

September 29, 2025

OKLAHOMA 4-H *
205 4-H YOUTH DEVELOPMENT
BLDG STILLWATER, OK 74078

Policy Number: A OK49897
Issue Date: September 01, 2016
Renewal Date: September 01, 2026

Thank you for your application for our annual coverage. You will find your policy enclosed with this letter.

Provisions of This Policy

1. Benefits are payable on a primary basis with no deductibles — which means that this policy pays first, regardless of other insurance.
2. Coverage is in effect during ADULT-SUPERVISED UNIT activities only. (Not applicable if your policy is issued to an adult group.)
3. Unit members registering after the issue/renewal date are AUTOMATICALLY covered without additional premium.
4. If you cover your leaders on an optional basis, we must have the names of those leaders and the appropriate premium before those new leaders are considered covered.
5. CHANGE IN THE UNIT NAME must be recorded with American Income. A name-change endorsement will be returned to you and should be kept with the policy.

This policy is in effect for one year from the date of issue. A renewal notice will be sent during your renewal month next year and should be used to retain the same policy number and to avoid being issued a new policy.

A duplicate copy of your policy will be sent only upon request.

Claim report forms may be found on our website at <https://www.aillife.com/specialriskdivision/claims>.

All correspondence regarding this policy should include the policy number. If you have any questions, please call our toll-free number 800-849-4820. We hope you have a successful year!

Enclosures: Policy

American Income Life Insurance Company

Legal Reserve Stock Company
(Hereinafter Called the Company)
Home Office: Indianapolis, Indiana
PO Box 50158 | Indianapolis, IN 46250
317-849-5545

HEREBY AGREES with the Group named in the Schedule (hereinafter called Unit) to insure each member for the period stated in the Schedule, for whom application is made (herein called Insured Member), and promises to pay for losses resulting from injury to the extent herein provided.

The words "Insured Member" as used in this policy shall mean all active members and leaders (if coverage for leaders is applied for) of the group specified in the schedule of this policy.

Schedule**Name and Address of Unit:**

OKLAHOMA 4-H *
205 4-H YOUTH DEVELOPMENT BLDG
STILLWATER, OK 74078

Policy Number:

A OK49897

Effective Date:

September 01, 2016

Termination Date:

September 01, 2026

**Anniversary Date
and Renewal Date**

Each Subsequent Year: September 01

The premium for each Insured Member is
\$1 per year.

Loss of Life Acc. Indem. (Part I)	Specific Loss Acc. Indem. (Part II)	Physician, Surgeon, and Hospital Expense (Maximum Amount) Accident
\$2,500	\$5,000	\$1,500

"Injury" wherever used in this Policy means bodily injury caused by an accident occurring while this Policy is in force as to the Insured Member and resulting directly and independently of all other causes in loss covered by this Policy, provided such injury is sustained by the Insured Member while and in the consequence of

1. Participating in, or attendance at, any regularly approved Unit activity as a group, under the supervision of the duly designated Unit Leader, or
2. Traveling directly to and from such regularly scheduled and approved group activity with the other Members of the Unit as a group provided such group is at the time under the supervision of the proper authority of the Unit; or
3. Traveling directly to and from the Insured Member's residence and meeting place for the purpose of participating in such regularly scheduled Unit activity.

Part I Loss of Life Accident Indemnity

When injury results in loss of life of the Insured Member within one hundred days after the date of the accident the Company will pay the Loss of Life Accident Indemnity stated in the Schedule.

Part II Specific Loss Accident Indemnity

When injury does not result in loss of life of the Insured Member within 100 days after the date of the accident but does result in any of the following losses within said 100 days, the Company will pay for

Loss of both hands or both feet	The Specific Loss Accident Indemnity
Loss of the entire sight of both eyes	The Specific Loss Accident Indemnity
Loss of one hand and one foot	The Specific Loss Accident Indemnity
Loss of one hand and the sight of one eye	The Specific Loss Accident Indemnity
Loss of one foot and the sight of one eye	The Specific Loss Accident Indemnity
Loss of one arm or one leg	50% of The Specific Loss Accident Indemnity
Loss of the entire sight of one eye	30% of The Specific Loss Accident Indemnity
Loss of one hand or one foot	50% of The Specific Loss Accident Indemnity

"Loss" as above used with reference to hand or foot means complete severance through or above the wrist or ankle joint, as used with reference to arm or leg means complete severance through or above the elbow or knee joint, and as used with reference to eye means the irrecoverable loss of the entire sight thereof. No indemnity will be paid under any circumstances for more than one of the losses, the greatest, for which provision is made in this Part.

