

**AFA-CWA**  
Alaska Airlines



# Supplemental Benefits

Group Accident Insurance  
Group Hospital Indemnity Insurance  
Group Critical Illness Insurance  
Group Whole Life Insurance





## Supplemental Insurance Benefits **Open Enrollment**

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- **Supplemental** – these plans supplement existing benefits.
- **Voluntary** – members can choose to participate.
- **Limited Underwriting** – no medical or physical exams required.
- **Family Coverage** – available with all the plans.
- **Benefits** – paid directly to the member (unless otherwise assigned).
- **Payroll Deduction** – premiums are deducted from your paycheck.
- **Portable\*** – members can continue coverage if they retire from or leave Alaska Airlines.

**Questions — Call National Group Protection (NGP)  
1-800-344-9016**

\*See certificate for complete details.

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# Group Accident Insurance

## Plan Highlights

- 24-Hour on and off job coverage
- **Guaranteed-Issue**—no health questions asked
- Benefits and rates not based on income or age
- Benefits do not reduce as you get older
- Pays regardless of Workers' Compensation, medical coverage or any other insurance
- Plan is **portable\***

**Initial Treatment** **\$250**  
 (for each accident, within 14 days of accident)

This benefit is payable if an insured receives initial treatment for a covered accidental injury, and is under the care of a doctor at one of the following facilities:

**Doctor's Office • Urgent Care Facility • Hospital Emergency Room**

**Emergency Observation Unit** **\$100**  
 (per 24 hour period; within 14 days of accident)

We will pay this benefit when an insured, due to an accident, receives treatment in a hospital emergency room and is held in a hospital for observation without being admitted as an inpatient.

**Major Diagnostic Testing** **\$150**  
 (once per accident, within six months of accident)

We will pay this benefit if an insured requires one of the following exams due to a covered accident:

**CT scan • CAT scan • MRI • EEG**

**Appliance** (within six months of accident) **\$100**

We will pay this benefit when an insured is advised by a physician to use a medical appliance due to injuries received in a covered accident. Benefits are payable for cane, crutches, knee scooter, wheelchair, walking boot, leg braces, back brace, cervical collar and walker.

**Accident Follow Up Treatment** **\$60**

We will pay this benefit for up to six treatments per covered accident. The insured must have received initial treatment within 14 days of the accident and the follow up treatment must be within six months of the covered accident. This benefit is not payable for physical, occupational, or speech therapy.

**Therapy** **\$60**

We will pay this benefit for up to six treatments (one per day) per covered accident, if the insured has doctor-prescribed therapy treatment provided by a licensed therapist in one of the following categories: physical therapy, occupational therapy, or speech therapy. The insured must have received initial treatment within 14 days of the accident and therapy must begin within 90 days of the covered accident.

**Chiropractic or Alternative Therapy** **\$25**

We will pay this benefit for up to six treatments per covered accident, if the insured receives acupuncture or chiropractic treatment for a covered accident. The insured must have received initial treatment within 14 days of the accident and therapy must begin within 90 days of the covered accident.

\*Certain stipulations apply. Please review certificate for more information.

