

**YOUR MEMBER
BENEFIT PLAN**

AFA VETERAN BENEFITS ASSOCIATION

**Accidental Death Benefits
Dependent Accidental Death Benefits**

Effective: October 1, 2008

AFA Veteran Benefits Association
1501 Lee Highway
Arlington, VA 22209

TO OUR MEMBERS:

All of us appreciate the protection and security insurance provides.

This certificate describes the benefits that are available to you. We urge you to read it carefully.

Benefits are provided through a group policy issued to AFA Veteran Benefits Association by Metropolitan Life Insurance Company.

AFA Veteran Benefits Association



Metropolitan Life Insurance Company
200 Park Avenue, New York, New York 10166

Certifies that, under and subject to the terms and conditions of the Group Policy issued to the Policyholder, coverage is provided for each Member as defined herein.

The date when a Member is eligible for coverage is set forth in the form with the title Eligibility for Benefits.

The date when a Member's Personal Benefits become effective is set forth in the form with the title Effective Dates of Personal Benefits.

The date when a Member's Dependent Benefits become effective is set forth in the form with the title Effective Dates of Dependent Benefits.

The amounts of coverage are determined by the form with the title Schedule of Benefits.

A handwritten signature in black ink, appearing to read "C. Robert Henrikson". The signature is written in a cursive, flowing style.

C. Robert Henrikson
President and Chief Operating Officer

Policyholder: **AFA Veteran Benefits Association**

Group Policy No.: **74570-2-G**

Florida Residents: The benefits of the policy providing your coverage are governed primarily by the law of a state other than Florida.

For Maryland residents: The group insurance policy providing coverage under this certificate was issued in a jurisdiction other than Maryland and may not provide all of the benefits required by Maryland law.

If any prior certificate relating to the coverage set forth herein has been given to the Member, such certificate is void.

Form G.23000-Cert.-1

For Texas Residents:

IMPORTANT NOTICE

To obtain information or make a complaint:

You may call MetLife's toll-free telephone number for information or to make a complaint at

1-800-638-5433

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at

1-800-252-3439

You may write the Texas Department of Insurance
P.O. Box 149104
Austin, TX 78714-9104
Fax # 512 - 475-1771

Web: <http://www.tdi.state.tx.us>

Email: ConsumerProtection@tdi.state.tx.us

PREMIUM OR CLAIM DISPUTES: Should you have a dispute concerning your premium or about a claim you should contact MetLife first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR CERTIFICATE: This notice is for information only and does not become a part or condition of the attached document.

Para Residentes de Texas:

AVISO IMPORTANTE

Para obtener informacion o para someter una queja:

Usted puede llamar al numero de telefono gratis de MetLife para informacion o para someter una queja al

1-800-638-5433

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas
P.O. Box 149104
Austin, TX 78714-9104
Fax # 512 - 475-1771

Web: <http://www.tdi.state.tx.us>

Email: ConsumerProtection@tdi.state.tx.us

DISPUTAS SOBRE PRIMAS O RECLAMOS: Si tiene una disputa concierne a su prima o a un reclamo, debe comunicarse con MetLife primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

UNA ESTE AVISO A SU CERTIFICADO: Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

Arkansas residents please be advised of the following:

IMPORTANT NOTICE

IF YOU HAVE A QUESTION CONCERNING YOUR COVERAGE OR A CLAIM, FIRST CONTACT YOUR GROUP EMPLOYER OR GROUP ACCOUNT ADMINISTRATOR. IF, AFTER DOING SO, YOU STILL HAVE A CONCERN, YOU MAY CALL METLIFE'S TOLL-FREE TELEPHONE NUMBER:

1-800-638-5433

IF YOU ARE STILL CONCERNED AFTER CONTACTING BOTH YOUR GROUP EMPLOYER AND METLIFE, YOU SHOULD FEEL FREE TO CONTACT:

**ARKANSAS INSURANCE DEPARTMENT
CONSUMER SERVICES DIVISION
1200 WEST THIRD
LITTLE ROCK, ARKANSAS 72201-1904**

California residents please be advised of the following:

IMPORTANT NOTICE

**TO OBTAIN ADDITIONAL INFORMATION, OR TO MAKE A COMPLAINT,
CONTACT METLIFE AT:**

**METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE
NEW YORK, NY 10166
ATTN: CORPORATE CONSUMER RELATIONS DEPARTMENT
1-800-638-5433**

**IF, AFTER CONTACTING METLIFE REGARDING A COMPLAINT, YOU FEEL
THAT A SATISFACTORY RESOLUTION HAS NOT BEEN REACHED, YOU MAY
FILE A COMPLAINT WITH THE CALIFORNIA INSURANCE DEPARTMENT AT:**

**CALIFORNIA DEPARTMENT OF INSURANCE
300 SOUTH SPRING STREET
LOS ANGELES, CA 90013
1-800-927-4357 (within California)
1-213-897-8921 (outside California)**

Georgia residents please be advised of the following:

IMPORTANT NOTICE

The laws of the state of Georgia prohibit insurers from unfairly discriminating against any person based upon his or her status as a victim of family violence.

Missouri residents please be advised of the following:

IMPORTANT NOTICE

ACCIDENTAL DEATH OR DISMEMBERMENT BENEFITS

EXCLUSIONS

If you reside in Missouri the exclusion for "suicide or attempted suicide" will be as follows:

"suicide or attempted suicide while sane"

If you reside in Missouri the exclusion for "injuring oneself on purpose" will be as follows:

"injuring oneself on purpose or attempted suicide while sane, or while insane if it is not attempted suicide"

IMPORTANT NOTICE

NOTICE FOR RESIDENTS OF MONTANA

If a claim on your life becomes payable under this certificate, settlement of the claim shall be made within 60 days of the date that we receive proof of death that is satisfactory to us. The settlement shall include interest from the 30th day after we receive such proof until settlement. Such interest shall be paid at the rate required by law in Montana.

Utah residents please be advised of the following:

NOTICE TO POLICYHOLDERS

Insurance companies licensed to sell life insurance, health insurance, or annuities in the State of Utah are required by law to be members of an organization called the Utah Life and Health Insurance Guaranty Association ("ULHIGA"). If an insurance company that is licensed to sell insurance in Utah becomes insolvent (bankrupt), and is unable to pay claims to its policyholders, the law requires ULHIGA to pay some of the insurance company's claims. The purpose of this notice is to briefly describe some of the benefits and limitations provided to Utah insureds by ULHIGA.

PEOPLE ENTITLED TO COVERAGE

- You must be a Utah resident.
- You must have insurance coverage under an individual or group policy.

POLICIES COVERED

- ULHIGA provides coverage for certain life, health and annuity insurance policies.

EXCLUSIONS AND LIMITATIONS

Several kinds of insurance policies are specifically excluded from coverage. There are also a number of limitations to coverage. The following are not covered by ULHIGA:

- Coverage through an HMO.
- Coverage by insurance companies not licensed in Utah.
- Self-funded and self-insured coverage provided by an employer that is only administered by an insurance company.
- Policies protected by another state's Guaranty Association.
- Policies where the insurance company does not guarantee the benefits.
- Policies where the policyholder bears the risk under the policy.
- Re-insurance contracts.
- Annuity policies that are not issued to and owned by an individual, unless the annuity policy is issued to a pension benefit plan that is covered.
- Policies issued to pension benefit plans protected by the Federal Pension Benefit Guaranty Corporation.
- Policies issued to entities that are not members of the ULHIGA, including health plans, fraternal benefit societies, state pooling plans and mutual assessment companies.

LIMITS ON AMOUNT OF COVERAGE

Caps are placed on the amount ULHIGA will pay. These caps apply even if you are insured by more than one policy issued by the insolvent company. The maximum ULHIGA will pay is the amount of your coverage or \$500,000 — whichever is lower. Other caps also apply:

- \$100,000 in net cash surrender values.
- \$500,000 in life insurance death benefits (including cash surrender values).
- \$500,000 in health insurance benefits.
- \$200,000 in annuity benefits — if the annuity is issued to and owned by an individual or the annuity is issued to a pension plan covering government employees.
- \$5,000,000 in annuity benefits to the contract holder of annuities issued to pension plans covered by the law. (Other limitations apply).
- Interest rates on some policies may be adjusted downward.

