



American Income Life Insurance Company



P.O. Box 50158 • Indianapolis, Indiana 46250

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GROUP ACTIVITIES ACCIDENT POLICY

Policy # SRP AFL44504

Palm Beach County 4-H

\$1.00 per person per year!

Covers each registered member (leaders optional) while participating in or attending regularly approved and adult supervised group activities. **(All members MUST be insured.)**

Table of Benefits	Maximum Benefits
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...	\$2500.00
For Dental Expenses incurred within 52 weeks of Accident, involving sound, natural teeth...	\$500.00
For Medical and Hospital Expense for illness which manifests itself on the day or days this policy is in force up to...	\$00.00
For Medical Expenses from these specified diseases: Poliomyelitis, Diphtheria, Scarlet Fever, Smallpox, Tetanus, Cerebrospinal Meningitis, Typhoid Fever, Leukemia or Primary Encephalitis...	\$00.00
For losses within 100 days of Accident which result in the loss of life...	\$5000.00
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 irrevocable loss of sight in both eyes...	\$10,000.00
For losses within 100 days of Accident which cause the loss of one hand or one foot or the loss of sight in one eye...	\$5000.00

This policy does not cover:

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

Special Features:

- ✿ First dollar = primary coverage – No deductible!
- ✿ FULL coverage while traveling directly to and from the member's home and the meeting place
- ✿ Automatic coverage of new members
- ✿ Prompt claim service
- ✿ Horse/Gymkhana, Motorcycle/ATV, and Athletic League programs covered at \$2.00 per person
- ✿ Rough stock rodeo coverage available – call for quote



Annual 4-H Club Dues and Accident Coverage Insurance

Youth Members: Club dues are \$10.00 per youth member. Dues cover the cost of annual insurance and assist with expenses such as project books, fair and county events ribbons, and related club support materials.

Adult Members: The cost for annual enrollment of adult 4-H members/volunteers is \$1.00 for regular members and \$2.00 for equestrian/large animal/shooting sports members. This provides each adult member's annual accident coverage insurance.

Name of Club: _____

List Projects: _____

Name of Contact Person: _____

Mailing Address: _____

City: _____ County: _____

State: _____ Zip: _____ Phone: _____

Email: _____

Has this club had one of our annual policies within the last year? _____ Yes _____ No

of Youth Members: _____ x \$10.00 = \$ _____

of Regular Adult Members: _____ x \$1.00 = \$ _____

of Horse/Other Adult Members: _____ x \$2.00 = \$ _____

Total Cost: _____ Total \$ _____

Covered Adult Members' Names: (Attach separate sheet if necessary)

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

As an authorized leader of the above group, I am submitting youth members' annual club dues and adult members' accident coverage insurance fees. I request that a policy be issued on the effective date requested, or on the date this application is received, whichever is later.

Unit or Club Leader Signature

Date