Trust the Leader
American Income Life has been insuring 4-Hers across the country since 1952. We currently serve thousands of 4-H clubs in over 2200 counties nationwide. Experience and knowledge you can trust at work for the children entrusted to your care. We have first hand knowledge of the types of claims and situations that arise during 4-H and Extension activities. Take advantage of our years of experience and insure your programs with a Division that was founded with 4-H in mind.

Safety First
ALL our programs offer PRIMARY, NO DEDUCTIBLE coverage for ALL registered 4-Hers and leaders. We encourage you to make sure your programs are age-appropriate and in compliance with your state's guidelines.

Worth Noting
4-H Club Leaders
We have an excellent Option of annual coverage available on an individual club or county-wide basis. If you use our Special Activities brochures several times a year, it might be advantageous for you to have the annual club coverage.
CONTACT US FOR DETAILS.

Promoting 4-H
Through our sponsorships and donations to 4-H programs nationally, we convey our dedication to promoting 4-H and Extension and their ideals.

Apply Online Now at
www.americanincomelife.com

"Serving Those Who Serve Others" is not just our motto—it's our business!!

READ THESE INSTRUCTIONS CAREFULLY!

HOW TO APPLY FOR COVERAGE
1. To apply, complete the APPLICATION FORM, giving approximate number to be insured, the beginning date and the number of days for which you wish coverage. Coverage is from midnight to midnight. Any over-night activity requires two day coverage.
2. Be sure to check Option of coverage desired. If no Option is checked, coverage is automatically bound under Option A.
3. Be sure application bears a postmark of AT LEAST ONE DAY PRIOR TO THE EFFECTIVE date, or request coverage online at: www.americanincomelife.com; or fax 317-849-2793 (24 hours).
4. The company requires notification of date changes.
5. NO ADVANCE PREMIUM.
At time of remittance, a minimum of $8.00 is required.
6. If, for any reason, duplicate coverage for any event is applied for, the claims will be paid under the policy providing the greater benefits.

HOW TO FILE A CLAIM
1. Written notice of claim must be given to the company within twenty days of commencement of any loss covered by this policy, or as soon as is reasonably possible.
2. In case of injury or illness to any insured person, see that they are given proper medical attention. Complete a claim report with the following information and mail or fax to the Company as soon as possible:
   a. Name and date of birth of the claimant.
   b. Date of the injury/illness.
   c. How the injury/illness was sustained.
   d. Complete medical diagnosis by the attending physician.
   e. Serial number of application under which person was covered.
3. Statements for services rendered by doctor, hospital or nurse, are necessary in all instances.
4. Claim reports must be signed by group leader.
### Table of Benefits

<table>
<thead>
<tr>
<th>Option A</th>
<th>Option B</th>
<th>Option C</th>
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<tbody>
<tr>
<td>20¢ Per day per person</td>
<td>25¢ Per day per person</td>
<td>30¢ Per day per person</td>
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For expense incurred within 52 weeks of the date of Accident for Medical and Surgical Treatment, X-Ray Examinations, Hospital Confinement and Ambulance Expense, up to a maximum of...
- **$2,500**
- **$3,000**
- **$5,000**

Dental Services incurred within 52 weeks of the Accident, Involving Sound Natural Teeth, up to a maximum of...
- **$400**
- **$500**
- **$1,000**

Medical and Hospital Expense for Illness having its inception on the day or days this policy is in force, up to a maximum of...
- **None**
- **$1,000**
- **$1,500**

For Medical Expenses from these specified diseases: Poliomyelitis, Diphtheria, Scarlet Fever, Smallpox, Tetanus, Cerebrospinal Meningitis, Typhoid Fever, Leukemia, or Primary Encephalitis, up to a maximum of...
- **None**
- **$3,500**
- **$5,000**

For losses within 100 days of the accident which result in the loss of life...
- **$2,500**
- **$3,000**
- **$5,000**

For losses within 100 days of the accident which cause loss of both hands, or both feet, or the total sight of both eyes or one hand and one foot...
- **$7,500**
- **$7,500**
- **$10,000**

For losses within 100 days of the accident which cause the loss of one hand or one foot or sight of one eye...
- **$2,500**
- **$2,500**
- **$5,000**

This policy does not cover the following:
- Eyeglass Replacement
- Suicide
- Aviation Accidents
- Pre-Existing Conditions
- Hernia in any form
- Any loss caused by or resulting from pregnancy
- Staff Employees covered under Worker's Compensation

### Transportation Coverage

This insurance covers group travel to and from the sponsored activity. It is required that such group be accompanied by an Adult Leader. The enroute day or part of a day must be included in the approximate number of days for which insurance is applied.

### Complete for your records.

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<th>Application #</th>
<th>Option</th>
<th># Days</th>
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### The SERIAL NUMBER is VERY IMPORTANT!

The Remittance and the Application forms bear the SAME serial number. Send this Remittance with your premium payment.

Rev 10/11