

**THE UNITED STATES LIFE** Insurance Company In the City of New York

*(Called United States Life)*

830 Third Avenue  
New York, New York 10022

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**CERTIFICATE OF INSURANCE**

The term "schedule" refers to the schedule of benefits statement that accompanies this certificate. The term "schedule" does not mean the Schedule of Benefits on page SCH of this certificate.

United States Life certifies that the person named on the schedule is insured for the benefits described in this certificate. This insurance is subject to the eligibility and effective date requirements of the group policy.

**NOTE:** The benefits described in this certificate, including, but not limited to insurance provided for dependents, apply to a member only when such member is eligible for, has become insured for, and is making premium payments for such benefits under the group policy as indicated on his schedule.

**CANCELLATION DURING FIRST 30 DAYS**

You may cancel the insurance described in this certificate at any time during the 30 day period after you receive this certificate. Mail this certificate with your written request for cancellation to United States Life. United States Life will promptly refund the premium paid.

**IMPORTANT NOTICE**

This certificate is a summary of the group policy provisions which affect your insurance. It is merely evidence of the insurance provided by such policy.

The group policy is a contract between United States Life and the Policyholder. It may be changed or ended without notice to or consent of any insured person.

This certificate replaces any certificate previously issued by United States Life to you under the group policy.

The benefits described in this certificate are provided by group policy no. G-610,090, issued to the Value Benefits of America, Inc., the Policyholder.

**CONFORMITY WITH LAW**

This certificate of insurance provides coverage under a group master policy that may be issued to an out-of-state group. The certificate rider(s) attached to your certificate, if any, provide all of the benefits mandated by the Insurance Code of the state in which you reside. However, you may not receive all of the protections provided by a policy issued in your state of residence and governed by all the laws of that state.

If the provisions of the group policy do not conform to the requirements of any state or federal law or regulation that applies to the group policy, the group policy is automatically changed to conform with United States Life's interpretation of the requirements of that law or regulation.

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## SCHEDULE OF BENEFITS

### HOSPITAL INDEMNITY BENEFITS

Benefit per day of confinement \$1,000.00\*

Maximum period of benefits, per confinement 365 days

**Increased benefit** per day of confinement in an Intensive Care Unit or a Coronary Care Unit, up to a maximum of 30 days per confinement

\$4,000\* (includes hospital confinement benefit)

### EMERGENCY ACCIDENT TREATMENT BENEFITS

Maximum benefit, per accident \$250.00\*

### AMBULANCE BENEFITS

Maximum benefit, per accident \$500.00\*

### SURGICAL BENEFITS

Unit Value \$100.00\*

#### \*REDUCTION AT AGE 65:

On the insured person's premium due date coinciding with or next following the date the person attains age 65, his benefits will be limited to 50% of the amount in effect on the day before he attained age 65.

## DEFINITIONS

FIRST MANIFESTED means the existence of symptoms that would cause an ordinarily prudent person to seek medical diagnosis, care or treatment.

HOSPITAL means:

1. A licensed institution which is approved by the Joint Commission on Accreditation of Hospitals. "Hospital" does not mean a place, or part of one, which is used mainly for:

- the aged
- the chronically ill
- convalescents
- drug addicts
- alcoholics
- a rest home
- a nursing home
- custodial, educational or rehabilitary care, or

2. Any other institution whose services, by law of the state where such services are performed, must be covered by the group policy. Each such institution must be licensed and approved, if required, by the appropriate agency of such state.

INJURY means accidental bodily injury that causes a loss independent of any other cause and which occurs while the person's insurance is in effect.

INSURED PERSON means an insured member or insured dependent. Each will be insured only for the benefits for which he becomes and remains insured by the group policy.

INTENSIVE CARE UNIT means a separate area of a hospital reserved only for critical and seriously ill patients who need constant medical care. Such care must be ordered by a Physician. The unit must provide:

- room and board
- registered nursing care, and
- special equipment and supplies on a standby basis

PHYSICIAN means:

- a medical practitioner licensed to provide medical services and perform general surgery, or
- any other practitioner whose services, by law of the state where such services are performed, must be covered by the group policy.

