



SILVER SERIES

A medical option for you and your loved ones...

**PLANS ARE 100%
GUARANTEED ISSUE**

- » Insured Benefits
- » Discount Medical Plans
- » Consumer Savings Benefits
- » and much more...

Brought to you through an exclusive benefits class of membership in the United Consumer Awareness Association - UCAA.



**Have questions? Ready to enroll?
Simply contact your agent!**

These plans are for residents of: AR, MN and UT.

Benefits are provided to you through membership in the United Consumer Awareness Association (UCAA) which is part of your plan. The UCAA is a mission driven association committed to enhancing the lives of its members by providing access to a wealth of information related to health and wellness, consumer and environmental awareness, and human issues. The UCAA stresses change in consumption habits resulting in a healthier person, community, and world.



Secure quality benefits for you
and your loved ones!

30 DAY
GUARANTEE
MONEY BACK

If you cancel within 30 days from your start/enrollment date, your first monthly membership fee will be refunded. The one time member enrollment fee is non-refundable, except where refund provisions for such are specified by state law.

Request for refund must be made in writing and sent to the plan administrator ONLY.

What do the plans offer?

1. Limited Medical Indemnity Benefits (page 4)

The Limited Medical Indemnity Benefits included in these plans provide a basic level benefit for individuals (and families) that do not have access to traditional coverage. Limited Medical Indemnity Benefits are not to be confused with major medical insurance and they are not meant to replace major medical plans.

- Doctor Office Visits
- Wellness Visits
- Hospital Confinement Benefit
- Diagnostic, X-Ray, Laboratory Benefit
- Ambulance Benefit
- Surgical & Anesthesia Benefits

2. Additional Insurance Benefits (page 5)

- Guaranteed Issue Term Life Insurance: \$10,000

3. Association Membership Discount Medical Plans (pages 8-10)

These features provided are designed to help you receive savings (in addition to the benefits listed above) on things like hospital stays, lab work, doctor visits, dental work, vision care, prescription drugs, hearing care and more! These plans are not insurance – rather, they are discount medical plans that will help reduce the expense of obtaining care and treatment. These plans are provided to you at NO ADDITIONAL COST through your association membership.

4. Association Membership Consumer Savings Benefits (page 11)

Practical saving solutions on things like auto care, hotel stays, flowers, magazines, movies, sneakers/apparel, amusement park admissions, car rentals and MORE!

monthly plan costs*

Choice	\$139⁹⁵ /Individual	\$219⁹⁵ /Plus Spouse or Child	\$269⁹⁵ /Family
Choice Plus	\$234⁹⁵ /Individual	\$399⁹⁵ /Plus Spouse or Child	\$539⁹⁵ /Family
Elite	\$199⁹⁵ /Individual	\$379⁹⁵ /Plus Spouse or Child	\$484⁹⁵ /Family
Elite Plus	\$299⁹⁵ /Individual	\$529⁹⁵ /Plus Spouse or Child	\$709⁹⁵ /Family
Encore	\$369⁹⁵ /Individual	\$664⁹⁵ /Plus Spouse or Child	\$929⁹⁵ /Family
Encore Plus	\$399⁹⁵ /Individual	\$734⁹⁵ /Plus Spouse or Child	\$1,039⁹⁵ /Family

*There is a one-time enrollment fee of \$99.95 that will be applied to your first month's payment.

NOTE: Your total membership cost consists of association information and awareness benefits, consumer savings and service programs, insurance coverages, marketing and administration costs.

Our Customer Care Consultants will provide you assistance every step of the way...

Our professional team of Customer Care Consultants will assist you on how to best utilize the plan and truly maximize your savings!

They are trained to help find a participating provider or facility to suit your particular needs.

Our service does NOT stop until we know you are satisfied.



Benefit Outline

NOTE: SEE TERMS AND CONDITIONS FOR DEFINITIONS AND EXCLUSIONS. TERMS AND CONDITIONS MAY VARY BY STATE. THIS IS NOT BASIC HEALTH INSURANCE OR MAJOR MEDICAL COVERAGE AND IS NOT DESIGNED AS A SUBSTITUTE FOR BASIC HEALTH INSURANCE OR MAJOR MEDICAL COVERAGE. HOSPITAL INDEMNITY PLANS ARE EXEMPT FROM COORDINATION OF BENEFITS PROVISIONS.

LIMITED MEDICAL INDEMNITY BENEFITS*

CHOICE	CHOICEPLUS	ELITE	ELITEPLUS	ENCORE	ENCOREPLUS
--------	------------	-------	-----------	--------	------------

Doctor Office Visits* This benefit is payable for visits to a doctor's office, which are medically necessary due to a covered injury or sickness. Benefits are limited to a single doctor visit per day per covered person. There is a 30 day waiting period for sickness.

» Doctor Office Visit - Indemnity Reimbursement:	\$105	\$105	\$105	\$105	\$95	\$95
» Maximum number of visits/Covered Person/Family per Policy Year:	5/10 visits	5/10 visits	5/10 visits	5/10 visits	5/10 visits	5/10 visits

Wellness Visits* This benefit is payable for routine health examinations and immunizations for covered persons.

» Doctor Office Visit - Indemnity Reimbursement:	N/A	\$105	\$105	\$105	N/A	N/A
» Maximum number of visits/Covered Person/Family per Policy Year:	N/A	2 visits	2 visits	2 visits	N/A	N/A

Adult Wellness Visits* This benefit is payable for routine health examinations and immunizations for covered persons (ages 6 to 64).

» Doctor Office Visit - Indemnity Reimbursement:	N/A	N/A	N/A	N/A	\$95	\$95
» Maximum number of visits/Covered Person/Family per Policy Year:	N/A	N/A	N/A	N/A	1 visit	1 visit

Child Wellness Visits* This benefit is payable for routine health examinations and immunizations for covered persons (birth to age 5).

» Doctor Office Visit - Indemnity Reimbursement:	N/A	N/A	N/A	N/A	\$95	\$95
» Maximum number of visits/Covered Person/Family per Policy Year:	N/A	N/A	N/A	N/A	1 visit	1 visit

Diagnostic, X-ray, Laboratory* This benefit is payable when as the result of a covered injury or sickness, x-rays, laboratory and other diagnostic tests are ordered or performed by a doctor. Benefit payable for one service per day.

