest of the following dates:

1. if individual enrollment for the change is required, the date the written enrollment form requesting the change is received by the Policyholder; or
2. if the change requires a change in premium, the date the first changed premium is paid when due. However, a change in coverage applies only with respect to accidents that occur on or after the effective date of the change.

Termination Date. An Insured's coverage under this Policy ends on the earliest of:

1. the date this Policy is terminated;
2. the premium due date if premiums are not paid when due;
3. the date the Insured requests, in writing, that his or her coverage be terminated; or
4. the date the Insured ceases to be a member of any eligible class(es) of persons as described in the Classification of Eligible Persons section of the Master Application.

Termination of coverage will not affect a claim for a covered loss that occurred while the Insured's coverage was in force under this Policy.

[INSURED DEPENDENT'S EFFECTIVE AND TERMINATION DATES

Effective Date. An Insured Dependent's coverage under the Policy begins on the latest of:

1. the date the Insured's coverage begins;
2. the date the first premium for the Insured Dependent's coverage is paid, when due;
3. if individual enrollment is required, the date the Insured enrolls the dependent for Family Coverage;
4. the date the person becomes an Eligible Dependent; or
5. the Effective Date described in the Master Application.

Termination Date. An Insured Dependent's coverage under the Policy ends on the earliest of:

1. the date the Insured's coverage ends;
2. the premium due date if premiums for the Insured Dependent are not paid when due;
3. the date the Insured requests, in writing, that coverage for the Insured Dependent be terminated; or
4. the date the Insured Dependent ceases to be an Eligible Dependent.

Termination of coverage will not affect a claim for a covered loss which is incurred while the Insured Dependent's coverage was in force under the Policy.]

PREMIUM

Premiums. Premiums are payable to the Company at the rates and in the manner described in the Premiums section of the Master Application. The Company may change the required premiums due on any policy anniversary date, as measured annually from the Policy Effective Date, by giving the Policyholder at least 31 days advance written notice. The Company may also change the required premiums at any time when any change affecting rates is made in this Policy.

Grace Period. A Grace Period of 31 days will be provided for the payment of any premium due after the first. This Policy will not be terminated for nonpayment of premium during the Grace Period if the Policyholder pays all premiums due by the last day of the Grace Period. This Policy will terminate on the last day of the period for which all premiums have been paid if the Policyholder fails to pay all premiums due by the last day of the Grace Period.

If the Company expressly agrees to accept late payment of a premium without terminating this Policy, the Company does so in accordance with the Noncompliance with Policy Requirements provision of the General Provisions section. In such case, the Policyholder will be liable to the Company for any unpaid premiums for the time this Policy is in force.

No grace period will be provided if the Company receives notice to terminate this Policy prior to a premium due date.

BENEFITS AND COVERAGES

Principal Sum. As applicable to each Insured, Principal Sum means the amount of insurance in force under this Policy as described in the Insured's enrollment form. Principal Sum amounts above [\$250,000] may not exceed [10] times the Insured's Annual Salary as defined in the Principal Sum section of the Master Application.

Limitation on Multiple Benefits. If an Insured Person suffers one or more losses from the same accident for which amounts are payable under more than one of the following Benefits provided by this Policy, the maximum amount payable under all of the Benefits combined will not exceed the amount payable for the largest one of those losses: Accidental Death Benefit, Accidental Dismemberment Benefit[, Total and Permanent Disability Benefit,] [Paralysis Benefit].

Accidental Death Benefit. If Injury to the Insured Person results in death within [365 days] of the date of the accident that caused the Injury, the Company will pay 100% of the Principal Sum.

Accidental Dismemberment Benefit. If Injury to the Insured Person results, within [365 days] of the date of the accident that caused the Injury, in anyone of the Losses specified below, the Company will pay the percentage of the Principal Sum shown below for that Loss:

<u>For Loss of</u>	<u>Percentage of Principal Sum</u>
[Both Hands or Both Feet	100%
Sight of Both Eyes	100%
Speech and Hearing	100%
Any two or more: One Hand, One Foot, Sight of One Eye, Speech, Hearing.....	100%
One Hand; One Foot; Sight of One Eye; Speech; or Hearing in Both Ears	50%]

Loss means:

1. severance of hand or foot at or above the wrist or ankle joint;
2. the total and irrecoverable loss of the entire sight in that eye;
3. total and irrecoverable loss of audible speech communication;
4. total deafness in an ear, which cannot be corrected to any functional degree by any aid or device.

If more than one Loss is sustained by an Insured Person as a result of the same accident, only one amount, the largest, will be paid. Payment will be made only for the loss that results from the accident without regard to any former loss.

[Coma Benefit

If the Insured lapses into a coma as a result of and within [365] days of a covered accidental injury, and such coma has lasted for a minimum of [31] days, the Company will pay a benefit equal to the lesser of:

1. 1% of the Insured's Principal Sum; or
2. 1% of the difference between the Insured's Principal Sum and the amount of any benefits paid under the loss schedule for the same accident.

This benefit will be paid monthly until the earliest of the following:

1. the date the insured recovers such that he or she is no longer in a coma as defined herein; or
2. the date of the Insured's death. If an accidental death payment is due under this policy, the amount of such payment will be reduced by the amount of insurance paid under this coma provision; or
3. 100 months following the date monthly benefits commenced.

Coma means a state of profound unconsciousness with no evidence of appropriate responses to stimulation. The Insured must be confined in a medical facility and diagnosed as comatose by a licensed physician. [

[Paralysis Benefit

If Injury to the Insured results, within [365 days] of the date of the accident that caused the Injury, in any one of the types of paralysis specified below, the Company will pay the percentage of the Principal Sum shown below for that type of paralysis:

<u>Type of Paralysis</u>	<u>Percentage of Principal Sum</u>
[Quadriplegia	100%]
[Paraplegia	75%]
[Hemiplegia	50%]
[Uniplegia	25%]

[Quadriplegia means the complete and irreversible paralysis of both upper and both lower limbs.]

[Paraplegia means the complete and irreversible paralysis of both lower limbs.]

[Hemiplegia means the complete and irreversible paralysis of the upper and lower limbs of the same side of the body.]

[Uniplegia means the complete and irreversible paralysis of one limb.]

Limb means entire arm or entire leg.

If the Insured Person suffers more than one type of paralysis as a result of the same accident, only one amount, the largest, will be paid.]

EXCLUSIONS

This Policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:

- [1. suicide, attempted suicide or intentionally self-inflicted injury.
2. war or any act of war, whether declared or not.
3. service in the Armed Forces or units auxiliary thereto.
4. sickness, disease or any bacterial infection, except one that results from and accidental cut or wound or pyogenic infections that result from accidental ingestion of contaminated substances.
5. engaging in or taking part in aeronautics and/or aviation of any description or resulting from being in an aircraft other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline,
6. alcoholism, drug addiction, or the use of any drug or narcotic except as prescribed by a Physician.
7. mental or emotional disorder;
8. injury or death to which a contributing cause is the Covered Person's attempt to commit a felony, or that occurs while the Covered Person is engaged in an illegal occupation.
9. skydiving, parasailing, hang gliding, bungee-jumping, or any similar activity.

10. any conveyance used in a race or speed test.]

CLAIMS PROVISIONS

Notice of Claim. Written notice of claim must be given to the Company within 30 days after an Insured Person's loss, or as soon thereafter as reasonably possible. Notice given by or on behalf of the claimant to the Company with information sufficient to identify the Insured Person, is deemed notice to the Company.

Claim Forms. The Company will send claim forms to the claimant upon receipt of a written notice of claim. If such forms are not sent within 15 days after the giving of notice, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in this Policy for filing proof of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made. The notice should include the Insured's name, the Policyholder's name and the Policy number.

Proof of Loss. Written proof of loss must be furnished to the Company within 90 days after the date of the loss. If the loss is one for which this Policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as the Company may reasonably require. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible.

Payment of Claims. Upon receipt of due written proof of death, payment for loss of life of an Insured Person will be made to the Insured Person's beneficiary as described in the Beneficiary Designation and Change provision of the General Provisions section.

Upon receipt of due written proof of loss, payments for all losses, except loss of life, will be made to (or on behalf of, if applicable) the Insured Person suffering the loss. If an Insured Person dies before all payments due have been made, the amount still payable will be paid to his or her beneficiary as described in the Beneficiary Designation and Change provision of the General Provisions section.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for his or her property, all or part of the payment may be made to the person or persons who, subject to verification by the Company, have assumed the custody and support of the minor or responsibility for the incompetent person's affairs. The payment may be made in installments in an amount and at a frequency determined by the Company.

Any payment the Company makes in good faith fully discharges the Company's liability to the extent of the payment made.

Time of Payment of Claims. Benefits payable under this Policy for any loss other than loss for which this Policy provides any periodic payment will be paid immediately upon the Company's receipt of due written proof of the loss. Subject to the Company's receipt of due written proof of loss, all accrued benefits for loss for which this Policy provides periodic payment will be paid at the expiration of each month during the continuance of the period for which the Company is liable and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of such proof.

Examinations. The Company, at our expense, has the right to have a Physician examine any Insured when we deem it reasonably necessary while there is a claim pending under this policy. We also have the right to have an autopsy performed in case of death where the law does not forbid it.

GENERAL PROVISIONS

Entire Contract. The contract between the Company and the Policyholder consists of:

1. the Policy; and
2. the Certificate of Insurance incorporated into the Policy; and
3. the Application of the Policyholder, a copy of which is attached to and made a part of the policy when issued; and
- [4. the Enrollment form, if any, of each Insured Person.]

All statements made by the Policyholder and persons insured under the policy are true and complete to the best of the knowledge and belief of the person(s) making them. No statement will be used in any contest unless it is in writing and a copy of it is given to the person who made it, or to his beneficiary. All statements made by You and contained in the Group Insurance Application will be deemed representations and not warranties.

Change in the Policy. The Company may not make any change unless approved in writing by the President, a Vice President or an Assistant Vice President of the Company. No other person may change or waive any part of the policy. Any approved change shall be added to the policy in writing. However, any change must be agreed upon by the Group Policyholder before any amendment is incorporated into the Group Policy.

The policy may be changed, as indicated above, at any time. The consent of any insured individual is not required.

If any change to state or federal law, including but not limited to the Federal Social Security Act, affects the Company's liability under the policy, the Company may change the policy, the premiums or both. Such change:

1. will be effective as of the date of the change to the state or federal law;
2. will not be made until the Company gives the Policyholder 31 days written notice.

Incontestability. The validity of this Policy will not be contested after it has been in force for two year(s) from the Policy Effective Date, except as to nonpayment of premiums.

After an Insured Person has been insured under this Policy for two year(s) during his lifetime, no statement made by the Insured Person will be used to contest a claim under this Policy. The Company may only contest coverage if the misstatement is made in a written instrument signed by the Insured Person and a copy is given to the Policyholder, the Insured Person or the beneficiary.

Certificates of Insurance. The Company will provide a Certificate for delivery to each Insured. Such Certificate will contain a summary of terms that affect coverage.

Insured's Beneficiary Designation and Change. The Insured's designated beneficiary(ies) is (are) the person(s) so named by the Insured for the Policyholder's group life insurance policy as shown on the Policyholder's records kept on that policy, unless the Insured has named a beneficiary specifically for this Policy as shown on the Company's or, if agreed upon in advance by the Company, the Policyholder's records kept on this Policy.

An Insured over the age of majority and legally competent may change his or her beneficiary designation at any time, unless an irrevocable designation has been made, without the consent of the designated beneficiary(ies), by providing the Company or, if agreed upon in advance by the Company, the Policyholder with a written request for change. When the request is received by the Company or, if agreed upon in advance by the Company, the Policyholder, whether the Insured is then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment made by it prior to receipt of the request.

If there is no designated beneficiary or no designated beneficiary is living after the Insured's death, the benefits will be paid, in equal shares, to the survivors in the first surviving class of those that follow: the Insured's

1. spouse;
2. children;
3. parents; or

4. brothers and sisters. If no class has a survivor, the beneficiary is the Insured's estate.

Insured Dependent's Beneficiary Designation and Change. The Insured Dependent's beneficiary is the Insured unless the Insured has named (a) different beneficiary(ies) for the Insured Dependent's coverage as shown on the Policyholder's records kept on this Policy.

An Insured over the age of majority and legally competent may change the beneficiary designation for an Insured Dependent's coverage at any time, unless an irrevocable beneficiary designation has been made, without the consent of the Insured Dependent or the designated beneficiary(ies), by providing the Policyholder with a written request for change. When the request is received by the Policyholder, whether the Insured or the Insured Dependent is then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment made by it prior to receipt of the request.

If no beneficiary is living on the date of an Insured Dependent's death, the beneficiary is the Insured's estate.

