

Group Accident Insurance
Underwritten by:
Federal Insurance Company,
a Chubb Company

202 Hall's Mill Road, PO Box 1600
Whitehouse Station, NJ 08889-1600

Important Notice - Please Read this Description of Coverage Carefully

As a handy reference guide, please read this document and keep it in a safe place with your other insurance documents. This description of coverage is not a contract of insurance but is a summary of the principal provisions of the insurance while in effect. Complete policy provisions are contained in the Master Policy, 9908-09-94, which can be obtained by contacting the Policy Administrator.

This insurance is subject to the eligibility and effective date requirements of the group policy issued to:

POLICYHOLDER: Wholesale Benefits Association
GROUP POLICY NO.: 9908-09-94

MEMBER ELIGIBILITY

ELIGIBILITY – All Plan 7 members of the Policyholder.

If, subject to all the terms and conditions of this policy a person is eligible for insurance under multiple Classes of Insured Persons, then such person will only be insured under the Class which provides the Insured Person the largest Benefit Amount for the loss that has occurred.

DATE MEMBER'S INSURANCE TAKES EFFECT – Insurance for an Insured Person becomes effective on the latest of: 1) the effective date of the policy; 2) the date on which such person first meets the eligibility criteria as a member of an eligible Class of Insured Persons; or 3) the beginning of the period for which required premium is paid for such Insured Person.

DATE MEMBER'S INSURANCE ENDS – An Insured Person's insurance will end at the earliest of: 1) the date the group policy ends, in its entirety or with respect to such Insured Person's Class; 2) the end of the period for which the last premium has been paid for an Insured Person's insurance; 3) the premium due date coinciding with or next following the date an Insured Person ceases to be a member.

BENEFITS

Accidental Death and Dismemberment: We will pay the applicable Benefit Amount if an Accident results in a covered Loss not otherwise excluded. The Accident must result from an insured Hazard and occur while an Insured Person is insured under this policy, while it is in force. The covered Loss must occur within one (1) year after the Accident. 24 Hour Business and Pleasure Hazard means all circumstances, subject to the terms and conditions of the policy, to which an Insured Person may be exposed.

BENEFIT AMOUNT – \$5,000

100% of the Benefit Amount is payable for Accidental: Loss of Life; Loss of Speech and Loss of Hearing; Loss of Speech and one of: Loss of Hand, Foot or Sight of One Eye; Loss of Hearing and one of: Loss of Hand, Foot or Sight of One Eye; Loss of both Hands, both Feet, loss of Sight or any combination thereof; **50%** of the Benefit Amount is payable for Accidental: Loss of Hand, Foot or Sight of One Eye (any one of each); Loss of Speech or Loss of Hearing; **25%** of the Benefit Amount is payable for Accidental: Loss of Thumb and Index Finger of the same hand.

If an Insured Person suffers multiple covered Losses as the result of one (1) Accident, then We will only pay the single largest Benefit Amount applicable to all such covered Losses.

Reduction of Benefit Amount: If an Insured Person is age 70 or older on the date of an Accident causing Loss, then the Benefit Amount payable will be reduced to 80% at age 70, to 55% at age 75, to 35% at age 80 and to 20% at age 85. The Benefit Amount cannot be increased after age seventy (70).

Extensions of Insurance: Disappearance: If an Insured Person has not been found within one (1) year of the disappearance, stranding, sinking, or wrecking of any Conveyance in which an Insured Person was an occupant at the time of the Accident, then it will be assumed, subject to all other terms and conditions of this policy, that an Insured Person has suffered Loss of Life insured under this policy. **Exposure:** If an Accident resulting from an insured Hazard causes an Insured Person to be unavoidably exposed to the elements and as a result of such exposure an Insured Person has a Loss, then such Loss will be insured under this policy.

Temporary Total Disability: This benefit will pay 60% of weekly Salary up to a maximum of \$1,000 per week, after the Elimination Period of 30 days, if Accidental Bodily Injury causes a Primary Insured Person to suffer Temporary Total Disability. The weekly Benefit Amount for Temporary Total Disability will be paid in addition to any other applicable Benefit Amounts under this policy. The weekly Benefit Amount for Temporary Total

Disability will be paid until the earliest of the date on which: 1) the Primary Insured Person dies; 2) the Primary Insured Person fails to provide Us with satisfactory evidence of a continuing Temporary Total Disability; 3) the Primary Insured Person no longer has a Temporary Total Disability; or 4) the Maximum Benefit Period of 52 weeks has ended.

Periods of Temporary Total Disability separated by less than 14 consecutive days of return to work will be considered one period of Temporary Total Disability, unless due to separate and unrelated causes. No additional Elimination Period will be required. However, the Maximum Benefit Period of 52 weeks will be reduced by the number of weeks for which benefits have already been paid, including but not limited to the weekly Benefit Amount for Temporary Total Disability.

Limitations on Temporary Total Disability: No weekly Benefit Amount for Temporary Total Disability shall be paid for any period of time during which the Primary Insured Person is not under the continuous care of a Physician.

EXCLUSIONS

This policy does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing the insurance. In addition no benefits will be paid for any accident caused by or resulting from any of the following: 1) an Insured Person being in, entering, or exiting any aircraft: a) owned, leased or operated by the Policyholder or on the Policyholder's behalf; or b) operated by an employee of the Policyholder on the Policyholder's behalf; 2) an Insured Person riding as a passenger in, entering, or exiting any aircraft while acting or training as a pilot or crew member. (This exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life threatening emergency.); 3) an Insured Person's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection, bodily malfunctions or medical or surgical treatment thereof. (This exclusion does not apply to an Insured Person's bacterial infection caused by an Accident or by Accidental consumption of a substance contaminated by bacteria.); 4) an Insured Person's commission or attempted commission of any illegal act, including but not limited to any felony; 5) any occurrence while an Insured Person is incarcerated after conviction; 6) an Insured Person being intoxicated, at the time of an Accident. Intoxication is defined by the laws of the jurisdiction where such Accident occurs; 7) an Insured Person being under the influence of any narcotic or other controlled substance at the time of an Accident. (This exclusion does not apply if any narcotic or other controlled substance is taken and used as prescribed by a Physician.); 8) an Insured Person being engaged in or participating in a motorized vehicular race or speed contest; 9) an Insured Person participating in military action while in active military service with the armed forces of any country or established international authority. (This exclusion does not apply to the first 60 consecutive days of active military service with the armed forces of any country or established international authority.); 10) an Insured Person traveling or flying on any aircraft engaged in Specialized Aviation Activities; 11) an Insured Person's suicide, or attempted suicide or intentionally self-inflicted injury; 12) a declared or undeclared War.

