



This is a Certificate of Participation
in Master Policy GTU-4379457 issued to
Motor Club of America Enterprises, Inc.
P.O. Box 20689, Oklahoma City, OK 73156-9932
Tel # 800-227-6459

Underwritten By: Individual Assurance Company, Life, Health & Accident (referred to as "We," "Our," "Ours")

Eligibility: The Named Member on all active MCA Total Security paid-to-date memberships in good standing of the Motor Club of America Enterprise, Inc. (referred to as "Motor Club").

Period of Coverage: All Eligible members are covered as long as their membership is in force and in good standing. Your coverage will end on the earlier of the date: 1) The Master Policy is terminated; 2) You are no longer eligible; or 3) The period ends for which your membership is paid.

Definitions: **Accident** means a sudden, unexpected and unintended, specific and abrupt event that occurs by chance at an identifiable time and place during the Policy term. **Covered Accident** means an **Accident** that results in a **Covered Loss**. **Covered Loss** means a loss which meets the requisites of one or more benefits, resulting from a **Covered Injury**, and for which benefits are payable under the Policy. **Covered Injury** means an **Injury** directly caused by accidental means which is independent of all other causes and results from a **Covered Accident**. **Injury** means a bodily **Injury**. **You/Your** means a person eligible under the Policy. **Emergency Room** means a trauma center or a special area in a **Hospital** that is equipped and staffed to give people emergency treatment on an outpatient basis. An **Emergency Room** is not a clinic or doctor's office. **Hospital** means an institution that: 1) operates as a Hospital pursuant to law for the care, treatment, and providing of in-patient services for sick or injured persons; 2) provides 24-hour nursing service by Registered Nurses on duty or call; 3) has a staff of one or more licensed doctors available at all times; 4) provides organized facilities for diagnosis, treatment and surgery; 5) is not primarily a nursing care facility, rest home, convalescent home, or similar establishment, or any separate ward, wing or section of a Hospital used as such; and is not a place for drug addicts, alcoholics, or the aged. **Confined in a Hospital** means a **Hospital Stay** of 24 or more consecutive hours as a registered resident bed-patient in a **Hospital**. **Hospital Stay** must meet the following: 1) be at the direction and under the care of a **Doctor**; 2) Begin within 30 days of a **Covered Injury**; 3) begin while **Your** coverage of this plan is in effect. **Doctor** means a licensed health care provider acting within the scope of his or her license and rendering care or treatment to You that is appropriate for the conditions and locality. It does not include your immediate family or household.

Accidental Death or Dismemberment Benefit: We will pay the benefit shown below if **Injury** or death occurs due to a **Covered Accident**, 24 hours a day, anywhere in the world, subject to the limitations listed below. If **Your Injury** results in any of the following losses within 90 days after the date of the **Covered Accident**, **We** will pay the amount shown below for that loss. If multiple losses occur (such as the Loss of sight in Both Eyes and the Loss of One Foot), only one Benefit Amount, the largest, will be paid for all losses due to the same **Covered Accident**.

Principal Sum: \$10,000

Description of Loss

Life; Both Hands; Both Feet; One Hand and One Foot, Sight of both Eyes;
Speech and Hearing; Loss of Use of Four Limbs
Loss of Use of Three Limbs
Loss of Use of Two Limbs
Speech or Hearing; One Hand, One Foot, or Sight of one Eye
One Hand and One Foot; Either Hand or Foot and Sight of One Eye

Indemnity

Principal Sum

3 / 4 Principal Sum
2 / 3 Principal Sum
1 / 2 Principal Sum
1 / 4 Principal Sum

The term "**Loss**" means, with regard to hands and feet, actual severance through or above wrist or ankle joint, and with regard to eyes, entire irrecoverable loss of sight. The term "**Loss of Use**" shall mean total paralysis of a limb or limbs which is determined by competent medical authority to be permanent, complete and irreversible.

Emergency Room Benefit: If **You** suffer an **Injury** resulting in a **Covered Loss** that requires Emergency Room Treatment for **You**, We will pay up to \$500 for the following Emergency Room outpatient treatments:

Ambulance Service to or from the Emergency Room	Up to \$100
Anesthetics	Up to \$100
X-Rays	Up to \$100
Emergency Room	Up to \$100
Casts and Splints	Up to \$100

This benefit will be paid for a maximum of four (4) visits for Emergency Room Treatment per Policy year.

In-Hospital Indemnity Benefit: If **You** suffer a **Covered Injury** resulting in a **Covered Loss** that requires **You** to be confined in a **Hospital** within 30 days of the **Covered Injury**, We will pay a daily benefit of \$150.00 per day for each day **You** are Confined in a **Hospital** up to a maximum of 365 days.

Exclusions and Limitations: We will not pay benefits for any loss or **Injury** that is caused by, or results from, either directly or indirectly: purposely self-inflicted **Injury**; suicide or attempted suicide; war or any act of war, whether declared or not; service in the military, naval or air service of any country; sickness, disease, or any bacterial infection except pus forming infections from an accidental cut or wound; travel or flight in any aircraft except as a passenger, riding in or on, boarding, or getting off any civilian aircraft with a current and valid standard category airworthiness certificate which is being operated by a pilot with current and valid medical certificate and a pilot certificate with proper rating to pilot such aircraft; pregnancy, including childbirth, but not including complications thereof; or contributed to, either directly or indirectly, by the Insured being intoxicated or under the influence of any controlled substance, unless such controlled substance was prescribed by a physician and taken in accordance with the prescribed dosage.

If **You** suffer more than one loss as a result of the same **Accident**, We will pay only one benefit, the largest benefit.

Claim Administration: The Cover Person or beneficiary, or someone on his or her behalf, must give us written notice within 90 days of the accident. The notice must name the Covered Person and the policy number GTU-4379457. Send the notice to Motor Club of America Enterprises, Inc., 3200 W Wilshire Blvd., Oklahoma City, OK 73116. We will send you the claimant Proof of Loss forms within 15 days after we get the notice. Written Proof of Loss must be sent to us within 90 days of the loss for all coverage.

Beneficiary Designation: Loss, if any, as respects accidental death of the Covered Member shall be payable to the beneficiary or beneficiaries as designated in writing by the Covered Member and on file with the Motor Club, or if none so designated, then the first surviving class of the following class of beneficiaries: 1) Spouse of Covered Member; 2) children equally, if living; 3) parents, equally, or to the survivor; 4) brothers or sisters equally, or to the survivor(s); 5) estate of the Covered Person. All other indemnities shall be payable to the Covered Person.

This is a brief description of the important features of the coverage. It is not a contract of insurance. The terms and conditions of coverage are set forth in GTU-4379457, issued to the Motor Club of America Enterprises, Inc. Coverage may not be available in all states or certain terms or conditions may be different if required by state law. Please keep this information as a reference. The Master Policy can be reviewed at the Motor Club's home office located at 3200 W Wilshire Blvd, Oklahoma City Ok 73116.

This is a certificate of participation in a group accidental injury and death policy and is not motor vehicle liability insurance coverage.