Each such person must be licensed in the state where he performs the service and must act within the scope of that license. He must also be certified and/or registered if required by such state.

SICKNESS means illness or disease first manifested while the person's insurance is in effect.

TOTAL DISABILITY means that solely due to an injury or sickness the insured person cannot perform the normal activities of a person of like age and sex, with like occupation or retired status.

## **ELIGIBILITY**

### **ELIGIBLE CLASSES**

All persons under the age of 65 who are members of Value Benefits of America Association, but not those who are a resident of an excluded jurisdiction. Excluded jurisdictions are evidenced in the appropriate records of United States Life and the Policyholder.

### **DATE OF ELIGIBILITY**

Each person in an eligible class on the effective date of the group policy will be eligible for insurance on that date.

Each person who enters an eligible class after the effective date of the group policy will be eligible for insurance on the date he enters such class.

### **DATE INSURANCE TAKES EFFECT**

You must request insurance in writing and pay the required premium. You must give evidence of insurability to United States Life. You will be insured on the date stated in writing by United States Life.

### **DATE INSURANCE ENDS**

Your insurance will end at the earliest of:

1. the date the group policy ends at the option of United States Life or the Policyholder;
2. the date insurance ends for your class;
3. the end of the period for which the last premium has been paid for you; or
4. your premium due date coinciding with or next following the date you attain age 75.

## **DEPENDENT ELIGIBILITY**

### **DEFINITION**

DEPENDENT means your:

1. lawful spouse under the age of 65, and/or
2. unmarried children whom you support and who are:
  - under age 19, or
  - full-time students between the ages of 19 and 25.

"Children" includes stepchildren and adopted children who are supported by you. A child in the process of adoption will be considered a dependent from the day he is supported by you.

A spouse or child who is eligible for insurance under the group policy as a member will not be considered a dependent.

### **DATE MEMBERS ARE ELIGIBLE FOR DEPENDENTS' INSURANCE**

You will be eligible for dependents' insurance on the later of:

- the date you are eligible for member's insurance, or
- the date you obtain a dependent.

### **DATE DEPENDENTS' INSURANCE TAKES EFFECT**

You must request insurance in writing for each dependent and pay the required premium. You must give evidence of insurability for each dependent to United States Life. If approved, you will be insured for each dependent on the date stated in writing by United States Life.

Each newborn or adopted child who becomes a dependent child while your insurance is in effect will be insured for 90 days from the date of birth or placement for adoption. Application must be made and the required premium paid for coverage to continue after the 90 day period.

### **DATE DEPENDENTS' INSURANCE ENDS**

A dependent's insurance will end at the earliest of:

- the date your insurance ends;
- the date dependents' insurance ends under the group policy;
- the date the person ceases to be a dependent; or
- the end of the period for which the last premium has been paid for the dependent.

### **CONTINUATION OF DEPENDENTS' INSURANCE WITH PREMIUM PAYMENT**

Insurance for a dependent child may be continued past the age limit if he cannot support himself because he is retarded or handicapped. Premium payment will be required. Proof of the retardation or handicap must be sent to United States Life within 31 days after the child attains the age limit.

Insurance will continue for as long as such child:

- remains retarded or handicapped, and
- meets all the rules for dependents in the group policy, except the age limit.

## **HOSPITAL INDEMNITY BENEFITS**

If an insured person is hospitalized due to an injury or sickness, United States Life will pay the benefits described below.

### **BENEFITS PER DAY OF HOSPITAL CONFINEMENT**

The benefit will be paid for each day of confinement.

Benefits will be paid up to:

the maximum amount for each day of confinement, and  
the maximum period for each confinement.

These maximums are shown in the Schedule of Benefits.