DEFINITIONS

Accident or Accidental means a sudden, unforeseen, and unexpected event which: 1) happens by chance; 2) arises from a source external to an Insured Person; 3) is independent of illness, disease or other bodily malfunction or medical or surgical treatment thereof; 4) occurs while the Insured Person is insured under this policy which is in force; and 5) is the direct cause of Loss. **Accidental Bodily Injury** means bodily injury, which is: 1) Accidental; 2) the direct cause of a loss; and 3) occurs while an Insured Person is insured under this policy, which is in force. Accidental Bodily Injury does not mean a Repetitive Motion Injury. **Benefit Amount** means the amount stated which applies: 1) at the time of an Accident; 2) to an Insured Person; and 3) for an applicable Hazard. **Class** means the categories of Insured Persons described in the policy. **Conveyance** means any motorized craft, vehicle or mode of transportation licensed or registered by a governmental authority with competent jurisdiction. **Domestic Partner** means a person designated by a Primary Insured Person who is registered as a Domestic Partner under laws of the governing jurisdiction or who: 1) is at least 18 years of age and competent to enter into a contract; 2) is not related to the Primary Insured Person by blood; 3) has exclusively lived with the Primary Insured Person for at least one (1) year prior to the date of enrollment; 4) is not legally married or separated; and 5) as of the date of enrollment, has with the Primary Insured Person at least two (2) of the following financial arrangements: a) a joint mortgage or lease; b) a joint bank account; c) joint title to or ownership of a motor vehicle or status as a joint lessee on a motor vehicle lease; or d) a joint credit card account with a financial institution. Neither the Primary Insured Person nor the Domestic Partner can be married to, nor be in a civil union with anyone else. **Elimination Period** means the consecutive amount of time that must elapse before a Benefit Amount becomes payable. The Elimination Period begins on the first day of an Insured Person's Loss. Benefit Amounts are not payable, nor do they accrue, during an Elimination Period. **Immediate Family Member** means an Insured Person's: 1) Spouse or Domestic Partner; 2) children including adopted children or stepchildren; 3) legal guardians or wards; 4) siblings or siblings-in-law; 5) parents or parents-in-law; 6) grandparents or grandchildren; 7) aunts or uncles; 8) nieces and nephews. Immediate Family Member also means a Spouse's or Domestic Partner's children, including adopted children or stepchildren; legal guardians or wards; siblings or siblings-in-law; parents or parents-in-law; grandparents or grandchildren; aunts or uncles; nieces or nephews. **Insured Person** means a person, qualifying as a Class member: 1) who elects insurance; or 2) for whom insurance is elected, 3) and on whose behalf premium is paid. **Loss** means Accidental: Loss of Foot, Loss of Hand, Loss of Hearing, Loss of Life, Loss of Sight, Loss of Sight of One Eye, Loss of Speech, Loss of Thumb and Index Finger. Loss must occur within one (1) year after the Accident. **Loss of Foot** means the complete severance of a foot through or above the ankle joint. We will consider such severance a Loss of Foot even if the foot is later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation. **Loss of Hand** means complete severance, as determined by a Physician, of at least four (4) fingers at or above the metacarpal phalangeal joint on the same hand or at least three (3) fingers and the thumb on the same hand. We will consider such severance a Loss of Hand even if the hand, fingers or thumb are later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation. **Loss of Hearing** means permanent, irrecoverable and total deafness, as determined by a Physician, with an auditory threshold of more than 90 decibels in each ear. The deafness cannot be corrected by any aid or device, as determined by a Physician. **Loss of Life** means death, including clinical death, as determined by the local governing medical authority where such death occurs within 365 days after an Accident. **Loss of**

Sight means permanent loss of vision. Remaining vision must be no better than 20/200 using a corrective aid or device, as determined by a Physician. **Loss of Sight of One Eye** means permanent loss of vision of one eye. Remaining vision in that eye must be no better than 20/200 using a corrective aid or device, as determined by a Physician. **Loss of Speech** means the permanent, irrecoverable and total loss of the capability of speech without the aid of mechanical devices, as determined by a Physician. **Loss of Thumb and Index Finger** means complete severance, through the metacarpal phalangeal joints, of the thumb and index finger of the same hand, as determined by a Physician. We will consider such severance a Loss of Thumb and Index Finger even if a thumb, an index finger or both are later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation. **Physician** means a licensed practitioner of the healing arts, acting within the scope of his or her license to the extent provided by the laws of the jurisdiction in which medical treatment is provided. Physician does not include: 1) an Insured Person; 2) an Immediate Family Member. **Policyholder** means Wholesale Benefits Association. **Primary Insured Person** means an Insured Person who: 1) has a direct relationship with the Policyholder; and 2) where applicable, elects insurance under this policy; and 3) pays the required premium, for the insurance elected. **Salary** means a Primary Insured Person's basic annual earnings from his/her employer at the time of Accident, as reported by the employer, including overtime and incentive payments. **Specialized Aviation Activity** means use of a properly certified aircraft for the following: 1) acrobatic or stunt flying; 2) racing; 3) any endurance tests; 4) any flight on a rocket propelled or rocket launched aircraft; 5) any test for experimental purpose. Specialized Aviation Activity shall include any flight which requires a special permit or waiver from a governmental authority having jurisdiction over civil aviation, whether or not such permit or waiver is granted. **Spouse** means an Insured Person's husband or wife or who is recognized as such by the laws of the jurisdiction in which the Primary Insured Person resides. **Temporary Total Disability** or **Temporary Totally Disabled** means that Accidental Bodily Injury solely and directly: 1) prevents a Primary Insured Person from performing all the substantial and material duties of such Primary Insured Person's regular occupation, or with respect to a Primary Insured Person who is unemployed, prevents such Primary Insured Person from engaging in the normal and customary activities of a person of like age and sex in good health; 2) causes a condition which is medically determined, by a Physician, to be continuous; and 3) requires the continuous care of a Physician. **We, Us and Our** means FEDERAL INSURANCE COMPANY.

BENEFICIARY PROVISIONS

The Loss of Life benefit will be paid to the first surviving party in the following order: a) the Insured Person's Spouse or Domestic Partner, b) in equal shares to the Insured Person's children, c) in equal shares to the Insured Person's parents, d) in equal shares to the Insured Person's brothers and sisters, e) the Insured Person's estate. All other benefits will be paid to the Insured Person or the Insured Person's designee, or unless otherwise noted. If you choose to name someone else as your beneficiary, please contact the Policy Administrator for a Beneficiary Designation form.

CLAIMS PAYMENT PROVISIONS

Claim Notice: Written Claim Notice must be given to Us or any of Our brokers or appointed agents within twenty (20) days after the occurrence or commencement of any loss covered by this policy or as soon as reasonably possible. Notice must include enough information to identify the Insured Person and Policyholder. Failure to give Claim Notice within twenty (20) days will not invalidate or reduce any otherwise valid claim if notice is given as soon as reasonably possible. **Claim Forms:** When We receive notice of a claim, We will send the Insured Person or the Insured Person's designee, within fifteen (15) days, forms for giving Proof of Loss to Us. If the Insured Person or the Insured Person's designee does not receive the forms, then the Insured Person or an Insured Person's designee should send Us a written description of the Loss. This written description should include information detailing the occurrence, type and extent of the Loss for which the claim is made. **Claim Proof of Loss:** For claims involving disability, complete Proof of Loss must be given to Us within thirty (30) days after commencement of the period for which We are liable. Subsequent written proof of the continuance of such disability must be given to Us at such intervals as We may reasonably require. Failure to give complete Proof of Loss within these time frames will not invalidate or reduce any otherwise valid claim if notice is given as soon as reasonably possible, and in no event later than one (1) year after the deadline to submit complete Proof of Loss, except in cases where the claimant lacks legal capacity. For all claims except those involving disability, complete Proof of Loss must be given to Us within ninety (90) days after the date of Loss, or as soon as reasonably possible. **Claim Payment:** For benefits payable involving disability, We will pay the Insured Person the applicable Benefit Amount no less frequently than monthly during the period for which We are liable. All payments by Us are subject to receipt of complete Proof of Loss. For all benefits payable under this policy except those for disability, We will pay the Insured Person or beneficiary the applicable Benefit Amount within sixty (60) days after We receive complete Proof of Loss, if the Insured Person, Policyholder and beneficiary, where applicable, have complied with all the terms of this policy. **Claim and Suit Cooperation:** In the event of a claim under this policy, the Policyholder, the Insured Person or the beneficiary, if applicable, must fully cooperate with Us in Our handling of the claim, including, but not limited to, the timely submission of all medical and other reports, and full cooperation with all physical examinations and autopsies that We may require. If We are sued in connection with a claim under this policy, then the Policyholder, the Insured Person or the beneficiary must fully cooperate with Us in the handling of such suit. The Policyholder, the Insured Person or the beneficiary must not, except at their own expense, voluntarily make any payment or assume any obligation in connection with any suit without Our prior written consent.

HOW TO FILE A CLAIM

To obtain a claim form, contact the Claims Administrator. Complete all items on the required claim form, attach all appropriate documents, and mail to: Health Special Risk, Inc. (HSR), 4100 Medical Parkway Plaza II, Carrollton, TX 75007, phone: 1-866-523-3199, fax: 972-512-5820, email: WBAClaims@hsri.com

GOVERNING JURISDICTION AND CONFORMANCE WITH STATUTES

Any provision of this policy which, on its effective date, is in conflict with the law of federal government or the state in which the insured resides on such date is hereby amended to conform to the minimum requirements of such law.