Part III Physician, Surgeon, Dental, Hospital, Prescription and Ambulance Expense

When injury shall require treatment by a legally qualified physician or surgeon, confinement within a hospital, drugs and medicines requiring the written prescription of a physician, orthopedic appliances, X-ray examination or use of an ambulance the Company will pay in addition to any loss covered in Part II, the expense actually incurred by the Insured Member within 52 weeks after the date of the accident for such expense not to exceed the Amount Payable stated in the Schedule as a result of any one accident to any one Insured Member.

The maximum reimbursement for any injury necessitating dental treatment to natural teeth shall be one thousand (\$1,000.00) Dollars.

Part IV Exclusions

This policy does not cover any loss caused by or resulting from: (1) Illness; (2) Suicide or any attempt thereat while sane, or self destruction or any attempt thereat while insane; (3) Riding as a passenger or otherwise in any vehicle or device for aerial navigation; (4) The expense of replacing eyeglasses or prescriptions therefor; (5) Replacing or repairing dentures; (6) Hernia in any form, or any other expense for services not listed in Part III of this contract; (7) Workman's compensation or any loss covered under Medicare. (8) Any injury resulting from skiing, tobogganing, sledding or tubing.

Part V Effective Date and Policy Terms

This policy takes effect on the date stated in the Schedule, from which date all anniversary dates shall be computed. It continues in effect so long as premium is paid as herein agreed; provided however that either the Unit or the Company may terminate the Policy as of any anniversary date by giving notice to the other at least ten days prior to the anniversary date.

All periods of insurance hereunder shall begin and end at 12:01 Standard Time, at the Unit's address stated in the Schedule.

Part VI Eligibility and Effective Date of Insurance

All Members who are registered as active Members of the Unit named in the Schedule are eligible for insurance hereunder. Only those leaders for whom coverage has been applied for are eligible for insurance hereunder.

Insurance for each eligible Member of the Unit shall take effect on the date such Member commences active participation in the Unit activities as a Member of such Unit, but in no event prior to the effective date of this Policy.

The Company shall have the right and opportunity to inspect the records of the Unit as pertaining to this insurance at all reasonable times and within two years after the expiration of this Policy or settlement of all claims hereunder, whichever last occurs.

Part VII Individual Termination

The insurance of any insured Member shall immediately terminate on the earliest of the following dates:

- a) on the date this Policy is terminated, or
- b) on the date the Insured Member ceases to be an active Member of the Unit.

Part VIII Premium and Premium Payment

This Policy is issued in consideration of the payment by the Unit of total annual premium calculated and payable as herein provided.

The annual premium for members of the Unit shall be payable to the Company prior to the effective date of this Policy, thereafter premium is payable within 10 days after each subsequent renewal date. The total Unit premium is calculated on the basis of the amount stated in the Schedule per Insured Member times the number of members named on the membership roster of such Unit on the first day of each Policy year. The Company reserves the right to decline any renewal.

Part IX General Provisions

This Policy and the application of the Unit, constitute the entire contract between the parties.

All statements made by the Unit shall be deemed representations and not warranties and no such statement shall avoid the insurance or reduce the benefits under this Policy or be used in defense to a claim hereunder unless it is contained in the written application.

No agent has authority to change this policy or to waive any of its provisions, and no change in this Policy shall be valid unless approved by an executive officer of the Company and such approval be endorsed hereon.