DISCLAIMER

PLEASE READ CAREFULLY:

· **COVERAGE FROM ULHIGA MAY BE UNAVAILABLE UNDER THIS POLICY. OR, IF AVAILABLE, IT MAY BE SUBJECT TO SUBSTANTIAL LIMITATIONS OR EXCLUSIONS. THE DESCRIPTION OF COVERAGES CONTAINED IN THIS DOCUMENT IS AN OVERVIEW. IT IS NOT A COMPLETE DESCRIPTION. YOU CANNOT RELY ON THIS DOCUMENT AS A DESCRIPTION OF COVERAGE. FOR A COMPLETE DESCRIPTION OF COVERAGE, CONSULT THE UTAH CODE, TITLE 31A, CHAPTER 28.**

· **COVERAGE IS CONDITIONED ON CONTINUED RESIDENCY IN THE STATE OF UTAH.**

· **THE PROTECTION THAT MAY BE PROVIDED BY ULHIGA IS NOT A SUBSTITUTE FOR CONSUMERS' CARE IN SELECTING AN INSURANCE COMPANY THAT IS WELL-MANAGED AND FINANCIALLY STABLE.**

· **INSURANCE COMPANIES AND INSURANCE AGENTS ARE REQUIRED BY LAW TO GIVE YOU THIS NOTICE. THE LAW DOES, HOWEVER, PROHIBIT THEM FROM USING THE EXISTENCE OF ULHIGA AS AN INDUCEMENT TO SELL YOU INSURANCE.**

· **THE ADDRESS OF ULHIGA, AND THE INSURANCE DEPARTMENT ARE PROVIDED BELOW.**

Utah Life and Health Insurance
Guaranty Association
955 E. Pioneer Rd.
Draper, Utah 84114

Utah Insurance Department
State Office Building, Room 3110
Salt Lake City, Utah 84114

Virginia residents please be advised of the following:

IMPORTANT INFORMATION REGARDING YOUR INSURANCE

In the event you need 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 you have additional questions you may contact the insurance company issuing this insurance at the following address and telephone number:

Metropolitan Life Insurance Company
200 Park Avenue
New York, New York 10166
Attn: Corporate Customer Relations Department

To phone in a claim related question, you may call Claims Customer Service at:

1-800-638-5433

If you have been unable to contact or obtain satisfaction from the company or the agent, you may contact the Virginia State Corporation Commission's Bureau of Insurance at:

The Office of the Managed Care Ombudsman
Bureau of Insurance
P.O. Box 1157
Richmond, VA 23209

1-877-310-6560 - toll-free
1-804-371-9032 - locally
www.scc.virginia.gov - web address
ombudsman@scc.virginia.gov - email

Or:

The Virginia Department of Health (The Center for Quality Health Care Services and Consumer Protection)
3600 West Broad St
Suite 216
Richmond, VA 23230
1-800-955-1819

Written correspondence is preferable so that a record of your inquiry is maintained. When contacting your agent, company or the Bureau of Insurance, have your policy number available.

Wisconsin residents please be advised of the following:

KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS

PROBLEMS WITH YOUR INSURANCE? - If you are having problems with your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve your problem.

Metropolitan Life Insurance Company
Corporate Consumer Relations Department
200 Park Avenue
New York, NY 10166
1-800-638-5433

You can also contact the **OFFICE OF THE COMMISSIONER OF INSURANCE**, a state agency which enforces Wisconsin's insurance laws, and file a complaint. You can contact the **OFFICE OF THE COMMISSIONER OF INSURANCE** by contacting:

Office of the Commissioner of Insurance
Complaints Department
P.O. Box 7873
Madison, WI 53707-7873
1-800-236-8517 outside of Madison or 266-0103 in Madison.

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SCHEDULE OF BENEFITS
(Also see SCHEDULE SUPPLEMENT)

The following Benefits are provided subject to the provisions below.