No Right to Convert. The coverage provided by this Policy may not be converted.

Legal Actions. No one may sue for payment of a claim:

1. less than 60 days after due proof of claim is furnished; or
2. more than three years after the date proof of claim is required by this policy.

Noncompliance with Policy Requirements. Any express waiver by the Company of any requirements of this Policy will not constitute a continuing waiver of such requirements. Any failure by the Company to insist upon compliance with any Policy provision will not operate as a waiver or amendment of that provision.

Conformity With State Statutes. Any provision of this Policy which, on its effective date, is in conflict with the statutes of the state in which this Policy is delivered is hereby amended to conform to the minimum requirements of those statutes.

Workers' Compensation. This Policy is not in lieu of and does not affect any requirements for coverage by any Workers' Compensation Act or similar law.

Clerical Error. Clerical error, whether by the Policyholder or the Company, will not void the insurance of any Insured Person if that insurance would otherwise have been in effect nor extend the insurance of any Insured Person if that insurance would otherwise have ended or been reduced as provided in this Policy.

Records. The Company has the right to inspect at any reasonable time, any records of the Policyholder that may have a bearing on this insurance.

Assignment. This Policy is non-assignable. An Insured may not assign any of his or her rights, privileges or benefits under this Policy.

New Entrants. This Policy will allow from time to time, that new eligible Insured Persons of the Policyholder be added to the class(es) of Insured Persons originally insured under this Policy.

Misstatement of Age. If premiums for the Insured Person are based on age and the Insured Person has misstated his or her age, there will be a fair adjustment of premiums based on his or her true age. If the benefits for which the Insured Person is insured are based on age and the Insured Person has misstated his or her age, there will be an adjustment of said benefit based on his or her true age. The Company may require satisfactory proof of age before paying any claim.

**Endorsements
(to be made by Company only)**

AMALGAMATED LIFE INSURANCE COMPANY
[333 Westchester Avenue White Plains, New York 10604]
(Herein called the Company)

POLICYHOLDER: [ABC Corporation]
POLICY NUMBER: [ADD-123]
POLICY EFFECTIVE DATE: [January 1, 2010]
CERTIFICATE EFFECTIVE DATE: [January 1, 2010]
[CERTIFICATE HOLDER: [John Doe]]

GROUP ACCIDENT INSURANCE CERTIFICATE

This is to certify that you are insured for the benefits as shown in the Schedule of Benefits and described in this certificate.

Insurance takes effect only if you are eligible for it, you select it and you make contributions for it as required.

This certificate replaces any certificate previously issued to you by the Company. It is not the insurance contract. The insurance contract is held by the Group Policyholder. You may request to inspect it at the Policyholder's main office during usual business hours.

In witness whereof, the Company has caused this certificate to be signed by its President and Secretary.



David J. Walsh
President



Mark Schwartz
Secretary

THIS IS A LIMITED CERTIFICATE.
THIS IS A GROUP ACCIDENT INSURANCE CERTIFICATE. IT DOES NOT PAY BENEFITS FOR
LOSSES CAUSED BY SICKNESS.
PLEASE READ YOUR CERTIFICATE CAREFULLY.

Annual Renewable Group Accident Insurance Certificate
Non-Participating

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SCHEDULE OF BENEFITS

PREMIUM DUE DATE: [Monthly] in [arrears], on or before the [first] of each month.

You [must/do not] contribute towards the plan's cost.

CLASSES OF ELIGIBLE PERSONS:

A person may be insured only under one Class of Eligible Persons even though he or she may be eligible under more than one class. Also, a person may not be insured as a Dependent and an Insured at the same time.

Class 1 [All [employees] of the Policyholder who are in Active Service.]
[Dependents of Class 1 Insureds are eligible for Coverage under the Policy.]

ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS

[Employee] Principal Sum: [An amount elected by the [Employee] between
[\$10,000] and [\$250,000], in increments of \$1, 000,
not to exceed [10] times the [Employee's] Annual Salary]

Time Period for Accident: [365] days from the date of a Covered Accident

Annual Salary means an [employee's] annual wage or salary as reported by the Policyholder for work performed for the Policyholder as in effect just prior to the date of the Covered Loss. It does not include amounts received as a bonus, commissions, overtime pay or other extra compensation.

For hourly [employees], Annual Salary means an [employee's] earnings as reported by the Policyholder for work performed for the 12 months immediately prior to the date of the Covered Loss. If the [employee] was not employed by the Policyholder for the full 12 months, Annual Salary means the [employee's] average monthly earnings from the employer for the months employed multiplied by twelve. It does not include amounts received as a bonus, commissions, overtime pay or other extra compensation.

[ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT FAMILY COVERAGE OPTIONS

Insured [Employees] may elect any of the following Family Coverage Options:

Family Coverage

Benefits are determined at the time a claim is submitted based on the Dependents insured at that time.

Spouse Principal Sum: [50%] of Insured's Principal Sum if at the time of claim there is no Dependent Child

[40%] of Insured's Principal Sum if at the time of claim there is at least one Dependent Child

Child (ren) Principal Sum: [10%] of Insured's Principal Sum if at the time of claim there is a Spouse

[15%] of Insured's Principal Sum if at the time of claim there is no Spouse]

[ADDITIONAL BENEFITS SUMMARY - SEE FULL DESCRIPTION ON PAGES [8-19].

<p>[Airbag Benefit Benefit Amount</p>	<p>lesser of [10%] of the Insured's Principal Sum to a Maximum Benefit of [\$10,000]]</p>
<p>[Bereavement And Trauma Counseling Benefit Benefit Amount Maximum Number of Sessions Maximum Benefit Per Covered Accident</p>	<p>[\$100] per session [5] sessions [\$500]]</p>
<p>[Child Care Center Benefit Benefit Amount Maximum Benefit Period</p>	<p>lesser of actual cost; [3%] of the Insured's Principal Sum; or[\$2,000] incurred within 4 years of date of death to Age [13] for each surviving Dependent Child]</p>
<p>[Common Accident Benefit Covered Spouse Benefit Maximum Benefit Period</p>	<p>100% of the Insured's Principal Sum up to a Maximum Benefit of [\$500,000] [90] days from the date of a Covered Accident]</p>
<p>[Disappearance Benefit</p>	<p>100% of the Insured's Principal Sum if a body has not been found within [1] year]</p>
<p>[Emergency Medical Evacuation Benefit Maximum Benefit Per Covered Accident</p>	<p>lesser of actual or [\$10,000]]</p>
<p>[Exposure Benefit</p>	<p>100% of the Insured's Principal Sum]</p>
<p>[Extended Dependents Insurance Benefit</p>	<p>dependent's coverage continued for [12] months after death of the Insured employee]</p>
<p>[Higher Education Benefit Surviving Dependent Child Benefit Maximum Benefit Period Default Benefit</p>	<p>lesser of [2%] of the Insured's Principal Sum subject to a Maximum Benefit of [\$2,500] per year [4] years per dependent child under age [25] max [\$10,000] per child [\$2,000]]</p>
<p>[Home Alteration And Vehicle Modification Benefit Benefit Amount</p>	<p>lesser of: actual cost of alterations; [2%] of the Insured's Principal Sum; or [\$2,500]]</p>
<p>[Line of Duty Benefit</p>	<p>lesser of [\$50,000] or [100%] of the Insured's Principal Sum]</p>

[Rehabilitation Benefit] Benefit Amount	lesser of: actual cost of rehabilitation; [10%] of the Insured's Principal Sum; or [\$10,000]
[Repatriation of Remains Benefit] Maximum Benefit	lesser of actual or [\$5,000]
[Seat Belt Benefit]	lesser of [10%] of the Insured's Principal sum or [\$50,000]
[Spouse Training Benefit] Benefit Amount Default Benefit	lesser of actual cost or [\$5,000] [\$2,000]
[Total and Permanent Disability Benefit]	lesser of [50%] of the Insured's Principal Sum or [\$50,000]
[Waiver of Premium Benefit]	premium waived if Insured is disabled prior to age [60] after 9 months

INITIAL PREMIUM RATES:	
<u>PLAN</u>	<u>MONTHLY RATE</u>
[Employee] Only Coverage	[\$0.025] per \$1,000 of Principal Sum
[Employee] and Family Coverage	[\$0.038] per \$1,000 of Principal Sum

DEFINITIONS

Please note, certain words used in this document have specific meanings. These terms will be capitalized throughout the document. The definition of any word, if not defined in the text where it is used, may be found either in this Definitions section or in the Schedule of Benefits.

Covered Loss - means an injury or sickness covered under the terms of this Certificate. As used in this Certificate, [Covered Loss includes coma.]

[Domestic Partner - any person claiming to be a Domestic Partner may be required to demonstrate the validity and existence of the domestic partnership, such as by providing:

1. registration as a domestic partnership with You, or in the case of retirees living outside New York City, an alternative affidavit of domestic partnership with You;
2. proof of cohabitation (e.g. a driver's license, tax return or other sufficient proof);
3. evidence of two or more of items such as, but not limited to:
 - a. a joint bank account;
 - b. a joint credit or charge card;
 - c. joint ownership of a residence or other real estate;
 - d. jointly paid common expenses;
 - e. joint responsibility for child care; or
 - f. other items of proof sufficient to establish economic interdependency with You under the circumstances of the particular case.]

[Eligible Dependent - means an Eligible Spouse or an Eligible Dependent Child.]

[Eligible Dependent Child(ren) - means the Insured's unmarried children, including natural children from the moment of birth, step, foster or adopted children from the moment of placement in the home of the Insured, under age [20] ([25] if attending an accredited institution of higher learning on a full time basis) and primarily dependent on the Insured for support and maintenance.

Any unmarried Eligible Dependent Child (ren) of the Insured covered under the Policy before reaching the age limit specified above, who are incapable of self-sustaining employment by reason of mental or physical incapacity, and who are primarily dependent on the Insured for support and maintenance, may continue to be eligible under the Policy beyond that age limit for as long as the Policy is in force, but only if they remain continuously covered under the Policy. The Company may request that the Insured submit satisfactory proof of the Eligible Dependent Child(ren)'s incapacity and dependency to the Company within 60 days before the Eligible Dependent Child(ren) reach the age limit specified above. If the Insured fails to furnish the requested proof before the Eligible Dependent Child (ren) reach the age limit, coverage for the Eligible Dependent Child (ren) will not be extended past the age limit. If coverage is extended, the Company may request that the Insured submit satisfactory proof of the Eligible Dependent Child (ren)'s continued incapacity and dependency to the Company on an annual basis. If the Insured fails to furnish the requested proof within 31 days of the request, coverage for the Eligible Dependent Child (ren) will terminate at the end of that 31 day period.]

[Eligible Spouse - means the Insured's legal spouse [or domestic partner].]

[Family Coverage - means coverage in force under the Policy on an Insured's Eligible Dependents:

1. whom the Insured has elected to cover under the Policy; and
2. for whom premium has been paid.]

Injury - means bodily injury caused by an accident occurring while the Policy is in force as to the person whose injury is the basis of claim and resulting directly and independently of all other causes in a covered loss.

Insured - means a member of an eligible class of persons who has enrolled for coverage under the Policy, if required and for whom premium has been paid while covered under the Policy. [The Insured is named on page 1 of this Certificate.]

[Insured Dependent - means an Insured Spouse or an Insured Dependent Child.]

[Insured Dependent Child (ren) - means the Insured's Eligible Dependent Child (ren):

1. whom the Insured has elected to cover under the Policy;
2. for whom premium has been paid; and
3. while covered under the Policy.]

Immediate Family Member - means a person who is related to the Insured Person in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted child or stepchild.)

Insured Person - means an Insured or an Insured Dependent as defined in the Family Coverage Option.

[Insured Spouse - means the Insured's Eligible Spouse [or Domestic Partner]:

1. whom the Insured has elected to cover under the Policy;
2. for whom premium has been paid; and
3. while covered under the Policy.]

Physician - means a licensed practitioner of the healing arts acting within the scope of his or her license who is not:

1. the Insured Person;
2. an Immediate Family Member; or
3. retained by the Policyholder.

INSURED'S EFFECTIVE AND TERMINATION DATES

Effective Date. The Insured's coverage under the Policy begins on the Effective Date of Coverage as shown on page 1 of this Certificate.

An Insured's coverage under the Policy begins on the latest of:

1. the Policy Effective Date;
2. the date the first premium for the Insured's coverage is paid in accordance with the Premiums section of the Master Application;
3. if individual enrollment is required, the date written enrollment is received by the Policyholder;
4. the date the person becomes a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Master Application; or
5. the Coverage Effective Date described in the Master Application.