FRAUD WARNING

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or Insured Person.

POLICY ADMINISTRATOR

Sales & Billing Administration
WBA Membership Department
3601 Algonquin Road – Suite 605
Rolling Meadows, IL 60008
phone: (847) 483-9484
fax: (847) 483-9485

Membership Services Office
16476 Wild Horse Creek Road
Chesterfield, MO 63017
(800) 992-8044

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This insurance is subject to the eligibility and effective date requirements of the group policy issued to:

POLICYHOLDER: Wholesale Benefits Association
GROUP POLICY NO.: 9908-09-94

MEMBER ELIGIBILITY

ELIGIBILITY – All Plan 7 – Member & Spouse members of the Policyholder, as well as their Spouse or Domestic Partner.

With respect to this policy:

- 1) no person insured as a Primary Insured Person can be insured as a Dependent; and
- 2) no person shall be insured as a Dependent of more than one Primary Insured Person.

If, subject to all the terms and conditions of this policy a person is eligible for insurance under multiple Classes of Insured Persons, then such person will only be insured under the Class which provides the Insured Person the largest Benefit Amount for the loss that has occurred.

DATE MEMBER'S INSURANCE TAKES EFFECT – Insurance for an Insured Person becomes effective on the latest of: 1) the effective date of the policy; 2) the date on which such person first meets the eligibility criteria as a member of an eligible Class of Insured Persons; or 3) the beginning of the period for which required premium is paid for such Insured Person.

DATE MEMBER'S INSURANCE ENDS – An Insured Person's insurance will end at the earliest of: 1) the date the group policy ends, in its entirety or with respect to such Insured Person's Class; 2) the end of the period for which the last premium has been paid for an Insured Person's insurance; 3) the premium due date coinciding with or next following the date an Insured Person ceases to be a member.

BENEFITS

Accidental Death and Dismemberment: We will pay the applicable Benefit Amount if an Accident results in a covered Loss not otherwise excluded. The Accident must result from an insured Hazard and occur while an Insured Person is insured under this policy, while it is in force. The covered Loss must occur within one (1) year after the Accident. 24 Hour Business and Pleasure Hazard means all circumstances, subject to the terms and conditions of the policy, to which an Insured Person may be exposed.

BENEFIT AMOUNT – \$5,000

100% of the Benefit Amount is payable for Accidental: Loss of Life; Loss of Speech and Loss of Hearing; Loss of Speech and one of: Loss of Hand, Foot or Sight of One Eye; Loss of Hearing and one of: Loss of Hand, Foot or Sight of One Eye; Loss of both Hands, both Feet, loss of Sight or any combination thereof; **50%** of the Benefit Amount is payable for Accidental: Loss of Hand, Foot or Sight of One Eye (any one of each); Loss of Speech or Loss of Hearing; **25%** of the Benefit Amount is payable for Accidental: Loss of Thumb and Index Finger of the same hand.

If an Insured Person suffers multiple covered Losses as the result of one (1) Accident, then We will only pay the single largest Benefit Amount applicable to all such covered Losses.

Reduction of Benefit Amount: If an Insured Person is age 70 or older on the date of an Accident causing Loss, then the Benefit Amount payable will be reduced to 80% at age 70, to 55% at age 75, to 35% at age 80 and to 20% at age 85. The Benefit Amount cannot be increased after age seventy (70).

Extensions of Insurance: Disappearance: If an Insured Person has not been found within one (1) year of the disappearance, stranding, sinking, or wrecking of any Conveyance in which an Insured Person was an occupant at the time of the Accident, then it will be assumed, subject to all other terms and conditions of this policy, that an Insured Person has suffered Loss of Life insured under this policy. **Exposure:** If an Accident resulting from an insured Hazard causes an Insured Person to be unavoidably exposed to the elements and as a result of such exposure an Insured Person has a Loss, then such Loss will be insured under this policy.

Temporary Total Disability: This benefit will pay 60% of weekly Salary up to a maximum of \$1,000 per week, after the Elimination Period of 30 days, if Accidental Bodily Injury causes an Insured Person to suffer Temporary Total Disability. The weekly Benefit Amount for Temporary Total Disability will be paid in addition to any other applicable Benefit Amounts under this policy. The weekly Benefit Amount for Temporary Total Disability will be paid until the earliest of the date on which: 1) the Insured Person dies; 2) the Insured Person fails to provide Us with satisfactory evidence of a continuing Temporary Total Disability; 3) the Insured Person no longer has a Temporary Total Disability; or 4) the Maximum Benefit Period of 52 weeks has ended.

Periods of Temporary Total Disability separated by less than 14 consecutive days of return to work will be considered one period of Temporary Total Disability, unless due to separate and unrelated causes. No additional Elimination Period will be required. However, the Maximum Benefit Period of 52 weeks will be reduced by the number of weeks for which benefits have already been paid, including but not limited to the weekly Benefit Amount for Temporary Total Disability.

Limitations on Temporary Total Disability: No weekly Benefit Amount for Temporary Total Disability shall be paid for any period of time during which the Insured Person is not under the continuous care of a Physician.

EXCLUSIONS

This policy does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing the insurance. In addition no benefits will be paid for any accident caused by or resulting from any of the following: 1) an Insured Person being in, entering, or exiting any aircraft: a) owned, leased or operated by the Policyholder or on the Policyholder's behalf; or b) operated by an employee of the Policyholder on the Policyholder's behalf; 2) an Insured Person riding as a passenger in, entering, or exiting any aircraft while acting or training as a pilot or crew member. (This exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life threatening emergency.); 3) an Insured Person's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection, bodily malfunctions or medical or surgical treatment thereof. (This exclusion does not apply to an Insured Person's bacterial infection caused by an Accident or by Accidental consumption of a substance contaminated by bacteria.); 4) an Insured Person's commission or attempted commission of any illegal act, including but not limited to any felony; 5) any occurrence while an Insured Person is incarcerated after conviction; 6) an Insured Person being intoxicated, at the time of an Accident. Intoxication is defined by the laws of the jurisdiction where such Accident occurs; 7) an Insured Person being under the influence of any narcotic or other controlled substance at the time of an Accident. (This exclusion does not apply if any narcotic or other controlled substance is taken and used as prescribed by a Physician.); 8) an Insured Person being engaged in or participating in a motorized vehicular race or speed contest; 9) an Insured Person participating in military action while in active military service with the armed forces of any country or established international authority. (This exclusion does not apply to the first 60 consecutive days of active military service with the armed forces of any country or established international authority.); 10) an Insured Person traveling or flying on any aircraft engaged in Specialized Aviation Activities; 11) an Insured Person's suicide, or attempted suicide or intentionally self-inflicted injury; 12) a declared or undeclared War.