MEMBER ACCIDENTAL DEATH BENEFITS

The amounts of Accidental Death Benefits available to Members are described below. The amounts in effect for each Member are those selected by the Member on the enrollment form furnished by the Policyholder. The Member's signed enrollment form is to be returned to the policyholder. A copy of the Member's signed enrollment form will be furnished to the Member by the Policyholder.

Amount of Accidental Death Benefits

	Plan 1	Plan 2	Plan 3
Benefit for Common Carrier Accidents	\$100,000	\$150,000	\$250,000
Benefit for Pedestrian or Automobile Accidents	\$50,000	\$75,000	\$125,000
Benefit for Other Accidental Deaths	\$15,000	\$25,000	\$40,000

Changes in Amounts of Accidental Death Benefits

You may request a change in the amount of such benefits by submitting a new enrollment form to the Policyholder. The change will be effective on the last day of the month in which Your request is received by the Policyholder.

DEPENDENT ACCIDENTAL DEATH BENEFITS

In order to be covered for Dependent Benefits, You must also be covered for Member Benefits. If You become covered for Dependent Benefits, all of Your eligible Dependents will be covered.

Spouse Accidental Death Benefits

	Plan 1	Plan 2	Plan 3
Benefit for Common Carrier Accidents	\$100,000	\$150,000	\$250,000
Benefit for Pedestrian or Automobile Accidents	\$50,000	\$75,000	\$125,000
Benefit for Other Accidental Deaths	\$15,000	\$25,000	\$40,000

Dependent Child Accidental Death Benefits

	Plan 1	Plan 2	Plan 3
Benefit for Common Carrier Accidents	\$20,000	\$30,000	\$50,000
Benefit for Pedestrian or Automobile Accidents	\$10,000	\$15,000	\$25,000
Benefit for Other Accidental Deaths	\$3,000	\$5,000	\$8,000

ADDITIONAL ACCIDENT EXPENSE BENEFITS

Emergency Accident Benefits

Deductible Amount.....\$25
Maximum Emergency Accident Benefit.....\$500

This benefit is limited to a combined maximum of 6 claims for all Covered persons, for the duration of this coverage, not to exceed 1 claim per year.

Form G.23000-B

SCHEDULE SUPPLEMENT

1. Statements Made by You Which Relate to Insurability

Any statement made by You will be deemed a representation and not a warranty.

No such statement made by You which relates to insurability will be used:

- a. in contesting the validity of the benefits with respect to which such statement was made; or
- b. to reduce the benefits;

unless the conditions listed in items (a) and (b) below have been met:

- (i) The statement must be contained in a written application or enrollment form which has been signed by You.
- (ii) A copy of the application or enrollment form has been furnished to You or to your Beneficiary or to Your personal representative.

No such statement made by You will be used at all after such benefits have been in force prior to the contest for a period of two years during the lifetime of the person to whom the statement applies.

2. Assignment

This certificate may not be assigned by You. Your benefits may not be assigned prior to a loss.

3. Additional Provisions

- a. The benefits under This Plan do not at any time provide paid-up insurance, or loan or cash values.
- b. No agent has the authority:
 - (i) to accept or to waive the required notice or proof of a claim; nor
 - (ii) to extend the time within which a notice or a proof must be given to us.

Form G.23000-B1

DEFINITIONS OF CERTAIN TERMS USED HEREIN

"Covered Person" means a Member or a Dependent on whose account benefits are in effect under This Plan.

"Dependent" means Your spouse or Your unmarried natural child except for:

- 1. a person who is covered under This Plan as a Member;
- 2. Your Spouse if legally separated from You;
- 3. a child who is 21 years of age or older; unless a child:
 - a. is more than 21 years of age but less than 23 years of age; and
 - b. is attending an educational institution as a full-time student and is dependent on you for financial support.

A full-time student includes any student who by reason of a mental or physical illness or an accidental injury as documented by a Doctor is unable to carry what the educational institution considers a full-time course load.

However, if you reside in Texas, the limiting age for children and grandchildren will not be less than 25 regardless of student status or military service status. Grandchildren must be living with you and dependent on you for financial support.

Please note, if you reside in New Mexico, the limiting age for children will not be less than 25 regardless of student status.

