

## Certificate of Insurance

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA  
(A Mutual Legal Reserve Company)  
[1212 N 96<sup>th</sup> Street, Omaha, Nebraska 68114]

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We certify that, subject to the terms of the Policy, the Member named in the Schedule (referred to as "You", "Your", and "Yours") is insured for the benefits described in this Certificate. You are referred to as the Covered Person.

### EFFECTIVE DATE OF INSURANCE

The insurance takes effect at 12:01 A.M. Standard Time on the Effective Date shown on the Schedule.

In this Certificate, Central States Health & Life Co. of Omaha will be called "We", "Our", or "Us". This Certificate summarizes certain provisions of the Policy. All coverage and provisions are subject to those in the Policy issued to the Policyholder.

### THIRTY DAY RIGHT TO EXAMINE CERTIFICATE

If You are not satisfied for any reason, You may return Your Certificate within 30 days after receipt. When so returned Your premium will be refunded and the Certificate is void from the beginning. Return the Certificate to Us at Our Home Office or to Our authorized agent.

This Certificate is executed on the Effective Date, at Omaha, Nebraska.

**THIS CERTIFICATE IS NOT MAJOR MEDICAL INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL INSURANCE. IT DOES NOT QUALIFY AS MINIMUM ESSENTIAL HEALTH COVERAGE UNDER THE FEDERAL AFFORDABLE CARE ACT. THIS CERTIFICATE DOES NOT SATISFY THE FEDERAL REQUIREMENT THAT YOU HAVE HEALTH INSURANCE COVERAGE, WHICH BECAME EFFECTIVE JANUARY 1, 2014.**

THIS IS A LIMITED BENEFIT CERTIFICATE: This Certificate provides limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses. Read Your Certificate carefully.

THIS CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT. If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from Us.

### NON-CONTRIBUTORY CERTIFICATE OF INSURANCE ACCIDENT ONLY INSURANCE NON-PARTICIPATING

  
Chairman

  
President

## **CONTACT US**

**IMPORTANT INFORMATION REGARDING THIS INSURANCE:** In the event the **Member** needs to contact someone about this insurance for any reason, please contact your agent. If no agent was involved in the sale of this insurance or if there are additional questions, the **Member** may contact Central States Health & Life Co. of Omaha or its Administrator.

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## **SCHEDULE OF BENEFITS (WHO PAYS WHAT)**

Policyholder:	National Rifle Association
Policy Number:	AGMPADD
Original Certificate Effective Date:	Date Your coverage is activated
Insured Person:	Effective Date:
Member:      Member	Date Your coverage is activated

## **NON-CONTRIBUTORY COVERAGE**

### **ACCIDENTAL DEATH BENEFIT**

Amount of Insurance: \$3,000

The Non-Contributory coverage is provided to You at no cost for a period of 12 months.

### **ACCIDENTAL DISMEMBERMENT BENEFIT**

Principal Sum:                      \$3,000

## **ELIGIBILITY AND EFFECTIVE DATE OF INSURANCE**

### **ELIGIBILITY**

Active Members in good standing 18 and over with a domestic U.S. address including military personnel stationed overseas will be eligible for insurance as Covered Persons.

### **EFFECTIVE DATE OF INSURANCE**

Issuance of this certificate is not a waiver of any of the following conditions:

**EFFECTIVE DATE** The Effective Date is shown on the Schedule.

### **CHANGES IN COVERAGE**

If, after Your Effective Date of Insurance, You request a change in benefits the Effective Date of Insurance for the new coverage will be the beginning of the Policy Month following Our acceptance of the application or change request.

### **BENEFITS/COVERAGE (WHAT IS COVERED)**

#### **ACCIDENTAL DEATH BENEFIT**

When We receive due proof that a Covered Person dies, We will pay the benefit shown on the Schedule to his named Beneficiary; provided:

- (1) death occurs as a direct result of an Injury; and
- (2) death occurs within 365 days of the accident causing the Injury.