DEFINITIONS

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consider such severance a Loss of Hand even if the hand, fingers or thumb are later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation. **Loss of Hearing** means permanent, irrecoverable and total deafness, as determined by a Physician, with an auditory threshold of more than 90 decibels in each ear. The deafness cannot be corrected by any aid or device, as determined by a Physician. **Loss of Life** means death, including clinical death, as determined by the local governing medical authority where such death occurs within 365 days after an Accident. **Loss of Sight** means permanent loss of vision. Remaining vision must be no better than 20/200 using a corrective aid or device, as determined by a Physician. **Loss of Sight of One Eye** means permanent loss of vision of one eye. Remaining vision in that eye must be no better than 20/200 using a corrective aid or device, as determined by a Physician. **Loss of Speech** means the permanent, irrecoverable and total loss of the capability of speech without the aid of mechanical devices, as determined by a Physician. **Loss of Thumb and Index Finger** means complete severance, through the metacarpal phalangeal joints, of the thumb and index finger of the same hand, as determined by a Physician. We will consider such severance a Loss of Thumb and Index Finger even if a thumb, an index finger or both are later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation. **Physician** means a licensed practitioner of the healing arts, acting within the scope of his or her license to the extent provided by the laws of the jurisdiction in which medical treatment is provided. Physician does not include: 1) an Insured Person; 2) an Immediate Family Member. **Policyholder** means Wholesale Benefits Association. **Primary Insured Person** means an Insured Person who: 1) has a direct relationship with the Policyholder; and 2) where applicable, elects insurance under this policy. **Salary** means an Insured Person's basic annual earnings from his/her employer at the time of Accident, as reported by the employer, including overtime and incentive payments. **Specialized Aviation Activity** means use of a properly certified aircraft for the following: 1) acrobatic or stunt flying; 2) racing; 3) any endurance tests; 4) any flight on a rocket propelled or rocket launched aircraft; 5) any test for experimental purpose. Specialized Aviation Activity shall include any flight which requires a special permit or waiver from a governmental authority having jurisdiction over civil aviation, whether or not such permit or waiver is granted. **Spouse** means an Insured Person's husband or wife or who is recognized as such by the laws of the jurisdiction in which the Primary Insured Person resides. **Temporary Total Disability** or **Temporary Totally Disabled** means that Accidental Bodily Injury solely and directly: 1) prevents an Insured Person from performing all the substantial and material duties of such Insured Person's regular occupation, or with respect to an Insured Person who is unemployed, prevents such Insured Person from engaging in the normal and customary activities of a person of like age and sex in good health; 2) causes a condition which is medically determined, by a Physician, to be continuous; and 3) requires the continuous care of a Physician. **We, Us and Our** means FEDERAL INSURANCE COMPANY.

BENEFICIARY PROVISIONS

The Loss of Life benefit will be paid to the first surviving party in the following order: a) the Insured Person's Spouse or Domestic Partner, b) in equal shares to the Insured Person's children, c) in equal shares to the Insured Person's parents, d) in equal shares to the Insured Person's brothers and sisters, e) the Insured Person's estate. All other benefits will be paid to the Insured Person or the Insured Person's designee, or unless otherwise noted. If you choose to name someone else as your beneficiary, please contact the Policy Administrator for a Beneficiary Designation form.

CLAIMS PAYMENT PROVISIONS

Claim Notice: Written Claim Notice must be given to Us or any of Our brokers or appointed agents within twenty (20) days after the occurrence or commencement of any loss covered by this policy or as soon as reasonably possible. Notice must include enough information to identify the Insured Person and Policyholder. Failure to give Claim Notice within twenty (20) days will not invalidate or reduce any otherwise valid claim if notice is given as soon as reasonably possible. **Claim Forms:** When We receive notice of a claim, We will send the Insured Person or the Insured Person's designee, within fifteen (15) days, forms for giving Proof of Loss to Us. If the Insured Person or the Insured Person's designee does not receive the forms, then the Insured Person or an Insured Person's designee should send Us a written description of the Loss. This written description should include information detailing the occurrence, type and extent of the Loss for which the claim is made. **Claim Proof of Loss:** For claims involving disability, complete Proof of Loss must be given to Us within thirty (30) days after commencement of the period for which We are liable. Subsequent written proof of the continuance of such disability must be given to Us at such intervals as We may reasonably require. Failure to give complete Proof of Loss within these time frames will not invalidate or reduce any otherwise valid claim if notice is given as soon as reasonably possible, and in no event later than one (1) year after the deadline to submit complete Proof of Loss, except in cases where the claimant lacks legal capacity. For all claims except those involving disability, complete Proof of Loss must be given to Us within ninety (90) days after the date of Loss, or as soon as reasonably possible. **Claim Payment:** For benefits payable involving disability, We will pay the Insured Person the applicable Benefit Amount no less frequently than monthly during the period for which We are liable. All payments by Us are subject to receipt of complete Proof of Loss. For all benefits payable under this policy except those for disability, We will pay the Insured Person or beneficiary the applicable Benefit Amount within sixty (60) days after We receive complete Proof of Loss, if the Insured Person, Policyholder and beneficiary, where applicable, have complied with all the terms of this policy. **Claim and Suit Cooperation:** In the event of a claim under this policy, the Policyholder, the Insured Person or the beneficiary, if applicable, must fully cooperate with Us in Our handling of the claim, including, but not limited to, the timely submission of all medical and other reports, and full cooperation with all physical examinations and autopsies that We may require. If We are sued in connection with a claim under this policy, then the Policyholder, the Insured Person or the beneficiary must fully cooperate with Us in the handling of such suit. The Policyholder, the Insured Person or the beneficiary must not, except at their own expense, voluntarily make any payment or assume any obligation in connection with any suit without Our prior written consent.

HOW TO FILE A CLAIM

To obtain a claim form, contact the Claims Administrator. Complete all items on the required claim form, attach all appropriate documents, and mail to: Health Special Risk, Inc. (HSR), 4100 Medical Parkway Plaza II, Carrollton, TX 75007, phone: 1-866-523-3199, fax: 972-512-5820, email: WBAClaims@hsri.com

GOVERNING JURISDICTION AND CONFORMANCE WITH STATUTES

Any provision of this policy which, on its effective date, is in conflict with the law of federal government or the state in which the insured resides on such date is hereby amended to conform to the minimum requirements of such law.

FRAUD WARNING

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or Insured Person.

POLICY ADMINISTRATOR

Sales & Billing Administration
WBA Membership Department
3601 Algonquin Road – Suite 605
Rolling Meadows, IL 60008
phone: (847) 483-9484
fax: (847) 483-9485

Membership Services Office
16476 Wild Horse Creek Road
Chesterfield, MO 63017
(800) 992-8044

Group Accident Insurance
Underwritten by:
Federal Insurance Company,
a Chubb Company

202 Hall's Mill Road, PO Box 1600
Whitehouse Station, NJ 08889-1600

Important Notice - Please Read this Description of Coverage Carefully

As a handy reference guide, please read this document and keep it in a safe place with your other insurance documents. This description of coverage is not a contract of insurance but is a summary of the principal provisions of the insurance while in effect. Complete policy provisions are contained in the Master Policy, 9908-09-94, which can be obtained by contacting the Policy Administrator.

This insurance is subject to the eligibility and effective date requirements of the group policy issued to:

POLICYHOLDER: Wholesale Benefits Association
GROUP POLICY NO.: 9908-09-94

MEMBER ELIGIBILITY

ELIGIBILITY – All Plan 4 members of the Policyholder.

If, subject to all the terms and conditions of this policy a person is eligible for insurance under multiple Classes of Insured Persons, then such person will only be insured under the Class which provides the Insured Person the largest Benefit Amount for the loss that has occurred.

DATE MEMBER'S INSURANCE TAKES EFFECT – Insurance for an Insured Person becomes effective on the latest of: 1) the effective date of the policy; 2) the date on which such person first meets the eligibility criteria as a member of an eligible Class of Insured Persons; or 3) the beginning of the period for which required premium is paid for such Insured Person.

DATE MEMBER'S INSURANCE ENDS – An Insured Person's insurance will end at the earliest of: 1) the date the group policy ends, in its entirety or with respect to such Insured Person's Class; 2) the end of the period for which the last premium has been paid for an Insured Person's insurance; 3) the premium due date coinciding with or next following the date an Insured Person ceases to be a member.

BENEFITS

Accidental Death and Dismemberment: We will pay the applicable Benefit Amount if an Accident results in a covered Loss not otherwise excluded. The Accident must result from an insured Hazard and occur while an Insured Person is insured under this policy, while it is in force. The covered Loss must occur within one (1) year after the Accident. 24 Hour Business and Pleasure Hazard means all circumstances, subject to the terms and conditions of the policy, to which an Insured Person may be exposed.

BENEFIT AMOUNT – \$5,000

100% of the Benefit Amount is payable for Accidental: Loss of Life; Loss of Speech and Loss of Hearing; Loss of Speech and one of: Loss of Hand, Foot or Sight of One Eye; Loss of Hearing and one of: Loss of Hand, Foot or Sight of One Eye; Loss of both Hands, both Feet, loss of Sight or any combination thereof; **50%** of the Benefit Amount is payable for Accidental: Loss of Hand, Foot or Sight of One Eye (any one of each); Loss of Speech or Loss of Hearing; **25%** of the Benefit Amount is payable for Accidental: Loss of Thumb and Index Finger of the same hand.