A change in coverage due to a change in the Insured's class or Annual Salary or election of Principal Sum amount will become effective on the latest of the following dates:

1. if individual enrollment for the change is required, the date the written enrollment form requesting the change is received by the Policyholder; or
2. if the change requires a change in premium, the date the first changed premium is paid when due. However, a change in coverage applies only with respect to accidents that occur on or after the effective date of the change.

Termination Date. An Insured's coverage under the Policy ends on the earliest of:

1. the date the Policy is terminated;
2. the premium due date if premiums are not paid when due;
3. the date the Insured requests, in writing, that his or her coverage be terminated; or
4. the date the Insured ceases to be eligible for coverage under the Policy.

Termination of coverage will not affect a claim for a covered loss that occurred while the Insured's coverage was in force under the Policy.

[INSURED DEPENDENT'S EFFECTIVE AND TERMINATION DATES

Effective Date. An Insured Dependent's coverage under the Policy begins on the latest of:

1. the date the Insured's coverage begins;
2. the date the first premium for the Insured Dependent's coverage is paid, when due;
3. if individual enrollment is required, the date the Insured enrolls the dependent for Family Coverage;
4. the date the person becomes an Eligible Dependent; or
5. the Effective Date described in the Master Application.

Termination Date. An Insured Dependent's coverage under the Policy ends on the earliest of:

1. the date the Insured's coverage ends;
2. the premium due date if premiums for the Insured Dependent are not paid when due;
3. the date the Insured requests, in writing, that coverage for the Insured Dependent be terminated;
or
4. the date the Insured Dependent ceases to be an Eligible Dependent.

Termination of coverage will not affect a claim for a covered loss which is incurred while the Insured Dependent's coverage was in force under the Policy.]

PREMIUM

Premiums. The Company provides insurance in return for premium payments. The Company may change the required premiums due on the Policy anniversary date, as measured annually from the Policy Effective Date, by giving the Policyholder at least 31 days advance written notice. The Company may also change the required premiums at any time when any change affecting rates is made in the Policy.

Grace Period. A Grace Period of 31 days will be provided for the payment of any premium due after the first. An Insured Person's coverage will not be terminated for nonpayment of premium during the Grace Period if all premiums due are paid by the last day of the Grace Period. An Insured Person's coverage will terminate on the last day of the period for which all premiums have been paid if all premiums due are not paid by the last day of the Grace Period.

If the Company expressly agrees to accept late payment of a premium without terminating coverage under the Policy, the Company does so in accordance with the Noncompliance with Policy Requirements provision of the General Provisions section.

No grace period will be provided if the Company receives notice to terminate the Insured Person's coverage under the Policy prior to a premium due date.

BENEFITS AND COVERAGES

Principal Sum. As applicable to each Insured, Principal Sum means the amount of insurance in force under the Policy as described in the Schedule of Benefits. Principal Sum amounts above \$250,000 may not exceed 10 times the Insured's Annual Salary.

[As applicable to an Insured Dependent, Principal Sum will be determined as follows:

Family Coverage:

For an Insured Spouse. If an Insured Spouse suffers a loss for which a benefit is payable under the Policy and there is an Insured Dependent Child on the date of the accident causing the loss, the Insured Spouse's Principal Sum is 50% of the Insured's Principal Sum on the date of the accident causing the loss. If there is no Insured Dependent Child on the date of the accident causing the loss, the Insured Spouse's Principal Sum is 60% of the Insured's Principal Sum on the date of the accident causing the loss.

If a husband and wife are both eligible to enroll for coverage under the Policy, one, but not both, may purchase Family Coverage. The other spouse may elect single coverage only.

In the event that a person is covered under the Policy as an Insured and as an Insured Dependent, the combined Principal Sum on that person may not exceed [\$300,000].

For an Insured Dependent Child. If an Insured Dependent Child suffers a loss for which a benefit is payable under the Policy and there is an Insured Spouse on the date of the accident causing the loss, the Insured Dependent Child's Principal Sum is the lesser of [\$30,000] or [10%] of the Insured's Principal Sum on the date of the accident causing the loss.

If there is no Insured Spouse on the date of the accident causing the loss, the Insured Dependent Child's Principal Sum is the lesser of [\$45,000] or [15%] of the Insured's Principal Sum on the date of the accident causing the loss.]

Limitation on Multiple Benefits

If an Insured Person suffers one or more losses from the same accident for which amounts are payable under more than one of the following Benefits provided under the Policy, the maximum amount payable under all of the Benefits combined will not exceed the amount payable for the largest one of those losses: Accidental Death Benefit, Accidental Dismemberment Benefit[, Permanent Total Disability Benefit], [Paralysis Benefit].

Accidental Death Benefit

If Injury to the Insured Person results in death within [365 days] of the date of the accident that caused the Injury, the Company will pay 100% of the Principal Sum.

Accidental Dismemberment Benefit

If Injury to the Insured Person results, within [365] days of the date of the accident that caused the Injury, in any one of the Losses specified below, the Company will pay the percentage of the Principal Sum shown below for that Loss:

<u>For Loss of</u>	<u>Percentage of Principal Sum</u>
[Both Hands or Both Feet.....	100%
Sight of Both Eyes.....	100%
Speech and Hearing	100%
Any two or more: One Hand, One Foot, Sight of one eye, Speech, Hearing	100%
One Hand; One Foot; Sight of One Eye; Speech; or Hearing in Both Ears	50%]

Loss means:

1. severance of hand or foot at or above the wrist or ankle joint;
2. the total and irrecoverable loss of the entire sight in that eye;
3. total and irrecoverable loss of audible speech communication;
4. total deafness in an ear, which cannot be corrected to any functional degree by any aid or device.

If more than one Loss is sustained by an Insured Person as a result of the same accident, only one amount, the largest, will be paid. Payment will be made only for the loss that results from the accident without regard to any former loss.

[Coma Benefit

If the Insured lapses into a coma as a result of and within [365] days of a covered accidental injury, and such coma has lasted for a minimum of [31] days, the Company will pay a benefit equal to the lesser of:

1. 1% of the Insured's Principal Sum; or
2. 1% of the difference between the Insured's Principal Sum and the amount of any benefits paid under the loss schedule for the same accident.

This benefit will be paid monthly until the earliest of the following:

1. the date the insured recovers such that he or she is no longer in a coma as defined herein; or
2. the date of the Insured's death. If an accidental death payment is due under this policy, the amount of such payment will be reduced by the amount of insurance paid under this coma provision; or
3. 100 months following the date monthly benefits commenced.

Coma means a state of profound unconsciousness with no evidence of appropriate responses to stimulation. The Insured must be confined in a medical facility and diagnosed as comatose by a licensed physician.]

[Paralysis Benefit

If Injury to the Insured results, within [365 days] of the date of the accident that caused the Injury, in any one of the types of paralysis specified below, the Company will pay the percentage of the Principal Sum shown below for that type of paralysis:

<u>Type of Paralysis</u>	<u>Percentage of Principal Sum</u>
[Quadriplegia	100%]
[Paraplegia	75%]
[Hemiplegia	50%]
[Uniplegia	25%]

[Quadriplegia means the complete and irreversible paralysis of both upper and both lower limbs.]

[Paraplegia means the complete and irreversible paralysis of both lower limbs.]

[Hemiplegia means the complete and irreversible paralysis of the upper and lower limbs of the same side of the body.]

[Uniplegia means the complete and irreversible paralysis of one limb.]

Limb means entire arm or entire leg.

If the Insured Person suffers more than one type of paralysis as a result of the same accident, only one amount, the largest, will be paid.]

[Additional Benefit Details

[Air Bag Benefit

If the Insured dies or suffers a covered dismemberment as a result of a covered accident that occurs while he or she is driving or riding in a private passenger car, the Company will pay an additional benefit equal to the lesser of:

1. [\$10,000]
2. [10%] of the Insureds Principal Sum.

In order to be eligible for this benefit, the following must apply:

1. the seat in which the Insured was seated was equipped with an airbag at the time of the accident; and
2. the private passenger car was equipped with seatbelts; and
3. a seatbelt was in proper use by the Insured at the time of the accident as certified in the official accident report or by the investigating officer; and
4. at the time of the accident, the driver of the private passenger car was a licensed driver and was not intoxicated, impaired, or under the influence of alcohol or drugs.

Airbag means a passive restraint device in a vehicle that inflates upon collision to protect an individual from injury or death.

Seatbelt means a properly installed seatbelt (or child restraint if the insured is a child), lap and shoulder restraint, or other restraint approved by the National Highway Traffic Safety Administration or any successor governmental agency.

A private passenger car means a validly registered four-wheeled private passenger car or policyholder-owned car, jeep, pickup truck or van, including a sport utility vehicle (SUV), that is not licensed commercially or being used for racing, acrobatic or stunt driving.]

[Bereavement Benefit

Benefits are payable, when the Insured and/or Immediate Family Member requires bereavement and trauma counseling because the Insured suffered a Covered Loss that resulted directly and independently of all other causes from a Covered Accident. Such counseling must meet all of the following conditions:

1. covered bereavement and trauma counseling expenses must be incurred within one year from the date of the Covered Accident causing the Covered Loss;
2. the expense is charged for a bereavement or trauma counseling session for the Insured and/or one or more of his or her Immediate Family Members;
3. counseling is provided under the care, supervision or order of a Physician;
4. a charge would have been made if no insurance existed;
5. proof of the expense is provided.

Benefits payable for counseling sessions are subject to the following maximum amounts:

Maximum Benefit Amount	[\$100] per session
Maximum Number of Sessions	[5] sessions
Maximum Benefit Per Covered Accident	[\$500]

"Immediate Family Member" means a person who is related to the Insured in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister) or child (includes legally adopted child or stepchild).

Covered bereavement and trauma counseling benefits do not include any expense for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law.]

[Child Care Benefit

The Company will pay an additional benefit on behalf of each Covered Child if:

1. coverage for the Dependent child (ren) was in force on the date of the Covered Accident causing the Insured's death; and
2. one or more surviving Dependent child is under age [13]; and
 - a. was enrolled in an Accredited Child Care Facility on the date of the Covered Accident; or
 - b. enrolls in an Accredited Child Care Facility within [90] days from the date of the Covered Accident.

The Child Care Benefit shall be equal to the lesser of:

1. the actual cost of the child care;
2. [3%] of the Insured's Principal Sum; or
3. [\$2,000].

Child care expenses are those expenses which are for a service or supply furnished by an Accredited Child Care Facility for a dependent child's care. No payment will be made for expenses incurred more than [four years] after the date of the Insured's death.

This benefit will be payable to the surviving spouse if the spouse has custody of the child. If the surviving spouse does not have custody of the child, benefits will be paid to the child's legally appointed guardian. Payments will be made annually for [four consecutive years] if:

1. the Covered Child is under age [13] at the time of each annual payment; and
2. proof, acceptable to the Company, is received by the Company that verifies that the Covered Child remains enrolled in an Accredited Child Care Facility.

An Accredited Child Care Facility is a facility that:

1. operates pursuant to state and local laws;
2. is licensed by the state for such child care facilities;
3. has been provided with a Tax Identification Number by the Internal Revenue Service; and
4. provides care and supervision for children in a group setting on a regular, daily basis.

An Accredited Child Care Facility does not include a hospital; the child's home; or care provided during normal school hours while a child is attending grades one through twelve.]

[Common Accident Benefit

If an Insured and his or her Covered Spouse/Domestic Partner are both eligible for Accidental Death benefits as a result of injuries suffered in a common accident and within [90] days of the accident, the Principal Sum that would be payable because of the Covered Spouse/Domestic Partner's Accidental Death will be increased to equal that payable for the loss of the Insured, subject to a maximum combined benefit for both the Insured and the Spouse/Domestic Partner of [\$500,000].

Common accident means the same accident or separate accidents that occur within the same [24-hour] period.]

[Disappearance Benefit

If an Insured's body has not been found after [one year] from the date of the conveyance in which he or she was traveling disappeared, exploded, sank, became stranded, made a forced landing or was wrecked, it shall be presumed, subject to all other terms of the Policy, that the Insured has died as a result of an accidental injury which was unintended, unexpected and unforeseen. Such death shall be considered a covered loss under the Policy.

[Emergency Medical Evacuation Benefit

If the emergency medical evacuation of the Insured is required due to injury or sickness while traveling outside his or her country, We will pay the reasonable expenses incurred for the benefits described below. The amount payable for emergency medical evaluation is equal to the lesser of the actual cost of such services or [\$10,000]. No payment shall be made unless the emergency medical evacuation is ordered by an attending physician who certifies that the severity of the injury or sickness warrants such evacuation.