### **PREGNANCY BENEFITS**

No pregnancy benefits will be paid by this section, except as described on page P.

### **SUCCESSIVE CONFINEMENTS**

Successive confinements will be considered one confinement unless they are:

- due to unrelated causes, or
- separated by at least 180 days.

### **EXCLUSIONS**

No benefits will be paid for any confinement:

for treatment of psychiatric, mental, nervous or emotional disorders, alcoholism or drug addiction;

due to the person's being intoxicated or under the influence of any drug, unless taken as prescribed by a physician; or

which begins after a person's insurance ends, regardless of when the injury or sickness occurred. However, hospital indemnity benefits may be provided as described in the Benefits After Insurance Ends provision below.

### **BENEFITS AFTER INSURANCE ENDS**

If a person's insurance ends while he is totally disabled, hospital indemnity benefits will be paid for a confinement if:

- it is to treat the injury or sickness which caused the total disability
- it begins within 3 months after insurance ends, and
- total disability is continuous from the day insurance ends to the day the confinement begins.

## **EMERGENCY ACCIDENT TREATMENT BENEFIT**

If an insured person receives emergency treatment for an Injury in the emergency room or outpatient department of a Hospital, a clinic or Physician's office and such person is not subsequently confined as a resident patient to a Hospital, United States Life will pay the expenses incurred for such emergency treatment. The maximum benefit payable for any one Injury will not exceed the amount shown in the Schedule of Benefits. Emergency treatment must begin within forty-eight (48) hours of the accident causing the Injury.

For purposes of this Benefit: (1) "emergency treatment" means medical care and treatment of an Injury received in a Hospital emergency room or out-patient department, a medical clinic or Physician's office; (2) "Hospital emergency room or out-patient department of a Hospital" means a special place either within or connected to a Hospital where emergency treatment services and equipment are provided, and for which specific charges are billed by the Hospital; (3) a "medical clinic" is a free-standing medical facility that may or may not be affiliated with a Hospital where medical care services are provided and for which a charge is made; and (4) "expenses incurred" means Your out-of-pocket costs for such medical care and treatment.

## **AMBULANCE TRANSPORTATION BENEFIT**

If an insured person requires the use of an ambulance service for transportation to or from a Hospital or from one Hospital to another Hospital, for care and treatment of a Sickness or Injury, and the Hospital Indemnity Benefit is payable, United States Life will pay the expenses incurred for such service. The maximum benefit payable for any one Sickness or Injury will not exceed the amount shown in the Schedule of Benefits.

For purposes of this Benefit: (1) "use of an ambulance service" means physical transportation in an ambulance or other appropriate vehicle registered to a licensed medical transportation service for which a charge is normally made; and (2) "expenses incurred" means Your out-of-pocket costs for such service.

## **SURGICAL BENEFIT**

If, as a result of Sickness or Injury, an insured person requires surgery performed by a legally qualified Physician or surgeon, United States Life will pay a benefit. The benefit payable is equal to the Point Value for such procedure shown in the following Schedule of Operations multiplied by the Unit Value shown in the Schedule of Benefits.

In order for this benefit to be paid, the surgery must be performed in a Hospital or ambulatory (outpatient) surgical center. A benefit will not be paid for surgery: (1) performed in a Physician's office; or (2) to the extent a benefit is payable under the Emergency Accident Treatment Benefit.

The benefit for any surgical procedure not specified in the Schedule of Operations, will be the benefit for a similar procedure taking into account the nature and complexity of the procedure and any applicable exclusions and limitation of the coverage.

If two or more surgical procedures are performed through the same incision at the same time, the benefit payable will be for only one procedure. That procedure will be the principal procedure - the procedure providing the largest Point Value in the Schedule of Operations. If more than one procedure is performed at the same time but through separate incisions, the aggregate benefit payable will be equal to the amount payable for the principal procedure plus 50% of the amount payable for all other procedures performed at the same time.