Written notice of claim must be given to the Company within twenty days after the occurrence or commencement of any loss covered by the Policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the Insured Member or the Beneficiary to the Company at its Home Office in Indianapolis, Indiana, with information sufficient to identify the Insured Member, shall be deemed notice to the Company.

The Company, upon receipt of a 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 fifteen days after the giving of such notice the claimant shall be deemed to have complied with the requirements of this Policy as to proof of loss upon submitting, within the time fixed in the Policy, for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.

Written proof of loss must be furnished to the Company at its said office within ninety days after the termination of the period for which Company is liable. Failure to furnish such proof within the time provided 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.

Indemnities payable under this Policy will be paid immediately upon receipt of due written proof of such loss.

The Company at its own expense shall have the right and opportunity to examine the person of the Insured Member when and so often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death where it is not forbidden by law.

Indemnity for loss of life of the Insured Member is payable to the spouse or parent of the Insured Member, if surviving the Insured Member, and otherwise to the estate of the Insured Member. All other indemnities of this Policy are payable to the Insured Member except in the event the Insured Member is a minor, the Company may pay any amount otherwise payable to the Insured Member to the parent, parents, or guardian of the Insured Member or other person actually supporting the Insured Member.



Legal Reserve Stock Company
Home Office: Indianapolis, Indiana

Group Activities Master Accident Policy

SRP 103 – Rev. 4/81

No action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty days after proof of loss has been filed in accordance with the requirements of this Policy, nor shall such action be brought at all unless brought within three years from the expiration of the time within which proof of loss is required by the Policy.

The Insured Members shall have the sole right to select their own physician, surgeon and hospital and a physician-patient relationship shall be maintained.

If any time limitation of this Policy with respect to commencing an action at law or in equity is less than that permitted by the law of the state in which the Unit is located at the time this policy is issued, such limitation is hereby extended to agree with the minimum period permitted by such law.

IN WITNESS WHEREOF, THE AMERICAN INCOME LIFE INSURANCE COMPANY has caused this Policy to be signed by its President and Secretary, but the same shall not be binding upon the Company unless countersigned by its duly authorized agent.

A handwritten signature in black ink, appearing to read "Joel Scarborough".

Joel Scarborough, Secretary

A handwritten signature in black ink, appearing to read "Matt Darden".

Matt Darden, President

Countersigned by:
Registrar

American Income Life Insurance Company cares about protecting its policyholders' privacy. In the process of providing the products and services you requested, we will collect, use and share certain information you provided. This Privacy Policy explains what information we collect and how we use that information. The policy also explains how we protect the security and confidentiality of your information.

Collection of Information

We collect and retain the information necessary for us to provide the products and services you requested. In that process we may collect nonpublic information from you as a result of: your completion of an insurance application or other forms; your transactions and experience with us; or reports from a consumer reporting agency, such as the MIB, Inc.

Access and Correction of Information

Upon request you can obtain access to personal information about you which appears in our Policy Files or is contained in your investigative consumer reports. If you think that any personal information we have collected from or about you is inaccurate, you may notify us in writing. We will investigate your request and make appropriate changes as needed.

Investigative Consumer Reports Notification

As part of our routine underwriting procedure, an investigative consumer report may be obtained which will provide applicable information concerning character, general reputation, personal characteristics, and mode of living (excluding sexual orientation). This information will be obtained through consumer reporting agencies and personal interviews with your friends, neighbors and associates. You may request to be interviewed in connection with the preparation of the report and upon request may receive a copy of the report.

Confidentiality of Information

We do not disclose any nonpublic information about you, either during or after your relationship with us, to anyone, except as permitted by law, such as to your authorized representative, in order to provide the products and services you requested, or to comply with applicable laws or regulations.

Internal Protection of Information

We restrict access to nonpublic personal information about you to those employees who need to know that information to provide the products and services you requested. We maintain physical, electronic and procedural safeguards to comply with federal regulations to guard this information.

Disclosure of Our Privacy Policy

We are sending you this Notice for informational purposes and may amend the Privacy Policy at any time and will update it as required. We also post our current Privacy Policy at our website: www.aillife.com.