» Benefit amount per visit:	N/A	\$100	N/A	\$100	\$250	\$250
» Maximum number of visits per Covered Person per Policy Year:	N/A	3 sittings	N/A	3 sittings	2 sittings	2 sittings

Diagnostic, X-ray, Laboratory Wellness Benefit* Benefits are paid for routine wellness diagnostic testing, X-rays and laboratory testing. Wellness diagnostic testing, X-rays and laboratory testing include but are not limited to pap test, colonoscopy, prostate cancer screening, mammography and bone density screening.

» Benefit amount per visit:	N/A	N/A	N/A	N/A	\$250	\$250
» Maximum number of visits per Covered Persons per Policy Year:	N/A	N/A	N/A	N/A	1 sitting	1 sitting

Hospital Confinement Benefit* This benefit is payable for days 1-31, up to the Daily Benefit Amount in the schedule, when as the result of a Covered Injury or Sickness a Covered Person is confined in a Hospital (semi-private room). In lieu of ICU/CCU Benefit.

» Maximum per day (combined 31 day max per Covered Person per Policy Year) for ALL Hospital and ICU/CCU Confinements:	\$250	\$1,000	\$250	\$1,000	\$1,000	\$1,500
---	-------	---------	-------	---------	---------	---------

ICU/CCU Benefit* This benefit is payable for days 1-31, up to the Daily Benefit Amount in the schedule, when as the result of a Covered Injury or Sickness a Covered Person is confined in a Hospital (semi-private room). In lieu of Hospital Confinement Benefit.

» Maximum per day (combined 31 day max per Covered Person per Policy Year) for ALL Hospital and ICU/CCU Confinements:	\$250	\$1,000	\$250	\$1,000	\$1,000	\$1,500
---	-------	---------	-------	---------	---------	---------

Ambulance* This benefit is payable when as the result of a Covered Injury or Sickness a Covered Person requires the services of a licensed professional ambulance company for transportation to or from a Hospital. Medical Emergency only.

» Benefit amount per trip:	N/A	\$100	N/A	\$100	\$100	\$100
» Maximum number of trips per Covered Person per Policy Year:	N/A	1 trip	N/A	1 trip	1 trip	1 trip

Surgery (Inpatient/Outpatient)* When surgery for a Covered Person is performed in an Outpatient Surgery Facility or while Confined to a Hospital, coverage is provided for the use of the operating and recovery room, including the Doctor's charges for performing surgery. Benefits are also provided for medical services and supplies used in the performance of the surgery. We will pay the charges for Covered Expenses, not to exceed the Maximum Benefit amount and the Maximum Surgeries shown in the Schedule for this benefit. Surgical Schedule can be found on page 12 of this guide.

» Per surgery:	N/A	N/A	See <i>Surgical Schedule on page 12</i>			
» Maximum number of Covered Surgeries per Covered Person per Policy Year:	N/A	N/A	2 surgeries	2 surgeries	2 surgeries	2 surgeries

Anesthesia Benefit (Inpatient/Outpatient)* This benefit is payable for Covered Expenses when administered by a Doctor in connection with a covered surgical procedure resulting from a Covered Accident or Sickness.

» Per visit:	N/A	N/A	See <i>Surgical Schedule on page 12</i>			
» Maximum number of treatments per Covered Person per Policy Year:	N/A	N/A	2 treatments	2 treatments	2 treatments	2 treatments

*Underwritten by the United States Fire Insurance Company, rated "A" (Excellent) by AM Best (2010 Edition). Benefits not available to residents of AK, CT, KS, MD, ME, MT, NC, NH, NJ, NY, OR, RI, VT and WA. Members can be enrolled only once. Duplicate or multiple memberships, including Limited Medical Indemnity Insurance underwritten by United States Fire Insurance Company benefits, is not allowed. 12/12 Pre-Existing Condition Limitations apply to Hospital Confinement Benefit, ICU/CCU Benefit, Surgery and Anesthesia related to Surgery. Maternity is not covered, and there is a 30 day waiting period for sickness. Coverage is not provided for members age 65 or over, coverage will terminate at the end of the monthly billing cycle prior to turning age 65. Changes to coverage underwritten by United States Fire Insurance Company can only be made if the change is the result of a qualifying life event. A qualifying life event means marriage, divorce, the death of your spouse, or the birth or adoption of a child. If coverage is cancelled, persons may not re-enroll in coverage with United States Fire Insurance Company until six-months after their termination date.

LIMITED MEDICAL INDEMNITY BENEFITS*

CHOICE	CHOICEPLUS	ELITE	ELITEPLUS	ENCORE	ENCOREPLUS
--------	------------	-------	-----------	--------	------------

Guaranteed Issue Term Life Insurance** Guaranteed Issue Term Life Insurance requires no medical exam or tests. The benefit amount shown is paid to your beneficiary or beneficiaries in the event of your death. Benefit payment is subject to the definitions, limitations, exclusions and other provisions within the Certificate. Spouse benefit is 50% of benefit amount shown and dependent benefit is 20% of benefit amount shown. Dependent child(ren) must be at least 15 days or older to become eligible for coverage. Member becomes eligible for this benefit 6 months after plan effective date.

» Benefit Amount:	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
-------------------	----------	----------	----------	----------	----------	----------

** Underwritten by ReliaStar Life Insurance Company, policy form LP08GPMO. Not available to residents of: ID, NH, NC, NY, VT and WV. These benefits are solicited by the group and embedded in the association dues. This is a summary of benefits only. Member becomes eligible for this benefit 6 months after plan effective date.

NOTE: SEE TERMS AND CONDITIONS FOR DEFINITIONS AND EXCLUSIONS. TERMS AND CONDITIONS MAY VARY BY STATE. THIS IS NOT BASIC HEALTH INSURANCE OR MAJOR MEDICAL COVERAGE AND IS NOT DESIGNED AS A SUBSTITUTE FOR BASIC HEALTH INSURANCE OR MAJOR MEDICAL COVERAGE. HOSPITAL INDEMNITY PLANS ARE EXEMPT FROM COORDINATION OF BENEFITS PROVISIONS.