For the administration of anesthesia during a covered surgery, United States Life will also pay a benefit equal to 20% of the Surgical Benefit.

## Schedule of Operations

The Maximum Payment for each operation may be determined by multiplying the Point Value shown below by the Unit Value shown in the Schedule of Benefits.

### BRAIN & NERVE

Craniotomy for drainage of brain abscess .....	75.0
Excision of brain tumor, sub-occipital .....	150.0
Laminectomy, for lesion of spinal cord .....	100.0
Laminectomy, for removal of intervertebral discs .....	90.0
Plastic operation on skull with bone graft or metal or plastic plate .....	100.0
Spinal puncture, lumbar (independent procedure) .....	2.0
Sympathectomy, lumbar, unilateral .....	55.0
Sympathectomy, lumbar, bilateral .....	75.0

### BREAST

Excision biopsy of breast .....	15.0
Excision of cyst, tumor or part of breast .....	15.0
Simple removal of breast .....	30.0
Radical removal of breast .....	70.0

### BONES & JOINTS

Dislocation of hip, simple, closed reduction .....	20.0
Dislocation of hip, simple, open reduction .....	60.0
Dislocation of knee, simple, closed reduction .....	20.0
Dislocation of knee, simple, open Reduction .....	60.0
Dislocation of shoulder, simple closed reduction with anesthesia .....	5.0
Excision of cyst, tumor or growth, large bones .....	40.0
Excision of cyst, tumor or growth, small bones .....	25.0
Excision of intervertebral disc .....	90.0
Excision of intervertebral disc with spinal fusion, posterior technique.....	120.0
Excision of semilunar cartilage of knee joint.....	50.0
Excision of hip joint .....	100.0
Fracture of collarbone, simple, closed reduction.....	15.0
Fracture of collarbone, simple, open reduction .....	40.0
Fracture of forearm, one bone, simple, closed reduction.....	20.0
Fracture of forearm, one bone, simple, open reduction .....	40.0
Fracture of forearm, both bones, simple, closed reduction .....	25.0
Fracture of forearm, both bones, simple, open reduction .....	50.0
Fracture of wrist (Colles), simple, closed reduction.....	15.0
Fracture of wrist (Colles), simple, open reduction .....	40.0
Fracture of finger or thumb, simple, closed reduction.....	7.5
Fracture of finger or thumb, simple, open reduction.....	20.0
Fracture of ankle (Potts) simple closed reduction.....	25.0
Fracture of ankle (Potts) simple open reduction.....	50.0
Fracture of toe, simple, closed reduction .....	5.0
Fracture of great toe, open reduction .....	15.0
Fracture of other toes, open reduction .....	12.0
Puncture of joint for aspiration .....	2.0
Spinal fusion cervical region, posterior technique .....	90.0

### CARDIOVASCULAR SYSTEM

Aortic or mitral, valvuloplasty for stenosis or insufficiency (open).....	200.0
Aortic or mitral, replacement (open) .....	200.0
Ligation of femoral vein .....	25.0
Ligation and division of common iliac vein .....	50.0
Repair of heart valve, aortic valvotomy (commissurotomy)(closed).....	150.0
Repair of heart valve, mitral valvotomy (commissurotomy)(closed).....	140.0
Varicose veins - Ligation and division of long saphenous vein at saphenofemoral junction.....	20.0
Varicose veins - Ligation and division and complete tripping of long or short saphenous veins, unilateral .....	30.0
Varicose veins - Ligation and division and complete tripping of long and short saphenous veins, unilateral.....	40.0

