



**AMERICAN INCOME LIFE**  
insurance company

**SPECIAL RISK**  
DIVISION

PO Box 50158, Indianapolis, IN 46250  
Ph: 800-849-4820 Fax: 317-849-2793  
www.ailspecialrisk.com

October 15, 2024

OKLAHOMA 4-H \*  
205 4-H YOUTH DEVELOPMENT BLDG  
STILLWATER, OK 74078

**Policy Number: A OK49897**  
**Issue Date: September 01, 2016**  
**Renewal Date: September 01, 2025**

Thank you for your application for our annual coverage. You will find your policy enclosed with this letter.

Provisions of this policy:

1. Benefits are payable on a primary basis with no deductibles—Which means that this policy pays first, regardless of other insurance.
2. Coverage is in effect during ADULT SUPERVISED UNIT activities only. (Not applicable if your policy is issued to an adult group.)
3. Unit members registering after the issue/renewal date are AUTOMATICALLY covered without additional premium.
4. If you cover your leaders on an optional basis, we must have the names of those leaders and the appropriate premium before those new leaders are considered covered.
5. CHANGE IN THE UNIT NAME must be recorded with American Income. A name change endorsement will be returned to you and should be kept with the policy.

This policy is in effect for one year from the date of issue. A renewal notice will be sent during your renewal month next year and should be used to retain the same policy number and to avoid being issued a new policy.

A duplicate copy of your policy is sent only upon request.

**Claim report forms** may be found on our website at <https://www.aillife.com/specialriskdivision/claims>.

All correspondence regarding this policy should include the policy number. If you have any questions, please call our toll-free number—1-800-849-4820. We hope you have a successful year!

Enclosures: Policy

## GROUP ACTIVITIES MASTER ACCIDENT POLICY



# American Income Life Insurance Company

Post Office Box 50158  
Indianapolis, Indiana 46250  
Telephone 800-849-4820  
(Herein Called the Company)

HEREBY AGREES with the group named in the Schedule (hereinafter called Unit) to insure each member for the period stated in the Schedule, for whom application is made (herein called Insured Member), and promises to pay for losses resulting from injury to the extent herein provided.

The words "Insured Member" as used in this policy shall mean all active members and leaders (if coverage for leaders is applied for) of the group Specified in the schedule of this policy.

### SCHEDULE

NAME & ADDRESS OF UNIT:

**OKLAHOMA 4-H \***

**205 4-H YOUTH DEVELOPMENT BLDG**

**STILLWATER, OK 74078**

Policy Number:

**A OK49897**

Effective Date:

September 01, 2016

Termination Date:

September 01, 2025

Anniversary / Renewal Date

Each Subsequent Year: September 01

<b>Loss of Life Accident Indemnity</b> (Part I) \$5000	<b>Specific Loss Accident Indemnity</b> (Part II) \$10000	<b>Physician, Surgeon &amp; Hospital Expense</b> (Maximum Amount/Accident) \$5000	The premium for each Insured Member is: \$1.00-regular per year \$2.00-horse/special per year
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"Injury" wherever used in this Policy means bodily injury caused by an accident occurring while this Policy is in force as to the Insured Member and resulting directly and independently of all other causes in loss covered by this Policy, provided such injury is sustained by the Insured Member while and in the consequence of

1. Participating in, or attendance at, any regularly approved Unit activity as a group, under the supervision of the duly designated Unit Leader; or
2. Traveling directly to and from such regularly scheduled and approved group activity with the other Members of the Unit as a group, provided such group is at the time under the supervision of the proper authority of the Unit; or
3. Traveling directly to and from the Insured Member's residence and meeting place for the purpose of participating in such regularly scheduled Unit activity.

**PART I                    LOSS OF LIFE ACCIDENT INDEMNITY**

When Injury results in loss of life of the Insured We will pay a benefit. Such loss of life must occur within 100 days after the date of the accident. The Loss of Life Accident Indemnity is shown in the Schedule.

**PART II                    SPECIFIC LOSS ACCIDENT INDEMNITY**

When Injury does not result in loss of life, but does result in any of the following losses within 100 days after the date of the accident, We will pay for:

Loss of both hands or both feet	The Specific Loss Accident Indemnity
Loss of the entire sight of both eyes	The Specific Loss Accident Indemnity
Loss of one hand and one foot	The Specific Loss Accident Indemnity
Loss of one hand and the entire sight of one eye	The Specific Loss Accident Indemnity
Loss of one foot and the entire sight of one eye	The Specific Loss Accident Indemnity
Loss of one arm or one leg	50% of The Specific Loss Accident Indemnity
Loss of the entire sight of one eye	30% of The Specific Loss Accident Indemnity
Loss of one hand or one foot	50% of The Specific Loss Accident Indemnity

"Loss" as used above with reference to hand or foot means complete severance through or above the wrist or ankle joint, as used with reference to arm or leg means complete severance through or above the elbow or knee joint, and as used with reference to eye mens the irrecoverable loss of the entire sight thereof. No indemnity will be paid under any circumstances for more than one of the losses above, the greatest for which provision is made in this Part.

