

GUARANTEE TRUST LIFE INSURANCE COMPANY
1275 Milwaukee Avenue
Glenview, Illinois 60025

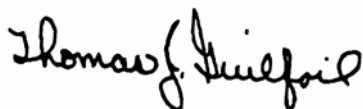
CERTIFICATE OF INSURANCE

This is Your Certificate of Insurance (Certificate) while You are insured. It briefly explains the rights and benefits that are determined by the Master Policy (Policy). The Policy is a contract between the Policyholder and Us. The Policyholder is shown on the Schedule of Benefits.

The Policy alone constitutes the agreement under which payments are made. We will pay the benefits set forth in the Policy. Benefit payment is governed by all the terms, conditions and limitations of the Policy. The Policy may be amended at any time without Your consent or notice to You. Any such amendment will not affect a claim starting before the amendment takes effect.

The Policy is held by the Policyholder. You may inspect it at any time during business hours at the office of the Policyholder.

READ YOUR CERTIFICATE CAREFULLY



BLANKET ACCIDENT COVERAGE

NON-PARTICIPATING

CAXXCV100

GC-1200

ACC09
Plan Code 849

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CAMOTC102

DEFINITIONS

Accident: A sudden event which results in an Injury.

Ambulance: A vehicle which is licensed solely as an ambulance by the local regulatory body to provide transportation to a Hospital or transportation from one Hospital to another for those individuals who are unable to travel to receive medical care by any other means. Air ambulance charges are only eligible for transportation from the site of an Emergency to the nearest appropriate facility.

Benefit Period: The number of days following the date of an Injury during which Covered Charges must be incurred, subject to the Initial Treatment Period. The Benefit Period begins on the date of Injury and ends on the last day of the Benefit Period. The Benefit Period is shown on the Schedule of Benefits.

Company: Guarantee Trust Life Insurance Company, a mutual company. Also hereinafter referred to as We, Us and Our.

Covered Charge: A service or supply listed in this Certificate and which is performed or given for the treatment of an Injury.

Covered Person: A person:

- Who is eligible for coverage as the Insured or as a Dependent;
- Who has been accepted for coverage;
- Who has paid the required premium; and
- Whose coverage has become effective and has not terminated.

Deductible: A dollar amount of Covered Charges a Covered Person must pay before We pay any benefits. The Deductible is shown on the Schedule of Benefits.

Dependent: A person who is Your:

- Legally married spouse, residing with You;
- Child who is dependent upon You for support and maintenance and is under the age of 19;
- Child who is dependent upon You for support and maintenance, is incapable of self-sustaining employment by reason of mental or physical handicap, and is age 19 and over; and
- Child who is dependent upon You for support and maintenance, is 19 through 25 years of age and is attending school full-time, as determined by the school the Dependent is attending, including colleges and vocational, technical, vocational-technical or trade schools or institutes.

The term child refers to Your unmarried:

- Natural child;
- Stepchild or foster child; A stepchild is a Dependent on the date You marry the child's parent.
- Adopted child, including a child placed with You for the purpose of adoption, from the moment of placement as certified by the agency making the placement.

Doctor: A legally qualified person licensed in the healing arts and practicing within the scope of his or her license and is not a Family Member.

Durable Medical Equipment: A device which:

- is primarily and customarily used for medical purposes and is specially equipped with features and functions that are generally not required in the absence of Injury;
- is used exclusively by You;
- is routinely used in a Hospital but can be used effectively in a non-medical facility;
- can be expected to make a meaningful contribution to a Covered Person's Injury; and
- is prescribed by a Doctor and the device is Medically Necessary for the Covered Person's rehabilitation.

Durable Medical Equipment does not include:

- comfort and convenience items;
- equipment that can be used by Family Members other than a Covered Person;
- health exercise equipment; and
- equipment that may increase the value of the Covered Person's Residence.

Such items that do not qualify as Durable Medical Equipment include, but are not limited to: modifications to Your residence, property or automobiles, such as ramps, elevators, spas, air conditioners and vehicle hand controls; or corrective shoes, exercise and sports equipment.

Eligible Person: A member of the Policyholder's organization as defined on the Schedule of Benefits.

Emergency: The sudden and, at the time, unexpected onset of a health condition that manifests itself by symptoms of sufficient severity that would lead a prudent layperson, possessing an average knowledge of medicine and health, to believe that immediate medical care is required, which may include, but shall not be limited to:

- placing the person's health in significant jeopardy;
- serious impairment to a bodily function;
- serious dysfunction of any bodily organ or part;
- inadequately controlled pain; or
- with respect to a pregnant woman who is having contractions: That there is inadequate time to effect a safe transfer to another hospital before delivery; or that transfer to another hospital may pose a threat to the health or safety of the woman or unborn child.