# Group Accident Insurance



## Major Injuries

(diagnosed and treated by a physician within 90 days)	MEMBER   SPOUSE		CHILD	
	Closed Reduction	Open Reduction	Closed Reduction	Open Reduction
<b>Fractures</b>				
Hip/Thigh	\$4,500	\$6,750	\$4,000	\$6,000
Vertebrae/Sternum	\$4,050	\$6,075	\$3,600	\$5,400
Pelvis	\$3,600	\$5,400	\$3,200	\$4,800
Skull	\$3,375	\$5,062	\$3,000	\$4,500
Leg	\$2,700	\$4,050	\$2,400	\$3,600
Forearm/Hand/Wrist	\$2,250	\$3,375	\$2,000	\$3,000
Foot/Ankle/Knee Cap	\$2,250	\$3,375	\$2,000	\$3,000
Lower jaw (Mandible)/Shoulder blade/Collar bone	\$1,800	\$2,700	\$1,600	\$2,400
Skull (simple)/Upper arm/Upper jaw	\$1,575	\$2,362.50	\$1,400	\$2,100
Facial bones (except teeth)	\$1,350	\$2,025	\$1,200	\$1,800
Vertebral Processes/Sacral/Sacrum	\$900	\$1,350	\$800	\$1,200
Coccyx/Rib/Finger/Toe	\$360	\$540	\$320	\$480
<b>Dislocations</b>				
Hip	\$3,600	\$5,400	\$3,600	\$5,400
Knee (not knee cap)	\$2,600	\$3,900	\$2,600	\$3,900
Shoulder	\$2,000	\$3,000	\$2,000	\$3,000
Foot/Ankle	\$1,600	\$2,400	\$1,600	\$2,400
Hand	\$1,400	\$2,100	\$1,400	\$2,100
Lower jaw	\$1,200	\$1,800	\$1,200	\$1,800
Wrist	\$1,000	\$1,500	\$1,000	\$1,500
Elbow	\$800	\$1,200	\$800	\$1,200
Finger/Toe	\$320	\$480	\$320	\$480

If more than one fracture/dislocation requiring open or closed reduction occurs in any one accident, we will pay the scheduled benefit for each fracture/dislocation, not to exceed 200% of the scheduled benefit amount for the fracture/dislocation with the highest dollar value. Benefits for chip fractures are payable at 25% of the scheduled amount shown for the affected bone. Benefits for partial dislocations are payable at 25% of the scheduled amount shown for the affected joint. If the insured fractures a bone and dislocates a joint in the same accident, we will pay for both. However, we will pay no more than 200% of the scheduled benefit amount for the bone fractured or joint dislocated with the highest dollar value. Benefits are payable for only the first dislocation of a joint. We will not pay benefits for a recurring dislocation of the same joint. Joints dislocated prior to the effective date of coverage will not be covered should they become dislocated while coverage is in force.

## Hospital Benefits

### Hospital Admission **\$1,000**

We will pay this benefit when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury (within 6 months of the date of the accident). We will pay this benefit once per covered accident. This benefit is not payable for confinement to an observation unit, or for emergency room or outpatient treatment.

### Hospital Confinement (per day) **\$200**

We will provide this benefit due to a covered accident on the first day of hospital confinement for up to 365 days per covered accident. Hospital Confinement must begin within six months of the covered accident. Payable once per hospital confinement even if the confinement is caused by more than one injury.

### Hospital Intensive Care (per day) **\$400**

Up to 30 days per covered accident, within six months of the covered accident; pays in addition to Hospital Confinement Benefit.

### Rehabilitation Unit (per day) **\$75**

Up to 31 days per covered accident; Maximum 62 days per calendar year.

### Blood, Plasma, Platelets **\$150**

If an insured receives blood, plasma, or platelets within six months of a covered accident, we will pay the amount shown.

### Family Lodging (per night) **\$150**

We will pay this benefit for an adult of the immediate family to accompany the insured if treatment of injuries due to a covered accident requires hospital confinement in a hospital more than 100 miles from the residence of the insured. We will pay the amount shown for one room for up to 30 days and only during the time the insured is confined to the hospital. The treatment must be prescribed by your local physician.



# Group Accident Insurance

## Surgical Benefits

### Outpatient Surgery and Anesthesia **\$400** (within one year)

We will pay this benefit if an insured has an outpatient surgical procedure performed by a doctor in a doctor's office, urgent care facility, emergency room, hospital or ambulatory surgical center.\* If an outpatient surgical procedure is covered under another benefit in the plan, we will pay the higher of that benefit amount or the Outpatient Surgery and Anesthesia Benefit.

\*Surgical procedure does not include laceration repair.

### Inpatient Surgery and Anesthesia **\$1,000** (within one year)

We will pay this benefit if an insured has a surgical procedure performed by a doctor while confined to a hospital as an inpatient. If an inpatient surgical procedure is covered under another benefit in the plan, we will pay the higher of that benefit amount or the Inpatient Surgery and Anesthesia Benefit.

## Additional Benefits

### Burns (treatment within 6 months)

Second Degree Burns	<b>\$50 up to \$500</b>
Third Degree Burns	<b>\$500 up to \$10,000</b>

### Lacerations (treatment and repair within 14 days)

Not requiring stitches and treated by a physician. **\$25**  
**Requiring stitches** (including liquid skin adhesive)

Under 5 cm long	<b>\$50</b>
5-15 cm long	<b>\$200</b>
Over 15 cm long	<b>\$400</b>

Multiple Lacerations: We will pay 200% for the largest single laceration requiring stitches.

### Eye Injuries **\$250**

Removal of foreign body

### Ear Injuries **\$200** (once per ear; treatment within 90 days)

Trauma resulting in 60% of hearing loss in one ear requiring treatment by a physician. Loss of hearing due to sickness or disease is not covered.

### Emergency Dental Work (to sound, natural teeth)

Repair with a crown	<b>\$150</b>
Resulting in extraction	<b>\$50</b>

### Concussion **\$350**

A head injury resulting in electroencephalogram abnormality.

### Coma **\$10,000**

Lasting 30 days or more.

### Transportation Benefits (within 90 days of the accident)

Air Ambulance	<b>\$900</b>
Ambulance	<b>\$300</b>
Plane Transportation (50 miles or greater)	<b>\$350</b>
Ground Transportation (50 miles or greater)	<b>\$150</b>

### Pain Management **\$75** (once per accident, within six months of accident)

Will will pay this benefit when an insured, due to an accident, is prescribed and receives a nerve ablation and/or block or an epidural injection administered into the spine. This benefit is not payable for an epidural administered during a surgical procedure.

## Wellness Benefit

A benefit will be paid to each insured following one of the listed routine exams or preventative testing.

### The following exams and tests are covered

- Annual physical exam
- Mammograms
- Pap smears
- Eye examinations
- Immunizations
- Flexible sigmoidoscopy
- PSA tests
- Ultrasounds
- Blood screenings

**\$75**  
**Benefit**  
per calendar year

# Group Accident Insurance



<b>Accidental Death</b> If an insured is injured in a covered accident and the injury causes the insured to die within 90 days after the accident, we will pay this benefit.	<b>\$20,000</b>
<b>Accidental Death - Common Carrier*</b> If an insured is injured in a covered accident and the injury causes the insured to die within 90 days after the accident, we will pay this benefit if the injury is the result of traveling as a fare-paying passenger on a common carrier. If this benefit is paid, we will not pay the other death benefit in this plan.	<b>\$40,000</b>
<b>Paralysis</b> Lasting 90 days or more and diagnosed by a physician within 90 days. Quadriplegia Paraplegia	<b>\$10,000</b> <b>\$5,000</b>
<b>Prosthesis</b> (maximum 2 per accident) If an insured requires the use of a prosthetic device due to a covered accident, we will pay this benefit. Hearing aids, wigs, or dental aids including (but not limited to) false teeth are not covered.	<b>\$1,000</b>
<b>Residence/Vehicle Modification</b> We will pay this benefit for a permanent structural modification to an insured's primary residence or vehicle when the insured suffers total and permanent or irrevocable loss of one of the following, due to a covered accidental injury: <b>Sight of one eye ▪ Use of one hand/arm ▪ Use of one foot/leg</b>	<b>\$1,000</b>

## Group Accident Monthly Rate

<input type="checkbox"/> <b>Member</b>	\$21.67
<input type="checkbox"/> <b>Member and Spouse</b>	\$35.10
<input type="checkbox"/> <b>Member and Children</b>	\$37.36
<input type="checkbox"/> <b>Family</b>	\$50.79

\*This benefit is not payable for deaths that occur while on-the-job, flying on passes, or traveling to or from a job assignment.



# Group Hospital Indemnity Insurance

Group Hospital Indemnity Insurance offers coverage for hospital stays due to unexpected illnesses, injuries and pregnancy.

## Plan Features

- Provides benefits **ONLY** if admitted to the hospital as a resident bed patient.
- **Guaranteed-Issue** – no health questions asked. Pre-existing conditions are covered.
- Benefits and rates are not based on income or age.
- Benefits are paid regardless of any other insurance coverage.
- Plan is portable\* – take the coverage with you if you retire or leave your employer.

## Hospitalization Benefits

<p><b>Hospital Admission</b></p> <p>We will pay this benefit when an insured is admitted to a hospital and confined as a resident bed patient because of a covered accidental injury (within 6 months of the date of the accident) or a covered sickness. We will pay this benefit once per covered sickness or accident per calendar year for each insured. This benefit is not payable for confinement to an observation unit, or for emergency room or outpatient treatment.</p>	<b>\$1,000</b>
<p><b>Hospital Confinement (per day)</b></p> <p>We will provide this benefit due to a covered accident or sickness on the first day of hospital confinement for up to 180 days. For accidental injuries, Hospital Confinement must begin within 6 months from date of accident. Payable once per hospital confinement even if the confinement is caused by more than one injury or sickness. If we pay benefits for confinement and the insured becomes confined again within 6 months because of the same or related condition, we will treat this confinement as the same period of confinement.</p>	<b>\$150</b>

## Hospital Intensive Care Benefits

<p><b>Hospital Intensive Care** (per day)</b></p> <p>Up to 31 days per covered accident or sickness; <b>pays in addition to Hospital Confinement Benefit.</b></p>	<b>\$150</b>
<p><b>Hospital Intensive Care Step-Down Unit** (per day)</b></p> <p>Up to 10 days per covered accident or sickness; <b>pays in addition to Hospital Confinement Benefit.</b></p>	<b>\$75</b>



# Group Hospital Indemnity Insurance



## Waiver of Premium

If the member becomes totally disabled due to a covered sickness or accidental injury, after 90 days of total disability, we will waive premiums for the insured and any covered dependents. As long as the insured remains totally disabled, premium will be waived up to 24 months, subject to the terms of the policy.

## Wellness Benefit

A benefit will be paid to each insured following one of the listed routine exams or preventative testing.

**The following screening tests are covered but not limited to:**

- Mammograms
- Pap smears
- Eye examinations
- Immunizations
- Flexible sigmoidoscopy
- PSA tests
- Blood screenings

See your certificate for a complete list of tests.

**\$60**  
**Benefit**  
per calendar year

## Hospital Indemnity Monthly Rates

<input type="checkbox"/> <b>Member</b>	\$22.97
<input type="checkbox"/> <b>Member and Children</b>	\$37.05
<input type="checkbox"/> <b>Member and Spouse</b>	\$46.11
<input type="checkbox"/> <b>Family</b>	\$60.19

\*Certain stipulations apply. Please review certificate for more information.

\*\*For accidental injuries, Hospital Intensive Care or Hospital Intensive Care Step-Down must begin within 6 months from date of accident. Payable once per hospital intensive care or hospital intensive care step-down confinement even if the confinement is caused by more than one injury or sickness. If we pay benefits for confinement and the insured becomes confined again within 6 months because of the same or related condition, we will treat this confinement as the same period of confinement.



# Group Critical Illness Insurance

**This plan helps prepare you for the added costs of battling a covered critical illness.** The good news is that many people with covered critical illnesses survive these life-threatening battles. Unfortunately, as the recovery process begins, people become aware of the medical bills that have piled up.

## Plan Features

- Guaranteed-Issue**  
Members are eligible for up to \$30,000 and spouses up to \$15,000 coverage with no health questions asked.
- Re-Occurrence Benefit**  
Pays for subsequent diagnosis of the same illness. Must be separated by 6 months. (12 months treatment-free for Cancer).
- Additional Occurrence Benefit**  
Pays the full benefit amount for any additional illness. Must be separated by 6 months.
- Human Coronavirus Benefit**  
Pays a benefit if diagnosed with human coronavirus and confined to a hospital as a direct result of the disease. Insured must be hospitalized for at least 4 days or confined to an intensive care unit to be eligible for benefit.
- Specified Disease Benefit**  
Pays a benefit if diagnosed with the following diseases: Adrenal Hypofunction (Addison's Disease), Cerebrospinal Meningitis, Diphtheria, Huntington's Chorea (Huntington's Disease), Legionnaires' Disease, Malaria, Muscular Dystrophy, Myasthenia Gravis, Necrotizing Fasciitis, Osteomyelitis, Poliomyelitis, Rabies, Sickle Cell Anemia, Systemic Lupus, Systemic Sclerosis (Scleroderma), Tetanus, Tuberculosis.
- Portable**  
Keep the coverage if you leave or retire from your employer (certain stipulations apply).
- Benefits are paid regardless of any other insurance coverage.
- Spouse may participate. The member benefit level is based on member's age, and the spouse benefit level is based on the spouse's age.
- Children are covered at 50% of the member benefit at no extra cost.

## Covered Critical Illnesses

Cancer (Internal or Invasive)	100%
Heart Attack (Myocardial Infarction)	100%
Stroke (Ischemic or Hemorrhagic)	100%
Major Organ Transplant*	100%
Kidney Failure (End-Stage Renal Failure)	100%
Bone Marrow Transplant (Stem Cell Transplant)	100%
Sudden Cardiac Arrest	100%
Benign Brain Tumor	100%
Advanced Alzheimer's Disease	100%
Advanced Parkinson's Disease	100%
Coronary Artery Bypass Surgery	25%
Non-Invasive Cancer	25%
<b>Specified Diseases</b>	<b>25%</b>
COVID-19 (with hospitalization) **	10%-40%
Skin Cancer <sup>†</sup>	\$500
TIA Benefit (Transient Ischemic Attack) <sup>†</sup>	\$500

\* A 25% benefit is payable if an insured is placed on the transplant list for a major organ transplant.

\*\* Human coronavirus diagnosis benefit pays 10% if confined 4-9 days, 25% if confined 10+ days, or 40% if confined to an intensive care unit.

† Skin Cancer benefit and TIA benefit are payable once per calendar year.

NOTE: All covered conditions are subject to the definitions found in your certificate. This plan contains a 30-day waiting period following the effective date of coverage. This means a 25% benefit will be payable for a covered critical illness during the waiting period.

# Group Critical Illness Insurance



## Health Screening Benefit

A benefit will be paid to each insured member or spouse following one of the listed screening procedures.

**The following screening tests are covered but not limited to:**

- Mammograms
- Pap smears
- Colonoscopy
- PSA (blood test for prostate cancer)
- Stress test on a bicycle or treadmill

See your certificate for a complete list of tests.

**\$60**  
**Benefit**  
per calendar year

## Critical Illness Monthly Premiums (per applicant)

Age	Non-Tobacco			Tobacco		
	\$5,000	\$10,000	\$15,000	\$5,000	\$10,000	\$15,000
<b>18-29</b>	\$4.11	\$6.27	\$8.42	\$5.00	\$8.06	\$11.11
<b>30-39</b>	\$5.55	\$9.15	\$12.75	\$7.56	\$13.18	\$18.79
<b>40-49</b>	\$9.16	\$16.36	\$23.57	\$13.17	\$24.39	\$35.62
<b>50-59</b>	\$16.20	\$30.46	\$44.71	\$24.61	\$47.27	\$69.93
<b>60+</b>	\$29.15	\$56.35	\$83.55	\$43.84	\$85.74	\$127.63

Rates **do not** increase as you age.

## Monthly Premiums

	Benefit Amt.	Mthly Premium
<b>Member</b>	\$ _____	\$ _____
<b>Spouse</b>	\$ _____	\$ _____
<b>Total Monthly Premium</b>		\$ _____

Rates and charts do not imply coverage.  
They are for illustration purposes only.



# Group Whole Life Insurance

The Group Whole Life Insurance plan offers permanent life insurance protection with **guaranteed** premiums, cash values and coverage amounts.\*

## Underwriting

- **Guaranteed-Issue** — members age 18 through 75 years are eligible for \$30,000 in coverage with no health questions asked. Spouses age 18 through 75 years are eligible for \$10,000 in coverage with no health questions asked.
- Premiums as low as \$3.00 per week for members.

## Family Coverage

- Available for your spouse as well as dependent children and eligible grandchildren, even if you are eligible but choose not to apply.
- \$10,000 policy available for dependent children and grandchildren.

## Additional Policy Highlights

- **Portable**  
If you retire or leave your employer, you may take this coverage with you. Only you can cancel your coverage (certain stipulations apply).
- **Accidental Death Benefit** (Member and Spouse only)  
If an insured dies in an accident the benefit amount doubles up to a maximum of \$50,000.
- **Waiver of Monthly Deduction Rider** (Member only)  
Waives the monthly deduction for the base plan and optional benefits after the insured has been totally disabled for four months. Waiver of monthly deduction rider continues throughout the duration of the disability.
- **Accelerated Benefit** (Member and Spouse only)  
Offers one-half of the death benefit to be paid prior to death, when you are diagnosed with a qualifying event, such as a terminal illness (life expectancy of less than 12 months), unable to perform at least two activities of daily living, or have severe cognitive impairment. Review your certificate for exact terms (the amount payable under this benefit may be taxable. Consult your personal tax advisor).
- **Builds Cash Value**  
In addition to having valuable life insurance protection, you can accumulate savings at a guaranteed rate of return (competitive interest rates). You have access to your cash value and have the ability to make loans or withdrawals.

	Age	Tobacco No-Tobacco	Benefit Amount	Accidental Death Benefit	Monthly Premium
<b>Member</b>					
<b>Spouse</b>					
<b>Dependent 1</b>					
<b>Dependent 2</b>					
<b>Dependent 3</b>					
<b>Total Monthly Premium</b>					

\*As long as required premiums are paid.





# Limitations and Exclusions

If this coverage will replace any existing individual policy please be aware that it may be in your best interest to maintain your individual guaranteed-renewable policy.

## Group Accident

We will not pay benefits for loss, injury or death contributed to, caused by, or resulting from: 1. War - participating in war or any act of war, declared or not, or participating in the armed forces of or contracting with any country or international authority. We will return the prorated premium for any period not covered by this certificate when you are in such service. 2. Suicide - committing or attempting to commit suicide, while sane. 3. Sickness - having any disease or bodily/mental illness or degenerative process. We also will not pay benefits for any related medical/surgical treatment or diagnostic procedures for such illness. 4. Self-Inflicted Injuries - injuring or attempting to injure yourself intentionally. 5. Racing - Riding in or driving any motor-driven vehicle in a race, stunt show or speed test. 6. Illegal Acts - participating or attempting to participate in an illegal activity, or working at an illegal job. 7. Sports - participating in any organized professional or semi-professional sport. 8. Cosmetic Surgery - having cosmetic surgery or other elective procedures that are not medically necessary or having dental treatment except as a result of covered accident.

## Group Critical Illness

This plan contains a 30-day waiting period. Benefits are payable at 25% of the full benefit amount for an insured who has been diagnosed or had a health screening test performed before his coverage has been in force 30 days from the effective date.

## CANCER DIAGNOSIS LIMITATION

Benefits are payable for cancer and/or noninvasive cancer as long as the insured: 1. Is treatment-free from cancer for at least 12 months before the diagnosis date; and 2. Is in complete remission prior to the date of a subsequent diagnosis, as evidenced by the absence of all clinical, radiological, biological, and biochemical proof of the presence of the cancer.

## SPECIFIED DISEASE BENEFIT LIMITATION

For any subsequent specified disease to be covered, the date of diagnosis of the subsequent specified disease must be 180 days or more after the date the insured first qualified for any previously paid specified disease benefit.

## EXCLUSIONS

We will not pay for loss due to: 1. Self-Inflicted Injuries - injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured (In Illinois: this exclusion does not apply); 2. Illegal Acts - participating or attempting to participate in an illegal activity, or working at an illegal job (In Illinois: Illegal Occupation - committing or attempting to commit a felony or being engaged in an illegal occupation); 3. Participation in Aggressive Conflict: War (declared or undeclared) or military conflicts; Insurrection or riot; Civil commotion or civil state of belligerence; 4. Illegal Substance Abuse: Abuse of legally-obtained prescription medication; Illegal use of non-prescription drugs.

All benefits under the plan, including benefits for diagnoses, treatment, confinement and covered tests, are payable only while coverage is in force.

## Group Hospital Indemnity

We will not pay for loss due to: 1. War - voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces, or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the Insured is in such service.) War also includes voluntary participation in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism. 2. Suicide - committing or attempting to commit suicide, while sane or insane. 3. Self-Inflicted Injuries - injuring or attempting to injure oneself intentionally. 4. Racing - riding in or driving any motor-driven vehicle in a race, stunt show or speed test in a professional or semi-professional capacity. 5. Illegal Occupation - committing or attempting to commit a felony, or being engaged in an illegal occupation. 6. Sports - participating in any organized sport in a professional or semi-professional capacity. 7. Custodial Care - this is non-medical care that helps individuals with the basic tasks of everyday life, the preparation of special diets, and the self-administration of medication which does not require the constant attention of medical personnel. 8. Services performed by a Family Member. 9. Dental Services or Treatment. 10. Cosmetic Surgery, except when due to: a. Reconstructive surgery, when the service is related to or follows surgery resulting from a Covered Accidental Injury or a Covered Sickness, or is related to or results from a congenital disease or anomaly of a covered dependent child. b. Congenital defects in newborns.

# Limitations and Exclusions

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## **Group Whole Life**

If the insured takes his own life within two years from the Date of Issue of his certificate, the liability of the Company will be limited to all premiums paid, without interest, less any Certificate Loan and loan interest.

## **ACCIDENTAL DEATH BENEFIT (member and spouse)**

The Accidental Death Benefit provided by this Rider shall not be payable if the Insured's death results from any of the following causes: 1. war, or an act of war (including any armed aggression resisted by the armed forces of any country or combination of countries), whether such war is declared or undeclared; 2. suicide; 3. any bodily or mental infirmity or disease, except a bacterial infection occurring with or through an accidental injury; 4. committing or attempting to commit an assault or felony; 5. the voluntary taking of any drug, medication, or sedative unless as prescribed by a physician; or an poison (except food poisoning), including carbon monoxide.

The Accidental Death Benefit Rider terminates on the certificate anniversary on which the age of the insured is 65.

## **WAIVER OF MONTHLY DEDUCTION (included on Member Certificate Only)**

No benefit will be provided by this Rider if Total Disability is caused by an intentionally self-inflicted injury, or results from an act of war, declared or undeclared, while the Insured is in the military service of any country.

## **ACCELERATED BENEFIT**

Company will not pay the Accelerated Benefit: 1. If either the Owner or Insured is required by a government agency to use the Accelerated Benefit in order to apply for, obtain, or otherwise keep a government benefit or entitlement; 2. If either the Owner or Insured is required by law to use the Accelerated Benefit to meet the claims of creditors, whether in bankruptcy or otherwise; 3. If the qualifying event results from intentionally self-inflicted injuries; 4. If the Certificate is in force as either Extended Term Insurance or Reduced Paid-Up Insurance; 5. If the Certificate is legally or equitably assigned, except to the Company as security for the lien; 6. If any part of the Death Benefit under the Certificate is contestable. 7. If the Certificate is not in force or the Death Benefit under the Certificate is not payable for any reason; 8. If the amount of the Accelerated Benefit plus the amount of all Accelerated Benefits on the Insured from all certificates issued by the Company, exceeds \$250,000; or 9. If there has already been an Accelerated Benefit paid on this Certificate.

## **PORTABILITY**

Subject to premium payment.

# Customer Service | Claims

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If you have questions concerning your coverage or need claims assistance, please contact National Group Protection (NGP).

- Coverage questions
- Claim assistance
- Claim forms
- Payroll deduction questions



Enrolled and Administered by:

**National Group Protection**

**1445 Greenbrier Place  
Charlottesville, VA 22901  
(800) 344-9016  
service@ngp-ins.com**

Claim forms are available at **[www.ngp-ins.com/resources](http://www.ngp-ins.com/resources)**.

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Underwritten by:  
Continental American Insurance Company (CAIC)  
P.O. Box 427, Columbia, SC 29202 | (866) 849-0011