Benefits for which we will pay reasonable expenses include:

1. immediate transportation of the Insured to the nearest hospital where appropriate medical treatment can be obtained; or
2. transportation of the Insured to a hospital or the Insured's home in his or her country after treatment at a foreign hospital; or
3. medical services and medical supplies required as part of the emergency medical evacuation.

Eligible expenses must be approved by the Company prior to their incurral. The Insured must, at his own expense, furnish travel invoices, medical reports or records, or other documents the Company requires to determine if benefits are payable. Benefits will be paid to the party who actually paid for the expenses upon the Company's receipt of satisfactory proof that the expense was paid.

Benefits will not be paid for any of the following:

1. expenses that exceed the Maximum Benefit;
2. services not pre-approved by the Company, or services performed by a vendor not authorized by the Company;
3. expenses paid or payable by any Workers' Compensation, occupational disease or similar law that would pay emergency medical evacuation expenses in the absence of this benefit.]

[Exposure Benefit

If an Insured is unavoidably exposed to the elements by reason of a covered accident and suffers a loss that is included in the list of covered losses as a result of such exposure, such loss will be covered under the terms of the Policy.]

[Extended Dependents Insurance Benefit

If an Insured dies as a result of a covered accident and he or she is survived by his or her Insured Spouse and/or one or more Insured Dependent Children, such dependents insurance will be continued in force for a period of [12] months from the date of the Insured's death, without payment of premiums during this [12] month period.

Coverage will be continued until the earliest of:

1. the date following [12] months from the date of the Insured's death;
2. the date the Insured Spouse remarries (in which case coverage ends for all Insured Dependents);
3. the date the Insured Dependent otherwise ceases to be a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Master Application; or
4. the date the Policy ends.]

[Higher Education Benefit

If the Insured dies as a result of a covered accident and he or she is survived by one or more Dependent Children, the Company will pay an education benefit, not to exceed [\$10,000] per dependent. Benefits will be paid for up to [four] consecutive years of enrollment per Dependent Child provided that at the time of the Insured's death, the Dependent Child is enrolled as a full time student at an accredited post-secondary educational institution, within [365] days after the date of such accident, enrolls as a full-time student in an accredited educational institution or an institution of vocational training for the purpose of preparing for full-time employment and is under age [25].

The total amount of the benefit each year is equal to the least of:

1. the actual tuition (exclusive of room and board) charged by that institution for enrollment during that year for that Insured Dependent Child;
2. [2%] of the Insured's Principal Sum on the date of the accident causing death; or
3. [\$2,500].

The applicable portion of the yearly benefit for each term of enrollment is payable upon receipt of proof of enrollment for that term.

An Insured Dependent Child who ceases to be enrolled as a full-time student becomes permanently ineligible for the benefit, even if he or she reenrolls at a later date. The benefit is not payable for any term of enrollment as a full-time student that begins before the date of the Insured's death.

If, at the time of the accident, Family Coverage is selected, but there are no dependent children who qualify for this benefit, We will pay an additional benefit of [\$2,000] to the designated beneficiary.

The benefit will be paid to the Insured's spouse/[Domestic Partner], if living, otherwise to or on behalf of the Dependent Child(ren).]

[Home Alteration And Vehicle Modification Benefit

If an Insured suffers a loss other than loss of life and a benefit is payable under the Accidental Death and Dismemberment Benefit, the Company will pay for an Insured's principal residence to be made accessible and/or an Insured's private automobile to be made drivable or rideable. These one-time alteration expenses must be incurred within [two years] from the date of the accident. An Insured's benefit will be the lesser of:

1. the actual alteration expense; or
2. [2%] of his or her Principal Sum; or
3. [\$2,500].

This benefit will be payable only if all of the following conditions are met:

1. prior to the date of the Covered Accident causing such Covered Loss, the Insured did not require the use of any adaptive devices or adaptation of residence and/or vehicle;
2. as a direct result of such Covered Loss, the Insured now requires such adaptive devices or adaptation of residence and/or vehicle to maintain an independent lifestyle;
3. the Insured requires home alteration or vehicle modification within [one year] of the date of the Covered Accident.

In addition, this benefit will be payable only if:

1. such home alterations are made by a person or persons with experience in such alternations and recommended by a recognized organization associated with the injury;
2. such vehicle modifications are carried out by a person or persons with experience in such matters and approved by the Motor Vehicle Department.]

[Line of Duty Benefit

If an Insured is a public safety officer and suffers a loss for which a benefit is payable as a result of a covered accident that occurs while he or she is performing his or her customary duties for the employer, we will pay an additional benefit equal to the lesser of [\$50,000] or [100%] of the Insured's Principal Sum.

The loss must be incurred while the Insured is taking action that by rule, regulation, law or condition of employment they are obligated or authorized to perform as a public safety officer. The action must be taken in the course of reducing crime, criminal law enforcement or fire suppression.

For firefighters and police, Line of Duty includes social, ceremonial or athletic functions to which the Insured is assigned and for which they are paid as a public safety officer by the Policyholder.

Public safety officers include police officers, firefighters, corrections officers, probation officers, public transit officers, parole officers, judicial officers and officially recognized or designated volunteer firefighters.

Line of Duty death benefits will not be payable if the death is a result of a suicide, natural causes and/or acts performed while off duty.]

[Rehabilitation Benefit

If an Insured suffers an injury that results in a covered dismemberment, we will pay an additional benefit for rehabilitative physical therapy that is prescribed by the attending physician or surgeon. The benefit will be equal to the lesser of:

1. actual costs incurred for such rehabilitative physical therapy; or
2. [10%] of the Insured's Principal Sum; or
3. [\$10,000].

The Insured must require rehabilitative physical therapy within [two] years after the date of the Covered Accident.

Rehabilitative physical therapy means medical services, supplies, or treatment, or Hospital confinement (or part of a Hospital confinement) that satisfy all of the following conditions:

1. are essential for physical rehabilitation required due to the Insured's Covered Loss;
2. meet generally accepted standards of medical practice;
3. are performed under the care, supervision or order of a Physician.]

[Repatriation of Remains Benefit

If the Insured dies as a result of a covered Injury sustained outside the Insured's country and a Principal Sum is payable under the Policy, the Company will pay the Repatriation Benefit which provides reimbursement for covered expenses reasonably incurred in the transport of the Insured's body by the most direct and economical route to his or her country.

The Repatriation Benefit is equal to the lesser of the actual cost of such transportation or [\$5,000].

The benefit is payable to the person who has incurred the cost for any of the covered services indicated above.

"Country" means the nation in which the Insured maintains legal residence.

"Reasonable Expense" means the usual and customary fee or charge for the services rendered and the supplies furnished in the area where services are rendered or supplies furnished.]

[Seat Belt Benefit

If the Insured dies or suffers a covered dismemberment as a result of a covered accident while covered under the Policy and while driving or riding as a passenger in a private passenger car, the Company will pay an additional benefit equal to the lesser of [10%] of the Insured's Principal Sum or [\$50,000].

This benefit is in addition to any other benefit paid under the Policy and will be paid when we receive proof that:

1. The Insured's death was a result of the accident;
2. The Insured died of a cause not excluded under the AD&D Policy;
3. The Insured died while coverage under the Policy was in force;
4. The Insured died within one year of the accident;
5. The automobile was equipped with seat belts at the time of the accident;
6. The Insured's seat belt was in actual use and was properly fastened at the time of the accident; and
7. Position of the seat belt is certified in the official accident report, or by the investigating officer.

A copy of the police report must be submitted with the claim. If such certification is not available, and it is unclear whether the Insured was wearing a seat belt, we will pay a fixed benefit equal to [\$1,000] to the Beneficiary.

Seatbelt means a properly installed seatbelt (or child restraint if the insured is a child), lap and shoulder restraint, or other restraint approved by the National Highway Traffic Safety Administration or any successor governmental agency.

A private passenger car means a validly registered four-wheeled private passenger car or policyholder-owned car, jeep, pickup truck or van, including a sport utility vehicle (SUV), that is not licensed commercially or being used for racing, acrobatic or stunt driving.]

[Spouse Training Benefit

If an Insured dies such that an Accidental Death benefit is payable under the Policy, and the Insured had Family Coverage in effect under the Policy on the date of the accident causing death, the Company will pay the following benefit:

If an Insured dies as a result of a covered accident and he or she is survived by his or her Insured Spouse/[Domestic Partner], the Company will pay a training benefit to the surviving spouse/Domestic Partner provided that the spouse/Domestic Partner:

1. is not working in any capacity (full or part-time) for wage or profit on the date of such accident; and
2. within [365] days after the date of such accident, enrolls as a full-time student in an accredited educational institution or an institution of vocational training for the purpose of preparing for full-time employment.

The benefit will be equal to the lesser of:

1. the actual costs incurred for all such education or training within the first year following the date of the Insured's death; or
2. [\$5,000].

Proof of such costs will be required before benefits are paid.

An Insured Spouse/Domestic Partner who ceases to be enrolled as described above becomes permanently ineligible for the benefit, even if he or she reenrolls at a later date. The benefit is not payable for any term of enrollment that begins before the date of the Insured's death.]

If, at the time of the accident, Family Coverage is selected, but there is no surviving spouse who qualifies for this benefit, We will pay an additional benefit of [\$2,000] to the designated beneficiary.

[Total and Permanent Disability Benefit

If an insured employee becomes totally and permanently disabled as a result of a covered accident for which a benefit is not already payable under the schedule of losses, subject to all exclusions and limitations, we will pay a single payment benefit equal to the lesser of:

1. [50%] of his or her Principal Sum; or
2. [\$50,000].

The Company reserves the right, at the end of the 12 consecutive months of Permanent Total Disability to determine, on the basis of all the facts and circumstances, that the Insured is Permanently Totally Disabled, including, but not limited to, requiring an independent medical examination provided at the expense of the Company.

A total and permanent accidental disability is an accidental disability that occurs prior to the Insured's [60th] birthday, has continued for at least [12] consecutive months, and will continuously prevent the Insured from engaging in a business or an occupation for compensation or profit, and that will presumably prevent the Insured for life from performing any work or engaging in any business.

If an accidental death payment is due under this rider, the amount of such payment will be reduced by the amount of insurance paid under this total and permanent disability benefit.]

[Waiver of Premium Benefit

If, while under age [60], an Insured becomes totally disabled as defined herein and the total disability has existed continuously for at least nine months, insurance on such Insured will be continued in force without payment of premium during the uninterrupted continuance of the total disability. Insurance continued under this benefit will include only insurance amounts and benefits that are in force on the date of the onset of the total disability.

No additional insurance or benefits may be added to a certificate holder's coverage while such certificate holder is totally disabled. However, if the certificate holder has dependents who are insured under the Policy on the date of the onset of his or her disability, additional dependents may become insured, provided additional premium would not otherwise be required.

What is total disability?

Total disability is a disability that occurs while an Insured's insurance is in force and that results from an accidental injury or an illness that continuously prevents the certificate holder from engaging in any occupation. During the first [24 months] of total disability, occupation means the Insured's regular

occupation. After [24 months], it means any occupation for which the Insured is reasonably suited by education, training or experience.

The Insured's total and irrecoverable loss of the following will be considered total disability even if the Insured engages in an occupation:

1. [the sight of both eyes; or
2. the use of both hands; or
3. the use of both feet; or
4. the use of one hand and one foot.]

The certificate holder must be under the reasonable and customary care of a licensed physician.

What proof of total disability do we require?

The Company require proof satisfactory to us that the certificate holder's total disability:

1. meets the definition of total disability; and
2. commenced while the certificate holder's insurance was in force; and
3. commenced before the certificate holder's [60th] birthday; and
4. was continuous for at least nine months.

The Company will, from time to time, also require additional proof satisfactory to us that the certificate holder continues to be totally disabled. We may also require that the certificate holder submit to one or more medical examinations at our expense.

What are the exclusions under this benefit?

Insurance will not be continued if a certificate holder's total disability results from or is caused directly or indirectly by any of the following:

1. intentionally self-inflicted injury; or
2. participation in or any attempt to commit an assault or a felony; or
3. war or any act of war, whether declared or undeclared.

When must we be notified of a certificate holder's total disability?

The Company must receive written notice at our home office of a certificate holder's total disability within one year of the date of onset of the total disability. However, failure to give notice within the time provided will not invalidate the claim if it is shown that notice was given as soon as reasonably possible.

What is the amount of insurance to be continued under this benefit?

The amount of insurance continued under this benefit without payment of premium for a certificate holder is the amount of insurance for which he or she was insured on the date of the onset of total disability. If the Policy provides for reductions in the certificate holder's amount of insurance based on age, such reductions will apply to the amount of insurance on the disabled certificate holder. If the Policy provides for reductions in amounts of insurance at retirement, the retirement date for an insured employee whose insurance is being continued according to the terms of this benefit shall be the earlier of:

1. the date he or she actually retires; or
2. the date the employee attains age [65].