**PART III                    PHYSICIAN, SURGEON, DENTAL, HOSPITAL, PRESCRIPTIONS AND AMBULANCE EXPENSE**

When Injury shall require treatment by a legally qualified physician or surgeon, confinement within a hospital, drugs and medicines requiring the written prescription of a physician, orthopedic appliances, X-ray examination; or use of an ambulance the Company will pay a benefit in addition to any loss covered in Part II, the expense actually incurred by the Insured Member within 52 weeks after the date of the accident for such expense not to exceed the Amount Payable shown in the Schedule as the result of any one accident to any one Insured.

The maximum payment for any Injury necessitating dental treatment to natural teeth shall be one thousand (\$1,000.00) Dollars.

**PART IV                    EXCLUSIONS**

This Policy does not cover any loss caused by or resulting from: (1) Illness; (2) Suicide or any attempt thereat while sane or intentional self-destruction or any attempt thereat while insane; (3) Riding as a passenger or otherwise in any vehicle or device for aerial navigation; (4) The expense of replacing eyeglasses or prescriptions therefore; (5) Replacing or repairing dentures; (6) Hernia in any form, or any other expense for services not listed in Part III of this Policy; (7) Workman's Compensation or any loss covered under Medicare; (8) Any injury sustained while skiing, tobogganing, tubing or sledding.

**PART V                    EFFECTIVE DATE AND POLICY TERMS**

This Policy takes effect on the date stated in the Schedule. All anniversary dates are computed from this date. The Policy continues in effect so long as the premium is paid as herein agreed. Either We or the Unit may terminate this Policy as of any anniversary date. Notice must be given to the other party at least ten days prior to such date.

All periods of insurance hereunder shall begin and end at 12:01 Standard Time, at the Unit's address stated in the Schedule.

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

All members who are registered as active members of the Unit named in the Schedule are eligible for insurance under this Policy. Only those leaders for whom coverage is applied for are eligible for insurance under this Policy.

Insurance for each eligible member of the Unit will take effect on the date such member begins active participation in the Unit activities as a member. In no event will insurance take effect prior to the effective date of this Policy.

The Company shall have the right and opportunity to inspect the records of the Unitas pertaining to this insurance at all reasonable times and within two years after the expiration of this Policy or settlement of all claims hereunder, whichever last occurs.

## **PART VII INDIVIDUAL TERMINATION**

The insurance on any Insured shall immediately terminate on the earliest of the following dates:

- a) on the date this Policy terminated; or
- b) on the date the Insured ceases to be an active Member of the Unit.

## **PART VIII PREMIUM AND PREMIUM PAYMENT**

This Policy is issued in consideration of the payment by the Unit of the total annual premium calculated and payable as herein provided.

The annual premium for members of the Unit shall be payable to the Company prior to the effective date of this Policy, thereafter, premium is payable within 10 days after each subsequent renewal date. The total Unit premium is calculated on the basis of the amount stated in the Schedule per Insured Member times the number of members named on the membership roster of such Unit on the first day of each Policy year. The Company reserves the right to decline any renewal.

## **PART IX GENERAL PROVISIONS**

This Policy and the application of the Unit, constitute the entire contract between the parties.

All statements made by the Unit shall be deemed representations and not warranties and no such statement shall avoid the insurance or reduce the benefits under this Policy or be used in defense to a claim hereunder unless it is contained in the written application.

No agent has authority to change this Policy or to waive any of its provisions and no change in this Policy shall be valid unless approved by an executive officer of the Company and such approval must be endorsed hereon.

Written notice of claim must be given to the Company within twenty days after the occurrence or commencement of any loss covered by this Policy begins, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the Insured or the Beneficiary to the Company at its Home Office in Indianapolis, Indiana, with information sufficient to identify the Insured Member, shall be deemed notice to the Company.

The Company, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such form are not furnished within fifteen days after the giving of such notice the claimant shall be deemed to have complied with the requirements of this Policy as to proof of loss upon submitting, within the time fixed in the Policy, for filing proofs of loss, written proof covering the occurrence, and the character and extent of the loss for which claim is made.

Written proof of loss must be furnished to the Company within ninety days after the termination of the period for which the Company is liable. Failure to furnish such proof within the time provided shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.



**AMERICAN INCOME LIFE**  
insurance company

**SPECIAL RISK**  
DIVISION

Home Office:  
Indianapolis, Indiana

**GROUP ACTIVITIES MASTER  
ACCIDENT POLICY**

**SRP 106 Rev 4-81**

Indemnities payable under this Policy will be paid immediately upon receipt of due written proof of such loss.

The Company at its own expense, shall have the right and opportunity to examine the person of the Insured Member when and so often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death where it is not forbidden by law.