If a Dependent child is a Covered Person on the day before that child has reached the applicable age limit, that child will continue to be a Dependent after the age limit as long as:

- a. that child is and remains unable to work in self-sustaining employment because of:
 - i. physical handicap; or
 - ii. mental retardation; and
- b. that child is and remains chiefly dependent upon You for support; and

- c. that child is and remains a Dependent, as defined, except for the age limit; and
- d. You give us proof, when We ask for it, that the child is and remains so unable to work and dependent upon You since the age limit. We will not ask for proof more than once a year. The proof must be satisfactory to Us.

Subject to the same conditions which apply to a natural child, child also includes:

- a. a child who is supported solely by You and permanently living in the home of which You are the head; and
- b. a child who is legally adopted; and
- c. a stepchild who lives in your home; and
- d. a child for whom benefits must be provided by court order, that we have been notified of (as set forth in a divorce decree).

No person may be covered as a Dependent of more than one Member.

"Dependent Benefits" mean the benefits which are provided on account of a Dependent under This Plan.

"Doctor" means a person who is legally licensed to practice medicine. Any one of the following licensed practitioners will be considered a Doctor if the service performed by the practitioner is within the scope of his or her license:

1. Audiologists;
2. Chiropractors;
3. Chiropodists;
4. Clinical Nurse Specialists (who render mental health services);
5. Clinical Social Workers;
6. Dentists;
7. Opticians;
8. Optometrists;
9. Physical Therapists;
10. Podiatrists;
11. Professional Counselors;
12. Psychologists; and
13. Speech Pathologists.

"Hospital" means a facility which:

1. is legally licensed; and
2. provides a broad range of 24 hours a day medical and surgical services for sick and injured persons by, or under the supervision of, a staff of Doctors; and
3. provides 24 hours a day nursing care by, or under the direction of, a registered professional nurse (R.N.)

"Member" means a member in good standing of the Policyholder.

"Personal Benefits" mean the benefits which are provided on account of a Member under This Plan.

"Policyholder" means the AFA Veteran Benefits Association.

"Spouse" means Your lawful spouse.

"This Plan" means the Group Policy which is issued by us to provide Personal Benefits and Dependent Benefits.

"We", **"us"** and **"our"** mean Metropolitan.

"You" and **"your"** mean the Member who is a Covered Person for Personal Benefits. They do not include a Dependent of the Member.

Form G.23000-A

ELIGIBILITY FOR BENEFITS

Personal Benefits Eligibility Date

If You are a Member on October 1, 2008, that is Your Personal Benefits Eligibility Date.

If You become a Member after October 1, 2008, Your Personal Benefits Eligibility Date is the date You become a Member of the Policyholder.

Dependent Benefits Eligibility Date

Your Dependent Benefits Eligibility Date is the later of Your Personal Benefits Eligibility Date and the date You first acquire a Dependent.

Form G.23000-C

EFFECTIVE DATES OF PERSONAL BENEFITS

1. Request Forms

You must make a written request to the Policyholder for Personal Benefits.

2. Effective Date

Your Personal Benefits will become effective on the later of Your Personal Benefits Eligibility date or the last day of the calendar month in which Your request is received by the Policyholder.

Form G.23000-D1

EFFECTIVE DATES OF DEPENDENT BENEFITS

1. Request Forms

You must make a written request to the Policyholder for Personal Benefits.

2. Effective Date

Your Dependent Benefits will become effective on the later of:

- a. Your Dependent Benefits Eligibility Date; and
- b. the effective date of Your Personal Benefits.
- c. the last day of the calendar month in which Your request is received by the Policyholder.

3. New Dependents

Dependent Benefits with respect to a person who becomes Your Dependent while You are insured for Dependent Benefits will be effective on the date such person becomes Your Dependent.

Form G.23000-D2

ACCIDENTAL DEATH BENEFITS

1. Coverage

We will pay Accidental Death Benefits for a death if:

- (i) You are injured in an accident which occurs while You are covered for Accidental Death Benefits; or
- (ii) a Dependent is injured in an accident which occurs while Accidental Death Benefits are in effect for that Dependent;

and if, in either case:

- a. that accident is the sole cause of the injury; and
- b. that injury is the sole cause of that death; and
- c. that death occurs not more than 365 days after the date of that accident.