The amount of insurance continued under this benefit for any of the certificate holder's dependents insured under the Policy is the amount of insurance for which the dependent was insured on the date of the onset of the certificate holder's total disability. If a dependent becomes insured on or after the date of the onset of the certificate holder's total disability, the amount of insurance for that dependent will be in accordance with the plan of dependents insurance in effect for the certificate holder. If the Policy provides for reductions in a dependent's amount of insurance based on age, such reductions will apply to the amount of insurance on the dependent continued under the Policy.

How long will insurance be continued without payment of premium?

Insurance will be continued for a totally disabled certificate holder, without payment of premium, until the earliest of:

1. the certificate holder's [65th] birthday; or
2. the date the certificate holder recovers so that he or she is no longer totally disabled; or
3. the date the certificate holder fails to furnish satisfactory proof of continued total disability when requested or refuses to submit to a required medical examination; or
4. the date the employee retires if the Policy provides for termination of insurance at retirement.

Insurance being continued without further payment of premium under the provisions of this benefit will not end due solely to the termination of this benefit or of the Policy.

What if a certificate holder recovers and again becomes totally disabled?

If a certificate holder recovers, returns to work for the employer and, due to the same accidental injury or illness becomes totally disabled again, within [nine months], while insured under the Policy, the two periods of total disability will be considered one period of total disability and the certificate holder will not be required to satisfy a new [nine month] waiting period before the waiver of premium resumes.

However, premium will not be waived during any such recovery period.

What happens to a certificate holder's insurance when the waiver of premium benefit ends?

When the waiver of premium benefit ends according to the provision entitled "How long will insurance be continued without payment of premium?," the following will apply:

1. If the Policy is in force and the certificate holder meets the eligibility requirements of the Policy, insurance can be continued for the certificate holder. Premium will no longer be waived and premium payment must be resumed.
2. If the Policy is not in force or the certificate holder does not meet the eligibility requirements of the Policy, insurance shall terminate.

When must we be notified of a certificate holder's accidental death or dismemberment?

The Company must receive written notice at our home office within one year of a certificate holder's accidental death or dismemberment that such certificate holder died or suffered a dismemberment during a period of continuance provided by this benefit. Proof must be furnished that he or she continued to be totally disabled during the entire period of continuance until accidental death or dismemberment occurred. If such notice and proof are not provided within the required time frame there will be no liability for any payment under this benefit unless it is shown that notice was given as soon as reasonably possible.

What if a totally disabled Insured dies as a result of a covered accident before a waiver claim is submitted and approved?

If an Insured dies as a result of a covered accident within one year of the date of onset of his or her total disability, the beneficiary may claim benefits even if insurance on the Insured terminated and the Insured had not submitted due proof satisfactory to the Company of his or her total disability or was continuously disabled for less than [nine] months. The beneficiary must submit proof satisfactory to the Company that

the Insured's total disability, which began while insurance on the Insured was in force and before the Insured's [60th] birthday, continued without interruption until the Insured's death.

What if a totally disabled Insured suffers a covered dismemberment before a waiver claim is submitted and approved?

If a totally disabled Insured suffers a covered dismemberment as the result of a covered accident within one year of the date of onset of his or her disability, the Insured may claim benefits even if premium payments were discontinued and he or she had not submitted due proof satisfactory to the Company of his or her total disability or was continuously disabled for less than [nine] months. The Insured must submit proof satisfactory to us that the his or her total disability, which began while his or her insurance was in force and before his or her [60th] birthday, continued without interruption until his or her covered dismemberment.

]

EXCLUSIONS

Benefits will not be paid for any loss or Injury that is caused in whole or in part by, or resulting in whole or in part from the following:

1. suicide, attempted suicide or intentionally self-inflicted injury;
2. war or any act of war, whether declared or not;
3. service in the Armed Forces or units auxiliary thereto;
4. sickness, disease, or any bacterial infection, except one that results from an accidental cut or wound or pyogenic infections that result from accidental ingestion of contaminated substances;
5. engaging in or taking part in aeronautics and/or aviation of any description or resulting from being in an aircraft other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline;
6. alcoholism, drug addiction, or the use of any drug or narcotic except as prescribed by a Physician;
7. mental or emotional disorder;
8. commission of or participation in a felony, a riot or an insurrection, or if the Insured is engaged in an illegal occupation;
9. skydiving, parasailing, hang gliding, bungee-jumping, or any similar activity;
10. any conveyance used in a race or speed test.]

CLAIMS PROVISIONS

Notice of Claim. Written notice of claim must be given to the Company within 30 days after an Insured Person's loss, or as soon thereafter as reasonably possible. Notice given by or on behalf of the claimant to the Company with information sufficient to identify the Insured Person, is deemed notice to the Company.

Claim Forms. The Company will send claim forms to the claimant upon receipt of a written notice of claim. If such forms are not sent within 15 days after the giving of notice, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in the Policy for filing proof

of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made. The notice should include the Insured's name, the Policyholder's name and the Policy number.

Proof of Loss. Written proof of loss must be furnished to the Company within 90 days after the date of the loss. If the loss is one for which the Policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as the Company may reasonably require. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible.

Payment of Claims. Upon receipt of due written proof of death, payment for loss of life of an Insured Person will be made to the Insured Person's beneficiary as described in the Beneficiary Designation and Change provision of the General Provisions section.

Upon receipt of due written proof of loss, payments for all losses, except loss of life, will be made to (or on behalf of, if applicable) the Insured Person suffering the loss. If an Insured Person dies before all payments due have been made, the amount still payable will be paid to his or her beneficiary as described in the Beneficiary Designation and Change provision of the General Provisions section.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for his or her property, all or part of the payment may be made to the person or persons who, subject to verification by the Company, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs. At the Company's option, the payment may be made in installments in an amount and at a frequency determined by the Company.

Any payment the Company makes in good faith fully discharges the Company's liability to the extent of the payment made.

Time of Payment of Claims. Benefits payable under the Policy for any loss other than loss for which the Policy provides any periodic payment will be paid immediately upon the Company's receipt of due written proof of the loss. Subject to the Company's receipt of due written proof of loss, all accrued benefits for loss for which the Policy provides periodic payment will be paid at the expiration of each month during the continuance of the period for which the Company is liable and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of such proof.

Examinations. The Company, at our expense, has the right to have a physician examine any Insured when we deem it reasonably necessary while there is a claim pending under the Policy. The Company also has the right to have an autopsy performed in case of death where the law does not forbid it.

GENERAL PROVISIONS

Entire Contract. The contract between the Company and the Policyholder consists of:

1. the Policy; and
2. the Certificate of Insurance incorporated into the Policy; and
3. the Application of the Policyholder, a copy of which is attached to and made a part of the Policy when issued; and
- [4. the Enrollment form, if any, of each Insured Person.]

All statements made by the Policyholder, and persons insured under the Policy are true and complete to the best of the knowledge and belief of the person(s) making them. No statement will be used in any contest unless it is in writing and a copy of it is given to the person who made it, or to his beneficiary. All statements made by You and contained in the Group Insurance Application will be deemed representations and not warranties.

Change in the Policy. The Company may not make any change unless approved in writing by the President, a Vice President or an Assistant Vice President of the Company. No other person may change or waive any part of the Policy. Any approved change shall be added to the Policy in writing. However, any change must be agreed upon by the Group Policyholder before any amendment is incorporated into the Group Policy.

The policy may be changed, as indicated above, at any time. The consent of any insured individual is not required.

If any change to state or federal law, including but not limited to the Federal Social Security Act, affects the Company's liability under the Policy, the Company may change the Policy, the premiums or both. Such change:

1. will be effective as of the date of the change to the state or federal law;
2. will not be made until the Company gives the Policyholder 31 days written notice.

Incontestability. The validity of the Policy will not be contested after it has been in force for two year(s) from the Policy Effective Date, except as to nonpayment of premiums.

After an Insured Person has been insured under the Policy for two year(s) during his lifetime, no statement made by the Insured Person will be used to contest a claim under the Policy. The Company may only contest coverage if the misstatement is made in a written instrument signed by the Insured Person and a copy is given to the Policyholder, the Insured Person or the beneficiary.

Insured's Beneficiary Designation and Change. The Insured's designated beneficiary(ies) is (are) the person(s) so named by the Insured for the Policyholder's group life insurance policy as shown on the Policyholder's records kept on that policy, unless the Insured has named a beneficiary specifically for the Policy as shown on the Policyholder's records kept on the Policy.

An Insured over the age of majority and legally competent may change his or her beneficiary designation at any time, unless an irrevocable beneficiary designation has been made, without the consent of the designated beneficiary(ies), by providing the Company, or if agreed upon in advance by the Company, the Policyholder with a written request for change. When the request is received by the Company, whether the Insured is then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment made by it prior to receipt of the request.

If there is no designated beneficiary or no designated beneficiary is living after the Insured's death, the benefits will be paid, in equal shares, to the survivors in the first surviving class of those that follow: the Insured's

1. spouse;
2. children;
3. parents; or
4. brothers and sisters.

If no class has a survivor, the beneficiary is the Insured's estate.

Insured Dependent's Beneficiary Designation and Change. The Insured Dependent's beneficiary is the Insured unless the Insured has named (a) different beneficiary(ies) for the Insured Dependent's coverage as shown on the Policyholder's records kept on the Policy.

An Insured over the age of majority and legally competent may change the beneficiary designation for an Insured Dependent's coverage at any time, unless an irrevocable beneficiary designation has been made, without the consent of the Insured Dependent or the designated beneficiary(ies), by providing the Company, or if agreed upon in advance by the Company, the Policyholder with a written request for change. When the request is received by the Company, whether the Insured or the Insured Dependent is

then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment made by it prior to receipt of the request.

If no beneficiary is living on the date of an Insured Dependent's death, the beneficiary is the Insured's estate.

No Right to Convert. The coverage provided by the Policy may not be converted.

Legal Actions.

One may not sue for payment of a claim:

1. less than 60 days after due proof of claim is furnished; or
2. more than three years after the date proof of claim is required by the Policy.

Noncompliance with Policy Requirements. Any express waiver by the Company of any requirements of the Policy will not constitute a continuing waiver of such requirements. Any failure by the Company to insist upon compliance with any Policy provision will not operate as a waiver or amendment of that provision.

Conformity with State Statutes. Any provision of the Policy which, on its effective date, is in conflict with the statutes of the state in which the Policy is delivered is hereby amended to conform to the minimum requirements of those statutes.

Workers' Compensation. The Policy is not in lieu of and does not affect any requirements for coverage by any Workers' Compensation Act or similar law.

Clerical Error. Clerical error, whether by the Policyholder, or the Company, will not void the insurance of any Insured Person if that insurance would otherwise have been in effect nor extend the insurance of any Insured Person if that insurance would otherwise have ended or been reduced as provided in the Policy.

Assignment. An Insured may not assign any of his or her rights, privileges or benefits under the Policy.

Misstatement of Age. If premiums for the Insured Person are based on age and the Insured Person has misstated his or her age, there will be a fair adjustment of premiums based on his or her true age. If the benefits for which the Insured Person is insured are based on age and the Insured Person has misstated his or her age, there will be an adjustment of said benefit based on his or her true age. The Company may require satisfactory proof of age before paying any claim.

**Endorsements
(to be made by Company only)**

AMALGAMATED LIFE INSURANCE COMPANY
[333 Westchester Avenue White Plains, New York 10604]

MASTER APPLICATION FOR GROUP ACCIDENT INSURANCE POLICY

Application is hereby made for a plan of accident insurance based on the following statements and representations:

POLICYHOLDER INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Type of Business or Purpose of Organization: _____
Subsidiaries to be covered: _____
Contact Person: _____
Telephone: _____ Fax: _____
Policy Number: _____ Policy Effective Date: _____

INSURANCE REQUESTED

A. CLASS(ES) OF INSURED PERSONS (use additional sheet if necessary) TOTAL NUMBER OF EMPLOYEES:

Class I: [_____] _____
Class II: [_____] _____

Service Waiting Period:

Employees hired on or before the Policy Effective Date: _____
Employees hired after the Policy Effective Date: _____

B. PRINCIPAL SUM

Class I: An employee may purchase an amount of Principal Sum from a minimum of [\$10,000] to a maximum of [\$250,000] in increments of [\$10,000].

Class II: An employee may purchase an amount of Principal Sum from a minimum of [\$50,000] to a maximum of [\$500,000] in increments of [\$25,000].