Experimental/Investigational: A drug, device or medical care or treatment will be considered experimental/investigational if:

- the drug or device cannot be lawfully marketed without approval of the U.S. Food and Drug Administration and approval for marketing has not been given at the time the drug or device is furnished;
- the informed consent document utilized with the drug, device, medical care or treatment states or indicates that the drug, device, medical care or treatment is part of a clinical trial, experimental phase or investigational phase or if such a consent document is required by law;
- the drug, device, medical care or treatment or the patient informed consent document utilized with the drug, device or medical care or treatment was reviewed and approved by the treating facility's Institutional Review Board or other body serving a similar function, or if federal or state law requires such review and approval;
- reliable Evidence show that the drug, device or medical care or treatment is the subject of ongoing Phase I or Phase II clinical trials, is the research, experimental study or investigational arm of on-going Phase III clinical trials, or is otherwise under study to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment of diagnosis; or
- reliable Evidence show that the prevailing opinion among experts regarding the drug, device or medical care or treatment is that further studies or clinical trials are necessary to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment of diagnosis.

Reliable evidence means only: published reports and articles in authoritative medical and scientific literature; written protocol or protocols by the treating facility studying substantially the same drug, device or medical care or treatment; or the written informed consent used by the treating facility or other facility studying substantially the same drug, device or medical care or treatment. Covered Charges will be considered in accordance with the drug, device or medical care at the time the expense is incurred.

Family Member: A person who is related to You in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted, step or foster child).

Home Health Agency: An agency which is licensed as a Home Health Agency by state or local government. It may offer the following services:

- part-time or periodic skilled nursing services by a registered nurse or licensed vocational nurse;
- part-time or periodic home health aide services which offer supportive services in the home under the supervision of a Registered Nurse or a physical, speech or occupational therapist;
- physical, occupational or speech therapy; and
- medical supplies, drugs and medicines prescribed by a Doctor and related pharmaceutical services, and laboratory services to the limit these charges or costs would be covered under the Certificate if You were Hospital Confined.

Home Health Care: Services for Your care and treatment rendered by a Home Health Agency under the direct care and supervision of a Doctor but only if:

- services would have been covered in a medical facility if Home Health Care were not given; and
- a Home Health Care treatment plan is set up, in writing and approved by a Doctor.

Hospice Care: Services provided by a public agency or private organization or any subdivision thereof, which entity shall be known as a hospice and shall be primarily engaged in providing care to You if You have a certified medical prognosis which indicates a life expectancy of 6 months or less and You elect to receive such care in lieu of other medical benefits available under this Certificate.

Hospital: An institution which:

- operates pursuant to law;
- has organized facilities for the care and treatment of sick and injured persons on a resident or inpatient basis, including facilities for diagnosis and surgery under the supervision of a staff of one or more licensed Doctors; and
- provides 24 hour nursing service by registered nurses on duty or call.

It does not mean convalescent, nursing, rest or extended care facilities or facilities operated exclusively for treatment of the aged, drug addict or alcoholic, even though such facilities are operated as a separate institution by a Hospital.

Hospital Confined/Hospital Confinement: Confinement in a Hospital for at least 24 consecutive hours by reason of an Injury for which benefits are payable.

Hospital Indemnity Benefit Waiting Period: The number of days the Covered Person must be covered under the Policy before the Hospital Indemnity Benefit is payable.

Initial Treatment Period: The number of days following an Injury during which a Covered Person must seek initial treatment for an Injury. The Initial Treatment Period is shown on the Schedule of Benefits.

Injury: Bodily injury due to an Accident which:

- results directly and independently of disease, bodily infirmity or any other causes;
- solely, directly and independently of all other causes results in medical expense;
- occurs after the effective date of the Covered Person's coverage; and
- occurs while the person's coverage is in force.

All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these Injuries, are considered a single Injury.

Insured Percent: The percentage of Covered Charges We pay for each Injury. The Insured Percent is shown in the Schedule of Benefits.

Intensive Care Unit: That part of a Hospital service specifically designed as an intensive care unit permanently equipped and staffed to provide more extensive care for critically ill or injured patients than available in other Hospital rooms or wards, the care to include close observation by trained and qualified personnel whose duties are primarily confined to the part of the Hospital for which an additional charge is made.