## Schedule of Operations (continued)

### DIGESTIVE SYSTEM

Excision of hemorrhoids, external, complete.....	20.0
Excision of hemorrhoids, Internal and external.....	30.0
Excision of hemorrhoids, with excision of fistula.....	40.0
Excision of hemorrhoids, with excision of fissure.....	30.0
Excision of rectal fissure, with or without sphincterotomy.....	20.0
Excision of rectum, complete, combined abdominoperineal, one or two stages.....	100.0
Excision of stomach ulcer or benign tumor.....	60.0
Incision of rectal fistula, superficial.....	10.0
Removal of appendix.....	40.0
Removal of stomach, subtotal, with vagotomy.....	80.0
Removal of stomach, subtotal, without vagotomy.....	90.0
Resection of small intestine, with anastomosis.....	70.0
Resection of large intestine, in two stages, including first stage colostomy.....	100.0
Removal of gall bladder.....	50.0
Removal of gall bladder with open exploration of common duct.....	70.0
Repair of inguinal hernia, unilateral.....	35.0
Repair of inguinal hernia, unilateral, with orchiectomy.....	40.0
Repair of inguinal hernia, unilateral, with excision of hydrocele.....	40.0
Repair of femoral hernia, unilateral.....	35.0

### EAR

Fenestration of semicircular canals.....	100.0
Revision of fenestration operation.....	60.0
Incision of ear drum.....	3.0
Stapes Mobilization.....	70.0

### EYE

Excision of pterygium.....	25.0
Extraction of lens for cataracts, unilateral.....	80.0
Eye muscle operation, one or more muscles, one or both eyes, single stage.....	60.0
Eye muscle transplant.....	70.0
Needling of lens for cataracts, initial.....	20.0
Needling of lens for cataracts, subsequent.....	10.0
Reattachment of retina, electrocoagulation, initial.....	100.0
Removal of foreign body from surface of cornea.....	2.0

### FEMALE GENITAL SYSTEM

Biopsy of cervix or endometrium (independent procedure).....	3.0
Biopsy of ovary, unilateral or bilateral (independent procedure).....	45.0
Excision of lesion of cervix.....	3.0
Repair of cystocele and rectocele.....	50.0
Repair of cystocele (independent procedure).....	35.0
Repair of rectocele (independent procedure).....	30.0
Removal of ovary, unilateral or bilateral (independent procedure).....	45.0
Total hysterectomy (corpus and cervix).....	60.0
Vaginal hysterectomy, with or without pelvic floor repair.....	70.0
Dilation and curettage or uterus (independent procedure).....	15.0

### MALE GENITAL SYSTEM

Circumcision, newborn.....	3.0
Excision of varicocele (independent procedure), unilateral.....	30.0
Excision of varicocele, unilateral, with hernia repair.....	40.0
Repair of hydrocele, unilateral.....	20.0
Resection of prostate, perineal, subtotal.....	80.0
Resection of prostate, perineal, radical.....	100.0
Resection of prostate, transurethral, including control at post-operative bleeding, complete.....	80.0

## Schedule of Operations (continued)

### MUSCLES AND TENDONS

Excision of Baker's cyst (synovial cyst of popliteal space).....	30.0
Excision of ganglion, wrist .....	15.0
Lengthening or shortening tendon.....	30.0

### RESPIRATORY SYSTEM

Antrotomy, intranasal, unilateral.....	15.0
Antrotomy, intranasal, bilateral.....	25.0
Antrotomy, radical (Caldwell-Luc), unilateral .....	50.0
Antrum puncture, maxillary sinus, unilateral .....	2.0
Bronchoscopy diagnostic.....	15.0
Bronchoscopy diagnostic, with removal of foreign body .....	25.0
Excision of nasal polyp, single or multiple, unilateral or bilateral .....	20.0
Removal of lung.....	100.0
Submucosa resection, classic, Nasal Septum.....	30.0
Thoracotomy, exploratory, including control of hemorrhage and/or repair of lung fistula.....	75.0

### SKIN & SUBCUTANEOUS TISSUE

Drainage of boil, carbuncle, or subcutaneous abscess .....	2.0
Excision of pilonidal cyst or sinus .....	30.0
Suture of small wound (up to 2 ½ inches) .....	2.0