#### **ACCIDENTAL DISMEMBERMENT BENEFIT**

When We receive due proof of Your Loss as described in the table below We will pay the applicable benefit if Your Loss occurs:

- (1) as a direct result of an Injury; and
- (2) 365 days of the accident causing the Injury.

### **TABLE OF LOSSES AND BENEFITS**

<b><u>Loss:</u></b>	<b>Benefit:</b> (Percentage of Principal Sum <u>Shown on the Schedule</u> )
One Hand or Foot	50%
Sight of One Eye	50%

## **LIMITATIONS/EXCLUSIONS (WHAT IS NOT COVERED)**

In addition to any benefit-specific exclusions, benefits will not be paid for any Injury or Loss which, directly or indirectly, in whole or in part, is caused by or results from any of the following:

- (1) intentionally self-inflicted injury, suicide or any attempt thereat while sane;
- (2) declared or undeclared war or act of war;
- (3) military or combat activities while serving in the armed forces, National Guard, or organized reserve corps in any state, country, or international authority;
- (4) riding or driving as a professional in any kind of race for prize money or profit.

## **CLAIMS PROCEDURE (HOW TO FILE A CLAIM)**

**NOTICE OF CLAIM** We must be given written notice of claim within 20 days after a covered Loss occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible.

The notice must contain the Covered Person's name and enough information to identify him. Notice may be mailed to Our Home Office or to Our agent.

**CLAIM FORMS** When We receive notice of claim, the Covered Person will be sent forms to file proof of Loss. If the forms are not sent within 15 days after We receive notice, then the Covered Person will meet the proof of loss requirements by giving Us a written statement of the nature and extent of the Loss. This must be sent to Us within the time limit stated in the Proof of Loss provision.

**PROOF OF LOSS** Written proof must be sent to Us within 90 days after the date the Loss occurs. If it was not reasonably possible to give Us written proof within 90 days, We will not reduce or deny a claim for this reason, if proof is filed as soon as reasonably possible.

**PAYMENT OF CLAIMS** Claims for benefits provided by the Policy will be paid as soon as written proof is received.

Your loss of life benefits will be paid in accordance with the Beneficiary designation in effect at the time of payment. If there is no such designation or no surviving Beneficiary, the loss of life benefits will be paid in one lump sum to the first surviving class of the following classes of beneficiaries:

- a) lawful spouse;
- b) child(ren), in equal shares;
- c) parents, in equal shares;
- d) siblings, in equal shares.

If there is no surviving member of any of the above classes, the benefits will be paid to Your estate.

All benefits, other than loss of life, will be paid to You, if living. Any accrued benefits unpaid at Your death will be paid in one lump sum to the first surviving class of the following classes of beneficiaries:

- a) lawful spouse;
- b) child(ren), in equal shares;
- c) parents, in equal shares;
- d) siblings, in equal shares.

If there is no surviving member of any of the above classes, the benefits will be paid to Your estate.

Any payment that We make in good faith will fully discharge Us to the extent of that payment.

The benefits can be paid in one lump sum or at Your written request, in accordance with one of Our available settlement plans. If You have not chosen any such settlement plan, the Beneficiary can do so after Your death. The Beneficiary should request in writing to be paid from an available settlement plan. We must agree to the plan chosen.

**RIGHT OF RECOVERY** If payments for claims exceed the maximum amount payable under any benefit provisions or riders of the Policy, We have the right to recover the excess of such payments.

**PHYSICAL EXAMINATION AND AUTOPSY** At Our expense, We have the right to have the Covered Person examined as often as necessary while a claim is pending. At Our expense, We may require an autopsy unless the law forbids it.

**LEGAL ACTIONS** No legal action may be brought to recover against the Policy within 60 days after written proof of loss has been given. No such action will be brought after three years from the time written proof of loss is required to be given.