If an Insured Person suffers multiple covered Losses as the result of one (1) Accident, then We will only pay the single largest Benefit Amount applicable to all such covered Losses.

Reduction of Benefit Amount: If an Insured Person is age 70 or older on the date of an Accident causing Loss, then the Benefit Amount payable will be reduced to 80% at age 70, to 55% at age 75, to 35% at age 80 and to 20% at age 85. The Benefit Amount cannot be increased after age seventy (70).

Extensions of Insurance: Disappearance: If an Insured Person has not been found within one (1) year of the disappearance, stranding, sinking, or wrecking of any Conveyance in which an Insured Person was an occupant at the time of the Accident, then it will be assumed, subject to all other terms and conditions of this policy, that an Insured Person has suffered Loss of Life insured under this policy. **Exposure:** If an Accident resulting from an insured Hazard causes an Insured Person to be unavoidably exposed to the elements and as a result of such exposure an Insured Person has a Loss, then such Loss will be insured under this policy.

Temporary Total Disability: This benefit will pay 60% of weekly Salary up to a maximum of \$750 per week, after the Elimination Period of 30 days, if Accidental Bodily Injury causes a Primary Insured Person to suffer Temporary Total Disability. The weekly Benefit Amount for Temporary Total Disability will be paid in addition to any other applicable Benefit Amounts under this policy. The weekly Benefit Amount for Temporary Total

Disability will be paid until the earliest of the date on which: 1) the Primary Insured Person dies; 2) the Primary Insured Person fails to provide Us with satisfactory evidence of a continuing Temporary Total Disability; 3) the Primary Insured Person no longer has a Temporary Total Disability; or 4) the Maximum Benefit Period of 52 weeks has ended.

Periods of Temporary Total Disability separated by less than 14 consecutive days of return to work will be considered one period of Temporary Total Disability, unless due to separate and unrelated causes. No additional Elimination Period will be required. However, the Maximum Benefit Period of 52 weeks will be reduced by the number of weeks for which benefits have already been paid, including but not limited to the weekly Benefit Amount for Temporary Total Disability.

Limitations on Temporary Total Disability: No weekly Benefit Amount for Temporary Total Disability shall be paid for any period of time during which the Primary Insured Person is not under the continuous care of a Physician.

EXCLUSIONS

This policy does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing the insurance. In addition no benefits will be paid for any accident caused by or resulting from any of the following: 1) an Insured Person being in, entering, or exiting any aircraft: a) owned, leased or operated by the Policyholder or on the Policyholder's behalf; or b) operated by an employee of the Policyholder on the Policyholder's behalf; 2) an Insured Person riding as a passenger in, entering, or exiting any aircraft while acting or training as a pilot or crew member. (This exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life threatening emergency.); 3) an Insured Person's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection, bodily malfunctions or medical or surgical treatment thereof. (This exclusion does not apply to an Insured Person's bacterial infection caused by an Accident or by Accidental consumption of a substance contaminated by bacteria.); 4) an Insured Person's commission or attempted commission of any illegal act, including but not limited to any felony; 5) any occurrence while an Insured Person is incarcerated after conviction; 6) an Insured Person being intoxicated, at the time of an Accident. Intoxication is defined by the laws of the jurisdiction where such Accident occurs; 7) an Insured Person being under the influence of any narcotic or other controlled substance at the time of an Accident. (This exclusion does not apply if any narcotic or other controlled substance is taken and used as prescribed by a Physician.); 8) an Insured Person being engaged in or participating in a motorized vehicular race or speed contest; 9) an Insured Person participating in military action while in active military service with the armed forces of any country or established international authority. (This exclusion does not apply to the first 60 consecutive days of active military service with the armed forces of any country or established international authority.); 10) an Insured Person traveling or flying on any aircraft engaged in Specialized Aviation Activities; 11) an Insured Person's suicide, or attempted suicide or intentionally self-inflicted injury; 12) a declared or undeclared War.

DEFINITIONS

Accident or Accidental means a sudden, unforeseen, and unexpected event which: 1) happens by chance; 2) arises from a source external to an Insured Person; 3) is independent of illness, disease or other bodily malfunction or medical or surgical treatment thereof; 4) occurs while the Insured Person is insured under this policy which is in force; and 5) is the direct cause of Loss. **Accidental Bodily Injury** means bodily injury, which is: 1) Accidental; 2) the direct cause of a loss; and 3) occurs while an Insured Person is insured under this policy, which is in force. Accidental Bodily Injury does not mean a Repetitive Motion Injury. **Benefit Amount** means the amount stated which applies: 1) at the time of an Accident; 2) to an Insured Person; and 3) for an applicable Hazard. **Class** means the categories of Insured Persons described in the policy. **Conveyance** means any motorized craft, vehicle or mode of transportation licensed or registered by a governmental authority with competent jurisdiction. **Domestic Partner** means a person designated by a Primary Insured Person who is registered as a Domestic Partner under laws of the governing jurisdiction or who: 1) is at least 18 years of age and competent to enter into a contract; 2) is not related to the Primary Insured Person by blood; 3) has exclusively lived with the Primary Insured Person for at least one (1) year prior to the date of enrollment; 4) is not legally married or separated; and 5) as of the date of enrollment, has with the Primary Insured Person at least two (2) of the following financial arrangements: a) a joint mortgage or lease; b) a joint bank account; c) joint title to or ownership of a motor vehicle or status as a joint lessee on a motor vehicle lease; or d) a joint credit card account with a financial institution. Neither the Primary Insured Person nor the Domestic Partner can be married to, nor be in a civil union with anyone else. **Elimination Period** means the consecutive amount of time that must elapse before a Benefit Amount becomes payable. The Elimination Period begins on the first day of an Insured Person's Loss. Benefit Amounts are not payable, nor do they accrue, during an Elimination Period. **Immediate Family Member** means an Insured Person's: 1) Spouse or Domestic Partner; 2) children including adopted children or stepchildren; 3) legal guardians or wards; 4) siblings or siblings-in-law; 5) parents or parents-in-law; 6) grandparents or grandchildren; 7) aunts or uncles; 8) nieces and nephews. Immediate Family Member also means a Spouse's or Domestic Partner's children, including adopted children or stepchildren; legal guardians or wards; siblings or siblings-in-law; parents or parents-in-law; grandparents or grandchildren; aunts or uncles; nieces or nephews. **Insured Person** means a person, qualifying as a Class member: 1) who elects insurance; or 2) for whom insurance is elected, 3) and on whose behalf premium is paid. **Loss** means Accidental: Loss of Foot, Loss of Hand, Loss of Hearing, Loss of Life, Loss of Sight, Loss of Sight of One Eye, Loss of Speech, Loss of Thumb and Index Finger. Loss must occur within one (1) year after the Accident. **Loss of Foot** means the complete severance of a foot through or above the ankle joint. We will consider such severance a Loss of Foot even if the foot is later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation. **Loss of Hand** means complete severance, as determined by a Physician, of at least four (4) fingers at or above the metacarpal phalangeal joint on the same hand or at least three (3) fingers and the thumb on the same hand. We will consider such severance a Loss of Hand even if the hand, fingers or thumb are later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation. **Loss of Hearing** means permanent, irrecoverable and total deafness, as determined by a Physician, with an auditory threshold of more than 90 decibels in each ear. The deafness cannot be corrected by any aid or device, as determined by a Physician. **Loss of Life** means death, including clinical death, as determined by the local governing medical authority where such death occurs within 365 days after an Accident. **Loss of**