Benefit Outline

NON-INSURANCE FEATURES

	CHOICE	CHOICE PLUS	ELITE	ELITE PLUS	ENCORE	ENCORE PLUS
ASSOCIATION MEMBERSHIP DISCOUNT MEDICAL PLANS (pages 8- 10)						
These plans are provided to you at NO ADDITIONAL COST through your association membership.						
Doctor, Hospital, Lab and Podiatry Networks	✓	✓	✓	✓	✓	✓
Tiered Dental Plan	✓	✓	✓	✓	✓	✓
Tiered Vision Plan	✓	✓	✓	✓	✓	✓
Tiered Chiropractic Plan	✓	✓	✓	✓	✓	✓
3 Tier Prescription Drug Plan	✓	✓	✓	✓	✓	✓
24 Hour Counseling Hotline	✓	✓	✓	✓	✓	✓
24 Hour Nurse Hotline	✓	✓	✓	✓	✓	✓
Holistic Care	✓	✓	✓	✓	✓	✓
CallMD™	✓	✓	✓	✓	✓	✓
Elder Care	✓	✓	✓	✓	✓	✓
Diabetic Supplies Program	✓	✓	✓	✓	✓	✓
Hearing Care	✓	✓	✓	✓	✓	✓
Fitness Program	✓	✓	✓	✓	✓	✓
Discount Medical Imaging by NextImage Direct	✓	✓	✓	✓	✓	✓
Discount Home Medical Equipment	✓	✓	✓	✓	✓	✓
ASSOCIATION MEMBERSHIP CONSUMER SAVINGS BENEFITS (page 11)						
Member eShop Savings Program	✓	✓	✓	✓	✓	✓
We Care Credit Assistance	✓	✓	✓	✓	✓	✓
Hotel Savings	✓	✓	✓	✓	✓	✓
Car Rental Services	✓	✓	✓	✓	✓	✓
Gift Basket Savings	✓	✓	✓	✓	✓	✓
Auto Maintenance	✓	✓	✓	✓	✓	✓
Movie Ticket Discounts	✓	✓	✓	✓	✓	✓
Amusement Park Savings	✓	✓	✓	✓	✓	✓
Boca Java™ Online Coffee Discounts	✓	✓	✓	✓	✓	✓
Floral Discounts	✓	✓	✓	✓	✓	✓
Magazine Subscription Savings	✓	✓	✓	✓	✓	✓
Reebok® Savings	✓	✓	✓	✓	✓	✓
Mortgage and Realtor Services	✓	✓	✓	✓	✓	✓
Roadside Assistance	✓	✓	✓	✓	✓	✓
Legal Counseling Services	N/A	N/A	N/A	✓	✓	✓
ID Theft Services	N/A	N/A	N/A	✓	✓	✓
Tradesman Referral Services	N/A	N/A	N/A	✓	✓	✓
Medical Records Software	N/A	N/A	N/A	✓	✓	✓
Moving and Storage Services	N/A	N/A	N/A	✓	✓	✓

LIMITED MEDICAL INDEMNITY BENEFITS - Frequently Asked Questions

How do the Limited Medical Indemnity Benefits work?

The plan contains Limited Medical Indemnity Benefits and does not require you to go to a doctor listed in the **Association Membership Discount Doctor Network**^{*}. The plan pays indemnity benefits directly to your provider or facility of choice. The amount the provider is paid is indicated in the descriptions on the previous page.

The Limited Medical Indemnity benefits are NOT major medical insurance, nor are they meant to replace major medical insurance.

How are medical claims processed?

- **If you visit an in-network provider:** After the visit to the health care provider he/she will submit the claim to Coordinated Benefit Plan (CBP), a third party administrator. CBP will reprice the claim and the health care provider will then balance bill you if necessary.

What happens when I use up all my benefits?

If your Limited Medical Indemnity Benefits are used to completion you still have access to bill repricing if you utilize the Association Membership Discount Doctor Network^{*}. Bills will be discounted if an in-network provider facility is visited.

What does the phrase “there is a 12/12 Pre-Ex for Hospital benefits” mean?

Pre-Existing Condition means any injury sustained in an accident that occurred, or a sickness that first manifested itself before the Covered Person’s effective date of coverage under this Policy and for which the Covered Person has received diagnosis, medical advice, care or treatment within the 12-month period immediately preceding his effective date of coverage.

Benefits are not provided for any loss caused by, or resulting from, a Pre-existing Condition, as defined, unless the loss is incurred at least 12-months after the Effective Date of coverage for a Covered Person. This provision does not apply to newborn or newly adopted children.

Is there a waiting period?

Yes. There is a 30 day waiting period for all sickness benefits.

How do I find providers in the network?

Simply call a Customer Care Consultant or look up providers online.

^{*}NOTE: The Association Membership Discount Doctor Network is not insurance and is not affiliated with the United States Fire Insurance Company.

NOTE: See terms and conditions for definitions and exclusions. Terms and conditions may vary by state. THIS IS NOT BASIC HEALTH INSURANCE OR MAJOR MEDICAL COVERAGE AND IS NOT DESIGNED AS A SUBSTITUTE FOR BASIC HEALTH INSURANCE OR MAJOR MEDICAL COVERAGE. HOSPITAL INDEMNITY PLANS ARE EXEMPT FROM COORDINATION OF BENEFITS PROVISIONS.



ASSOCIATION MEMBERSHIP DISCOUNT MEDICAL PLANS:

Doctor, Hospital, Lab and Podiatry Networks

- **Doctor Network:** Enjoy specially contracted and negotiated rates with savings of **5% to 50%** at participating providers. You are assured the best service by working directly with a Customer Care Consultant who is a person dedicated to help you maximize your savings.
- **Hospital Network:** As a member, you may save **5% to 50%** off incurred hospital bills*. The Customer Care Consultant will answer any questions you may have about how to utilize the program.
- **Lab Network:** Receive rates which offer savings averaging of at least **20%** on virtually all laboratory services including blood-work and lab screenings at any participating lab facility.
- **Podiatry Network:** Receive specially contracted and negotiated rates with savings of **5% to 50%** at participating providers.

* Pricing and savings vary from one location and provider to another and are not guaranteed. NOTE: Network providers may NOT be available in certain areas.



Tiered Dental Plan - *A multi-tiered dental fee-for-service program, where you have access to dentists under THREE distinct scenarios.*

- **Tier 1:** At select participating *schedule (A) Tier 1* general practitioners across the country, you receive a no-charge* exam and x-rays in conjunction with a paid annual cleaning. Participating providers abide by a fee schedule of fixed payments for most procedures. Fixed schedule procedure rate savings are **25% - 60%** on dental care, as compared to the American Dental Association surveys of usual and customary fees.
- **Tier 2:** In the event a *schedule (A) Tier 1* provider is not available in a given area, a secondary schedule participating dentist may be available at some of the lowest rates of any national dental network.
- **Tier 3:** In the event a Tier 1 or Tier 2 dentist is not available in your area, please call a Customer Care Consultant for assistance in accessing a Tier 3 provider where available.