Medically Necessary: A treatment, drug, device, procedure, supply or service that is necessary and appropriate for the diagnosis or treatment of Sickness or Injury in accordance with generally accepted standards of medical practice in the United States at the time it is provided. When specifically applied to Hospital Confinement, it means that the diagnosis or treatment of symptoms or a condition cannot be safely provided on an outpatient basis.

A treatment, drug, device, procedure, supply or service shall not be considered as Medically Necessary if it:

- is Experimental/Investigational or for research purposes;
- is provided solely for a Covered Person's education purposes or convenience, or that of a Covered Person's Family Members, Doctor, Hospital or any other provider;
- exceeds in scope, duration, or intensity that level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment and where ongoing treatment is merely for maintenance or preventive care;
- could have been omitted without adversely affecting Your condition or the quality of medical care;
- involves the use of a medical device, drug or substance not formally approved by the United States Food and Drug Administration;
- involves a service, supply or drug not considered reasonable and necessary by the Healthcare Financing Administration Medicare Coverage Issues Manual; or
- it can be safely provided to You on a less cost effective basis such as outpatient, by a different medical professional, or pursuant to a more conservative form of treatment.

We reserve the right to determine whether a service, supply or drug is Medically Necessary.

Orthopedic Appliances: Any supportive device or appliance used in treating a Covered Person's Injury.

Physical Therapy: Non-surgical physical or mechanical therapy, diathermy, ultrasonic therapy, heat treatment in any form, manipulation or massage.

Policyholder: The entity to which the Policy is issued.

Prescription Drugs: Drugs which may only be dispensed by written prescription under Federal law, and approved for general use by the Food and Drug Administration. The drugs must be dispensed by a licensed pharmacy provider for the Covered Person's outpatient use.

Reasonable and Customary Charges, Fees or Expenses: The most common charge for similar professional services, drugs, procedures, devices, supplies or treatment within the area in which the charge is incurred, so long as those charges are reasonable. The most common charge means the lesser of:

- the actual amount charged by the provider;
- the negotiated rate; or
- the charge which would have been made by the provider (Doctor, Hospital, etc) for a comparable service or supply made by other providers in the same Geographic Area, as reasonable determined by us for the same service or supply.

"Geographic Area" means the three digit zip code in which the service, treatment, procedure, drugs or supplies are provided; or a greater area if necessary to obtain a representative cross-section of charge for a like treatment, service, procedure, device drug or supply.

Reasonable and Customary Charges, Fees or Expenses as used in this Certificate to describe expense, will be considered to mean the payment system in effect at Certificate issue as shown in the Schedule of Benefits.

Rehabilitation Facility: An institution, or part of an institution, licensed, accredited or certified by the State which:

- is accredited by the Joint Commission on Accreditation of Healthcare Organizations or the Commission on Accreditation of Rehabilitation Facilities;
- is primarily engaged in providing comprehensive multi-disciplinary physical services or rehabilitation inpatient care; and
- has a transfer agreement with one or more Hospitals.

Rehabilitation Facility does not include an institution which provides only minimal care, custodial care, care for the terminally ill, or part-time care services. It also does not include an institution which primarily provides treatment for mental disorders; chemical dependency or tuberculosis, except if such facility is licensed, certified, or approved as a rehabilitation facility for the treatment of medial conditions; drug addiction or alcoholism.

Residence: The home and land or property on which the Covered Person's dwelling or home is located.

Sound Natural Teeth: Natural teeth, the major portion of the individual tooth which is present, regardless of filings and caps; and is not carious, abscessed, or defective.

Urgent Care Center: A health care facility, separate and distinct from a Hospital, providing immediate short term medical care for minor conditions without an appointment but where immediate medical care is necessary.

You or Your: The Insured shown on the Schedule of Benefits.
CAMODF106

CONDITIONS OF INSURANCE

ELIGIBILITY

An Eligible Person, as shown on the Schedule of Benefits, is eligible to be insured on the Policy Effective Date, or the date he or she becomes eligible, if later.

We maintain the right to investigate eligibility status to verify that eligibility requirements are met. If We discover that eligibility requirements are not met, Our only obligation is to refund any premium paid for that person.

EFFECTIVE DATE

Covered Person: Coverage is effective, subject to receipt of premium, on the earlier of:

- the Policy Effective Date; or
- the date the Eligible Person is eligible;
- the date of enrollment.