Sight means permanent loss of vision. Remaining vision must be no better than 20/200 using a corrective aid or device, as determined by a Physician. **Loss of Sight of One Eye** means permanent loss of vision of one eye. Remaining vision in that eye must be no better than 20/200 using a corrective aid or device, as determined by a Physician. **Loss of Speech** means the permanent, irrecoverable and total loss of the capability of speech without the aid of mechanical devices, as determined by a Physician. **Loss of Thumb and Index Finger** means complete severance, through the metacarpal phalangeal joints, of the thumb and index finger of the same hand, as determined by a Physician. We will consider such severance a Loss of Thumb and Index Finger even if a thumb, an index finger or both are later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation. **Physician** means a licensed practitioner of the healing arts, acting within the scope of his or her license to the extent provided by the laws of the jurisdiction in which medical treatment is provided. Physician does not include: 1) an Insured Person; 2) an Immediate Family Member. **Policyholder** means Wholesale Benefits Association. **Primary Insured Person** means an Insured Person who: 1) has a direct relationship with the Policyholder; and 2) where applicable, elects insurance under this policy; and 3) pays the required premium, for the insurance elected. **Salary** means a Primary Insured Person's basic annual earnings from his/her employer at the time of Accident, as reported by the employer, including overtime and incentive payments. **Specialized Aviation Activity** means use of a properly certified aircraft for the following: 1) acrobatic or stunt flying; 2) racing; 3) any endurance tests; 4) any flight on a rocket propelled or rocket launched aircraft; 5) any test for experimental purpose. Specialized Aviation Activity shall include any flight which requires a special permit or waiver from a governmental authority having jurisdiction over civil aviation, whether or not such permit or waiver is granted. **Spouse** means an Insured Person's husband or wife or who is recognized as such by the laws of the jurisdiction in which the Primary Insured Person resides. **Temporary Total Disability** or **Temporary Totally Disabled** means that Accidental Bodily Injury solely and directly: 1) prevents a Primary Insured Person from performing all the substantial and material duties of such Primary Insured Person's regular occupation, or with respect to a Primary Insured Person who is unemployed, prevents such Primary Insured Person from engaging in the normal and customary activities of a person of like age and sex in good health; 2) causes a condition which is medically determined, by a Physician, to be continuous; and 3) requires the continuous care of a Physician. **We, Us and Our** means FEDERAL INSURANCE COMPANY.

BENEFICIARY PROVISIONS

The Loss of Life benefit will be paid to the first surviving party in the following order: a) the Insured Person's Spouse or Domestic Partner, b) in equal shares to the Insured Person's children, c) in equal shares to the Insured Person's parents, d) in equal shares to the Insured Person's brothers and sisters, e) the Insured Person's estate. All other benefits will be paid to the Insured Person or the Insured Person's designee, or unless otherwise noted. If you choose to name someone else as your beneficiary, please contact the Policy Administrator for a Beneficiary Designation form.

CLAIMS PAYMENT PROVISIONS

Claim Notice: Written Claim Notice must be given to Us or any of Our brokers or appointed agents within twenty (20) days after the occurrence or commencement of any loss covered by this policy or as soon as reasonably possible. Notice must include enough information to identify the Insured Person and Policyholder. Failure to give Claim Notice within twenty (20) days will not invalidate or reduce any otherwise valid claim if notice is given as soon as reasonably possible. **Claim Forms:** When We receive notice of a claim, We will send the Insured Person or the Insured Person's designee, within fifteen (15) days, forms for giving Proof of Loss to Us. If the Insured Person or the Insured Person's designee does not receive the forms, then the Insured Person or an Insured Person's designee should send Us a written description of the Loss. This written description should include information detailing the occurrence, type and extent of the Loss for which the claim is made. **Claim Proof of Loss:** For claims involving disability, complete Proof of Loss must be given to Us within thirty (30) days after commencement of the period for which We are liable. Subsequent written proof of the continuance of such disability must be given to Us at such intervals as We may reasonably require. Failure to give complete Proof of Loss within these time frames will not invalidate or reduce any otherwise valid claim if notice is given as soon as reasonably possible, and in no event later than one (1) year after the deadline to submit complete Proof of Loss, except in cases where the claimant lacks legal capacity. For all claims except those involving disability, complete Proof of Loss must be given to Us within ninety (90) days after the date of Loss, or as soon as reasonably possible. **Claim Payment:** For benefits payable involving disability, We will pay the Insured Person the applicable Benefit Amount no less frequently than monthly during the period for which We are liable. All payments by Us are subject to receipt of complete Proof of Loss. For all benefits payable under this policy except those for disability, We will pay the Insured Person or beneficiary the applicable Benefit Amount within sixty (60) days after We receive complete Proof of Loss, if the Insured Person, Policyholder and beneficiary, where applicable, have complied with all the terms of this policy. **Claim and Suit Cooperation:** In the event of a claim under this policy, the Policyholder, the Insured Person or the beneficiary, if applicable, must fully cooperate with Us in Our handling of the claim, including, but not limited to, the timely submission of all medical and other reports, and full cooperation with all physical examinations and autopsies that We may require. If We are sued in connection with a claim under this policy, then the Policyholder, the Insured Person or the beneficiary must fully cooperate with Us in the handling of such suit. The Policyholder, the Insured Person or the beneficiary must not, except at their own expense, voluntarily make any payment or assume any obligation in connection with any suit without Our prior written consent.

HOW TO FILE A CLAIM

To obtain a claim form, contact the Claims Administrator. Complete all items on the required claim form, attach all appropriate documents, and mail to: Health Special Risk, Inc. (HSR), 4100 Medical Parkway Plaza II, Carrollton, TX 75007, phone: 1-866-523-3199, fax: 972-512-5820, email: WBAClaims@hsri.com

GOVERNING JURISDICTION AND CONFORMANCE WITH STATUTES

Any provision of this policy which, on its effective date, is in conflict with the law of federal government or the state in which the insured resides on such date is hereby amended to conform to the minimum requirements of such law.

FRAUD WARNING

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or Insured Person.

POLICY ADMINISTRATOR

Sales & Billing Administration
WBA Membership Department
3601 Algonquin Road – Suite 605
Rolling Meadows, IL 60008
phone: (847) 483-9484
fax: (847) 483-9485

Membership Services Office
16476 Wild Horse Creek Road
Chesterfield, MO 63017
(800) 992-8044

Group Accident Insurance
Underwritten by:
Federal Insurance Company,
a Chubb Company

202 Hall's Mill Road, PO Box 1600
Whitehouse Station, NJ 08889-1600

Important Notice - Please Read this Description of Coverage Carefully

As a handy reference guide, please read this document and keep it in a safe place with your other insurance documents. This description of coverage is not a contract of insurance but is a summary of the principal provisions of the insurance while in effect. Complete policy provisions are contained in the Master Policy, 9908-09-94, which can be obtained by contacting the Policy Administrator.

This insurance is subject to the eligibility and effective date requirements of the group policy issued to:

POLICYHOLDER: Wholesale Benefits Association
GROUP POLICY NO.: 9908-09-94

MEMBER ELIGIBILITY

ELIGIBILITY – All Plan 4 – Member & Spouse members of the Policyholder, as well as their Spouse or Domestic Partner.

With respect to this policy:

- 1) no person insured as a Primary Insured Person can be insured as a Dependent; and
- 2) no person shall be insured as a Dependent of more than one Primary Insured Person.

If, subject to all the terms and conditions of this policy a person is eligible for insurance under multiple Classes of Insured Persons, then such person will only be insured under the Class which provides the Insured Person the largest Benefit Amount for the loss that has occurred.

DATE MEMBER'S INSURANCE TAKES EFFECT – Insurance for an Insured Person becomes effective on the latest of: 1) the effective date of the policy; 2) the date on which such person first meets the eligibility criteria as a member of an eligible Class of Insured Persons; or 3) the beginning of the period for which required premium is paid for such Insured Person.

DATE MEMBER'S INSURANCE ENDS – An Insured Person's insurance will end at the earliest of: 1) the date the group policy ends, in its entirety or with respect to such Insured Person's Class; 2) the end of the period for which the last premium has been paid for an Insured Person's insurance; 3) the premium due date coinciding with or next following the date an Insured Person ceases to be a member.

BENEFITS

Accidental Death and Dismemberment: We will pay the applicable Benefit Amount if an Accident results in a covered Loss not otherwise excluded. The Accident must result from an insured Hazard and occur while an Insured Person is insured under this policy, while it is in force. The covered Loss must occur within one (1) year after the Accident. 24 Hour Business and Pleasure Hazard means all circumstances, subject to the terms and conditions of the policy, to which an Insured Person may be exposed.