*In conjunction with annual check-up prophylaxis (cleaning) provided by participating selected general practitioners of Tier 1. Note: There is no payment to the dentist from the plan, member pays doctor reduced fee. Network providers may not be available in some areas.



Tiered Vision Plan - *Save 10% to 50% at participating locations nationwide!*

- **Tier 1:** At select participating vision outlets, a no-charge* eyeglass vision exam is available once annually per family member. You also receive discounted rates of **10% to 50%** on eyeglasses, non-prescription sunglasses and contact lenses (excluding disposables) at participating independent and retail optical locations nationwide. Most frames, lenses and specialty items are available.
- **Tier 2:** You will receive **10% - 50%** discounts on eyeglasses, non-prescription sunglasses and contact lenses (excluding disposables) at participating independent and retail optical locations nationwide. Most frames, lenses and specialty items are available.
- **Ophthalmology & LASIK Features:** Save **20% to 60%** on medical eye exams and surgical procedures including LASIK at participating ophthalmology locations.

*Prescription must be filled by the provider performing the no-charge exam if glasses are required. NOTE: Network providers may NOT be available in certain areas.

Tiered Chiropractic Plan - *Save on testing procedures, support and orthotics, massage and bodywork.*

- **Tier 1:** As a member save **20% to 50%** at Participating Providers on adjustments, therapy, x-rays, exams and specialized procedures when visiting one of our participating providers.
- **Tier 2:** Save **5% to 20%** at our large network of participating providers. In the event a Tier 1 chiropractor is not available in your area, a secondary schedule participating provider will be presented to you.

NOTE: Network providers may not be available in certain areas.

Discount Medical Plans are provided by Patriot Health Florida, Inc., a discount medical plan organization. The features are not health insurance policies and are not available in all areas. The features provide discounts at certain health care providers for medical services and do not make payments directly to the providers of medical services. The member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with Patriot Health Florida, Inc., located at 160 Eileen Way, Syosset, New York 11791. 800-292-3797. Discount Medical Plans are not available in AK, MT, ND, VT and WA.

3 Tier Prescription Drug Plan

This program is accepted at over 50,000 participating pharmacies nationwide, including all the leading national chains! Simply visit a participating pharmacy, present your membership card and pay the pharmacy directly. You have the potential to save thousands of dollars annually on prescription drug charges.

- **Tier 1:** Drugs at up to a \$10.00 maximum cost.*
- **Tier 2:** Drugs at up to a \$20.00 maximum cost.*
- **Tier 3:** All other drugs are available for your benefit at negotiated rates. This program also provides additional options to lower your cost on Tier 3 drugs through an independent mail order service** or free drug program.***

*Drugs are subject to be added or deleted without notice. A nominal handling fee may apply. **Optional usage through an independent mail order service. ***Free drug programs available for pre-qualified low income families directly through drug manufacturers when and where available. NOTE: Prices on Tiers 1, 2 & 3 are based on a 1 pill per day dosage, 30 day supply. Discount is only available at participating pharmacies.

24 Hour Counseling Hotline

You and your immediate family members have unlimited access to a master's level therapist via a toll-free number. All counselors have been specially trained to offer prompt, confidential counseling to help you and your immediate family members deal with and overcome the problems that they may encounter every day.

Features:

- Toll-free, confidential access to a master's level therapist for telephone counseling.
- Free support and self-help group referrals.
- Referrals to a local licensed therapists for face-to-face counseling at specially discounted membership rates.

24 Hour Nurse Hotline - *Unlimited, Toll-Free, 24/7 Access to Registered Nurses For You and Your Family completely confidential.*

The nurses are specially trained to offer prompt, confidential medical counseling to help you make informed decisions about your family's health and medical care. However, nurses will not diagnose or provide treatment.

Receive information regarding: Treating common illnesses, explanations as to what to expect during medical testing, Diagnostic and surgical procedures, recently diagnosed medical conditions, and prescription and over the counter medication information.

Holistic Care

The integration of alternative medicine into conventional western medicine is quickly revolutionizing the landscape of the American healthcare system.

- The Holistic Care Service provides a concierge approach to finding a Holistic Care provider that will meet your specific need(s).
- A Customer Care Consultant will take your request for a particular discipline and call you back with the nearest location.
- 20% Savings on all treatments and services and no limits on the number of visits.
- Practitioner disciplines Include: Acupuncturists, Massage Therapists, Dieticians, Naturopathic Providers and MORE!

NOTE: Network providers may NOT be available in certain areas

CallMD™ Program - *Get sound medical advice from the comfort of your own home! 24/7!*

As a Member you will receive two (2) toll-free physician telephone consultations. You have access to a nationwide network of medical doctors and registered nurses available to discuss your medical issues. You can also access over-the-phone prescriptions. (where permitted by law) PLUS your electronic medical records will be maintained in a highly secured internet accessible environment available to network doctors prior to your consultations. CallMD's services are completely toll-free and there are no age restrictions or limitations!

Note: Additional consultations may be purchased for \$35.00

Diabetic Supplies - *10% to 60% Saving on Diabetic Supplies.*

A convenient service for members with diabetes. This program provides special member pricing on most diabetic supplies. These items include: test strips, glucose meters, lancing devices, lancets, and MORE!

Elder Care - Call toll-free 24/7 for advice about your loved ones.

Save on home health and long term care services, available for any member of your family including grandparents.

Features:

- Save from **10% to 25%** on home health aides, nursing homes, assisted living facilities, Alzheimer's special care units and respite care facilities.*
- Save on geriatric care management services such as telephone check-in, elder assessments and care plans. Geriatric care managers are professionals who are expert at advising families and coordinating care for the elderly.

*Savings available for new patients only.

Hearing Care

Beltone Features:

- Free hearing screening and **15%** discount on Beltone hearing aides at more than 1,300 Beltone locations.
- Lifetime care program includes complimentary hearing aid checkup, free hearing screening, free cleaning and inspection while under warranty, and a 30 day refund policy.
- Patients under the age of 18 must provide a physician's authorization to receive tests or treatment. Some locations are not equipped to handle small children.

HearPO Features:

- **20% to 50%** off audiology and hearing aide services at more than 1,400 participating HearPO providers.
- Comprehensive follow up for one year at no charge. 100% discount on repairs and a 60 day refund policy.
- Your hearing aid comes with a 12 month standard manufacturer's warranty. Modifications will be made without cost during warranty should a change within hearing levels require different circuitry.