Dependents Acquired After Effective Date:

Newborn Child: A Covered Person's newborn child is automatically covered for Injury from the moment of birth until such child is 31 days old. However, You must notify Us within 31 days of such birth and pay the required additional premium, if any, in order to have coverage for the newborn child continue beyond such 31 day period. If an enrollment form is required in order to continue coverage beyond the 31 day period after the date of birth and the Covered Person has notified Us of the birth, either orally or in writing, We shall, upon notification, provide the Covered Person with all forms and instructions necessary to enroll the newly born child and shall allow the Covered Person an additional 10 days from the date the forms and instructions are provided in which to enroll the newly born child.

Adopted Child: Coverage for an adopted child is effective from the date of birth if a petition for adoption is filed within 30 days of the birth of such child; or from the date of placement for the purpose of adoption if a petition for adoption is filed within 30 days of placement of such child. Such coverage shall continue unless the placement is disrupted prior to legal adoption and the child is

removed from placement. Coverage is for the treatment of Injury. However, the Covered Person must notify Us within 31 days of such adoption and pay the required additional premium, if any, in order to have coverage for the adopted child continue beyond such 31 day period. We shall, upon notification, provide the Covered Person with all forms and instructions necessary to enroll the adopted child and shall allow the Covered Person an additional 10 days from the date the forms and instructions are provided in which to enroll the adopted child.

Other Than Newborn or Adopted Child: A person who qualifies as a Dependent after the Effective Date of coverage may be insured under this Certificate. Enrollment and premium must be received by Us within 31 days after the date the person first qualifies as a Dependent, and the required premium must be paid. Coverage is effective upon receipt of enrollment and premium by Us or Our authorized representative.

TERMINATION

Covered Person: 24-Hour-A-Day Accident Coverage. Coverage will terminate at the earlier of:

- the date the Policy terminates;
- the date the Covered Person ceases to be an Eligible Person;
- the last day of the period for which Premium has been paid following the date a Dependent ceases to be a Dependent as defined; or
- the end of the period for which any applicable premium has been paid.

CAMOC1102

ACCIDENTAL DEATH AND DISMEMBERMENT, LOSS OF SIGHT, SPEECH AND HEARING BENEFIT

If, within 365 days from the date of an Accident, Injury from such Accident results in a loss covered by this benefit, We will pay the benefit in the amount set opposite such loss, as shown on the Schedule of Benefits. If the Insured sustains more than one such loss as the result of one Accident, We will pay only one amount, the largest to which the Insured is entitled.

Loss of hand or foot means loss by severance at or above the wrist or ankle joint. Loss of sight means the total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means. Loss of speech means total, permanent and irrecoverable loss of audible communication. Loss of hearing means total and permanent loss of hearing in both ears which cannot be corrected by any means. Severance means the complete separation and dismemberment of the part from the body.

Benefit payment is subject to the definitions, limitations, exclusions and other provisions of this Certificate.
CAXXADD400

ACCIDENT MEDICAL EXPENSE BENEFITS

We will pay benefits, as defined and limited below, for Covered Charges incurred by a Covered Person due to Injury. A Covered Charge is the Reasonable and Customary charge for a service or supply which is performed or given under the direction of a Doctor for the treatment of an Injury. A Covered Charge is considered incurred on the date the treatment or service is rendered or the supply is furnished.

Covered Charges are payable only for an Injury:

- for which the first treatment or service is incurred within the Initial Treatment Period; and
- for which expense for all treatment or service is incurred within the Benefit Period.

Covered Charges are shown on the Schedule of Benefits.

After the Deductible has been satisfied, We will pay the Insured Percent of incurred Covered Charges up to the Maximum Benefit Amount, Per Injury. Benefit payment is subject to the definitions, limitations, exclusions and other provisions of this Certificate.

CAMOBP700

NON-DUPLICATION OF BENEFITS

If a Covered Person is covered by any other blanket or group health care plan; and would, as a result, receive total medical expense or service benefits in excess of the expenses actually incurred; then the Accident Medical Expense benefits payable under the Policy will be reduced by such excess amount. This Non-duplication of Benefits provision does not apply if the Policy is considered primary under any coordination of benefit guidelines contained in the other health care plans.

CAXXCOB200

HOSPITAL INDEMNITY BENEFIT

We will pay a benefit when a Covered Person is Hospital Confined due to an Injury. Hospital Confinement must be Medically Necessary and provided under the direction of a Doctor. Hospital Confinement must occur while coverage under this Certificate is in force.