BENEFIT AMOUNT – \$5,000

100% of the Benefit Amount is payable for Accidental: Loss of Life; Loss of Speech and Loss of Hearing; Loss of Speech and one of: Loss of Hand, Foot or Sight of One Eye; Loss of Hearing and one of: Loss of Hand, Foot or Sight of One Eye; Loss of both Hands, both Feet, loss of Sight or any combination thereof; **50%** of the Benefit Amount is payable for Accidental: Loss of Hand, Foot or Sight of One Eye (any one of each); Loss of Speech or Loss of Hearing; **25%** of the Benefit Amount is payable for Accidental: Loss of Thumb and Index Finger of the same hand.

If an Insured Person suffers multiple covered Losses as the result of one (1) Accident, then We will only pay the single largest Benefit Amount applicable to all such covered Losses.

Reduction of Benefit Amount: If an Insured Person is age 70 or older on the date of an Accident causing Loss, then the Benefit Amount payable will be reduced to 80% at age 70, to 55% at age 75, to 35% at age 80 and to 20% at age 85. The Benefit Amount cannot be increased after age seventy (70).

Extensions of Insurance: Disappearance: If an Insured Person has not been found within one (1) year of the disappearance, stranding, sinking, or wrecking of any Conveyance in which an Insured Person was an occupant at the time of the Accident, then it will be assumed, subject to all other terms and conditions of this policy, that an Insured Person has suffered Loss of Life insured under this policy. **Exposure:** If an Accident resulting from an insured Hazard causes an Insured Person to be unavoidably exposed to the elements and as a result of such exposure an Insured Person has a Loss, then such Loss will be insured under this policy.

Temporary Total Disability: This benefit will pay 60% of weekly Salary up to a maximum of \$750 per week, after the Elimination Period of 30 days, if Accidental Bodily Injury causes an Insured Person to suffer Temporary Total Disability. The weekly Benefit Amount for Temporary Total Disability will be paid in addition to any other applicable Benefit Amounts under this policy. The weekly Benefit Amount for Temporary Total Disability will be paid until the earliest of the date on which: 1) the Insured Person dies; 2) the Insured Person fails to provide Us with satisfactory evidence of a continuing Temporary Total Disability; 3) the Insured Person no longer has a Temporary Total Disability; or 4) the Maximum Benefit Period of 52 weeks has ended.

Periods of Temporary Total Disability separated by less than 14 consecutive days of return to work will be considered one period of Temporary Total Disability, unless due to separate and unrelated causes. No additional Elimination Period will be required. However, the Maximum Benefit Period of 52 weeks will be reduced by the number of weeks for which benefits have already been paid, including but not limited to the weekly Benefit Amount for Temporary Total Disability.

Limitations on Temporary Total Disability: No weekly Benefit Amount for Temporary Total Disability shall be paid for any period of time during which the Insured Person is not under the continuous care of a Physician.

EXCLUSIONS

This policy does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing the insurance. In addition no benefits will be paid for any accident caused by or resulting from any of the following: 1) an Insured Person being in, entering, or exiting any aircraft: a) owned, leased or operated by the Policyholder or on the Policyholder's behalf; or b) operated by an employee of the Policyholder on the Policyholder's behalf; 2) an Insured Person riding as a passenger in, entering, or exiting any aircraft while acting or training as a pilot or crew member. (This exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life threatening emergency.); 3) an Insured Person's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection, bodily malfunctions or medical or surgical treatment thereof. (This exclusion does not apply to an Insured Person's bacterial infection caused by an Accident or by Accidental consumption of a substance contaminated by bacteria.); 4) an Insured Person's commission or attempted commission of any illegal act, including but not limited to any felony; 5) any occurrence while an Insured Person is incarcerated after conviction; 6) an Insured Person being intoxicated, at the time of an Accident. Intoxication is defined by the laws of the jurisdiction where such Accident occurs; 7) an Insured Person being under the influence of any narcotic or other controlled substance at the time of an Accident. (This exclusion does not apply if any narcotic or other controlled substance is taken and used as prescribed by a Physician.); 8) an Insured Person being engaged in or participating in a motorized vehicular race or speed contest; 9) an Insured Person participating in military action while in active military service with the armed forces of any country or established international authority. (This exclusion does not apply to the first 60 consecutive days of active military service with the armed forces of any country or established international authority.); 10) an Insured Person traveling or flying on any aircraft engaged in Specialized Aviation Activities; 11) an Insured Person's suicide, or attempted suicide or intentionally self-inflicted injury; 12) a declared or undeclared War.

DEFINITIONS

Accident or Accidental means a sudden, unforeseen, and unexpected event which: 1) happens by chance; 2) arises from a source external to an Insured Person; 3) is independent of illness, disease or other bodily malfunction or medical or surgical treatment thereof; 4) occurs while the Insured Person is insured under this policy which is in force; and 5) is the direct cause of Loss. **Accidental Bodily Injury** means bodily injury, which is: 1) Accidental; 2) the direct cause of a loss; and 3) occurs while an Insured Person is insured under this policy, which is in force. Accidental Bodily Injury does not mean a Repetitive Motion Injury. **Benefit Amount** means the amount stated which applies: 1) at the time of an Accident; 2) to an Insured Person; and 3) for an applicable Hazard. **Class** means the categories of Insured Persons described in the policy. **Conveyance** means any motorized craft, vehicle or mode of transportation licensed or registered by a governmental authority with competent jurisdiction. **Dependent** means a Dependent Child, Spouse, or Domestic Partner of a Primary Insured Person. **Domestic Partner** means a person designated by a Primary Insured Person who is registered as a Domestic Partner under laws of the governing jurisdiction or who: 1) is at least 18 years of age and competent to enter into a contract; 2) is not related to the Primary Insured Person by blood; 3) has exclusively lived with the Primary Insured Person for at least one (1) year prior to the date of enrollment; 4) is not legally married or separated; and 5) as of the date of enrollment, has with the Primary Insured Person at least two (2) of the following financial arrangements: a) a joint mortgage or lease; b) a joint bank account; c) joint title to or ownership of a motor vehicle or status as a joint lessee on a motor vehicle lease; or d) a joint credit card account with a financial institution. Neither the Primary Insured Person nor the Domestic Partner can be married to, nor be in a civil union with anyone else. **Elimination Period** means the consecutive amount of time that must elapse before a Benefit Amount becomes payable. The Elimination Period begins on the first day of an Insured Person's Loss. Benefit Amounts are not payable, nor do they accrue, during an Elimination Period. **Immediate Family Member** means an Insured Person's: 1) Spouse or Domestic Partner; 2) children including adopted children or stepchildren; 3) legal guardians or wards; 4) siblings or siblings-in-law; 5) parents or parents-in-law; 6) grandparents or grandchildren; 7) aunts or uncles; 8) nieces and nephews. Immediate Family Member also means a Spouse's or Domestic Partner's children, including adopted children or stepchildren; legal guardians or wards; siblings or siblings-in-law; parents or parents-in-law; grandparents or grandchildren; aunts or uncles; nieces or nephews. **Insured Person** means a person, qualifying as a Class member: 1) who elects insurance; or 2) for whom insurance is elected, 3) and on whose behalf premium is paid. **Loss** means Accidental: Loss of Foot, Loss of Hand, Loss of Hearing, Loss of Life, Loss of Sight, Loss of Sight of One Eye, Loss of Speech, Loss of Thumb and Index Finger. Loss must occur within one (1) year after the Accident. **Loss of Foot** means the complete severance of a foot through or above the ankle joint. We will consider such severance a Loss of Foot even if the foot is later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation. **Loss of Hand** means complete severance, as determined by a Physician, of at least four (4) fingers at or above the metacarpal phalangeal joint on the same hand or at least three (3) fingers and the thumb on the same hand. We will