Fitness Program

Enjoy **10%-50%** off Membership Dues at Over 1,500 Locations Nationwide! Month to month memberships at top area fitness centers* The Fitness Program includes many franchises of Gold's Gym, Bally's Fitness, Curves for Women and other chains as well as independent fitness clubs.

* \$10 administrative fee may apply upon cancellation

Discount Medical Imaging by NextImage Direct

As a member you can save **50-75%** on MRI, PET and PET/CT scans. NextImage Direct leads the industry in providing the highest quality radiology and diagnostic testing services via a premier nationwide network of fully credentialed and certified imaging facilities and physicians.

- Save **50-75%** on medical imaging
- High quality accredited centers
- Same day or next day scheduling
- Access to the premier accredited image centers
- Quality diagnosis by qualified and credentialed physicians
- Matching the patient's specific needs to the right equipment

Discount Home Medical Equipment

Nationwide services for Home Medical Equipment and Orthotics & Prosthetics. Save **50%** when using the nation's largest network of community-based providers. Homelink is a one-stop shop for all of your medical equipment and supplies. No matter where you are located in the United States, Homelink can provide your medical equipment and supplies.

- **Categories include:** Durable Medical Equipment, Medical Supplies, Bone Growth Stimulators, TENS-Electromedical, Respiratory Therapy, Orthotics and Prosthetics

Member eShop Savings: Shop at your favorite stores, earn points and save money! Receive up to 20% in rebates and 60% in discounts!

WeCare Credit Assistance: This benefit will provide you with practical solutions for real-life financial problems like: credit restoration, debt settlement, bankruptcy counseling, loss mitigation, financial education and MORE!

Hotel Savings: You and your family can receive up to 15%-30% off room rates at: Ramada, Amerihost, Days Inn, Howard Johnson, Travelodge, Wingate, & Knights Inn.

Car Rental Services: Save 10% - 25% off rental rates!

Gift Basket Savings: Members receive 10% off gift baskets and gifts at GiftTree.com! GiftTree offers a wide-assortment of high-quality gifts including wine baskets, gourmet baskets, flowers, fruit, personalized gifts and much more.

Auto Maintenance: Simply call the toll-free number to locate participating service centers who can provide up to 10% off auto maintenance items such as brake service, tire and battery service and various other general auto maintenance needs. Participating locations include: Aamco, Jiffy Lube, Meineke, Maaco, Mr. Transmission, Dr. Nicks, Pep Boys, Pro-Care, MultiState Transmission, Milex Centers, and many more!

Movie Ticket Discounts: Take advantage of 20% (or more) off movie tickets! Participating theaters include: AMC, Lowes, Regal, and Edwards.

Amusement Park Discounts: Receive discounts at Seaworld in Orlando, FL, San Diego, CA and San Antonio, TX, Busch Gardens in Tampa Bay, FL and Williamsburg, VA and for Adventure Island, Water County and Sesame Place!

Boca Java Online Coffee Discounts: You and your family can receive discounts on coffee, Tea, Food, gifts and much more! Simply visit the Boca Java website and receive up to a 20% discount on your entire order.

Floral Discounts: Receive 15% off all floral arrangement orders!

Magazine Subscription Savings: Receive 30% off most magazine orders.

Reebok® Savings: Receive 15% off all items at Reebok outlet stores!

Mortgage and Realtor Services: You are able to save up to \$3000 on the sale and financing of your home!

Roadside Assistance: Provides you and your family with 24 hour toll-free Emergency Roadside Dispatch Assistance.

Legal Program: Provides five (5) initial telephone consultations per year, 1 per legal matter. Provides one 1/2 hour office consultation (1 per legal matter), unlimited online consultations (where available) with a local attorney.



Easy to use savings benefits.
There's something for everyone!

2010 Stock Image

ID Theft: Provides resolution services and connects members with a professional customer service representative in the event of an identity theft occurrence.

Tradesman Referral: Get matched to pre-screened home improvement contractors who are reviewed by ServiceMagic's 10 point contractor screening process. \$1,000 service guarantee! Get matched with maids, plumbers, electricians, handymen, painters and much more!

Medical Records Software: Save time when changing doctors by printing medical history with a mouse click.

Moving and Storage Services: Receive up to 60% savings off retail prices depending on the region of the country and service available at the time of need.

Surgical Schedule

IF A SURGICAL PROCEDURE CAN NOT BE LOCATED ON THIS LIST, YOU NEED TO CONTACT THE ADMINISTRATOR TO DETERMINE THE APPROPRIATE DOLLAR REIMBURSEMENT.

Underwritten by the United States Fire Insurance Company, rated "A" (Excellent) by AM Best (2010 Edition). Benefits not available to residents of AK, CT, KS, MD, ME, MT, NC, NH, NJ, NY, OR, RI, VT and WA. Maternity is not covered, and there is a 30 day waiting period for sickness. 12/12 Pre-Existing Condition Limitations apply to Hospital Confinement Benefit, Surgery and Anesthesia related to Surgery.