Payment of the benefit is subject to the:

1. Hospital Indemnity Benefit Amount, Per Injury;
2. Hospital Indemnity Benefit Waiting Period; and
3. Definitions, limitations, exclusions and other provisions of this Certificate.

The Hospital Indemnity Benefit Amount and the Hospital Indemnity Benefit Waiting Period are shown in the Schedule of Benefits.

CAXXHIB100

EXCLUSIONS

This Certificate does not provide benefits for:

- Treatment, services or supplies which:
 - Are not Medically Necessary;
 - Are not prescribed by a Doctor as necessary to treat an Injury;
 - Are determined to be Experimental/Investigational in nature;
 - Are received without charge or legal obligation to pay;
 - Are received from persons employed or retained by the Policyholder or any Family Member, unless otherwise specified;
 - Are not specifically listed as Covered Charges in this Certificate.
- Injury by acts of war, whether declared or not.
- Injury received while traveling or flying by air, except as a fare paying passenger on a regularly scheduled commercial airline.
- Suicide, attempted suicide or intentionally self-inflicted Injury while sane.

CAMOEX102

- Hernia, any type, regardless of cause or slipped femoral capital epiphysis or pathological fracture.
- Injury sustained while committing or attempting to commit a felony.

CAMOEX300

- Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the Injury occurs.
- Loss resulting from intoxication; or the use of any drug or agent classified as narcotic, psycholytic, psychedelic, hallucinogenic, or having a similar classification or effect, unless prescribed by a Doctor.

CAXXEX400

- Injury sustained skiing or participating in a rodeo.
- Injury sustained scuba diving, surfing, roller skating, skateboarding or rodeo.

- Injury sustained while participating in or practicing for any professional, intercollegiate or club sports activity, except as specifically provided.
- Injury sustained flying in an ultra light, hang gliding, parachuting or bungi-cord jumping, by flight in a space craft or any craft designed for navigation above or beyond the earth's atmosphere.
- Injury which occurs while the Insured is on active duty service in any armed forces. Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days.

CAXXEX600

- Covered Charges incurred outside of the United States or its possessions, unless such Covered Charges are incurred while the Covered Person is on a trip of not more than 90 days.

CAXXEX700

PREMIUM

Payment of Premium/Due Date: All premium, charges or fees (hereinafter "Premium") must be paid to Us at Our home office prior to the start of the term for which coverage is selected. In no event will coverage become effective prior to the date of enrollment and required premium are received at our home office or by the general agent.

Returned or Dishonored Payment: If a check in payment for the Premium is dishonored for insufficient funds, a reasonable service charge may be charged to You which will not exceed the maximum specified under state law. A dishonored check shall be considered a failure to pay Premium and coverage shall not take effect.

CAXXPP100

CLAIM PROVISIONS

Notice of Claim: Written notice of claim must be given to the Company or its authorized representative within 60 days after a covered loss starts, or as soon thereafter as is reasonably possible. Notice should include information sufficient to identify You.

Claim Forms: The Company, upon receipt of written notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing Proofs of Loss. If such forms are not furnished within 15 days after the giving of such notice, the claimant shall be deemed to have complied with the requirements of this Certificate as to Proof of Loss upon submitting, within the time fixed in this Certificate for filing Proof of Loss, written proof covering the occurrence, the character, and the extent of the loss for which claim is made.

Proof of Loss: Written proof of loss for Hospital confinement must be given to the Company or its authorized representative within 60 days after release from the Hospital. Proof of any other covered loss must be given to the Company or its authorized representative not later than 60 days after the covered loss. If proof of loss is not given within 60 days, the claim will not be denied or reduced for that reason if that proof was given as soon as reasonably possible.

Time of Payment of Claims: Benefits will be paid as soon as We receive proper proof of loss unless this Certificate provides for periodic payment. When this Certificate provides for periodic payment, the benefits will accrue and will be paid monthly subject to proper proof of loss.

Payment of Claims: Benefits payable under this Certificate for loss of life will be paid to Your next of kin and the provisions respecting such payment set out herein and effective at the time of payment. Any other payable benefits remaining unpaid at the time of Your death may, at Our option, be paid to Your next of kin or to Your estate. All other benefits will be payable to You or the medical services provider if We have received a valid assignment from You.

If any indemnity of this Certificate shall be payable to Your estate or to You, if a minor or otherwise not competent to give a valid release, the Company may pay such indemnity to Your parent, guardian or other person actually supporting You. Any payment made by the Company in good faith pursuant to this provision shall fully discharge the Company to the extent of such payment.