Indemnity for loss of life of the Insured Member is payable to the spouse or parent of the Insured Member if surviving the Insured Member, and otherwise to the estate of the Insured Member. All other indemnities of this Policy are payable to the Insured. All other indemnities of this Policy are payable to the Insured Member except in the event the Insured Member is a minor, the Company may pay any amount otherwise payable to the Insured Member to the parent, parents, or guardian of the Insured Member or other person actually supporting the Insured Member.

No action at law or equity shall be brought to recover on this Policy prior to the expiration of sixty days after proof of loss has been filed in accordance with the requirements of this Policy, nor shall such action be brought at all unless brought within three years from the expiration of the time within which proof of loss is required by this Policy.

The Insured Members shall have the sole right to select their own physician, surgeon and hospital and a physician-patient relationship shall be maintained.

If any time limitation of this Policy with respect to commencing an action at law or in equity is less than that permitted by the law of the state in which the Unit is located at the time this policy is issued, such limitation is hereby extended to agree with the minimum period permitted by such law.

IN WITNESS WHEREOF, THE AMERICAN INCOME LIFE INSURANCE COMPANY has caused this Policy to be signed by its President and Secretary, but the same shall not be binding upon Us unless countersigned by its duly authorized agent.

Secretary

President



## AMERICAN INCOME LIFE INSURANCE COMPANY

### **PRIVACY POLICY**

American Income Life Insurance Company cares about protecting its policyholders' privacy. In the process of providing the products and services you requested, we will collect, use and share certain information you provided. This Privacy Policy explains what information we collect and how we use that information. The policy also explains how we protect the security and confidentiality of your information.

### **COLLECTION OF INFORMATION**

We collect and retain the information necessary for us to provide the products and services you requested. In that process we may collect non-public information from you as a result of your completion of an insurance application or other forms and information about your transactions and experience with us.

### **SHARING INFORMATION**

We may share information with certain non-affiliated companies or individuals, including providers inquiring about benefits, family or legal representatives acting on your behalf, and to comply with legal or regulatory requirements. We may also share information about you with non-affiliated entities that contract with us to perform marketing and administrative services. We may also disclose your information to our affiliated companies.

### **INTERNAL PROTECTION OF INFORMATION**

We restrict access to non-public personal information about you to those employees who need to know that information to provide the products and services you requested. We maintain physical, electronic and procedural safeguards to comply with federal regulations to guard this information.

### **DISCLOSURE OF OUR PRIVACY POLICY**

We have posted this Notice for informational purposes and may amend this policy at any time and will update it as required. No action is necessary if you elect to access this information electronically. In that case, we may refrain from sending you this notice annually. However, if you would prefer to receive the notice by mail, please provide your name, address and policy number to

Privacy Policy  
P.O. Box 268850  
Oklahoma City, OK  
73126-8850

### **HOW TO CONTACT US TO OPT-OUT**

If you prefer that we not share your non-public information with non-affiliated companies or individuals for any purpose other than providing the products and services you requested, please complete the opt-out form provided at [www.optoutform.com](http://www.optoutform.com).



**GROUP ACTIVITIES ACCIDENT POLICY**

**Policy # A OK49897**

**OKLAHOMA 4-H \***

<b>TABLE OF BENEFITS</b>	<b>Maximum Benefits</b>
For expenses incurred within 52 weeks of the date of Accident for Medical and Surgical Treatment, X-Ray Charges, Hospital Confinement, Ambulance Expense and Prescriptions up to....	<b>\$5,000.00</b>
For Dental Expenses incurred within 52 weeks of Accident, involving sound, natural teeth...	<b>\$1,000.00</b>
For losses within 100 days of Accident which result in the loss of life...	<b>\$5,000.00</b>
For losses within 100 days of Accident which cause loss of both hands or both feet, or one hand and one foot, or the total and irrecoverable loss of sight of both eyes...	<b>\$10,000.00</b>
For losses within 100 days of Accident which cause the loss of one arm, leg foot or one hand...	<b>\$5,000.00</b>
For losses within 100 days of Accident which cause the loss of sight of one eye...	<b>\$3,000.00</b>

The policy provides **PRIMARY, NO-DEDUCTIBLE** coverage as outlined above.

**This policy does not cover the following:**

1. Illness
2. Eyeglass replacement of prescriptions
3. Hernia in any form
4. Suicide, self-destruction or any attempt thereat
5. Pregnancy
6. Pre-existing conditions within the last 6 mo.
7. Loss covered by Worker's Comp
8. Treatment by self, family members, or person employed by the policyholder
9. Participation in snow tubing, tobogganing, or bobsledding
10. Dental treatment other than injury to sound, natural teeth
11. Accident while under the influence of alcohol, drugs or any other intoxicant

**Certificate of Insurance**

We hereby certify that application has been received and we have bound medical coverage as outlined above for all members and eligible leaders of:

**OKLAHOMA 4-H \***

**Policy # A OK49897**

**Valid through: Sep-1-2025**

Authorized Rep. Of AIL