

THE UNITED STATES LIFE Insurance Company In the City of New York

(Called United States Life)

830 Third Avenue
New York, New York 10022

CERTIFICATE OF INSURANCE FOR GROUP BENEFITS

This insurance is subject to the eligibility and effective date requirements of the group policy.

POLICYHOLDER: National Alliance of Consumers and Healthcare Professionals
GROUP POLICY NO.: G-610,349

IMPORTANT NOTICE- Please Read This Certificate Carefully

This certificate is a summary of the Group Policy provisions which affect your insurance. It is merely evidence of the insurance provided by such policy. The Group Policy is a contract between United States Life and the Policyholder. It may be changed or ended without notice to or consent of any Insured. This certificate replaces any certificate previously issued by United States Life to you under the Group Policy. The benefits described in this certificate are provided by the Group Policy number shown above, issued to the Policyholder shown above.

CONFORMITY WITH LAW

This certificate of insurance provides coverage under a group master policy that may be issued to an out-of-state group. The certificate rider(s) attached to your certificate, if any, provide all of the benefits mandated by the Insurance Code of the state in which you reside. However, you may not receive all of the protections provided by a policy issued in your state of residence and governed by all the laws of that state.

If the provisions of the group policy do not conform to the requirements of any state or federal law or regulation that applies to the Group Policy, the Group Policy is automatically changed to conform with United States Life's interpretation of the requirements of that law or regulation.

G-19001-FP

President

CERTIFICATE INDEX

SECTION	PAGE
Certificate Face Page	1
Certificate Index	1
Eligibility	1
Benefits	2
Definitions	3
General Exclusions	4
Claim Payment Provisions	4-5
<u>General Provisions</u>	5

G-19001-INDEX

Eligibility: Each person who is enrolled for the Policyholder's Membership Program and his or her Eligible Dependents (if family program is elected).

Period of Coverage: Coverage begins on the later of: 1) the Policy Effective Date; or 2) the date that the Insured becomes eligible. Coverage will end on the earlier of the date: 1) the policy terminates; 2) the Insured is no longer eligible; or 3) the period ends for which the premium is paid. For insurance to take effect, each person must be in Active Service. If an Eligible Person or Dependent is not in Active Service on the date insurance would otherwise be effective, it will be effective on the date he or she returns to Active Service. A Dependent's insurance will not be in effect prior to the date an Eligible Person is insured. **Active Service** means a Covered Person is either: 1) actively at work performing all regular duties on a full-time basis either at his or her primary employer's place of business or someplace the employer requires him or her to be; 2) employed, but on a scheduled holiday, vacation day or period of approved paid leave of absence; or 3) if not employed, able to engage in substantially all of the usual activities of a person in good health of like age and sex and not confined in a Hospital or rehabilitation or rest facility.

G-19001-E

Accidental Death & Dismemberment Benefits: We will pay the benefit shown below if Injury or Death occurs due to a Covered Accident, 24 hours a day, anywhere in the world, subject to the limitations listed below. If Your Injury results in any of the following losses within 365 days after the date of the Covered Accident, We will pay the amount shown below for that loss. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident.

Covered Loss

Life; Both Hands or Both Feet; Sight of Both Eyes
One Hand and One Foot; Either Hand or Foot and Sight of One Eye
Either Hand or Foot, or Sight of One Eye
Thumb and Index Finger of the Same Hand

Indemnity

Principal Sum
Principal Sum
50% of the Principal Sum
25% of the Principal Sum

“Loss of Hand or Foot” means complete Severance through or above the wrist or ankle joint. “Loss of Hand” includes “Loss of Four Fingers of the Same Hand.” “Loss of Sight” means the total, permanent Loss of Sight of one eye that is irrecoverable by natural, surgical or artificial means. “Loss of a Thumb and Index Finger in the Same Hand” or “Loss of Four Fingers of the Same Hand” means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). “Severance” means the complete separation and dismemberment of the part from the body.

Principal Sum: \$ 2,500

Family Plan Coverage (if family program is elected): Your Spouse is automatically insured for 50% of your Principal Sum (the amount increases to 60% if there are no dependent children); each Dependent child is automatically insured for 20% of your Principal sum (increases to 25% if no Spouse).

G-19001-ADD

Accident Medical/Dental Expense Benefits: We will pay Accident Medical/Dental Benefits for Covered Expenses that result directly, and from no other cause, from a Covered Accident. These benefits are subject to a \$250 Deductible, and a \$2,500 Benefit Maximum. The first Covered Expenses must be incurred within 90 days of the Accident. Accident Medical/Dental Benefits are only payable: (1) for Usual and Customary Charges incurred after the Deductible has been met; (2) for those Medically Necessary Covered Expenses incurred by or on behalf of the Covered Person; and (3) for charges incurred within 365 days after the date of the Covered Accident. No benefits will be paid for any expenses incurred that, in Our judgment, are in excess of Usual and Customary Charges.

