



POLICYHOLDER

CERTIFICATE NUMBER

INSURED

The benefits provided by the Master Policy are indicated below. The Master Policy was issued to the policyholder. This certificate is a summary of that policy. The policy is governed by the laws of the state where it was delivered.

WHO IS COVERED -- This is who is covered:

If you fit the definition on the policy issue date, you were covered on that date. If not, you were covered when you first fit the definition. All coverage ends if the policy terminates. Your coverage will end when you no longer fit the definition.

BENEFITS FOR ACCIDENTAL LOSS

LOSS OF:

LIFE

BOTH HANDS

BOTH FEET

SIGHT OF BOTH EYES

ONE HAND AND ONE FOOT

ONE HAND AND SIGHT OF ONE EYE

ONE FOOT AND SIGHT OF ONE EYE

LOSS OF:

ONE HAND

ONE FOOT

SIGHT OF ONE EYE

Loss of a hand means cut off through or above the wrist. Loss of a foot means cut off through or above the ankle. Loss of sight means blindness which cannot be corrected to at least 20/200 vision. Any loss must occur within 90 days of the accident to be payable. Only one of the amounts, the greater, will be paid for all losses resulting from the same accident.

EXCLUSIONS -- The Policy does not cover loss due to:

1. Suicide or intentionally self-inflicted injury while sane or insane;
2. Sickness, disease, medical treatment or surgery;
3. Voluntary taking of drugs unless taken as prescribed by a doctor;
4. Injuries sustained other than on regularly scheduled commercial airline flights by a pilot, student pilot, or crew member of an aircraft in a crash or collision of the aircraft;
5. Committing or attempting to commit a felony or assault;
6. Taking part in riot or insurrection; or
7. War or any act of war, or any injury sustained while serving in the military forces engaged in war whether declared or undeclared.

**BLANKET ACCIDENTAL DEATH AND DISMEMBERMENT CERTIFICATE
NONCONTRIBUTORY - NONPARTICIPATING**

TG-20 (R-82)



POLICYHOLDER
INSURED

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DATE OF BIRTH _____

I accept this insurance and designate _____, _____, as my beneficiary.
Beneficiary's Name Relationship

Insured's Signature

Date

Licensed Resident Agent

TG-20 (R-82)

GPCRT4