2. Exclusions (See notice page for Missouri residents)

We will not pay for an accidental death if it in any way results from, or is caused or contributed to by:

- (a) physical or mental illness, diagnosis of or treatment for the illness; or
- (b) an infection, unless it is caused by an external wound that can be seen and which was sustained in an accident; or
- (c) suicide or attempted suicide; or
- (d) injuring oneself on purpose; or
- (e) the use of any drug or medicine; or
- (f) a war, or a warlike action in time of peace; or
- (g) committing or trying to commit a felony or other serious crime or an assault.
- (h) operating an aircraft while a student pilot who has not been certified to operate an aircraft or received his or her military wings; or
- (i) Operating or serving as a crew member on an aircraft which is being used for any test or experimental purposes.

3. Amount

The amount of Accidental Death Benefits is the amount:

- (a) for which You are covered on the date of Your accident; or
- (b) that is in effect for a Dependent on the date of the Dependent's accident; or

- (c) which is payable for the type of accident which results in death.
 - A. the Accidental Death Benefit is payable for accidents which are not covered in 3(c)(B) or 3(c)(C) below; and
 - B. The Pedestrian and Automobile Accident Benefit is payable for an accident which occurs:
 - 1. while driving a private passenger automobile, except while driving for fare or in a race, speed or endurance contest or driving a motorcycle;
 - 2. while riding as a passenger in a private passenger automobile, except for fare or in a race, speed or endurance contest or riding a motorcycle; or
 - 3. as a pedestrian, when struck by a motor vehicle ordinarily operated on public streets or highways.
 - C. The Common Carrier Accident Benefit is payable for an accident which occurs while riding as a passenger, other than a pilot or crew member, in:
 - 1. any public air, land or water conveyance operated by a common carrier primarily for passenger service; or
 - 2. any scheduled flight of the Air Mobility Command.

4. Payment of Benefits

The Accidental Death Benefits will be paid when we receive notice and satisfactory proof of the accidental death.

Accidental Death Benefits will be paid:

- (a) to Your Beneficiary for the loss of Your life; and
- (b) to You for the loss of life of a Dependent.

5. Optional Types of Payment

Payment of any amount of Accidental Death Benefits may be made in installments. Details on the payment options may be obtained from the Policyholder.

Form G.23000-4K

ADDITIONAL ACCIDENT EXPENSE BENEFITS

1. Coverage

If a Covered Person receives a service of the type listed in section 2, We will pay a benefit if the service:

- (a) is performed while You are covered for Additional Accident Expense Benefits for that Covered Person; and

- (b) is performed in connection with an injury; and
- (c) is prescribed or performed by a Doctor; and
- (d) is received within 30 days of the accident;

Except that We will not pay Additional Accident Expense benefits in connection with

- (1) a service which is not medically necessary in terms of generally accepted medical standards; or
- (2) a service which is deemed to be experimental in terms of generally accepted medical standards; or
- (3) any dental service, except as provided above; or
- (4) injury sustained while on military maneuvers; or
- (5) suicide or attempted suicide, while sane or insane; or
- (6) injuring oneself on purpose; or
- (7) the use of a controlled substance, unless used on the advice of a Doctor, or the use of an intoxicant; or
- (8) declared or undeclared war or act of war; or
- (9) armed aggression; or
- (10) operating an aircraft while a student pilot who has not been certified to operate an aircraft or received his or her military wings; or
- (11) operating or serving as a crew member on an aircraft which is being used for any test or experimental purposes.

2. Types of Services

Additional Accident Expense Benefits includes the following Emergency Accident Benefits:

- (a) room and board in a Hospital and other Hospital services; and
- (b) diagnostic X-ray and lab exams; and
- (c) services of a Doctor; and
- (d) services of a registered nurse (R.N.) other than a nurse who lives in Your home or who is a member of Your immediate family; and
- (e) services of a physician's assistant, other than a physician's assistant who lives in Your home or who is a member of Your immediate family; and
- (f) services of dentists for replacement of natural teeth; and
- (g) drugs and medicines prescribed by a Doctor and approved by the United States Food and Drug Administration for general use in treating the injury or sickness for which they are prescribed; and

(h) surgical dressings, casts, splints, trusses, braces and crutches.