Covered Expenses:

1. Hospital Room and Board Expenses: the daily room rate when a Covered Person is Hospital Confined and general nursing care is provided and charged for by the Hospital.
2. Ancillary Hospital Expenses: services and supplies including operating room, laboratory tests, anesthesia and medicines (excluding take home drugs) when Hospital Confined.
3. Registered Nurse Services Expenses for private duty nursing while a Covered Person is Hospital Confined; these services must be ordered by a Doctor.
4. X-ray Expenses (including reading charges) but not for dental X-rays.
5. Dental Expenses including dental X-rays for the repair or treatment of each injured tooth that is whole, sound and a natural tooth at the time of the Accident.
6. Ambulance Expense for transportation from the emergency site to the Hospital.
7. Prescription Drug Expenses (for injuries only) prescribed by a Doctor and administered on an outpatient basis.
8. Medical Emergency Care (room and supplies) Expenses; incurred within 72 hours of a Covered Accident and including the attending Doctor’s charges, X-rays, laboratory procedures, use of the emergency room and supplies.

G-19001-SA

Accident Disability Benefits – Applicable to Insured and insured Spouse who are under age 70: We will pay a Monthly Benefit of \$1,000 if you or your insured Spouse (if family program is elected) is Totally Disabled directly and independently of all other causes, from a Covered Accident. Disability benefits will begin after such Covered Person’s Total Disability has lasted for 90 days and we receive satisfactory proof of Total Disability. Benefits are payable for up to 12 months while the Total Disability continues.

Benefit payments will end on the first of the following dates: 1) the date the Covered Person dies; 2) the date the Covered Person is no longer Totally Disabled; 3) the date the Maximum Benefit Period (12 months) for this benefit ends; 4) the date the Covered Person attains age 70; or 5) the date the Covered Person fails to submit satisfactory proof of continuing Total Disability.

Hospital Stay Benefit: We will pay \$100.00 a day up to 31 days, if the Covered Person requires a Hospital Stay due to an injury from a covered accident, subject to the following conditions. The Hospital Stay must (a) be at the direction and under the care of a doctor, and (b) begin while the Covered Person’s insurance is in effect. In computing the number of days payable under this benefit, the date of admission will be counted but not the date of discharge.

Definitions: **Insured** means a person in a Class of Eligible Persons for whom the required premium is paid making insurance in effect for that person. An Insured is not an Eligible Dependent covered under the Policy. The Insured is referred to as "You" or "Your(s)." **Covered Person** means any Eligible Person and Eligible Dependent (if family program is elected) for whom the required premium is paid. **Eligible Dependent** means an Insured's lawful spouse; or an Insured's unmarried child, from the moment of birth to age 18 (23 if a full-time student), who is chiefly dependent on the Insured for support. A child, for eligibility purposes, includes an Insured's natural child; adopted child, beginning with any waiting period pending finalization of the child's adoption; or a stepchild who resides with the Insured or depends on the Insured for financial support. Insurance will continue for any dependent child who reaches the age limit and continues to meet the following conditions: 1) the child is handicapped; 2) is not capable of self-support; and 3) depends mainly on the insured for support and maintenance. The insured must send us satisfactory proof that the child meets these conditions, when requested. We will not ask for proof more than once a year. **Accident** means a sudden, unexpected and unintended event occurring external to the Covered Person. **Covered Accident** means an Accident that occurs while coverage is in force for a Covered Person and results in a loss or Injury covered by the Group Policy for which benefits are payable. **Injury** means accidental bodily harm sustained by a Covered Person that results directly and independently from all other causes from a Covered Accident. The Injury must be caused through accidental means. All injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury. **Deductible** means \$250 of Covered Expenses that must be incurred as an out-of-pocket expense by each Covered Person per Accident before Accident Medical/Dental Expense Benefits are payable under the Group Policy. **Doctor** means a licensed health care provider acting within the scope of his or her license and rendering care or treatment to a Covered Person that is appropriate for the conditions and locality. It will not include a Covered Person or a member of the Covered Person's Immediate Family or household. **Hospital** means an institution that: 1) operates as a Hospital pursuant to law for the care, treatment, and providing of in-patient services for sick or injured persons; 2) provides 24-hour nursing service by Registered Nurses on duty or call; 3) has a staff of one or more licensed Doctors available at all times; 4) provide organized facilities for diagnosis, treatment and surgery, either: (i) on its premises; or (ii) in facilities available to it, on a pre-arranged basis; 5) is not primarily a nursing care facility, rest home, convalescent home, or similar establishment, or any separate ward, wing or section of a Hospital used as such; and 6) is not a place for drug addicts, alcoholics, or the aged. **Medically Necessary** means a treatment, service or supply that is: 1) required to treat an Injury; 2) prescribed or ordered by a Doctor or furnished by a Hospital; 3) performed in the least costly setting required by the Covered Person's condition; and 4) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. Purchasing or renting: 1) air conditioners; 2) air purifiers; 3) motorized transportation equipment; 4) escalators or elevators in private homes; 5) swimming pools or supplies for them; and 6) general exercise equipment are not Medically Necessary. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may, at Our discretion, consider the cost of the alternative to be the Covered Expense. **Medical Emergency** means a condition caused by an injury that manifests itself by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy. **Usual and Customary Charge** means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided. **Hospital Confined** or **Hospital Stay** or **Confined to a Hospital** means a stay of 24 or more consecutive hours as a registered resident bed-patient in a Hospital. **Immediate Family** means a Covered Person's parent, grandparent, spouse, child, brother, sister, stepchild, grandchild, step-grandchild or in-laws.