The Principal Sum for Covered Dependents will be a percentage of the Insured's Principal Sum, as follows:

Plan Selected	% Spouse/Domestic Partner	% Child(ren)
Spouse/Domestic Partner only:	[60%]	[0]
Covered Child(ren) only:	[0]	[15%]
Spouse/Domestic Partner and Covered Child(ren)	[50%]	[10%]

Reduction of Principal Sum:

If an Insured employee is age [70] or older on the date of an Accident causing a Covered Loss, the Principal Sum used to calculate benefits will be the following percentage of the applicable Principal Sum indicated above:

Age at Date of Accident	% of Principal Sum
<u>[70-74]</u>	<u>[65%]</u>
<u>[75-79]</u>	<u>[45%]</u>

C. BASIC BENEFITS (check benefits being applied for)

CLASSES COVERED

Accidental Death

[Dismemberment
with a 365 day incurral period]

[_____]

Covered Loss of

Benefit

Life	100% of Principal Sum
Both hands or both feet	100 % of Principal Sum
Sight of both eyes	100% of Principal Sum
Speech and hearing	100% of Principal Sum
Two or more of: one foot, one hand, sight of one eye, speech or hearing	100% of Principal Sum
Speech or hearing	50% of Principal Sum
One hand or one foot or sight of one eye	50% of Principal Sum]

D. OPTIONAL BENEFITS (check benefits being applied for)

BENEFIT AMOUNT CLASS(ES) COVERED

<input type="checkbox"/> Air Bag	[10% of Principal Sum to maximum of \$10,000]	[_____]
<input type="checkbox"/> Bereavement & Trauma Counseling	[maximum of \$100 per session for 5 sessions]	[_____]
<input type="checkbox"/> Child Care	[lesser of actual cost, 3% of Principal Sum or \$2,000]	[_____]
<input type="checkbox"/> Coma	[lesser of 1% of Principal Sum or 1% differential to maximum of 100 months]	[_____]
<input type="checkbox"/> Common Accident	[\$50,000]	[_____]
<input type="checkbox"/> Disappearance	[Principal Sum]	[_____]
<input type="checkbox"/> Emergency Medical Evacuation	[lesser of actual cost or \$10,000]	[_____]
<input type="checkbox"/> Exposure	[Principal Sum]	[_____]

- | | | |
|--|---|---------|
| <input type="checkbox"/> Extended Dependent Insurance (with Family Plan only) | [12 months at no additional cost] | [_____] |
| <input type="checkbox"/> Higher Education (with Family Plan only) | [lesser of actual cost, 2% of Principal Sum or \$2,500] | [_____] |
| <input type="checkbox"/> Home Alteration | [lesser of actual cost, 2% of Principal Sum or \$2,500] | [_____] |
| <input type="checkbox"/> Line of Duty | [lesser of \$50,000 or 100% of Principal Sum] | [_____] |
| <input type="checkbox"/> Paralysis | [25 % of Principal Sum] | [_____] |
| <input type="checkbox"/> Rehabilitation | [lesser of actual cost or 10% of Principal Sum or \$10,000] | [_____] |
| <input type="checkbox"/> Repatriation | [lesser of actual cost or \$5,000] | [_____] |
| <input type="checkbox"/> Seat Belt | [lesser of 10% Principal Sum or \$50,000] | [_____] |
| <input type="checkbox"/> Spouse Training (with Family Plan only) | [lesser of actual cost or \$5,000] | [_____] |
| <input type="checkbox"/> Total Disability | [lesser of actual cost or 50% of Principal Sum or \$50,000] | [_____] |
| <input type="checkbox"/> Waiver of Premium | [Payment of Premium waived if disabled before age 60 after 9 months continued disability] | [_____] |

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.

The undersigned declares that:

All information provided in this application and any attachments hereto is true and correct. The undersigned understands that all information provided in this application and any attachments hereto is material to Amalgamated Life Insurance Company's decision to provide this insurance, and that insurance will be provided, at Amalgamated Life Insurance Company's sole discretion, in reliance upon the truth of such information.

Signature of Authorized Person: _____ Title: _____

Signed at: _____ on _____

PRODUCER INFORMATION

Agent or Broker: _____	Name of Firm: _____
Address: _____	
City: _____	State: _____ Zip Code: _____
Telephone: _____	Fax: _____
Producer Number _____	

Amalgamated Life Insurance Company

Enrollment Form - Payroll Deduction Authorization

Complete and sign this form and mail to: Amalgamated Life Insurance Company,
Policy Services, 333 Westchester Avenue, White Plains, NY 10604

PLEASE PRINT OR TYPE

GROUP ACCIDENT INSURANCE POLICY

Name of Employer _____

I hereby make application to Amalgamated Life Insurance Company.

Name of Employee _____
First Name M.I. Last Name

Address _____
Street City State Zip

Social Security Number _____ / _____ / _____

Your Date of Birth _____ Sex: Male Female

Your Beneficiary _____ Relationship _____

Principal Sum Amount \$ _____

Employee Only

Employee and Spouse

Employee and Child(ren)

Employee, Spouse and Child(ren)

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 have been given the opportunity to apply for this insurance but I do not want to participate.

I hereby authorize my Employer to deduct from my pay that appropriate insurance premium, if any.

Applicant's Signature

Date of Application

AMALGAMATED LIFE INSURANCE COMPANY
[333 Westchester Avenue White Plains, New York 10604]
(Herein called the Company)

Policyholder: [ABC Corporation]
Policy Number: [ADD-123]

AIRBAG BENEFIT RIDER

The Company has issued this Rider as part of the Policy to which it is attached. The effective date of this Rider is the Effective Date shown in the table of Rider Forms. Except as shown in this Rider, the provisions of your Policy will prevail. **PLEASE READ THIS RIDER CAREFULLY.**

If the Insured dies or suffers a covered dismemberment as a result of a covered accident that occurs while he or she is driving or riding in a private passenger car, the Company will pay an additional benefit equal to the lesser of:

1. [\$10,000]
2. [10%] of the Insured's Principal Sum.

In order to be eligible for this benefit, the following must apply:

1. the seat in which the Insured was seated was equipped with an airbag at the time of the accident; and
2. the private passenger car was equipped with seatbelts; and
3. a seatbelt was in proper use by the Insured at the time of the accident as certified in the official accident report or by the investigating officer; and
4. at the time of the accident, the driver of the private passenger car was a licensed driver and was not intoxicated, impaired, or under the influence of alcohol or drugs.

Airbag means a passive restraint device in a vehicle that inflates upon collision to protect an individual from injury or death.

Seatbelt means a properly installed seatbelt (or child restraint if the insured is a child), lap and shoulder restraint, or other restraint approved by the National Highway Traffic Safety Administration or any successor governmental agency.

A private passenger car means a validly registered four-wheeled private passenger car or policyholder-owned car, jeep, pickup truck or van, including a sport utility vehicle (SUV), that is not licensed commercially or being used for racing, acrobatic or stunt driving.

In witness whereof, the Company has caused this rider to be signed by its President.

[

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President

AMALGAMATED LIFE INSURANCE COMPANY
[333 Westchester Avenue White Plains, New York 10604]
(Herein called the Company)

Policyholder: [ABC Corporation]
Policy Number: [ADD-123]

BEREAVEMENT AND TRAUMA COUNSELING BENEFIT RIDER

The Company has issued this Rider as part of the Policy to which it is attached. The effective date of this Rider is the Effective Date shown in the table of Rider Forms. Except as shown in this Rider, the provisions of your Policy will prevail. **PLEASE READ THIS RIDER CAREFULLY.**

Subject to the terms of this Rider, benefits are payable, when the Insured and/or Immediate Family Member requires bereavement and trauma counseling because the Insured suffered a Covered Loss that resulted directly and independently of all other causes from a Covered Accident. Such counseling must meet all of the following conditions:

1. covered bereavement and trauma counseling expenses must be incurred within [one year] from the date of the Covered Accident causing the Covered Loss;
2. the expense is charged for a bereavement or trauma counseling session for the Insured and/or one or more of his or her Immediate Family Members;
3. counseling is provided under the care, supervision or order of a Physician;
4. a charge would have been made if no insurance existed;
5. proof of the expense is provided.

Benefits payable for counseling sessions are subject to the following maximum amounts:

Maximum Benefit Amount	[\$100] per session
Maximum Number of Sessions	[5] sessions
Maximum Benefit Per Covered Accident	[\$500]

"Immediate Family Member" means a person who is related to the Insured in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister) or child (includes legally adopted child or stepchild).

Covered bereavement and trauma counseling benefits do not include any expense for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law.

In witness whereof, the Company has caused this rider to be signed by its President.

[

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President

AMALGAMATED LIFE INSURANCE COMPANY
[333 Westchester Avenue White Plains, New York 10604]
(Herein called the Company)

Policyholder: [ABC Corporation]

Policy Number: [ADD-123]

CHILD CARE BENEFIT RIDER

The Company has issued this Rider as part of the Policy to which it is attached. The effective date of this Rider is the Effective Date shown in the table of Rider Forms. Except as shown in this Rider, the provisions of your Policy will prevail. **PLEASE READ THIS RIDER CAREFULLY.**

Subject to the terms of this Rider, the Company will pay an additional benefit on behalf of each Covered Child if:

1. coverage for the Dependent child (ren) was in force on the date of the Covered Accident causing the Insured's death; and
2. one or more surviving Dependent child is under age [13]; and
 - a. was enrolled in an Accredited Child Care Facility on the date of the Covered Accident; or
 - b. enrolls in an Accredited Child Care Facility within [90] days from the date of the Covered Accident.

The Child Care Benefit shall be equal to the lesser of:

1. the actual cost of the child care;
2. [3%] of the Insured's Principal Sum; or
3. [\$2,000].

Child care expenses are those expenses which are for a service or supply furnished by an Accredited Child Care Facility for a dependent child's care. No payment will be made for expenses incurred more than [four years] after the date of the Insured's death.

This benefit will be payable to the surviving spouse if the spouse has custody of the child. If the surviving spouse does not have custody of the child, benefits will be paid to the child's legally appointed guardian. Payments will be made annually for [four consecutive years] if:

1. the Covered Child is under age [13] at the time of each annual payment; and
2. proof, acceptable to Us, is received by Us that verifies that the Covered Child remains enrolled in an Accredited Child Care Facility.

An Accredited Child Care Facility is a facility that:

1. operates pursuant to state and local laws;
2. is licensed by the state for such child care facilities;
3. has been provided with a Tax Identification Number by the Internal Revenue Service; and
4. provides care and supervision for children in a group setting on a regular, daily basis.

An Accredited Child Care Facility does not include a hospital; the child's home; or care provided during normal school hours while a child is attending grades one through twelve.

In witness whereof, the Company has caused this rider to be signed by its President.

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President

AMALGAMATED LIFE INSURANCE COMPANY
[333 Westchester Avenue White Plains, New York 10604]
(Herein called the Company)

Policyholder: [ABC Corporation]

Policy Number: [ADD-123]

COMMON ACCIDENT BENEFIT RIDER

The Company has issued this Rider as part of the Policy to which it is attached. The effective date of this Rider is the Effective Date shown in the table of Rider Forms. Except as shown in this Rider, the provisions of your Policy will prevail. **PLEASE READ THIS RIDER CAREFULLY.**

If an Insured and his or her Covered Spouse/Domestic Partner are both eligible for Accidental Death benefits as a result of injuries suffered in a common accident and within [90] days of the accident, the Principal Sum that would be payable because of the Covered Spouse/Domestic Partner's Accidental Death will be increased to equal that payable for the loss of the Insured, subject to a maximum combined benefit for both the Insured and the Spouse/Domestic Partner of [\$500,000].

Common accident means the same accident or separate accidents that occur within the same [24-hour] period.

In witness whereof, the Company has caused this rider to be signed by its President.

[

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President

AMALGAMATED LIFE INSURANCE COMPANY
[333 Westchester Avenue White Plains, New York 10604]
(Herein called the Company)

Policyholder: [ABC Corporation]
Policy Number: [ADD-123]

DISAPPEARANCE BENEFIT RIDER

The Company has issued this Rider as part of the Policy to which it is attached. The effective date of this Rider is the Effective Date shown in the table of Rider Forms. Except as shown in this Rider, the provisions of your Policy will prevail. **PLEASE READ THIS RIDER CAREFULLY.**

If an Insured's body has not been found after [one year] from the date of the conveyance in which he or she was traveling disappeared, exploded, sank, became stranded, made a forced landing or was wrecked, it shall be presumed, subject to all other terms of the policy, that the Insured has died as a result of an accidental injury which was unintended, unexpected and unforeseen. Such death shall be considered a covered loss under this policy.

In witness whereof, the Company has caused this rider to be signed by its President.