Surgical Procedure	Surgical Reimbursement \$10,000	Anesthesia Reimbursement \$10,000	Surgical Procedure	Surgical Reimbursement \$10,000	Anesthesia Reimbursement \$10,000
ABDOMEN			Surgical Procedure		
Appendectomy	\$2,500	\$625	Kidney -Nephropexy	\$5,000	\$1,250
Removal of gallbladder	\$5,000	\$1,250	Kidney transplant, unilateral or bilateral, recipient with nephrectomy	\$8,500	\$2,125
Total Gastrectomy	\$8,500	\$2,125	Ureterotomy	\$2,500	\$625
Gastrotomy	\$2,500	\$625	Cystotomy	\$2,500	\$625
Laparotomy, exploratory	\$2,500	\$625	Prostate, removal of (Prostatectomy)	\$2,500	\$625
AMPUTATION			Surgical exposure, prostate	\$5,000	\$1,250
Amputation of upper arm	\$2,500	\$625	Extensive prostate surgery	\$5,000	\$1,250
Amputation of finger/thumb	\$2,500	\$625	Removal of epididymis	\$2,500	\$625
Amputation of leg at hip	\$5,000	\$1,250	Cyctocele, operation for anterior colporrhaphy	\$2,500	\$625
Amputation of lower leg	\$5,000	\$1,250	Rectocele operation for posterior colporrhaphy	\$1,000	\$250
Amputation of toe	\$2,500	\$625	Rectocele and cystocele A&P colporrhaphy	\$2,500	\$625
BREAST			GOITRE		
Removal of breast	\$2,500	\$625	Adenoma or benign tumor of thyroid excecion	\$2,500	\$625
Removal of breast lesion	\$2,500	\$625	Thyroidectomy	\$5,000	\$1,250
Breast reconstruction	\$5,000	\$1,250	HERNIA		
CHEST			Repair Inguinal- unilateral	\$1,000	\$250
Exploratory Thoracotomy	\$5,000	\$1,250	Repair Umbilical-under age 5	\$2,500	\$625
Bronchoscopy (esophagoscopy)	\$1,000	\$250	Repair Umbilical-over age 5	\$2,500	\$625
Esophagectomy	\$8,500	\$2,125	Repair Ventral (incisional)	\$2,500	\$625
Lung, removal of or portion of (Lobectomy)	\$5,000	\$1,250	Repair Femoral	\$2,500	\$625
Valvotomy or commissurotomy, closed	\$5,000	\$1,250	Repair Epigastric	\$1,000	\$250
Aortic, Mitral, or Tricuspid Valvuloplasty, open with bypass	\$8,500	\$2,125	LIGAMENTS AND TENDONS		
Tetralogy of Fallot with Bypass	\$8,500	\$2,125	Revise lower leg tendons	\$2,500	\$625
Double valve procedure replacement and or repair	\$8,500	\$2,125	Repair hand tendon	\$2,500	\$625
DISLOCATION, REDUCTION OF			Repair finger/hand tendon	\$5,000	\$1,250
Treat ankle dislocation	\$1,000	\$250	Transplant hand tendon	\$5,000	\$1,250
Treat clavicle dislocation	\$1,000	\$250	OBSTETRICAL		
Treat elbow dislocation	\$1,000	\$250	Removal of placenta and/or immediate or early repair of pereneum and/or cervix	\$5,000	\$1,250
Treat hip dislocation	\$1,000	\$250	Cesarean Section, complete procedure including delivery	\$5,000	\$1,250
Reset dislocated jaw	\$2,500	\$625	Cesarean Section and Hysterectomy, total or subtotal	\$2,500	\$625
Treat shoulder dislocation	\$1,000	\$250	Éctopic (tubal, extra-uterine) pregnancy	\$5,000	\$1,250
Treat wrist dislocation	\$2,500	\$625	Miscarriage, including dilation and curettage	\$1,000	\$250
Treat knee dislocation	\$5,000	\$1,250	PILONIDAL CYST OR SINUS		
ARTHROTOMY			Removal of pilonidal lesion	\$1,000	\$250
Ankle arthroscopy/surgery	\$2,500	\$625	Drainage of pilonidal cyst	\$1,000	\$250
Elbow arthroscopy/surgery	\$2,500	\$625	RECTUM		
Hip arthroscopy/surgery	\$2,500	\$625	Fissure (Fissurectomy) cutting operation for (Independent Procedure)	\$1,000	\$250
Knee arthroscopy/surgery	\$5,000	\$1,250	Incise external hemorrhoid	\$1,000	\$250
Shoulder arthroscopy/surgery	\$5,000	\$1,250	Destruction of hemorrhoids	\$1,000	\$250
EAR, NOSE, THROAT			Hemorrhoidectomy and Fistulotomy or Fistulectomy	\$2,500	\$625
Fenestration	\$5,000	\$1,250	Papillectomy, single tag (independent procedure)	\$1,000	\$250
Mastoidectomy-single	\$5,000	\$1,250	SKULL		
Extensive mastoid surgery	\$5,000	\$1,250	Osteoplastic craniotomy (other than operation for brain tumor)	\$8,500	\$2,125
Adnoidectomy (independent procedure)	\$1,000	\$250	Trephine	\$2,500	\$625
Sinusotomy, frontal, external simple (Trephine)	\$2,500	\$625	Hemispherectomy	\$8,500	\$2,125
Submucous resection of nasal septum (septectomy)	\$2,500	\$625	SPINE OR SPINAL CORD		
Laryngectomy, without neck dissection	\$2,500	\$625	Laminectomy	\$1,000	\$250
Tonsillectomy, with or without adenoidectomy-under age 18	\$1,000	\$250	Spinal cord tumor operation	\$5,000	\$1,250
Tonsillectomy, with or without adenoidectomy-18 and over	\$1,000	\$250	TUMOR		
Tracheotomy (independent procedure)	\$1,000	\$250	Remove tumor of arm/elbow	\$5,000	\$1,250
EYE			Remove tumor, neck/chest	\$2,500	\$625
Repair detached retina	\$5,000	\$1,250	VARICOSE VEINS		
Removal of eye	\$5,000	\$1,250	Revision of leg vein	\$1,000	\$250
FRACTURE, TREATMENT OF			TRANSPLANT & PARTIAL ORGAN REMOVAL		
Treatment of ankle fracture	\$1,000	\$250	Lung Transplant	\$10,000	\$2,500
Treat finger fracture, each	\$1,000	\$250	Lung Transplant with bypass	\$10,000	\$2,500
Treatment of nose fracture	\$1,000	\$250	Heart and Lung Transplant	\$10,000	\$2,500
Treat fracture radius & ulna	\$1,000	\$250	Liver Transplant	\$10,000	\$2,500
Treatment of fibula fracture	\$2,500	\$625	Liver - partial removal	\$10,000	\$2,500
GENITO URINARY TRACT			Pancreas - partial removal	\$10,000	\$2,500
Cervix amputation (cervicectomy)	\$1,000	\$250	*For surgical procedures not listed, the benefit amount will be determined based on a percentage of a fixed relative value scale. The percentage used will be the same percentage as used in determining the benefit amount for the listed procedures.		
Circumcision Newborn Clamp	\$1,000	\$250			
Dilation & Curettage (non-Puerperal)	\$1,000	\$250			
Partial hysterectomy	\$5,000	\$1,250			
Total hysterectomy	\$5,000	\$1,250			
Vaginal hysterectomy	\$5,000	\$1,250			

United Consumer Awareness Association "UCAA" Terms & Conditions:

1. **MEMBERSHIP:** UCAA Membership is mission oriented encouraging consumption of more positive information and access to such information, products and services for the benefit of members nationwide. UCAA also invests in materials to create a better world for children. Member means a person whose membership has been accepted by the UCAA.
2. **MEMBERSHIP PAYMENTS:** You hereby authorize the UCAA or its' designated membership administrator to charge your credit card or bank account using the billing information supplied by you for the Membership charges selected by you every month. Your initial membership payment will be processed immediately upon enrollment. Membership is automatically renewed monthly and your recurring payment will routinely draw from your specified account each month thereafter. Non-payment of monthly membership fees will result in cancellation of Membership benefits. It is your responsibility to make sure that you are being charged each month. If you fail to make payment or your payment does not go through, your membership will be terminated and no benefits will be available to you.
3. **CANCELLATION:** If you are not completely satisfied, you may call 888-633-5080 to cancel at any time. You will be sent a full refund of the first months' membership fee only if cancellation is received either in writing to UCAA cancellations, 160 Eileen Way, Syosset, NY 11791, by fax to (516) 495-7195, by phone or by e-mail to cancellations@unitedconsumer.org within thirty (30) days from your enrollment date. The Member enrollment fee is non-refundable, except where refund provisions for such are specified by state law. Refunds take 2 - 4 weeks for processing. When insurance claims are submitted during the first thirty (30) days of membership you agree that such a submission constitutes acceptance of the membership, the products and their terms and submission of such a claim constitutes a waiver of any and all refund rights. For cancellations after the first 30 days, you must provide notification in writing, by fax, phone or e-mail prior to your next monthly payment due date to prevent another automatic bill from occurring. If you cancel, membership will terminate at the end of the billing cycle for which you have paid. Please call 888-633-5080 to confirm your request for cancellation was received.
4. **ADDITIONAL MEMBERSHIP MATERIALS:** If you lose or require additional Membership materials, the cost for additional membership fulfillment booklets or cards requested after the first 30 days of the plan effective date, are as follows: a) No charge for an e-mailed package. b) \$15 per membership fulfillment booklet and \$8 per 2 membership card package. These materials will be sent via certified mail.
5. **MEMBER PROXY:** UCAA is a membership association wherein officers and directors may hold meetings from time to time. Enrollment signifies your acceptance to designate and appoint the Secretary of UCAA in office at any particular time and from time to time as your proxy and agent and attorney-in-fact to receive all notices of meetings of the members, to attend and vote on your behalf at any and all meetings of the members, to execute consents and to otherwise act for you in the same manner and with the same effect as if you were personally present. You hereby authorize your proxy to substitute any other person to act under this proxy, to revoke any substitution, and to file this proxy and any substitution or revocation with UCAA. You hereby understand and agree to this proxy as a voluntary designated appointment and that you have a right to receive all notices of meetings of members and to attend such meetings and vote thereat. Should you wish to do so, you will notify the Secretary of UCAA of your desire in this respect.
6. **THIRD PARTY INSURANCE DISCLAIMER:** UCAA is not an insurance company and does not sell insurance. All insurance matters are handled directly with licensed companies. UCAA assumes no liability or risk with regard to insurance services and neither receives nor processes premiums or claims and receives no commission

with regard to insurance processed. The insurance coverages are made available by licensed insurance companies which issued master policies to UCAA.

7. **THIRD PARTY DISCLAIMER:** UCAA is not a merchant, manufacturer, or a provider of any savings programs or Services included in membership. UCAA may change service providers at its sole discretion. Providers of services at discounted pricing receive no reimbursement from UCAA. UCAA assumes no liability or risk for payment for services to these providers. Discount medical plans are included at no extra charge as part of membership and are administered by a licensed Discount Medical Plan provider.
8. **RELEASE:** Benefits are to be used at your sole discretion. Each Member, for himself/herself, or Family Member ("Membership Participant") who uses any information, programs, services or benefits included in membership (hereafter "Membership Benefits"), hereby forever releases, acquits, and discharges each of the UCAA and its employees, officers, directors, agents, affiliates and third party providers from any and all liabilities, claims, demands, actions, and causes of action that such Member, Membership Participant, or Member's legal representative(s) may have by reason of any damage or personal injury sustained as a result of or during the course of the use of any Membership Benefits. The sole recourse available to a Member, Membership Participant, or Member's legal representative(s) against the UCAA will be cancellation of the Program membership as provided in Paragraph 3 of this Agreement.
9. **ENTIRE AGREEMENT:** All provisions under this Agreement constitute the entire Agreement between the UCAA and the Member. If any provision is declared void under the law, that provision is severable and the remainder of this Agreement shall remain in full force and effect.
10. **HEADINGS.** The headings or captions provided throughout this Agreement are for reference purposes only, and will in no way affect the meaning or interpretation of this Agreement.
11. **WAIVER OF BREACH.** A waiver by the UCAA of a breach of any provision of this Agreement will not be deemed a waiver by the UCAA of any other breach of the same or different provision(s).

Insurance Benefits underwritten by the United States Fire Insurance Company
LIMITATIONS AND EXCLUSIONS (MAY VARY BY STATE)

Benefits will not be paid for charges or loss caused by, or resulting from, any of the following:

1. Suicide or any intentionally self inflicted Injury;
2. Any drug, narcotic, gas or fumes, or chemical substance voluntarily taken, administered, absorbed or inhaled unless prescribed by, and taken according to the directions of, a Doctor (accidental ingestion of a poisonous substance is not excluded.);
3. Commission, or attempt to commit, a felony;
4. Participation in a riot or insurrection;
5. Driving under the influence of a controlled substance, unless administered on the advice of a Doctor;
6. Driving while Intoxicated. "Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs.
7. Declared or undeclared war or act of war;
8. Nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 180-days of the initial incident and: (1) The loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy; and (2) The Covered Person was within a 25-mile radius of the site of the release either: (a) At the time of the release; or (b) Within