### THYROID

Excision of small cyst or tumor of thyroid.....	40.0
Resection of thyroid, total or complete.....	70.0
Resection of thyroid, subtotal or partial.....	60.0
Thyroidectomy, total or subtotal, for malignancy with radical neck dissection .....	100.0

### TONSILS AND ADENOIDS

Removal of tonsils, with or without adenoids, under age 18 .....	15.0
Removal of tonsils, with or without adenoids, age 18 years or over .....	20.0
Removal of adenoids (independent procedure).....	10.0

### URINARY SYSTEM

Cystoscopy, diagnostic.....	8.0
Cystoscopy, diagnostic, with ureteral catheterization .....	15.0
Cystoscopy, diagnostic, with biopsy .....	10.0
Cystoscopy, diagnostic, with biopsy and fulguration of small bladder tumor .....	25.0
Cystoscopy, diagnostic, with removal of stone from ureter.....	30.0
Removal of kidney .....	80.0
Resection of bladder neck, transurethral, female.....	50.0
Resection of bladder tumor, transurethral, large.....	80.0

## **PREGNANCY BENEFITS**

### **FOR COMPLICATIONS OF PREGNANCY**

The benefits to be paid by any section of the group policy for a complication of pregnancy will be the same as those to be paid for a sickness.

COMPLICATIONS OF PREGNANCY means:

- conditions distinct from pregnancy, but caused or affected by it, which require hospitalization, provided the pregnancy does not terminate during such hospitalization
- non-elective caesarean section
- a terminated ectopic pregnancy, or
- spontaneous termination of pregnancy which occurs when a viable birth is not possible.

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### **PRE-EXISTING CONDITIONS PROVISIONS FOR MEDICAL CARE BENEFITS**

PRE-EXISTING CONDITION means:

- an injury or sickness which manifested itself within 12 months before a person became insured under a given benefit section of the group policy in such a manner as would cause an ordinarily prudent person to seek medical advice, diagnosis, care or treatment;
- an injury or sickness for which a person was recommended or received medical advice, diagnosis, care or treatment within 12 months before a person became insured under a given benefit section of the group policy; or
- a pregnancy that exists on the date a person became insured under a given benefit section of the group policy.

No charges incurred for a pre-existing condition will be considered covered charges under a benefit section **until** the person stays insured under such benefit section for 12 continuous months.

#### **Exception for persons covered by a previous plan**

As used in this section, PREVIOUS PLAN means: a hospital, surgical or medical expense insurance policy; hospital or medical service plan; health maintenance contract; self-insured or self-funded employer group health plan; or governmental plan which is reasonably equivalent to the coverage under the group policy and under which a person was covered prior to becoming insured under the group policy.

The requirements of the pre-existing conditions provision of the group policy will be reduced to the extent that they were satisfied for a pre-existing conditions provision of a previous plan, as defined, if the coverage under the previous plan ended no more than 60 days prior to the date the person becomes insured under the group policy. Any waiting period preceding eligibility for insurance under the group policy will be excluded when determining whether coverage under the previous plan ended within the prior 60 day period. In the case of previous health maintenance organization coverage, any waiting period preceding eligibility for insurance under the previous plan shall also be used to reduce the requirements of the pre-existing conditions provision of the group policy.

## GENERAL EXCLUSIONS

No medical care benefits will be paid by the group policy for charges incurred for treatment which:

1. is given after a person's insurance ends, regardless of when the injury or sickness occurred.

However, medical care benefits may be provided in the Benefits After Insurance Ends provision of a given benefit section.

2. is not essential for the necessary care or treatment of the injury or sickness involved.

NECESSARY CARE OR TREATMENT means that a treatment, service, supply, or medicine:

is appropriate and essential for the diagnosis or treatment of the person's symptoms;  
is within the scope, duration or intensity of that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment;  
is furnished within the framework of generally accepted methods of medical treatment;  
involves only the use of any drugs or substances formally approved by the United States Food and Drug Administration.