Subject to any written direction from You or Your legal or natural guardian, if You are a minor or otherwise incompetent to make such a direction, all or a portion of any indemnities provided by this Certificate as a result of medical, surgical, dental, hospital or nursing service may, at the Company option, and unless the Company is requested in writing not later than the time for filing proofs of loss, be paid directly to the hospital or person rendering such services; but it is not requested that the services be rendered by a particular Hospital or person.

Physical Examination and Autopsy: The Company, at its own expense, shall have the right and opportunity to examine You as it may reasonably require while a claim is pending. The Company, at its own expense, may also have the right to make an autopsy in the case of Your death, where it is not prohibited by law.

Legal Actions: A legal action may not be brought to recover on this Certificate within 60 days after written Proof of Loss has been given as required. No such action may be brought after 3 years from the time written proof was required to be given.

CAMOCP100

GENERAL PROVISIONS

Entire Contract; Changes: This Certificate, including the endorsements and the attached papers, if any, constitutes the entire contract of insurance. No change in this Certificate shall be valid until approved by an executive officer of the Company and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this Certificate or waive any of its provisions.

Failure by Company to enforce any Certificate provision shall not waive, modify or render such provision unenforceable at any other time; at any given time; or under any given set of circumstances, whether the circumstances are or are not the same.

Company has full, exclusive and discretionary authority to determine all questions arising in connection with the Certificate, including its interpretation.

Incontestability: All statements made in Your enrollment form are, in the absence of fraud, representations and not warranties. No statement shall be used to contest this Certificate, the validity of coverage or reduce benefits, unless it is in writing, signed by You, and a copy of such statement is furnished to You.

Non-Participating: The Certificate is non-participating. It does not share in the Company's profits or surplus earnings.

Conformity With State Statutes: If any provision of this Certificate is contrary to any law to which it is subject, such provision is hereby amended to conform to the minimum requirements of such law.

CAXXGP100

SCHEDULE OF BENEFITS

POLICYHOLDER INFORMATION

Policyholder:	Select Benefit Services Association, Inc. (SBSA) and its affiliate, United National Workforce Association, Inc.
Policy Effective Date:	September 1, 2006
Eligible Person:	Class 1: Persons who are members of United National Workforce Association, Inc., an affiliate of SBSA. Class 2: Eligible dependents of Class 1 members.
Scope of Coverage:	24-Hour Accident Coverage
Beneficiary:	The first of the following classes of surviving relatives: spouse; children; parents; or siblings. If more than one surviving relative is in a class, benefits are divided equally among all surviving relatives of that class.

CAXXPI100

ACCIDENTAL DEATH AND DISMEMBERMENT, LOSS OF SIGHT, SPEECH AND HEARING BENEFIT

The Principal Sum.....	\$10,000
Loss of Life.....	The Principal Sum
Loss of Both Hands.....	The Principal Sum
Loss of Both Feet.....	The Principal Sum
Loss of the Entire Sight of Both Eyes	The Principal Sum
Loss of One Hand and One Foot.....	The Principal Sum
Loss of Speech and Hearing.....	The Principal Sum
Loss of One Hand or One Foot and Entire Sight of One Eye.....	The Principal Sum
Loss of One Hand or One Foot.....	One-Half The Principal Sum
Loss of Entire Sight of One Eye.....	One-Half The Principal Sum
Loss of Speech or Hearing	One-Half The Principal Sum

AXXADDSOB201

ACCIDENT MEDICAL EXPENSE BENEFITS

Maximum Benefit Amount, Per Injury	\$5000
Deductible, Per Injury	\$100
Insured Percent	100%
Initial Treatment Period	12 weeks
Benefit Period	52 weeks

AXXSQB201

HOSPITAL INDEMNITY BENEFIT

Hospital Indemnity Benefit Amount	\$150 / day
Up to	30 days
Waiting Period	None

CAXXHIBSOB100

COVERED CHARGES

Treatment, services or supplies incurred for:
Hospital room and board, and general nursing care, up to the semi-private room rate
Hospital miscellaneous expense during Hospital Confinement or for outpatient surgery under general anesthetic , such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take-home drugs) or medicines, therapeutic services and supplies
Doctor's fees for surgery
Anesthesia services
Doctors visits, inpatient and outpatient
Hospital Emergency care
X-ray and laboratory services
Ambulance Expense
Prescription Drugs
Dental treatment for Injury to Sound Natural Teeth
Registered Nurse expense

CAXXCCSOB101