3. Amount

Benefits will be equal to the amount by which the charges for the covered services exceed the Deductible Amount shown in the Schedule of Benefits.

However, no more than the Maximum Emergency Accident Expense Benefit shown in the Schedule of Benefits will be paid for all services performed in connection with all injuries sustained by a Covered Person in the same accident.

4. Payment of Benefits

Additional Accident Expense Benefits will be paid to You. We will pay benefits when we receive satisfactory written proof of Your claim.

Form G.23000-12

BENEFICIARY

1. Your Beneficiary

The "Beneficiary" is the person or persons You choose to receive any benefit payable because of Your death.

You make Your choice in writing on a form approved by Us. This form must be filed with the records for This Plan.

You may change the Beneficiary at any time by filing a new form with the Policyholder. You do not need the consent of the Beneficiary to make a change. When the Policyholder receives a form changing the Beneficiary, the change will take effect as of the date You signed it. The change of Beneficiary will take effect even if You are not alive when it is received.

A change of Beneficiary will not apply to any payment made by Us prior to the date the form was received by the Policyholder.

2. More Than One Beneficiary

If, when You die, more than one person is Your Beneficiary, they will share in the benefits equally, unless You have chosen otherwise.

3. Death of a Beneficiary

A person's rights as a Beneficiary end if that person dies before Your death occurs.

The share for that person will be divided among the surviving persons You have named as Beneficiary, unless You have chosen otherwise.

4. No Beneficiary at Your Death

If there is no Beneficiary at Your death for any amount of benefits payable because of Your death, that amount will be paid to one or more of the following persons who are related to You and who survive You:

1. spouse;
2. parent;
3. child;
4. brother and sister.

However, We may instead pay all or part of that amount to Your estate.

Any payment will discharge our liability for the amount so paid.

Form G.23000-G

CLAIM PROCEDURE FOR ACCIDENTAL DEATH BENEFITS

1. When Notice of Claim Must be Given

Written notice of a claim must be given to Us for Accidental Death Benefits within 15 days after the date of the accident which caused the loss.

2. Claim Forms

When We receive written notice of a claim, we may furnish printed forms for filing proof of the claim. If We do not furnish printed forms within 15 days after You give Us notice, You must furnish Your own form of proof in writing.

Proof must describe the event, the nature and the extent of the cause for which a claim is made; it must be satisfactory to Us.

3. When Proof of Claim Must Be Given

Written proof of a claim must be given to us not later than 90 days after the date of the loss, in the case of Accidental Death Benefits.

4. Late Notice or Proof

If notice or proof is not given on time, the delay will not cause a claim to be denied or reduced as long as the notice or proof is given as soon as possible.

5. Time Limits on Starting Lawsuits

No lawsuit may be started to obtain benefits until 60 days after proof is given.

No lawsuit may be started more than 3 years after the time proof must be given.

6. Medical Examinations

While a claim is pending, we, at Our expense, have the right to have You examined by Doctors of Our choice when and as often as We reasonably choose.

7. Autopsy

If Accidental Death Benefits are claimed, We, at our expense, have, in the case of death, the right to have an autopsy made where it is not against the law.

Form G.23000-H3

WHEN BENEFITS END

1. All of Your benefits will end on the date You cease to be a Member.
2. If This Plan ends in whole or in part, Your benefits which are affected will end.
3. Your Dependent Benefits will end on the earlier of:
 - a. the date that the Dependent ceases to be Your Dependent; or
 - b. the date of Your death.

The end of any type of benefits on account of a Covered Person will not affect a claim which is incurred before those benefits ended.

Form G.23000-F

NOTICES

This certificate is of value to You. It should be kept in a safe place. Your Beneficiary should know where the certificate is kept.

As soon as Your benefits end, You should consult the Policyholder to find out what rights, if any, You may have to continue Your protection.

Our Home Office is located at 200 Park Avenue, New York, New York 10166.

Form G.23000-E