A treatment, service, supply or medicine will **not** be considered NECESSARY CARE OR TREATMENT if it is:

part of a treatment plan that is determined to be an Experimental Procedure or for research purposes; or  
provided primarily as a convenience to the patient, the patient's family or the provider of care.

EXPERIMENTAL PROCEDURE means any medical procedure, equipment, treatment or course of treatment, or drugs or medicines that are:

limited to research;  
not proven in an objective manner to have therapeutic value or benefit;  
restricted to use by medical facilities capable of carrying out scientific studies;  
of questionable medical effectiveness; or  
would be considered inappropriate medical treatment.

To determine whether a procedure is experimental, United States Life will consider, among other things, commissioned studies, opinions and references to or by the American Medical Association, the Federal Food and Drug Administration, the Department of Health and Human Services, the National Institutes of Health, the Council of Medical Specialty Societies and any other association or program or agency that has the authority to review or regulate medical testing or treatment.

3. would be given free of charge if the person was not insured.

However, medical care benefits **will be paid** for covered charges incurred by a state for medical assistance to an insured person under Title XIX of the Social Security Act of 1965.

4. results from a war or an act of war.
5. results from intentionally self-inflicted injury.
6. is given by a person's spouse or his or his spouse's parents, children, grandparents, grandchildren, sisters, brothers, aunts, uncles, nieces or nephews.

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## END OF INSURANCE PROVIDED BY THE GROUP POLICY

### IF PREMIUM IS NOT PAID - GRACE PERIOD

Each premium, after the first, may be paid up to 31 days after its due date. This period is the grace period. The insurance provided by the group policy will stay in effect during this period. If the premium is not paid by the end of this period, such insurance will end at that time.

United States Life may extend the grace period by written notice. Such notice will state the date insurance will end if the premium remains unpaid.

Premiums must be paid for a grace period and any extension of such period.

## **GENERAL PROVISIONS**

### **MISSTATEMENTS**

A person's age, sex or any other data may be misstated. If so, the correct data will be used to determine if insurance is in force. If insurance is in force, the premium and/or benefits will be adjusted according to the facts.

### **ASSIGNMENT**

United States Life will not be bound by any assignment unless it is in writing and is recorded at its home office. United States Life is not responsible for the validity of an assignment.

### **COMPLIANCE WITH LAW**

On the date the group policy takes effect, some of its provisions may conflict with an applicable law. If so, any such provision is changed to comply with the minimums required by such law.

### **GENDER**

Male pronouns will be read as female where it applies.

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## **GENERAL PROVISIONS FOR ACCIDENT AND HEALTH INSURANCE**

### **FILING A CLAIM**

To file a claim, follow these steps:

#### **Step 1:**

A claimant should send a written notice of claim to United States Life within 20 days of a loss. No special form is required to do this. The notice need only identify the claimant and the Policyholder.

#### **Step 2:**

When United States Life receives the notice, it will send a proof of claim form to the claimant.

#### **Step 3:**

The claimant should receive the proof of claim form within 15 days of the date United States Life received the notice of claim.

If the form is received within such time, it should be completed, as instructed, by all persons required to do so. Additional proof, if required, should be attached to the form.

If the form is not received within such time, the claimant may provide written proof of claim to United States Life on any reasonable form. Such proof must state the date the injury or sickness began and the nature and extent of the loss.

#### **Step 4:**

Proof of claim must be sent to United States Life within 90 days of the loss.

If a notice or proof is sent later than the times shown above, United States Life will not deny or reduce a claim if the notice or proof was sent as soon as possible.

### **PAYMENT OF CLAIMS**

All benefits will be paid as they accrue.

### **PHYSICAL EXAMS**

United States Life, at its expense, has the right to examine the insured. This may be done as often as needed to process a claim.

## **TIME LIMIT ON LEGAL ACTIONS**

Legal action may only be brought against United States Life during a certain period. This period begins 60 days after the date proof of claim was filed and ends 3 years after the end of the period within which such proof is required.

**SAMPLE**