## **GENERAL CERTIFICATE PROVISIONS**

**BENEFICIARY CHANGES** You may name any person to be Your Beneficiary at the time of enrollment. You may change Your Beneficiary at any time. When We receive and record the change request, it will take effect as of the date You signed it. If You die prior to the date We receive and record the change, any payment We make to the new Beneficiary will be valid. The prior Beneficiary's interest ends the date the new designation takes effect.

If more than one Beneficiary is named without stating their respective interests, they will share equally. If a Beneficiary dies before You, that interest ends. The Beneficiaries that survive will share equally unless You make a written request to the contrary.

**CONFORMITY TO LAW** Any provision of the Policy which is in conflict with the laws of the state in which it is issued is amended to conform with the laws of that state.

**INCONTESTABILITY** After coverage under the Policy has been in force for two years, it can only be contested for non-payment of premiums. No statement made by a Covered Person can be used in a contest after his insurance has been in force two years during his lifetime. No statement a Covered Person makes can be used in a contest unless it is in writing and signed by him.

**MISSTATEMENT OF AGE** If the age of a Covered Person has been misstated in the enrollment form for insurance under the Policy, the benefits payable will be those based upon his correct age.

**NONPARTICIPATING** The Policy is a nonparticipating Policy; it does not share in Our surplus.

**POLICY CHANGES** The Policy may be changed at any time by written agreement between Us. No change or waiver of any of the provisions of the Policy will be valid unless made in writing by Us and signed by Our president, vice president, secretary or assistant secretary. No agent or other person has the authority to change or waive any provisions of the Policy.

**WORKER'S COMPENSATION** The Policy is not a Worker's Compensation Policy. It does not satisfy any requirement for coverage by Worker's Compensation Insurance.

#### **INDIVIDUAL TERMINATION/NONRENEWAL/CONTINUATION OF INSURANCE**

A Covered Person's insurance automatically ends on the first of the following dates:

- (1) The date the Policy is terminated;

Termination of coverage will not prejudice any claim originating prior to termination subject to all other terms of the Policy.

#### **DEFINITIONS**

When used in this Certificate the following words and phrases have the meaning given. The use of any personal pronoun includes both genders.

**AIRCRAFT** means a vehicle which: 1) has a valid certificate of airworthiness; and 2) is being flown by a pilot with a valid license to operate the vehicle.

**BENEFICIARY** means the person or entity named by the insured Member, on forms and in a manner approved by Us, to receive benefits.

**COVERED PERSON** means the insured insure Member.

**INJURY** means bodily injury caused by an accident. The accident must be unintended, unexpected and unforeseen and occur while the Covered Person's insurance is in force under the Policy. The Injury must be the direct cause of Loss and must be independent of all other causes. The Injury must not be caused by or contributed to by Sickness.

**LOSS** means the death of the Covered Person or any physical impairment or other benefit covered under the terms of the Policy and any attached Riders.

**LOSS OF A HAND OR FOOT** means complete Severance through or above the wrist or ankle joint.



**LOSS OF SIGHT** means the total, permanent loss of all vision in one eye which is irrecoverable by natural, surgical or artificial means. Loss of Sight must be certified by a licensed Physician who specializes in ophthalmology and is certified by the American Board of Ophthalmology.

**MEMBER** means a member of a Participating Organization, who has been accepted by Us. The terms "You", "Your" and "Yours" mean the Member.

**PHYSICIAN** means a person licensed by the state in which he is resident to practice the healing arts. He must be practicing within the scope of his license for the service or treatment given.

A Covered Person and his immediate family will not be considered a Physician.

**POLICY** means the group policy issued to the Policyholder providing the benefits described.

**POLICYHOLDER** means the legal entity in whose name the Policy is issued, as shown on the Schedule.

**POLICY MONTH** means the period of time starting on the first day of the month; it ends on the last day of the same month.

**SCHEDULE** means the Schedule of Benefits.

**SEVERANCE** means the complete and permanent separation and dismemberment of the part from the body.

**SICKNESS** means an illness or disease of the mind or body.