

Certificate of Insurance

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

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. Your eligible Dependent, if any, for whom premiums have been paid is also insured for the benefits described in this Certificate. You and Your Dependent are referred to as the Covered Person.

EFFECTIVE DATE OF INSURANCE

The insurance takes effect at 12:01 A.M. 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, but is governed by the laws of the state of Utah.

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.

Notice to Buyer: This is an accident only Certificate and it does not pay benefits for loss from sickness. Review your Certificate carefully. 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.

THIS CERTIFICATE IS RENEWABLE AT THE OPTION OF THE COMPANY.

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


Chairman


President

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SCHEDULE OF BENEFITS

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

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 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 Policyholder who has been accepted by Us and has paid any required premium. 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, disease or disorder of a Covered Person.

ELIGIBILITY AND EFFECTIVE DATE OF INSURANCE

ELIGIBILITY

Active Members in good standing age 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 his 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.

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

Loss:

Benefit:

(Percentage of Principal Sum
Shown on the Schedule)

One Hand or Foot
Sight of One Eye

50%
50%

EXCLUSIONS

In addition to any benefit-specific exclusions, benefits will not be paid for any Injury or Loss which, directly, 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 or insane;
- (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) flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface:
 - a. except as a fare paying passenger on a regularly scheduled commercial airline;
 - b. being flown by the Covered Person or in which the Covered Person is a member of the crew;
 - c. being used for:
 - i. crop dusting, spraying or seeding, giving and receiving flying instruction, fire fighting, sky writing, sky diving or hang-gliding, pipeline or power line inspection, aerial photography or exploration, racing, endurance tests, stunt or acrobatic flying; or
 - ii. any operation that requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on);
 - d. designed for flight above or beyond the earth's atmosphere;
 - e. an ultra-light or glider;
 - f. being used for the purpose of parachuting or skydiving;
 - g. being used by any military authority, except an Aircraft used by the Air Mobility Command or its foreign equivalent;
- (5) Voluntary involvement in any illegal or felonious activity.

INDIVIDUAL TERMINATION 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.

GENERAL 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 Certificate 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 and fraudulent misrepresentation. No statement made by a Covered Person can be used in a contest after his insurance has been in force two years. No statement a Covered Person makes can be used in a contest unless it is in writing and signed by him and a copy of the application has been furnished to the Covered Person.

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 which the premiums paid would have purchased based upon his correct age, otherwise, there will be an equitable adjustment of premiums.

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

OPTIONAL SETTLEMENT METHODS You, or the Beneficiary after the Covered Person's death, may elect to have Loss of life benefits paid in installments. Such election must be sent to Us in writing. The amounts and terms of the installments will be those which We offer at the time of election.

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.

CLAIM PROVISIONS

NOTICE OF CLAIM We must be given written notice of claim within 20 days after a covered Loss occurs. 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. Notice given by or on behalf of the Covered Person to any of our authorized agents in this state with details sufficient to identify the Certificate is considered notice to Us.

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 it was shown that written proof of loss was given as soon as reasonably possible. Failure to give proof of loss within 90 days does not bar recovery under the Policy if we fail to show we were prejudiced by the failure.

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.

APPEALS PROCESS IF CLAIM IS DENIED

If all or part of Your claim is denied, You will receive a written notice of denial. You may request an appeal. If You want to appeal, You must send Us a written request for review of the denied claim within one hundred eighty (180) calendar days from the time You

receive the adverse claim decision. Mail the written appeal to the address on the notice of adverse claim decision.

When You send Us a written appeal, it must include:

1. Your name;
2. The Policyholder's name;
3. A copy of the adverse claim decision;
4. Your reason for making the appeal; and
5. Any other details You would like Us to know.

When We receive the request for appeal, it will be handled by someone who was not involved in making the adverse claim decision. The person conducting the review will be someone other than the person who denied the claim and will not be subordinate to that person.

Timeframe for Deciding the Appeal. Your claim will be promptly re-reviewed following receipt of all necessary information. Within forty-five (45) days after receipt of the request for an appeal, We will send You either:

1. A written decision on the appeal; or
2. A notice that the review period is being extended for forty-five (45) days.

If We request additional information, You will have forty-five (45) days to provide the information. If the requested information is not provided within forty-five (45) days, a decision on the review of the claim may be based on the information that has been received.

Following the re-review, if all or part of Your claim is denied, You will receive a written notice of denial.

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.