Mental or Nervous Disorder means a neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease of any kind, that is without demonstrable organic cause. **Sickness** means an illness or disease that is first diagnosed or treated after the effective date of insurance for the Covered Person.

Total Disability or **Totally Disabled** means, due to an Injury from a Covered Accident, the Insured or insured Spouse: 1) if employed, cannot do any work for which he or she is, or may become, qualified by reason of education, experience or training; and 2) if not employed, cannot perform the normal and customary activities of a healthy person of like age and sex.

G-19001-DEF

Pre-Existing Conditions Limitation: Coverage is not provided for loss due to a pre-existing condition for 12 months from the effective date of the Covered Person's insurance. Pre-existing condition means: (a) the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within a one year period preceding the effective date of the Covered Person's insurance; or (b) a condition for which medical advice or treatment was recommended by a Doctor or received from a Doctor within a one year period preceding the effective date of the Covered Person's insurance.

General Exclusions: We will not pay benefits for any loss or Injury that is caused by, results from, or is contributed to by:

1. Intentionally self-inflicted Injury, suicide or attempted suicide, while sane.
2. War or any act of war, whether declared or not.
3. Active participation in a riot or insurrection.
4. Service in the military, naval or air service of any country, or international organization.
5. Piloting or serving as a crewmember or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
6. Work related injuries covered under Worker's Compensation, Employer's Liability Laws, or similar occupational benefits
7. Medical mishap or negligence, including malpractice
8. While traveling outside the United States, Canada, Mexico, or any United States possessions, except for a Medical Emergency or a covered Accidental Death or Accidental Dismemberment..
9. Treatment provided in a governmental hospital, benefits provided under a government program (except Medicaid or Medicare), and any other services for which no charge is normally made in the absence of insurance.
10. Treatment by an Immediate Family member or a member of the Covered Person's household.
11. Alcoholism, drug addiction or the use of any drug or narcotic except as prescribed by a Doctor.
12. Cosmetic care, except for Medically Necessary reconstructive plastic surgery. Reconstructive plastic surgery is defined as:
 - a. Surgery to restore normal bodily functions; or
 - b. Surgery to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or
 - c. Breast reconstruction following a mastectomy.
13. Dental treatment, except for Injury to sound, natural teeth.
14. Hernia, adenoids, tonsils, varicose veins, appendix, disorder of the reproductive organs, voluntary abortion, or elective sterilization with 6 months after the Covered Person's effective date of insurance.
15. Rest care, convalescent care, or rehabilitative care.
16. Treatment of Mental or Nervous Disorders.

In addition to the General Exclusions, we will not pay benefits for Injury or death to which a contributing cause is:

1. The Covered Person's violation or attempt to violate any duly-enacted law, or the commission or attempt to commit an assault or a felony, or that occurs while the Insured is engaged in an illegal activity or occupation.
2. Injury or death from an Accident where the Covered Person's intoxication would be considered a contributing cause to the Accident. Intoxication is determined according to the laws and/or regulations of the jurisdiction in which the Accident occurred. It will be considered a contributing cause if:
 - a. An investigation into the cause of the Accident by a police department or other government body makes such determination; or
 - b. It meets a "prudent and reasonable" test. "Prudent and reasonable" means that a review of the circumstances of the Accident by an ordinarily prudent person would find that the most reasonable interpretation of the facts indicate that intoxication was a causal factor.
3. Loss for which the Covered Person would not be responsible in the absence of this Coverage.

In addition to the General Exclusions, Accident Medical/Dental Expense Benefits will not be paid for:

1. Treatment of hernia, Osgood-Schlatter's Disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, or detached retina unless caused by Injury, whether or not caused by a Covered Accident.
2. Pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions.
3. Mental and Nervous Disorders (except as provided in the Group Policy).
4. Damage to or loss of dentures or bridges, or damage to existing orthodontic equipment (except as specifically covered by the Group Policy).
5. Expense incurred for treatment of Temporomandibular or Craniomandibular joint dysfunction and associated myofacial pain (except as provided by the Group Policy).
6. Covered medical expenses for which the Covered Person would not be responsible in the absence of this Coverage.
7. Any expense paid or payable by any other valid and collectible group insurance plan.
8. Conditions that are not caused by a Covered Accident.
9. Any treatment, service or supply not specifically covered by the Group Policy.

G-19001-GE

Claim Payment Provisions

Notice: The Insured must notify the National Alliance of Consumers and Healthcare Professionals within 90 days of an Accident or Loss. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify the Insured. Notice should be sent to: The National Alliance of Consumers and Healthcare Professionals 3132 West Post Road; Chesterfield, MO 63017 or call toll free to 1 800 992 8044.

Claim Forms: Claim forms will be provided to the claimant within 15 days.

Proof Of Loss: The proof of loss for other than loss of time for disability must be sent to the address above within 90 days after the date of loss. In the case of claim for loss of time for disability, written proof of such loss must be furnished within 30 days after the commencement of the period for which We are liable. Subsequent written proof of the continuance of such disability must be furnished at such intervals as we may reasonably require. If it cannot be provided within that time, it should be sent as soon as reasonably possible. In no event, except in the absence of legal capacity, should proof of loss be sent later than one year from the time proof is otherwise required.

Claimant Cooperation Provision: If the Insured fails to cooperate with United States Life in the administration of a claim, the claim may be terminated. Cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Time Payment of Claims: Any benefits due will be paid when We receive the required proof of loss.

Payment of Claims: Benefits for the Insured's loss of life are payable in accordance with the beneficiary schedule set forth below:

1. To the Insured's lawful spouse, if living; otherwise
2. To the Insured's children, if living, equally; otherwise
3. To the Insured's parents, if living, equally; otherwise
4. To the Insured's brothers and sisters, equally, if living; otherwise
5. To the Insured's estate.

All other benefits for a Covered Loss are payable to the Insured. If the Insured is: (1) a minor, or (2) in Our opinion, unable to give a valid release because of incompetence, We may pay any amount due to a parent, guardian, or other person actually supporting him or her. Any payment made in good faith will end Our liability to the extent of the payment.

G-19001-GPAH

GENERAL PROVISIONS

Change of Beneficiary: The Insured may change the beneficiary designation stated above at any time by written notice. If the Insured is a minor, his or her parent or guardian may exercise this right for him or her. The change will be effective when We or Our authorized agent receive it. When received, the effective date is the date the notice was signed. We are not liable for any payments made before the change was received. We cannot attest to the validity of a change. The Insured is the beneficiary for any covered Dependent.

Assignment: At the request of the Insured or his or her parent or guardian, if the Insured is a minor, medical benefits may be paid to the provider of service. Any payment made in good faith will end our liability to the extent of the payment.

Physical Examinations and Autopsy: We have the right to have a Doctor of Our choice examine the Insured as often as is reasonably necessary. This section applies when a claim is pending or while benefits are being paid. We also have the right to request an autopsy in the case of death, unless the law forbids it. We will pay the cost of the examination or autopsy.

Legal Actions: No lawsuit or action in equity can be brought to recover on the Policy: (1) before 60 days following the date proof of loss was given to Us; or (2) after 3 years following the date proof of loss is required.

Right of Recovery: A Covered Person may incur charges due to an Injury for which benefits are paid by the Group Policy. The Injury may be caused by the act or omission of another person. If so, the Covered Person may have a claim against that other person for payment of expense-incurred charges. If Recovery under the claim is made, the Covered Person must repay Us the Recovery made from: (1) the other person; or (2) the other person's insurer.

Only the amount recovered for charges incurred will be subject to Refund. One-third of the Net Recovery will be deemed to be for such charges. However, in no case will the amount of Refund exceed the amount of benefits paid for the Injury under the Group Policy.

The right of Refund also applies when the Covered Person recovers under an uninsured or underinsured motorist plan.

Time Limit on Recovery of Benefits: Any requests for refund by Us of all or a portion of a payment made to the Covered Person or health care provider must be made within 12 months of the claim payment except:

1. If the payment was made because of fraud committed by the Covered Person or the health care provider, or
2. If the Covered Person or health care provider has otherwise agreed to make a refund to Us for overpayment of a claim.

"Recovery" means monies paid to the Covered Person through judgment, settlement or otherwise to compensate for all losses caused by the Injury. "Net Recovery" means the Covered Person's Recovery less attorney's fees and court costs incurred in making the Recovery. "Refund" means repayment to Us for benefits paid.

G-19001-GP