

# OKLAHOMA GAP AME 10K

## Certificates of Insurance - Individual 702



# UBA

*These Certificates of Insurance are for the Gap AME 10K Product. You can call your personal member concierge at 866.438.4274 for any questions with your certificates.*

*Note: The Certificates of Insurance are only for the Group Insurance included in the product and not any non-insurance services that may or may not be included in your membership product. Please refer to the Member Guide for details on any non-insurance services that may or may not be included in your product.*

\*Group Accident Only Insurance is underwritten by Guarantee Trust Life Insurance Company.

GapAME\_10K(702-Ind)\_CertificatesofInsurance\_v0921  
[AD071819]

United Business Association  
409 W Vickery Blvd, Fort Worth, TX 76104  
866.438.4274 | ubamembers.com



**READ CAREFULLY FOR ALL LIMITATIONS,  
EXCLUSIONS, AGE LIMITS, DEFINITIONS  
AND SCHEDULE OF BENEFITS.**

# Member Driven Value.

PGS 03-17

Group Accident Only Insurance  
Certificate of Insurance

ASSOCIATION BENEFITS  
PROVIDED BY:

**UBA**

INSURANCE COVERAGE  
UNDERWRITTEN BY:

**GTL** | GUARANTEE  
TRUST  
LIFE

BILLING, FULFILLMENT,  
& CUSTOMER SERVICE  
PROVIDED BY:

**Healthy**  
*america*

**GUARANTEE TRUST LIFE INSURANCE COMPANY**  
**1275 Milwaukee Avenue**  
**Glenview, Illinois 60025**

**CERTIFICATE OF INSURANCE**

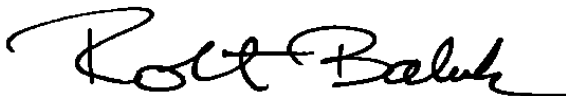
This is Your Certificate of Insurance (Certificate) while You are insured. It briefly explains the rights and benefits that are determined by the Master Policy (Policy). The Policy is a contract between the Policyholder and Us. The Policyholder is shown on the Schedule of Benefits.


The Policy alone constitutes the agreement under which payments are made. We will pay the benefits set forth in the Policy. Benefit payment is governed by all the terms, conditions and limitations of the Policy. The Policy may be amended at any time without Your consent or notice to You. Any such amendment will not affect a claim starting before the amendment takes effect.

**Right to Examine:** If You are not satisfied with this Certificate, return it to Our home office within ten days after the date You received it. This Certificate will then be canceled and any Premium paid will be refunded.

The Policy is held by the Policyholder. You may inspect it at any time during business hours at the office of the Policyholder.

**READ YOUR CERTIFICATE CAREFULLY**

  
Secretary

  
President

**GROUP ACCIDENT ONLY COVERAGE**

**NON-PARTICIPATING**

**WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

GACOKCV100

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## DEFINITIONS

**Accident:** A sudden, unforeseeable event which results in an Injury.

**Ambulance:** A vehicle which is licensed solely as an ambulance by the local regulatory body to provide transportation to a Hospital or transportation from one Hospital to another for those individuals who are unable to travel to receive medical care by any other means. Air ambulance charges are only eligible for transportation from the site of an Emergency to the nearest appropriate facility.

**Benefit Period:** The number of days following the date of an Injury during which Covered Charges must be incurred, subject to the Initial Treatment Period. The Benefit Period begins on the date of the Injury and ends on the last day of the Benefit Period. The Benefit Period is shown on the Schedule of Benefits.

**Company:** Guarantee Trust Life Insurance Company, a mutual company. Also hereinafter referred to as We, Us and Our.

**Covered Charge:** The Reasonable and Customary charge incurred for a service or supply listed in this certificate which is performed or given under the direction of a Doctor for the Medically Necessary treatment of an Injury caused by an Accident. A Covered Charge is considered incurred on the date the treatment or service is rendered or the supply is furnished.

**Deductible:** A dollar amount of Covered Charges You must pay before We pay any benefits under the Policy. The Deductible is shown on the Schedule of Benefits.

**Doctor:** A legally qualified person licensed in the healing arts and practicing within the scope of his or her license and who is not Yourself or a Family Member.

**Durable Medical Equipment:** A device which:

- is primarily and customarily used for medical purposes and is specially equipped with features and functions that are generally not required in the absence of Injury;
- is used exclusively by You;
- is routinely used in a Hospital but can be used effectively in a non-medical facility;
- can be expected to make a meaningful contribution to Your Injury; and
- Is prescribed by a Doctor and the device is Medically Necessary for Your rehabilitation.

Durable Medical Equipment does not include:

- comfort and convenience items;
- equipment that can be used by Family Members other than You;
- health exercise equipment; and
- equipment that may increase the value of Your Residence.

Such items that do not qualify as Durable Medical Equipment include, but are not limited to: modifications to Your Residence, property or automobiles, such as ramps, elevators, spas, air conditioners and vehicle hand controls; or corrective shoes, exercise and sports equipment.

**Eligible Person:** A member of the Policyholder's organization as defined on the Schedule of Benefits.

**Emergency:** An Injury for which You seek immediate medical treatment at the nearest available facility. The condition must be one which manifests itself by acute symptoms which are sufficiently severe (including severe pain) that without immediate medical care You could reasonably expect that: (1) Your life or health would be in serious jeopardy; (2) Your bodily functions would be seriously impaired; or (3) a body organ or part would be seriously damaged.

**Experimental/Investigational:** A drug, device or medical care or treatment will be considered experimental/investigational if:

- the drug or device cannot be lawfully marketed without approval of the U.S. Food and Drug Administration and approval for marketing has not been given at the time the drug or device is furnished;
- the informed consent document utilized with the drug, device, medical care or treatment states or indicates that the drug, device, medical care or treatment is part of a clinical trial, experimental phase or investigational phase or if such a consent document is required by law;
- the drug, device, medical care or treatment or the patient informed consent document utilized with the drug, device or medical care or treatment was reviewed and approved by the treating facility's Institutional Review Board or other body serving a similar function, or if federal or state law requires such review and approval;
- reliable evidence show that the drug, device or medical care or treatment is the subject of ongoing Phase I or Phase II clinical trials, is the research, experimental study or investigational arm of ongoing Phase III clinical trials, or is otherwise under study to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment or diagnosis; or
- reliable evidence show that the prevailing opinion among experts regarding the drug, device or medical care or treatment is that further studies or clinical trials are necessary to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment or diagnosis.

Reliable evidence means only: published reports and articles in authoritative medical and scientific literature; written protocol or protocols by the treating facility studying substantially the same drug, device or medical care or treatment; or the written informed consent used by the treating facility or other facility studying substantially the same drug, device or medical care or treatment. Covered Charges will be considered in accordance with the drug, device or medical care at the time the expense is incurred.

**Family Member:** A person who is related to You in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted, step or foster child).

**Home Health Agency:** An agency which is licensed as a Home Health Agency by state or local government. It may offer the following services:

- part-time or periodic skilled nursing services by a registered nurse or licensed vocational nurse;
- part-time or periodic home health aide services which offer supportive services in the home under the supervision of a Registered Nurse or a physical, speech or occupational therapist;
- physical, occupational or speech therapy; and
- medical supplies, drugs and medicines prescribed by a Doctor and related pharmaceutical services, and laboratory services to the limit these charges or costs would be covered under the Policy if the Covered Person was Hospital Confined.

**Home Health Care:** Services by a Home Health Agency for Your care and treatment under the direct care and supervision of a Doctor but only if:

- services would have been covered in a medical facility if Home Health Care were not given; and
- a Home Health Care treatment plan is set up, in writing and approved by a Doctor.

**Hospice Care:** Services provided by a public agency or private organization or any subdivision thereof, which entity shall be known as a hospice and shall be primarily engaged in providing care to an individual for whom a certified medical prognosis has been made indicating a life expectancy of 6 months of less and who has elected to receive such care in lieu of other medical benefits available under the Policy.

**Hospital:** An institution licensed, accredited or certified by the State which:

- is accredited by the Joint Commission on Accreditation of Healthcare Organizations;

- provides 24-hour nursing service by registered nurses (R.N.);
- mainly provides diagnostic and therapeutic care under the supervision of Doctors on an inpatient basis; and
- maintains permanent surgical facilities or has an arrangement with another surgical facility supervised by a staff of one or more Doctors.

Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

Hospital does not include a place, special ward, floor or other accommodation used for: custodial or educational care; rest, the aged; a nursing home or an institution mainly rendering treatment or services for mental illness or substance abuse.

**Initial Treatment Period:** The number of days following an Injury during which You must seek initial treatment for an Injury. The Initial Treatment Period is shown on the Schedule of Benefits.

**Injury:** Bodily injury due to an Accident which:

- results directly and independently of disease, bodily infirmity or any other causes;
- solely, directly and independently of all other causes results in medical expense;
- occurs after the effective date of the Your coverage under the Policy; and
- occurs while the Policy is in force.

All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these Injuries, are considered a single Injury.

**Insured:** An Eligible Person who has satisfied all of the following requirements:

- he or she is eligible for coverage under the Policy;
- he or she has been accepted for coverage under the Policy or has been automatically added;
- premium has been paid for him or her; and
- his or her coverage has become effective and has not terminated.

**Insured Percent:** The percentage of Covered Charges We pay for each Injury. The Insured Percent is shown in the Schedule of Benefits.

**Intensive Care Unit:** A specifically designed facility of the Hospital that provides the highest level of medical care; and which is restricted to those patients who are critically ill or injured. Such facility must be separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement. They must be permanently equipped with special life-saving equipment for the care of the critically ill or injured; and under constant and continuous observation by nursing staff assigned on a full-time basis, exclusively to the Intensive Care Unit. Intensive Care Unit does not mean any of these step-down units: progressive care; sub-acute intensive care; intermediate care units; private monitored rooms; observation units; or other facilities which do not meet the standards for Intensive Care.

**Medically Necessary:** A treatment, drug, device, procedure, supply or service that is necessary and appropriate for the diagnosis or treatment of an Injury in accordance with generally accepted standards of medical practice in the United States at the time it is provided. When specifically applied to Hospital confinement, it means that the diagnosis or treatment of symptoms or a condition cannot be safely provided on an outpatient basis.

A treatment, drug, device, procedure, supply or service shall not be considered as Medically Necessary if it:

- is Experimental/Investigational or for research purposes;
- is provided solely for education purposes or the convenience of Your family, Doctor, Hospital or any other provider;

- exceeds in scope, duration, or intensity that level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment and where ongoing treatment is merely for maintenance or preventive care;
- could have been omitted without adversely affecting the person's condition or the quality of medical care;
- involves the use of a medical device, drug or substance not formally approved by the United States Food and Drug Administration;
- involves a service, supply or drug not considered reasonable and necessary by the Healthcare Financing Administration Medicare Coverage Issues Manual; or
- can be safely provided to the patient on a less cost-effective basis such as outpatient, by a different medical professional, or pursuant to a more conservative form of treatment.

We reserve the right to determine whether a service, supply or drug is Medically Necessary.

**Mental or Nervous Disorder:** Any condition or disease, regardless of its cause, listed in the most recent edition of the *International Classification of Diseases* as a Mental Disorder on the date the medical care or treatment is rendered to You

**Orthopedic Appliances:** Any supportive device or appliance used in treating Your Injury.

**Physical Therapy:** Non-surgical physical or mechanical therapy, diathermy, ultrasonic therapy, heat treatment in any form, manipulation or massage.

**Policyholder:** The entity to which the Policy is issued.

**Prescription Drugs:** Drugs which may only be dispensed by written prescription under Federal law, and approved for general use by the Food and Drug Administration. The drugs must be dispensed by a licensed pharmacy provider for Your outpatient use.

**Reasonable and Customary Charges, Fees or Expenses:** The most common charge for similar professional services, drugs, procedures, devices, supplies or treatment within the area in which the charge is incurred, so long as those charges are reasonable. The most common charge means the lesser of:

- the actual amount charged by the provider;
- the negotiated rate; or
- the charge which would have been made by the provider (Doctor, Hospital, etc) for a comparable service or supply made by other providers in the same Geographic Area as reasonably determined by us for the same service or supply.

"Geographic Area" means the three digit zip code in which the service, treatment, procedure, drugs or supplies are provided; or a greater area if necessary to obtain a representative cross-section of charge for a like treatment, service, procedure, device drug or supply.

**Rehabilitation Facility:** An institution, or part of an institution, licensed, accredited or certified by the State which:

- is accredited by the Joint Commission on Accreditation of Healthcare Organizations or the Commission on Accreditation of Rehabilitation Facilities;
- is primarily engaged in providing comprehensive multi-disciplinary physical services or rehabilitation inpatient care; and
- has a transfer agreement with one or more Hospitals.

Rehabilitation Facility does not include an institution which provides only minimal care, custodial care, care for the terminally ill, or part-time care services. It also does not include an institution which primarily provides treatment for mental disorders; chemical dependency or tuberculosis, except if such facility is



licensed, certified, or approved as a rehabilitation facility for the treatment of medial conditions; drug addiction or alcoholism.

**Residence:** The home and land or property on which Your dwelling or home is located.

**Sound Natural Teeth:** Natural teeth, the major portion of the individual tooth which is present, regardless of fillings and caps; and is not carious, abscessed, or defective.

**Urgent Care Center:** A healthcare facility, separate and distinct from a Hospital, providing immediate short term medical care for minor conditions without an appointment but where immediate medical care is necessary.

**You, Your and Yours:** The person to whom this certificate is issued and whose insurance is in force under the terms of the Policy.

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## CONDITIONS OF INSURANCE

### ELIGIBILITY

Eligible Persons are described in the Schedule of Benefits. You are insured provided that You satisfy the eligibility requirements, become insured and remain insured under the terms of the Policy.

### EFFECTIVE DATE

**Insured:** Coverage is effective, subject to receipt of premium, on the first of the month that falls or next follows the later of:

- the Policy Effective Date; or
- the date You are eligible;
- the date of Your enrollment.

### TERMINATION

**Insured:** Coverage will terminate at the earlier of:

- the date the Policy terminates;
- the date You cease to be an Eligible Person;
- the end of the Grace Period.

Termination of coverage is subject to the Extension of Benefits provision.

GACOKCI101

### EXTENSION OF BENEFITS

In the event of Termination of Coverage

Termination will not affect Your coverage for any continuous loss which began while coverage was still in force.

#### In the event of Total Disability

If You are Totally Disabled due to an Injury on the date the Policy terminates, We will extend Your benefits for the Injury which caused the Total Disability. Benefits will be paid as if coverage had remained in effect.

Total Disability/Totally Disabled for the purpose of Extension of Benefits means, with respect to You, the complete inability to perform all of the substantial and material duties of Your occupation and any other gainful occupation in which You earn substantially the same compensation earned prior to disability.

Extension of benefits will end at the earlier of:

- the end of Total Disability;
- the end of a 12 month period following the date the Policy terminates; or
- the date the Maximum Benefit Amount, per Injury is reached.

You shall be liable for any required premium due for the period of the Extension of Benefits.  
GACXXEOB100

## **SCOPE OF ACCIDENT COVERAGE**

**24-Hour-A-Day Accident Coverage:** You are covered for Injury which is incurred on a 24-hour per day basis.  
GACXXSC100

## **ACCIDENTAL DEATH AND DISMEMBERMENT, LOSS OF SIGHT, SPEECH AND HEARING BENEFIT**

If, within 365 days from the date of an Accident, Injury from such Accident results in a loss covered by this benefit, We will pay the benefit in the amount set opposite such loss, as shown on the Schedule of Benefits. If You sustain more than one such loss as the result of the Accident, We will pay only one amount, the largest to which You are entitled.

Loss of hand or foot means loss by severance at or above the wrist or ankle joint. Loss of sight means the total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means. Loss of speech means total, permanent and irrecoverable loss of audible communication. Loss of hearing means total and permanent loss of hearing in both ears which cannot be corrected by any means. Severance means the complete separation and dismemberment of the part from the body.

Benefit payment is subject to the definitions, limitations, exclusions and other provisions of the Policy.  
GACXXADD100

## **ACCIDENT MEDICAL EXPENSE BENEFITS**

We will pay benefits, as defined and limited below, for Covered Charges incurred by You due to Injury caused by an Accident.

After the Deductible has been satisfied, We will pay the Insured Percent of incurred Covered Charges up to the Maximum Benefit Amount, Per Injury. Benefit payment is subject to the definitions, limitations, exclusions and other provisions of the Policy.

Covered Charges are payable only for an Injury:

- for which the first treatment or service is incurred within the Initial Treatment Period; and
- for which expense for all treatment or service is incurred within the Benefit Period.

Covered Charges are shown on the Schedule of Benefits.  
GACXXAME200

## EXCLUSIONS

The Policy does not provide benefits for:

- Treatment, services or supplies which:
    - Are not Medically Necessary;
    - Are not prescribed by a Doctor as necessary to treat an Injury;
    - Are determined to be Experimental/Investigational in nature;
    - Are received without charge or legal obligation to pay;
    - Are received from persons employed or retained by any Family Member, unless otherwise specified; or
    - Are not specifically listed as Covered Charges in the Policy.
  - Injury by acts of war, declared or undeclared, while serving in the military service or any auxillary unit attached thereto;
  - Injury received while traveling or flying by air, except as a fare-paying passenger and not as a pilot or crew member, on a regularly scheduled commercial airline.
  - Injury covered by Worker's Compensation, Employer Liability law or Occupational Disease Act or Law.
  - Dental treatment, except as specifically stated.
  - Injury sustained while committing or attempting to commit a felony.
  - Prescription Drugs except as specifically stated.
  - Suicide or attempted suicide while sane or insane.
  - Intentionally self-inflicted Injury.
  - Loss due to using any narcotic unless prescribed by a Doctor.
  - Injury sustained while participating in or practicing for any professional, intercollegiate or club sports activity, except as specifically provided.
  - Injury which occurs while You are on active duty service in any armed forces. Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days.
  - Injury sustained flying in an ultra light, hang gliding, parachuting or bungee-cord jumping.
  - Injury sustained while driving or riding on vehicles for off-road use including but not limited to all-terrain vehicles (ATV's).
  - Injury sustained where You are the operator and do not possess a current and valid motor vehicle operator's license, except in a Driver's Education Program.
  - Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay.
  - Cosmetic surgery, except for reconstructive surgery on an injured part of the body.
  - Covered Charges incurred outside of the United States or its possessions.
  - Competing in motor sports races or competitions;
  - Competing in water sports races or competitions;
  - Testing cars/trucks on any racetrack or speedway;
  - Handling, storing or transporting explosives;
  - Scaling up cliffs or mountain walls;
  - Spelunking (exploring caves);
  - Handling or working with dangerous animals.
- GACOEX100
- Injury sustained while water skiing or surfboarding;
  - Injury sustained while snow skiing or snowboarding;
  - Injury sustained while roller blading or skateboarding;
  - Injury sustained while participating in a rodeo.
- GACXXEX200
- Repetitive motion injuries, strains, hernia, tendonitis, bursitis and heat exhaustion not related to a specific Injury.
- GACXXEX400

## PREMIUM

**Payment of Premium/Due Date:** All premium, charges or fees (hereinafter "Premium") must be paid to Us at Our Home Office by the premium due date. Coverage will not become effective until the required premium is received at Our Home Office or by Our authorized representative.

**Returned or Dishonored Payment:** If a check in payment for the Premium is dishonored for insufficient funds, a reasonable service charge may be charged to You which will not exceed the maximum specified under state law. A dishonored check shall be considered a failure to pay Premium and coverage shall not take effect.

**Grace Period:** We allow a Grace Period of 31 days for the payment of premium after the first premium. Coverage is in force during the Grace Period. If at least 60 days prior to the premium due date We send written notice to You of Our intent not to renew this Certificate, then the Grace Period will not apply to any period after the date the non-renewal is to be effective. If You send written notice to Us that You are not renewing Your coverage, then the Grace Period will not apply after the date the non-renewal is to be effective.

Coverage terminates on the last day of the Grace Period. You shall be liable for any pro rata premium for the Grace Period.

**Adjustment Due To Misstatement Of Age:** If premiums vary by age, an adjustment will be made in the event Your age has been misstated. Premiums will be adjusted according to Your correct age. Any adjustment of benefits due to the correction of age will also be made.

**Reinstatement:** If coverage terminates due to non-payment of premium, then a subsequent acceptance of premium by Us or by an agent, without requiring an application for reinstatement, will reinstate the insurance.

The reinstated Certificate will cover only losses that begin after the date of reinstatement. In all other respects, Your rights and Ours will be the same as before insurance terminated, unless there are new provisions added due to reinstatement. The premium We accept for reinstatement may be used for the period for which premiums had not been paid. We can apply the premium for as many as 60 days before the date of reinstatement.

GACXXPREM100

## CLAIM PROVISIONS

**Notice of Claim:** Written notice of claim must be given to the Company or its authorized representative within 60 days after a covered loss starts, or as soon thereafter as is reasonably possible. Notice should include information sufficient to identify You.

**Claim Forms:** The Company, upon receipt of written notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing Proofs of Loss. If such forms are not furnished within 15 days after the giving of such notice, the claimant shall be deemed to have complied with the requirements of the Policy as to Proof of Loss upon submitting, within the time fixed in the Policy for filing Proof of Loss, written proof covering the occurrence, the character, and the extent of the loss for which claim is made.

**Proof of Loss:** Written proof of loss must be furnished to Us at Our office in case of claim for loss for which this Policy provides any periodic payment contingent upon continuing loss within 90 days after termination of the period for which We are liable and in case of claim for any other loss within 90 days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

**Time of Payment of Claims:** We will reimburse all clean claims of a Covered Person, an assignee of the Covered Person, or a health care provider within 45 calendar days after Our receipt of the claim.

If a claim or any portion of a claim is determined to have defects or improprieties, including a lack of any required substantiating documentation, or particular circumstance requiring special treatment, the Covered Person, assignee of the Covered Person, or health care provider shall be notified in writing within 30 calendar days after Our receipt of the claim. The written notice shall specify the portion of the claim that is causing a delay in processing and explain any additional information or corrections needed. Our failure of to provide the Covered Person, assignee of the Covered Person, or health care provider with the notice shall constitute prima facie evidence that the claim will be paid in accordance with the terms of the Policy.

Upon receipt of the additional information or corrections which led to the claim's being delayed and a determination that the information is accurate, We shall either pay or deny the claim or a portion of the claim within 45 calendar days.

Payment shall be considered made on:

- The date a draft or other valid instrument which is equivalent to the amount of the payment is placed in the United States mail in a properly addressed, postpaid envelope; or
- If not so posted, the date of delivery.

An overdue payment shall bear simple interest at the rate of 10% per year.

In the event litigation should ensue based upon such a claim, the prevailing party shall be entitled to recover a reasonable attorney's fee to be set by the court and taxed as costs against the party or parties who do not prevail.

**Payment of Claims:** Benefits payable under the Policy for Your loss of life will be paid to Your beneficiary on record with the Company. Any other payable benefits remaining unpaid at the time of Your death may, at Our option, be paid to Your next of kin or to Your estate. All other benefits will be payable to You or the medical services provider if We have received a valid assignment by You.

If any indemnity of the Policy shall be payable to Your estate or to a person who is a minor or otherwise not competent to give a valid release, the Company may pay such indemnity to his parent, guardian or other person actually supporting him. Any payment made by the Company in good faith pursuant to this provision shall fully discharge the Company to the extent of such payment.

Subject to Your written direction or of Your legal or natural guardian if You are a minor or otherwise incompetent to make such a direction, all or a portion of any indemnities provided by the Policy as a result of medical, surgical, dental, hospital or nursing service may, at the Company's option, and unless the Company is requested in writing not later than the time for filing proofs of loss, be paid directly to the hospital or person rendering such services.

**Change of Beneficiary:** You have the right to change the beneficiary and the consent of the beneficiary or beneficiaries shall not be requisite to any change in beneficiary.

**Physical Examination and Autopsy:** The Company, at its own expense, shall have the right and opportunity to examine You as it may reasonably require while a claim is pending. The Company, at its own expense, may also have the right to make an autopsy in the case of death, where it is not prohibited by law.

**Legal Actions:** A legal action may not be brought to recover on the Policy within 60 days after written Proof of Loss has been given as required. No such action may be brought after 3 years from the time written proof was required to be given.

**Subrogation:** When benefits are paid to or for You under the terms of the Policy, We shall be subrogated, unless otherwise prohibited by law, to Your rights of recovery against any person who might be acknowledged liable or found legally liable by a Court of competent jurisdiction for the Injury that necessitated the hospitalization or the medical or surgical treatment for which benefits were paid. Such subrogation rights shall extend only to the recovery by the Company of the benefits it has paid for such hospitalization and treatment and the Company shall pay fees and costs associated with such recovery. We will not attempt to recover against an individual auto or medical expense type of coverage which includes uninsured and/or underinsured motorist coverage.

We will not request a refund of all or a portion of a payment of a claim made to a claimant or health care provider more than 24 months after the payment is made, except if payment was made because of fraud committed by the claimant or health care provider, or if the claimant or health care provider has otherwise agreed to make a refund to Us for overpayment of a claim.

GACOKCP100

## GENERAL PROVISIONS

**Entire Contract; Changes:** The Policy, including the endorsements and the attached papers, if any, constitutes the entire contract of insurance. No change in the Policy shall be valid until approved by an executive officer of the Company and unless such approval be endorsed hereon or attached hereto. No agent has authority to change the Policy or waive any of its provisions.

Failure by the Company to enforce any Policy provision shall not waive, modify or render such provision unenforceable at any other time; at any given time; or under any given set of circumstances, whether the circumstances are or are not the same.

**Incontestability:** After 2 years from Your Effective Date of coverage, no statements, except fraudulent misstatements, made by You in the application for such coverage shall be used to void Your coverage or to deny a claim for loss incurred or disability commencing after the expiration of such 2 year period

**Non-Participating:** The Policy is non-participating. It does not share in the Company's profits or surplus earnings.

**Workers' Compensation:** This Certificate is not in lieu of and does not affect any requirement for coverage by Workers' Compensation Insurance.

**Conformity With State Statutes:** If any provision of the Policy is contrary to any law to which it is subject, such provision is hereby amended to conform to the minimum requirements of such law.

GACXXGP100

## SCHEDULE OF BENEFITS

<b>Policyholder:</b>	United Business Association (UBA)
<b>Eligible Persons:</b>	All members of United Business Association
<b>Scope of Coverage:</b>	24-Hour Accident Coverage

GAXXSOB100

### ACCIDENTAL DEATH AND DISMEMBERMENT, LOSS OF SIGHT, SPEECH AND HEARING BENEFIT

The Principal Sum	\$ 1,000.00
Loss of Life.....	\$ 1,000.00
Loss of Both Hands.....	\$ 1,000.00
Loss of Both Feet.....	\$ 1,000.00
Loss of the Entire Sight of Both Eyes.....	\$ 1,000.00
Loss of One Hand and One Foot.....	\$ 1,000.00
Loss of Speech and Hearing.....	\$ 1,000.00
Loss of One Hand or One Foot and Entire Sight of One Eye.....	\$ 1,000.00
Loss of One Hand or One Foot.....	\$ 500.00
Loss of Entire Sight of One Eye.....	\$ 500.00
Loss of Speech or Hearing.....	\$ 500.00
Loss of Hearing One Ear.....	\$ 250.00

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### ACCIDENT MEDICAL EXPENSE BENEFITS

<b>Maximum Benefit Amount Per Injury</b>	\$ 10,000.00
<b>Deductible Per Injury</b>	\$ 100.00
<b>Insured Percent (except as specifically stated in Covered Charges)</b>	100%
<b>Initial Treatment Period</b>	12 weeks
<b>Benefit Period</b>	52 weeks

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## SCHEDULE OF BENEFITS (Continued)

COVERED CHARGES	Maximum Amount
Hospital room and board, and general nursing care, up to the semi-private room rate.	Up to Policy Limits
Hospital miscellaneous expense during Hospital Confinement or for outpatient surgery under general anesthetic, such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take-home drugs) or medicines, therapeutic services and supplies	Up to Policy Limits
Doctor's fees for surgery.	\$1000
Anesthesia Services	\$250
Doctor's visits, inpatient and outpatient, per visit	\$75
Hospital Emergency care.	\$500
X-ray and laboratory services.	\$250
Ambulance expense.	\$250
Prescription Drug expense.	Up to Policy Limits
Dental treatment for Injury to Sound Natural Teeth per visit	\$250
Registered nurse expense.	Up to Policy Limits
Chiropractic per visit	\$20
Physical therapy per visit	\$25
Durable Medical Equipment	\$50
Audiological services and hearing aids required due to Injury for children up to 13 years of age.	Up to Policy Limits
Anesthesia expense including anesthesia practitioner expenses for the administration of the anesthesia, and Hospital and ambulatory surgical center expenses associated with any Medically Necessary dental procedure required due to Injury when provided to an Insured who is <ul style="list-style-type: none"> <li>• Severely disabled; or</li> <li>• A minor eight (8) years of age or under, and who has a medical or emotional condition which requires hospitalization or general anesthesia for dental care.</li> </ul>	\$250

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**NOTICE OF PROTECTION PROVIDED BY  
OKLAHOMA LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION**

This notice provides a brief summary of the Oklahoma Life and Health Guaranty Association (“the Association”) and the protection it provides for policyholders. The safety net was created under Oklahoma law, which determines who and what is covered and the amounts of coverage. The Association was established to provide protection in the unlikely event that your life, annuity or health insurance company becomes financially unable to meet its obligations and is taken over by its Insurance Department. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Oklahoma law, with funding from assessments paid by other insurance companies.

The basic protections provided by the Association are:

- Life Insurance
  - \$300,000 in death benefits
  - \$100,000 in cash surrender or withdrawal values
  
- Health Insurance
  - \$500,000 in hospital, medical and surgical insurance benefits
  - \$300,000 in long-term care insurance benefits
  - \$300,000 in disability income insurance benefits
  - \$100,000 in other types of health insurance benefits
  
- Annuities
  - \$300,000 in withdrawal and cash values.

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$300,000, except that with regard to hospital, medical and surgical insurance benefits, the maximum amount that will be paid is \$500,000.

**Note: Certain policies and contracts may not be covered or fully covered.** For example, coverage does not extend to any portion of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Oklahoma law.

To learn more about the above protections, please visit the Association’s website at [www.oklifega.org](http://www.oklifega.org), or contact:

Oklahoma Life & Health Insurance Guaranty Association  
201 Robert S. Kerr, Suite 600  
Oklahoma City, OK 73102  
Phone: (405) 272-9221

Oklahoma Department of Insurance  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, OK 73112  
1-800-522-0071 or (405) 521-2828

**Insurance companies and agents are prohibited by Oklahoma law to use the existence of the Association or its coverage to encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and Oklahoma law, then Oklahoma law will control.**