[

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President

AMALGAMATED LIFE INSURANCE COMPANY
[333 Westchester Avenue White Plains, New York 10604]
(Herein called the Company)

Policyholder: [ABC Corporation]

Policy Number: [ADD-123]

EMERGENCY MEDICAL EVACUATION BENEFIT RIDER

The Company has issued this Rider as part of the Policy to which it is attached. The effective date of this Rider is the Effective Date shown in the table of Rider Forms. Except as shown in this Rider, the provisions of your Policy will prevail. **PLEASE READ THIS RIDER CAREFULLY.**

If the emergency medical evacuation of the Insured is required due to injury or sickness while traveling outside his or her country, The Company will pay the reasonable expenses incurred for the benefits described below. The amount payable for emergency medical evaluation is equal to the lesser of the actual cost of such services or [\$10,000]. No payment shall be made unless the emergency medical evacuation is ordered by an attending physician who certifies that the severity of the injury or sickness warrants such evacuation.

Benefits for which the Company will pay reasonable expenses include:

1. immediate transportation of the Insured to the nearest hospital where appropriate medical treatment can be obtained; or
2. transportation of the Insured to a hospital or the Insured's home in his or her country after treatment at a foreign hospital; or
3. medical services and medical supplies required as part of the emergency medical evacuation.

Eligible expenses must be approved by Us prior to their incurral. The Insured must, at his own expense, furnish travel invoices, medical reports or records, or other documents We require to determine if benefits are payable. Benefits will be paid to the party who actually paid for the expenses upon Our receipt of satisfactory proof that the expense was paid.

Benefits will not be paid for any of the following:

1. expenses that exceed the Maximum Benefit;
2. services not pre-approved by Us, or services performed by a vendor not authorized by Us;
3. expenses paid or payable by any Workers' Compensation, occupational disease or similar law that would pay emergency medical evacuation expenses in the absence of this benefit.

In witness whereof, the Company has caused this Rider to be signed by its President.

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President

AMALGAMATED LIFE INSURANCE COMPANY
[333 Westchester Avenue White Plains, New York 10604]
(Herein called the Company)

Policyholder: [ABC Corporation]
Policy Number: [ADD-123]

EXPOSURE BENEFIT RIDER

The Company has issued this Rider as part of the Policy to which it is attached. The effective date of this Rider is the Effective Date shown in the table of Rider Forms. Except as shown in this Rider, the provisions of your Policy will prevail. **PLEASE READ THIS RIDER CAREFULLY.**

If an Insured is unavoidably exposed to the elements by reason of a covered accident and suffers a loss that is included in the list of covered losses as a result of such exposure, such loss will be covered under the terms of this policy.

In witness whereof, the Company has caused this rider to be signed by its President.

[

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President

AMALGAMATED LIFE INSURANCE COMPANY
[333 Westchester Avenue White Plains, New York 10604]
(Herein called the Company)

Policyholder: [ABC Corporation]
Policy Number: [ADD-123]

EXTENDED DEPENDENTS INSURANCE BENEFIT RIDER

The Company has issued this Rider as part of the Policy to which it is attached. The effective date of this Rider is the Effective Date shown in the table of Rider Forms. Except as shown in this Rider, the provisions of your Policy will prevail. **PLEASE READ THIS RIDER CAREFULLY.**

If an Insured employee dies as a result of a covered accident and he or she is survived by his or her insured dependent spouse and/or one or more insured dependent children, such dependents insurance will be continued in force for a period of [12] months from the date of the insured employee's death, without payment of premiums during this [12] month period.

Coverage will be continued until the earliest of:

1. the date following [12] months from the date of the Insured employee's death;
2. the date the Insured Spouse remarries (in which case coverage ends for all Insured Dependents);
3. the date the Insured Dependent otherwise ceases to be a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Master Application; or
4. the date the Policy ends.

In witness whereof, the Company has caused this rider to be signed by its President.

[

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President

AMALGAMATED LIFE INSURANCE COMPANY
[333 Westchester Avenue White Plains, New York 10604]
(Herein called the Company)

Policyholder: [ABC Corporation]
Policy Number: [ADD-123]

HIGHER EDUCATION BENEFIT RIDER

The Company has issued this Rider as part of the Policy to which it is attached. The effective date of this Rider is the Effective Date shown in the table of Rider Forms. Except as shown in this Rider, the provisions of your Policy will prevail. **PLEASE READ THIS RIDER CAREFULLY.**

If the Insured dies as a result of a covered accident and he or she is survived by one or more dependent children, the Company will pay an education benefit, not to exceed [\$10,000] per dependent. Benefits will be paid for up to [four] consecutive years of enrollment per dependent provided that at the time of the Insured's death, the dependent child is enrolled as a full time student at an accredited post-secondary educational institution;] within [365] days after the date of such accident, enrolls as a full-time student in an accredited educational institution or an institution of vocational training for the purpose of preparing for full-time employment and is under age [25].

The total amount of the benefit each year is equal to the lesser of:

1. the actual tuition (exclusive of room and board) charged by that institution for enrollment during that year for that Insured Dependent Child;
2. [2%] of the Insured's Principal Sum on the date of the accident causing death; or
3. [\$2,500].

The applicable portion of the yearly benefit for each term of enrollment is payable upon receipt of proof of enrollment for that term.

An Insured Dependent Child who ceases to be enrolled as a full-time student becomes permanently ineligible for the benefit, even if he or she reenrolls at a later date. The benefit is not payable for any term of enrollment as a full-time student that begins before the date of the Insured's death.

The benefit will be paid to the Insured's spouse, if living, otherwise to or on behalf of the dependent child(ren).

If, at the time of the accident, Family Coverage is selected, but there are no dependent children who qualify for this benefit, We will pay an additional benefit of [\$2,000] to the designated beneficiary.

In witness whereof, the Company has caused this rider to be signed by its President.

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President

AMALGAMATED LIFE INSURANCE COMPANY
[333 Westchester Avenue White Plains, New York 10604]
(Herein called the Company)

Policyholder: [ABC Corporation]

Policy Number: [ADD-123]

HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT RIDER

The Company has issued this Rider as part of the Policy to which it is attached. The effective date of this Rider is the Effective Date shown in the table of Rider Forms. Except as shown in this Rider, the provisions of your Policy will prevail. **PLEASE READ THIS RIDER CAREFULLY.**

If an Insured suffers a loss other than loss of life and a benefit is payable under the Accidental Death and Dismemberment Benefit, the Company will pay for an Insured's principal residence to be made accessible and/or an Insured's private automobile to be made drivable or rideable. These one-time alteration expenses must be incurred within [two] years from the date of the accident. An Insured's benefit will be the lesser of:

1. the actual alteration expense; or
2. [2%] of his or her Principal Sum; or
3. [\$2,500].

This benefit will be payable only if all of the following conditions are met:

1. prior to the date of the Covered Accident causing such Covered Loss, the Insured did not require the use of any adaptive devices or adaptation of residence and/or vehicle;
2. as a direct result of such Covered Loss, the Insured now requires such adaptive devices or adaptation of residence and/or vehicle to maintain an independent lifestyle;
3. the Insured requires home alteration or vehicle modification within one year of the date of the Covered Accident.

In addition, this benefit will be payable only if:

1. such home alterations are made by a person or persons with experience in such alternations and recommended by a recognized organization associated with the injury;
2. such vehicle modifications are carried out by a person or persons with experience in such matters and approved by the Motor Vehicle Department.

In witness whereof, the Company has caused this rider to be signed by its President.

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President

AMALGAMATED LIFE INSURANCE COMPANY
[333 Westchester Avenue White Plains, New York 10604]
(Herein called the Company)

Policyholder: [ABC Corporation]

Policy Number: [ADD-123]

LINE OF DUTY BENEFIT RIDER

The Company has issued this Rider as part of the Policy to which it is attached. The effective date of this Rider is the Effective Date shown in the table of Rider Forms. Except as shown in this Rider, the provisions of your Policy will prevail. **PLEASE READ THIS RIDER CAREFULLY.**

If an Insured is a public safety officer and suffers a loss for which a benefit is payable under this rider as a result of a covered accident that occurs while he or she is performing his or her customary duties for the employer, the Company will pay an additional benefit equal to the lesser of [\$50,000] or [100%] of the Insured's Principal Sum.

The loss must be incurred while the Insured is taking action that by rule, regulation, law or condition of employment they are obligated or authorized to perform as a public safety officer. The action must be taken in the course of reducing crime, criminal law enforcement or fire suppression.

For firefighters and police, Line of Duty includes social, ceremonial or athletic functions to which the Insured is assigned and for which they are paid as a public safety officer by the policyholder.

Public safety officers include police officers, firefighters, corrections officers, probation officers, public transit officers, parole officers, judicial officers and officially recognized or designated volunteer firefighters.

Line of Duty death benefits will not be payable if the death is a result of a suicide, natural causes and/or acts performed while off duty.

In witness whereof, the Company has caused this rider to be signed by its President.

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President

AMALGAMATED LIFE INSURANCE COMPANY
[333 Westchester Avenue White Plains, New York 10604]
(Herein called the Company)

Policyholder: [ABC Corporation]

Policy Number: [ADD-123]

REHABILITATION BENEFIT RIDER

The Company has issued this Rider as part of the Policy to which it is attached. The effective date of this Rider is the Effective Date shown in the table of Rider Forms. Except as shown in this Rider, the provisions of your Policy will prevail. **PLEASE READ THIS RIDER CAREFULLY.**

If an Insured suffers an injury that results in a covered dismemberment, the Company will pay an additional benefit for rehabilitative physical therapy that is prescribed by the attending physician or surgeon. The benefit will be equal to the lesser of:

1. actual costs incurred for such rehabilitative physical therapy; or
2. [10%] of the Insured's Principal Sum; or
3. [\$10,000]

The Insured must require rehabilitative physical therapy within [two] years after the date of the Covered Accident.

Rehabilitative physical therapy means medical services, supplies, or treatment, or Hospital confinement (or part of a Hospital confinement) that satisfy all of the following conditions:

1. are essential for physical rehabilitation required due to the Insured's Covered Loss;
2. meet generally accepted standards of medical practice;
3. are performed under the care, supervision or order of a Physician.

In witness whereof, the Company has caused this rider to be signed by its President.

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President

AMALGAMATED LIFE INSURANCE COMPANY
[333 Westchester Avenue White Plains, New York 10604]
(Herein called the Company)

Policyholder: [ABC Corporation]
Policy Number: [ADD-123]

REPATRIATION BENEFIT RIDER

The Company has issued this Rider as part of the Policy to which it is attached. The effective date of this Rider is the Effective Date shown in the table of Rider Forms. Except as shown in this Rider, the provisions of your Policy will prevail. **PLEASE READ THIS RIDER CAREFULLY.**

If the Insured dies as a result of a covered injury sustained outside the Insured's country and a principal sum is payable under the policy, the Company will pay the Repatriation Benefit which provides reimbursement for covered expenses reasonably incurred in the transport of the Insured's body by the most direct and economical route to his or her country.

The Repatriation Benefit is equal to the lesser of the actual cost of such transportation or [\$5,000].

The benefit is payable to the person who has incurred the cost for any of the covered services indicated above.

"Country" means the nation in which the Insured maintains legal residence.

"Reasonable Expense" means the usual and customary fee or charge for the services rendered and the supplies furnished in the area where services are rendered or supplies furnished.

In witness whereof, the Company has caused this rider to be signed by its President.

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President

AMALGAMATED LIFE INSURANCE COMPANY
[333 Westchester Avenue White Plains, New York 10604]
(Herein called the Company)

Policyholder: [ABC Corporation]
Policy Number: [ADD-123]

SEAT BELT BENEFIT RIDER

The Company has issued this Rider as part of the Policy to which it is attached. The effective date of this Rider is the Effective Date shown in the table of Rider Forms. Except as shown in this Rider, the provisions of your Policy will prevail. **PLEASE READ THIS RIDER CAREFULLY.**

If the Insured dies or suffers a covered dismemberment as a result of a covered accident while covered under the policy and while driving or riding as a passenger in a private passenger car, the Company will pay an additional benefit equal to the lesser of [10%] of the Insured's Principal Sum or [\$50,000].

This benefit is in addition to any other benefit paid under the Policy and will be paid when we receive proof that:

1. The Insured's death was a result of the accident;
2. The Insured died of a cause not excluded under the AD&D Policy;
3. The Insured died while coverage under the policy was in force;
4. The Insured died within one year of the accident;
5. The automobile was equipped with seat belts at the time of the accident;
6. The Insured's seat belt was in actual use and was properly fastened at the time of the accident; and
7. Position of the seat belt is certified in the official accident report, or by the investigating officer.

A copy of the police report must be submitted with the claim. If such certification is not available, and it is unclear whether the Insured was wearing a seat belt, the Company will pay a fixed benefit equal to [\$1,000] to the Beneficiary.

