

**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.

**APPLY
TODAY!**



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

103-86



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Accident Insurance

4-H CLUB MEMBERS

One Full Year

\$1.00

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.

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

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

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

*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.

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.

City _____ County _____

State _____ Zip _____

Effective Date of Coverage _____ Phone# _____

Has this 4H Club had one of our annual policies **within the last year?** Yes No

Number of Members Registered _____
(all must be insured)

Number of Leaders Registered _____

Are Leaders to be Covered? Yes No

Covered Leaders' Names:

1. _____

2. _____

3. _____

4. _____

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 attaching a check or money order payable to the **American Income Life Insurance Company, P.O. Box 50158, Indianapolis, Indiana 46250**, calculated at the rate of \$1.00 for each person to be covered. **MINIMUM PREMIUM PER POLICY — \$10.00.**

HORSE PROJECTS, MOTORCYCLE PROJECTS AND TEAM SPORTS ARE INSURABLE AT \$2.00 PER MEMBER, PER YEAR

Signed _____

Unit or Club Leader

FOR HOME OFFICE USE ONLY

POLICY NO. _____

ISSUE DATE _____

DATE REC. _____



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