Good public relations are important!
Let us share your responsibility!
We serve 4-H by providing accident coverage for all your club programs.

Volunteer Leaders – apply today for coverage. This accident policy covers all of your club events for one full year.

Extension Staff – do you realize this same great coverage is offered on a county basis? Cover all of the clubs in your county under one policy!

Questions? Call 1-800-849-4820.

Put your 4-H'ers safety first!

Make sure your programs are age appropriate and in compliance with state guidelines.





American Income Life Insurance Company

Special Risks Division

P.O. Box 50158 • Indianapolis, IN 46250 (317) 849-5545 • 1 (800) 849-4820 www.AmericanIncomeLife.com

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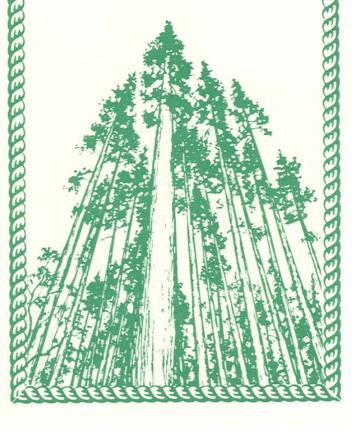
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Accident Insurance 4-H CLUB MEMBERS One Full Year

ONLY PER PERSON FOR A FULL YEARS' COVERAGE



\$1.00 PER PERSON PER YEAR! PROVIDES... MAXIMUM BENEFITS

\$2,500.00 MEDICAL AND HOSPITAL EXPENSES RESULTING FROM INJURIES. \$5,000.00 LOSS OF LIFE. *\$10,000.00 LOSS OF ANY TWO: ARMS, LEGS, FEET OR HANDS, OR BOTH EYES. *\$5,000.°° LOSS OF ANY ONE: ARM, LEG, FOOT OR HAND. *\$3,000.°° LOSS OF SIGHT OF ONE EYE. \$500.00 DENTAL EXPENSE DUE TO INTURY OF SOUND, NATURAL

*When injury results in any of these losses within 100 days of the accident, those maximum benefits will be paid in addition to any other expenses covered.

TEETH.

ALL MEMBERS MUST BE INSURED

Covers each registered member (leaders optional) while participating in or attending regularly approved and adult supervised group activity. 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

- Covered expenses incurred within 52 weeks from date of accident.
- Automatic coverage of new members.
- · Optional coverage for adult leaders.
- Prompt claim service.
- Full coverage no deductible.

NOT COVERED

- Eyeglass replacement
- Denture replacement or repair
- Suicide
- Hernia in any form
- Illness
- Air Travel
- Injuries sustained in Rodeo events
- Losses covered under Medicare or any plan of Workman's Compensation
- Injuries sustained while tobogganing, skiing, sledding and tubing
- Age 5–7 animal projects
- Children under age 5

APPLICATION FOR INDIVIDUAL CLUB ACTIVITIES COVERAGE "Dollar a Year Plan"

Name of 4H Club	
List projects	
Name of Leader Please print or type	
Mailing Address Street or R.F.D.	0
City	
State	
Effective Date of Coverage	Phone#
last year? ☐ Yes ☐ No	our annual policies within the
Number of Members Register	ed
Number of Leaders Registered	d
Are Leaders to be Covered?	☐ Yes ☐ No
Covered Leaders' Names:	
1	
2	
3	
4.	
As authorized leader of the above Policy be issued on the effective this application is received, which	date requested, or on the date
We are attaching a check or mon American Income Life Insurance Indianapolis, Indiana 46250, calcu person to be covered. MINIMUM F	ey order payable to the Company, P.O. Box 50158, ulated at the rate of \$1.00 for each PREMIUM PER POLICY — \$10.00.
	CYCLE PROJECTS AND TEAM 2.00 PER MEMBER, PER YEAR
Signed Unit or Club Leader	
	FICE USE ONLY
POLICY NO	
DATE REC.	



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