Seatbelt means a properly installed seatbelt (or child restraint if the insured is a child), lap and shoulder restraint, or other restraint approved by the National Highway Traffic Safety Administration or any successor governmental agency.

A private passenger car means a validly registered four-wheeled private passenger car or policyholder-owned car, jeep, pickup truck or van, including a sport utility vehicle (SUV), that is not licensed commercially or being used for racing, acrobatic or stunt driving.

In witness whereof, the Company has caused this rider to be signed by its President.

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President

AMALGAMATED LIFE INSURANCE COMPANY
[333 Westchester Avenue White Plains, New York 10604]
(Herein called the Company)

Policyholder: [ABC Corporation]
Policy Number: [ADD-123]

SPOUSE TRAINING BENEFIT RIDER

The Company has issued this Rider as part of the Policy to which it is attached. The effective date of this Rider is the Effective Date shown in the table of Rider Forms. Except as shown in this Rider, the provisions of your Policy will prevail. **PLEASE READ THIS RIDER CAREFULLY.**

If an Insured suffers accidental death such that an Accidental Death benefit is payable under the Policy, and the Insured had Family Coverage in effect under the Policy on the date of the accident causing death, the Company will pay the following benefit:

If an Insured employee dies as a result of a covered accident and he or she is survived by his or her insured dependent spouse, the Company will pay a training benefit to the surviving spouse provided that the spouse:

1. is not working in any capacity (full or part-time) for wage or profit on the date of such accident; and
2. within [365] days after the date of such accident, enrolls as a full-time student in an accredited educational institution or an institution of vocational training for the purpose of preparing for full-time employment.

The benefit will be equal to the lesser of:

1. the actual costs incurred for all such education or training within the first year following the date of the insured employee's death; or
2. [\$5,000].

Proof of such costs will be required before benefits are paid.

An Insured Spouse who ceases to be enrolled as described above becomes permanently ineligible for the benefit, even if he or she reenrolls at a later date. The benefit is not payable for any term of enrollment that begins before the date of the Insured's death.

If, at the time of the accident, Family Coverage is selected, but there is no surviving spouse who qualifies for this benefit, We will pay an additional benefit of [\$2,000] to the designated beneficiary.

In witness whereof, the Company has caused this rider to be signed by its President.

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President

AMALGAMATED LIFE INSURANCE COMPANY
[333 Westchester Avenue White Plains, New York 10604]
(Herein called the Company)

Policyholder: [ABC Corporation]
Policy Number: [ADD-123]

TOTAL AND PERMANENT DISABILITY BENEFIT RIDER

The Company has issued this Rider as part of the Policy to which it is attached. The effective date of this Rider is the Effective Date shown in the table of Rider Forms. Except as shown in this Rider, the provisions of your Policy will prevail. **PLEASE READ THIS RIDER CAREFULLY.**

If an insured employee becomes totally and permanently disabled as a result of a covered accident for which a benefit is not already payable under the schedule of losses, subject to all exclusions and limitations, the Company will pay a single payment benefit equal to the lesser of:

1. [50%] of his or her Principal Sum; or
2. [\$50,000].

The Company reserves the right, at the end of the 12 consecutive months of Permanent Total Disability to determine, on the basis of all the facts and circumstances, that the Insured is Permanently Totally Disabled, including, but not limited to, requiring an independent medical examination provided at the expense of the Company.

A total and permanent accidental disability is an accidental disability that occurs prior to the insured employee's [60th] birthday, has continued for at least 12 consecutive months, and will continuously prevent the insured employee from engaging in a business or an occupation for compensation or profit, and that will presumably prevent the insured employee for life from performing any work or engaging in any business.

If an accidental death payment is due under this rider, the amount of such payment will be reduced by the amount of AD&D insurance paid under this total and permanent disability benefit.

In witness whereof, the Company has caused this rider to be signed by its President.

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President

AMALGAMATED LIFE INSURANCE COMPANY
[333 Westchester Avenue White Plains, New York 10604]
(Herein called the Company)

Policyholder: [ABC Corporation]
Policy Number: [ADD-123]

WAIVER OF PREMIUM BENEFIT RIDER

The Company has issued this Rider as part of the Policy to which it is attached. The effective date of this Rider is the Effective Date shown in the table of Rider Forms. Except as shown in this Rider, the provisions of your Policy will prevail. **PLEASE READ THIS RIDER CAREFULLY.**

If, while under age [60], a certificate holder becomes totally disabled as defined herein and the total disability has existed continuously for at least [nine months], insurance on such certificate holder will be continued in force without payment of premium during the uninterrupted continuance of the total disability. Insurance continued under this benefit will include only insurance amounts and benefits that are in force on the date of the onset of the total disability.

No additional insurance or benefits may be added to a certificate holder's coverage while such certificate holder is totally disabled. However, if the certificate holder has dependents who are insured under this policy on the date of the onset of his or her disability, additional dependents may become insured, provided additional premium would not otherwise be required.

What is total disability?

Total disability is a disability that occurs while a certificate holder's insurance is in force and that results from an accidental injury or an illness that continuously prevents the certificate holder from engaging in any occupation. During the first [24 months] of total disability, occupation means the certificate holder's regular occupation. After [24 months], it means any occupation for which the certificate holder is reasonably suited by education, training or experience.

The certificate holder's total and irrecoverable loss of the following will be considered total disability even if the certificate holder engages in an occupation:

1. [the sight of both eyes; or
2. the use of both hands; or
3. the use of both feet; or
4. the use of one hand and one foot.]

The certificate holder must be under the reasonable and customary care of a licensed physician.

What proof of total disability do we require?

The Company require proof satisfactory to us that the certificate holder's total disability:

1. meets the definition of total disability; and
2. commenced while the certificate holder's insurance was in force; and
3. commenced before the certificate holder's [60th] birthday; and
4. was continuous for at least [nine months].

The Company will, from time to time, also require additional proof satisfactory to us that the certificate holder continues to be totally disabled. We may also require that the certificate holder submit to one or more medical examinations at our expense.

What are the exclusions under this benefit?

Insurance will not be continued if a certificate holder's total disability results from or is caused directly or indirectly by any of the following:

1. intentionally self-inflicted injury; or
2. participation in or any attempt to commit an assault or a felony; or
3. war or any act of war, whether declared or undeclared.

When must we be notified of a certificate holder's total disability?

The Company must receive written notice at our home office of a certificate holder's total disability within one year of the date of onset of the total disability. However, failure to give notice within the time provided will not invalidate the claim if it is shown that notice was given as soon as reasonably possible.

What is the amount of insurance to be continued under this benefit?

The amount of insurance continued under this benefit without payment of premium for a certificate holder is the amount of insurance for which he or she was insured on the date of the onset of total disability. If this policy provides for reductions in the certificate holder's amount of insurance based on age, such reductions will apply to the amount of insurance on the disabled certificate holder. If this policy provides for reductions in amounts of insurance at retirement, the retirement date for an insured employee whose insurance is being continued according to the terms of this benefit shall be the earlier of:

1. the date he or she actually retires; or
2. the date the employee attains age [65].

The amount of insurance continued under this benefit for any of the certificate holder's dependents insured under this policy is the amount of insurance for which the dependent was insured on the date of the onset of the certificate holder's total disability. If a dependent becomes insured on or after the date of the onset of the certificate holder's total disability, the amount of insurance for that dependent will be in accordance with the plan of dependents insurance in effect for the certificate holder. If this policy provides for reductions in a dependent's amount of insurance based on age, such reductions will apply to the amount of insurance on the dependent continued under this policy.

How long will insurance be continued without payment of premium?

Insurance will be continued for a totally disabled certificate holder, without payment of premium, until the earliest of:

1. the certificate holder's [65th] birthday; or
2. the date the certificate holder recovers so that he or she is no longer totally disabled; or
3. the date the certificate holder fails to furnish satisfactory proof of continued total disability when requested or refuses to submit to a required medical examination; or
4. the date the employee retires if this policy provides for termination of insurance at retirement.

Insurance being continued without further payment of premium under the provisions of this benefit will not end due solely to the termination of this benefit or of this policy.

What if a certificate holder recovers and again becomes totally disabled?

If a certificate holder recovers, returns to work for the employer and, due to the same accidental injury or illness becomes totally disabled again, within [nine months], while insured under this policy, the two periods of total disability will be considered one period of total disability and the certificate holder will not be required to satisfy a new [nine month] waiting period before the waiver of premium resumes. However, premium will not be waived during any such recovery period.

What happens to a certificate holder’s insurance when the waiver of premium benefit ends?

When the waiver of premium benefit ends according to the provision entitled “How long will insurance be continued without payment of premium?,” the following will apply:

1. If this policy is in force and the certificate holder meets the eligibility requirements of this policy, insurance can be continued for the certificate holder. Premium will no longer be waived and premium payment must be resumed.
2. If this policy is not in force or the certificate holder does not meet the eligibility requirements of this policy, insurance shall terminate.

When must we be notified of a certificate holder’s accidental death or dismemberment?

The Company must receive written notice at our home office within one year of a certificate holder’s accidental death or dismemberment that such certificate holder died or suffered a dismemberment during a period of continuance provided by this benefit. Proof must be furnished that he or she continued to be totally disabled during the entire period of continuance until accidental death or dismemberment occurred. If such notice and proof are not provided within the required time frame there will be no liability for any payment under this benefit unless it is shown that notice was given as soon as reasonably possible.

What if a totally disabled certificate holder dies as a result of a covered accident before a waiver claim is submitted and approved?

If a certificate holder dies as a result of a covered accident within one year of the date of onset of his or her total disability, the beneficiary may claim benefits even if insurance on the certificate holder terminated and the certificate holder had not submitted due proof satisfactory to us of his or her total disability or was continuously disabled for less than [nine months]. The beneficiary must submit proof satisfactory to us that the certificate holder’s total disability, which began while insurance on the certificate holder was in force and before the certificate holder’s [60th] birthday, continued without interruption until the certificate holder’s death.

What if a totally disabled certificate holder suffers a covered dismemberment before a waiver claim is submitted and approved?

If a totally disabled certificate holder suffers a covered dismemberment as the result of a covered accident within one year of the date of onset of his or her disability, the certificate holder may claim benefits even if premium payments were discontinued and he or she had not submitted due proof satisfactory to us of his or her total disability or was continuously disabled for less than [nine months]. The certificate holder must submit proof satisfactory to us that the his or her total disability, which began while his or her insurance was in force and before his or her [60th] birthday, continued without interruption until his or her covered dismemberment.

In witness whereof, the Company has caused this rider to be signed by its President.

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President

<i>SERFF Tracking Number:</i>	<i>AMAL-127336587</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Amalgamated Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49489</i>
<i>Company Tracking Number:</i>	<i>ALGADDP-10</i>		
<i>TOI:</i>	<i>H03G Group Health - Accidental Death & Dismemberment</i>	<i>Sub-TOI:</i>	<i>H03G.000 Health - Accidental Death & Dismemberment</i>
<i>Product Name:</i>	<i>Group AD&D Policy</i>		
<i>Project Name/Number:</i>	<i>Group AD&D Policy/ALGADDP-10</i>		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	08/08/2011
Comments:		
Attachment: Flesch Certificate (AR).pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	08/08/2011
Comments: The group application and individual enrollment form are included under the Form Schedule tab.		

AMALGAMATED LIFE INSURANCE COMPANY
333 Westchester Avenue
White Plains, NY 10604

CERTIFICATION

Amalgamated Life Insurance Company has reviewed the enclosed forms(s) and certifies that to the best of its knowledge and belief, the form(s) meet(s) the minimum flesch scale readability requirements of your State.

<u>FORM</u>	<u>SCORE</u>
ALGADDP-10 (AR)	46.8
ALGADDC-10 (AR)	45.9
ALGADDA-GroupApplication-10 (AR)	45.1
ALGADDEF-EnrollmentForm-10 (AR)	45.7
ALGADDR-Airbag-10	45.9
ALGADDR-Bereavement-10	45.4
ALGADDR-ChildCare-10	57.4
ALGADDR-CommonAccident-10	47.9
ALGADDR-Disappearance-10	53.7
ALGADDR-EmerMedEvac-10	47.2
ALGADDR-Exposure-10	55.6
ALGADDR-ExtDependentIns-10	54.8
ALGADDR-HigherEd-10	46.5
ALGADDR-HomeAlteration-10	47.7
ALGADDR-LineofDuty-10	45.1
ALGADDR-Rehabilitation-10	45.1
ALGADDR-Repatriation-10	47.7
ALGADDR-SeatBelt-10	47.2
ALGADDR-SpouseTraining-10	48.8
ALGADDR-TotalDisability-10	45.1
ALGADDR-Waiver-10	45.2

Date: 8/4/11

By:

