

\$1.00 Per Person Per Year!!

Provides...

MAXIMUM BENEFITS of

\$ 2,500.00 MEDICAL AND HOSPITAL EXPENSES
RESULTING FROM INJURIES.

\$ 5,000.00 LOSS OF LIFE.

\$ 500.00 DENTAL EXPENSE DUE TO INJURY OF
SOUND NATURAL TEETH.

\$10,000.00 LOSS OF ANY TWO: ARMS, LEGS, FEET
OR HANDS OR SIGHT OF BOTH EYES. **

\$ 5,000.00 LOSS OF ANY ONE: ARM, LEG, FOOT
OR HAND.**

\$ 3,000.00 LOSS OF SIGHT OF ONE EYE.**

*** When injury does not result in loss of life but does result in any of these losses within 100 days of the accident, one of these maximum benefits will be paid in addition to any other covered expenses.*

ALL MEMBERS MUST BE INSURED

Covers each registered member (leaders optional) while participating in or attending regularly approved and adult supervised group activities. FULL coverage while traveling directly to and from the member's home and the meeting place for the purpose of participating in scheduled group activity.

SPECIAL FEATURES

- Optional coverage for adult leaders.
- Automatic coverage of new members.
- Prompt claim service.
- Covered expenses incurred within 52 weeks from the date of accident.
- Full coverage – no deductible.
- Rough Stock Rodeo coverage available – Call for quote!

NOT COVERED

- Eyeglass replacement
- Denture replacement or repair
- Suicide
- Illness
- Hernia in any form
- Losses covered under Medicare or Workman's Compensation
- Injuries sustained while downhill skiing, tobogganing, sledding, and tubing
- Air Travel

APPLICATION FOR Annual Accident Coverage

Name of Organization _____

Name of Advisor _____

Mailing Address _____

City _____ County _____

State _____ Zip Code _____

Desired Effective Date _____

Phone _____

Has this group had one of our annual policies within the last year? Yes No

Number of Regular Members _____ X \$1.00 = \$ _____

Number of Regular Leaders _____ X \$1.00 = \$ _____

Number of Horse* Members _____ X \$2.00 = \$ _____

Number of Horse* Leaders _____ X \$2.00 = \$ _____

TOTAL ENCLOSED: _____
(\$10.00 minimum)

As authorized leader of the above group I request that a Master Policy be issued on the effective date requested, or on the date this application is received, whichever is later.

We are enclosing a check or money order payable to the American Income Life Insurance Company, PO Box 50158, Indianapolis, IN 46250, calculated at the rate of \$1.00 *(\$2.00 – horse, motorcycle & team sports) for each person to be covered.

SIGNED _____

ARE LEADERS TO BE INSURED? YES NO

IF "YES" LIST NAMES:

FOR HOME OFFICE USE ONLY

Policy No. _____

Issue Date _____

Date Rec'd _____



American Income Life Insurance Co.
PO Box 50158 Indianapolis, IN 46250
Phone: 317-849-5545