Terms and Conditions

- 24-hours of the start of the release; or (c) Occurs while he is in the issue state of this Certificate;
9. Routine health checkups or immunizations for Covered Person aged 6 and older; expenses for allergies, allergy serum or allergy testing, unless specifically provided for in this Certificate;
 10. Surgery to correct vision or hearing; eyeglasses, contact lenses and hearing aids, braces, appliances, or examinations or prescriptions therefore;
 11. Dental care, x-rays, or treatment other than Injury to natural teeth and gums resulting from an accidental Injury and rendered within 6-months of the Injury;
 12. Spinal manipulations and manual manipulative treatment or therapy or physiotherapy;
 13. Weight loss or modification and complications arising therefrom, including surgery and any other form of treatment for the purpose of weight loss or modification;
 14. Rest cures or custodial care, or treatment of sleep disorders;
 15. Treatment, services or supplies received outside of the U.S. except for acute Sickness or Injury sustained during the first 30-days of travel outside the U.S.;
 16. Normal pregnancy or childbirth, except for Complications of Pregnancy;
 17. Any drug, treatment, or procedure that either promotes or prevents conception or childbirth regardless of what the drug, treatment, or procedure was originally prescribed or intended for;
 18. Blood or Blood plasma, except for charges by a Hospital for the processing or administration of blood;
 19. Treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy;
 20. Cosmetic surgery. This Exclusion does not apply to reconstructive surgery: (a) On an injured part of the body following trauma, infection or other disease of the involved part; (b) Of a congenital disease or anomaly of a covered dependent newborn or adopted infant; or (c) On a non-diseased breast to restore and achieve symmetry between two breasts following a covered Mastectomy;
 21. The repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices; dentures, partial dentures, braces or fixed or removable bridges;
 22. Treatment or removal of warts, moles, boils, skin blemishes or birthmarks, bunions, acne, corns, calluses, the cutting and trimming of toenails, care for flat feet, fallen arches or chronic foot strain;
 23. Personal items such as television, telephone, lotions, shampoos, extra beds, meals for guests, take home items, or other items for comfort and convenience;
 24. Treatment of Mental or Nervous Disorders, or alcohol or substance abuse, unless specifically provided for under this Certificate;
 25. Prescription medicines, unless specifically provided for under this Certificate;
 26. Any Injury that is caused by flight or travel in, or upon: (a) An aircraft or other, craft designed for navigation above or beyond the earth's atmosphere except as a fare paying passenger; (b) An ultra light, hang gliding, parachuting or bungi cord jumping; (c) A snowmobile; (d) Any two or three wheeled motor vehicle; (e) Any off road motorized vehicle not requiring licensing as a motor vehicle; (f) Any watercraft or other craft designed for water use above or beneath the water, except as a fare-paying passenger;
 27. Any accidental Injury where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license (except in a Driver's Education Program);
 28. Services, treatment or loss: (a) Rendered in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay; (b) Payable by any automobile insurance policy without regard to fault. (Does not apply in any state where prohibited); (c) Which a Covered Person would not have to pay if he did not have insurance; (d) Provided by a Doctor, Nurse or any other person who is employed or retained by a Covered Person or who is a member of a Covered Person's Immediate Family; (e) Covered by state or federal worker's compensation, employers liability, occupational disease law, or similar laws; (f) Injury or Sickness sustained while on active duty in the armed forces of any country. Upon receipt of proof of service, we will refund, any unearned premium paid on a pro rata basis;
 29. Hemorrhoids, tonsils, adenoids, middle ear disorders, any disease or disorder of the reproductive organs unless the loss is incurred at least 6-months after the Covered Person becomes insured under this Certificate;
 30. Elective treatment or surgery and treatment, procedures, products or services that are experimental or investigative. "Experimental or Investigative" means a drug, device or medical treatment or procedure that: (a) Cannot lawfully be marketed without approval of the United States Food and Drug Administration and approval for marketing has not been given at the time of being furnished; (b) Has Reliable Evidence indicating it is the subject of ongoing clinical trials or is under study to determine its maximum tolerated dose, toxicity, safety, efficacy, or its efficacy as compared with the standard means of treatments or diagnosis; or (c) Has Reliable Evidence indicating that the consensus of opinion among experts is that further studies or clinical trials are necessary to determine its maximum tolerated dose, toxicity, efficacy, or its efficacy as compared with the standard means of treatment or diagnosis. "Reliable Evidence" means (i) published reports and articles in authoritative medical and scientific literature; (ii) the written protocol(s) of the treating facility or the protocols of another facility studying substantially the same drug, device, medical treatment or procedure; or (iii) the written informed consent used by the treating facility or by another facility studying substantially the same drug, device, or medical treatment or procedure.
- There are multiple insurance products and premiums included as part of membership. The Insurance Premium related to coverage underwritten by United States Fire Insurance Company as part of your membership is as follows;
- CHOICE: Single = \$31.21, Single/Spouse = \$65.03, Single/Child(ren)= \$65.03, Family = \$89.73 CHOICE PLUS: Single = \$84.00, Single/Spouse = \$163.32, Single/Child(ren)= \$163.32, Family = \$241.51 ELITE: Single = \$82.55, Single/Spouse = \$160.48, Single/Child(ren)= \$160.48, Family = \$237.41 ELITE PLUS: Single = \$128.79, Single/Spouse = \$268.31, Single/Child(ren)= \$268.31, Family = \$370.27 ENCORE: Single = \$172.01, Single/Spouse = \$334.44, Single/Child(ren)= \$334.44, Family = \$494.55 ENCORE PLUS: Single = \$195.48, Single/Spouse = \$380.06, Single/Child(ren)= \$380.06, Family = \$562.00
- The above Insurance Premium reflects only the coverage underwritten by United States Fire Insurance Company. It does not include the association's costs for other coverages, programs and services; including but not limited to member discount and savings related programs and services, administration and maintenance of association information and awareness benefits, websites, enrollment, fulfillment and any other costs related to administration of association membership.

Guaranteed Issue Term Life Insurance Terms & Conditions:

Underwritten by: ReliaStar Life Insurance Company

Not available to residents of: ID, NH, NC, NY, VT, WV

PERIOD OF COVERAGE: Member becomes eligible for this benefit 6 months after plan effective date.

Eligible Persons:

DESCRIPTION OF ELIGIBLE PERSONS:

All Active Members of the Policyholder who are :

1. under age 65; and
2. citizens or legal residents of the United States, its territories and protectorates.

BENEFITS Life Insurance Benefit:

ReliaStar Life pays the death benefit for all causes of death. However, if you commit suicide, while sane or insane, within 1 years of the date your insurance or increase in insurance starts, ReliaStar Life will refund only the amount of premiums paid for your insurance or increase in insurance under the Group Policy. ReliaStar Life will not pay a death benefit.

Payment of Proceeds

ReliaStar Life pays proceeds to the beneficiary. If there is more than one beneficiary, each receives an equal share, unless you have requested otherwise, in writing. To receive proceeds, a beneficiary must be living on the earlier of the following dates:

- The date ReliaStar Life receives proof of your death.
- The tenth day after your death.

If there is no eligible beneficiary or if you did not name one, ReliaStar Life pays the proceeds in the following order:

1. Your spouse.
2. Your children.
3. Your parents.
4. Your estate.

The person must be living on the tenth day after your death