consider such severance a Loss of Hand even if the hand, fingers or thumb are later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation. **Loss of Hearing** means permanent, irrecoverable and total deafness, as determined by a Physician, with an auditory threshold of more than 90 decibels in each ear. The deafness cannot be corrected by any aid or device, as determined by a Physician. **Loss of Life** means death, including clinical death, as determined by the local governing medical authority where such death occurs within 365 days after an Accident. **Loss of Sight** means permanent loss of vision. Remaining vision must be no better than 20/200 using a corrective aid or device, as determined by a Physician. **Loss of Sight of One Eye** means permanent loss of vision of one eye. Remaining vision in that eye must be no better than 20/200 using a corrective aid or device, as determined by a Physician. **Loss of Speech** means the permanent, irrecoverable and total loss of the capability of speech without the aid of mechanical devices, as determined by a Physician. **Loss of Thumb and Index Finger** means complete severance, through the metacarpal phalangeal joints, of the thumb and index finger of the same hand, as determined by a Physician. We will consider such severance a Loss of Thumb and Index Finger even if a thumb, an index finger or both are later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation. **Physician** means a licensed practitioner of the healing arts, acting within the scope of his or her license to the extent provided by the laws of the jurisdiction in which medical treatment is provided. Physician does not include: 1) an Insured Person; 2) an Immediate Family Member. **Policyholder** means Wholesale Benefits Association. **Primary Insured Person** means an Insured Person who: 1) has a direct relationship with the Policyholder; and 2) where applicable, elects insurance under this policy. **Salary** means an Insured Person's basic annual earnings from his/her employer at the time of Accident, as reported by the employer, including overtime and incentive payments. **Specialized Aviation Activity** means use of a properly certified aircraft for the following: 1) acrobatic or stunt flying; 2) racing; 3) any endurance tests; 4) any flight on a rocket propelled or rocket launched aircraft; 5) any test for experimental purpose. Specialized Aviation Activity shall include any flight which requires a special permit or waiver from a governmental authority having jurisdiction over civil aviation, whether or not such permit or waiver is granted. **Spouse** means an Insured Person's husband or wife or who is recognized as such by the laws of the jurisdiction in which the Primary Insured Person resides. **Temporary Total Disability** or **Temporary Totally Disabled** means that Accidental Bodily Injury solely and directly: 1) prevents an Insured Person from performing all the substantial and material duties of such Insured Person's regular occupation, or with respect to an Insured Person who is unemployed, prevents such Insured Person from engaging in the normal and customary activities of a person of like age and sex in good health; 2) causes a condition which is medically determined, by a Physician, to be continuous; and 3) requires the continuous care of a Physician. **We, Us and Our** means FEDERAL INSURANCE COMPANY.

BENEFICIARY PROVISIONS

The Loss of Life benefit will be paid to the first surviving party in the following order: a) the Insured Person's Spouse or Domestic Partner, b) in equal shares to the Insured Person's children, c) in equal shares to the Insured Person's parents, d) in equal shares to the Insured Person's brothers and sisters, e) the Insured Person's estate. All other benefits will be paid to the Insured Person or the Insured Person's designee, or unless otherwise noted. If you choose to name someone else as your beneficiary, please contact the Policy Administrator for a Beneficiary Designation form.

CLAIMS PAYMENT PROVISIONS

Claim Notice: Written Claim Notice must be given to Us or any of Our brokers or appointed agents within twenty (20) days after the occurrence or commencement of any loss covered by this policy or as soon as reasonably possible. Notice must include enough information to identify the Insured Person and Policyholder. Failure to give Claim Notice within twenty (20) days will not invalidate or reduce any otherwise valid claim if notice is given as soon as reasonably possible. **Claim Forms:** When We receive notice of a claim, We will send the Insured Person or the Insured Person's designee, within fifteen (15) days, forms for giving Proof of Loss to Us. If the Insured Person or the Insured Person's designee does not receive the forms, then the Insured Person or an Insured Person's designee should send Us a written description of the Loss. This written description should include information detailing the occurrence, type and extent of the Loss for which the claim is made. **Claim Proof of Loss:** For claims involving disability, complete Proof of Loss must be given to Us within thirty (30) days after commencement of the period for which We are liable. Subsequent written proof of the continuance of such disability must be given to Us at such intervals as We may reasonably require. Failure to give complete Proof of Loss within these time frames will not invalidate or reduce any otherwise valid claim if notice is given as soon as reasonably possible, and in no event later than one (1) year after the deadline to submit complete Proof of Loss, except in cases where the claimant lacks legal capacity. For all claims except those involving disability, complete Proof of Loss must be given to Us within ninety (90) days after the date of Loss, or as soon as reasonably possible. **Claim Payment:** For benefits payable involving disability, We will pay the Insured Person the applicable Benefit Amount no less frequently than monthly during the period for which We are liable. All payments by Us are subject to receipt of complete Proof of Loss. For all benefits payable under this policy except those for disability, We will pay the Insured Person or beneficiary the applicable Benefit Amount within sixty (60) days after We receive complete Proof of Loss, if the Insured Person, Policyholder and beneficiary, where applicable, have complied with all the terms of this policy. **Claim and Suit Cooperation:** In the event of a claim under this policy, the Policyholder, the Insured Person or the beneficiary, if applicable, must fully cooperate with Us in Our handling of the claim, including, but not limited to, the timely submission of all medical and other reports, and full cooperation with all physical examinations and autopsies that We may require. If We are sued in connection with a claim under this policy, then the Policyholder, the Insured Person or the beneficiary must fully cooperate with Us in the handling of such suit. The Policyholder, the Insured Person or the beneficiary must not, except at their own expense, voluntarily make any payment or assume any obligation in connection with any suit without Our prior written consent.

HOW TO FILE A CLAIM

To obtain a claim form, contact the Claims Administrator. Complete all items on the required claim form, attach all appropriate documents, and mail to: Health Special Risk, Inc. (HSR), 4100 Medical Parkway Plaza II, Carrollton, TX 75007, phone: 1-866-523-3199, fax: 972-512-5820, email: WBAClaims@hsri.com

GOVERNING JURISDICTION AND CONFORMANCE WITH STATUTES

Any provision of this policy which, on its effective date, is in conflict with the law of federal government or the state in which the insured resides on such date is hereby amended to conform to the minimum requirements of such law.

FRAUD WARNING

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or Insured Person.

POLICY ADMINISTRATOR

Sales & Billing Administration
WBA Membership Department
3601 Algonquin Road – Suite 605
Rolling Meadows, IL 60008
phone: (847) 483-9484
fax: (847) 483-9485

Membership Services Office
16476 Wild Horse Creek Road
Chesterfield, MO 63017
(800) 992-8044

Group Accident Insurance
Underwritten by:
Federal Insurance Company,
a Chubb Company

202 Hall's Mill Road, PO Box 1600
Whitehouse Station, NJ 08889-1600

Important Notice - Please Read this Description of Coverage Carefully

As a handy reference guide, please read this document and keep it in a safe place with your other insurance documents. This description of coverage is not a contract of insurance but is a summary of the principal provisions of the insurance while in effect. Complete policy provisions are contained in the Master Policy, 9908-09-94, which can be obtained by contacting the Policy Administrator.

This insurance is subject to the eligibility and effective date requirements of the group policy issued to:

POLICYHOLDER: Wholesale Benefits Association
GROUP POLICY NO.: 9908-09-94

MEMBER ELIGIBILITY

ELIGIBILITY – All Plan 1 members of the Policyholder.

If, subject to all the terms and conditions of this policy a person is eligible for insurance under multiple Classes of Insured Persons, then such person will only be insured under the Class which provides the Insured Person the largest Benefit Amount for the loss that has occurred.

DATE MEMBER'S INSURANCE TAKES EFFECT – Insurance for an Insured Person becomes effective on the latest of: 1) the effective date of the policy; 2) the date on which such person first meets the eligibility criteria as a member of an eligible Class of Insured Persons; or 3) the beginning of the period for which required premium is paid for such Insured Person.

DATE MEMBER'S INSURANCE ENDS – An Insured Person's insurance will end at the earliest of: 1) the date the group policy ends, in its entirety or with respect to such Insured Person's Class; 2) the end of the period for which the last premium has been paid for an Insured Person's insurance; 3) the premium due date coinciding with or next following the date an Insured Person ceases to be a member.

BENEFITS

Accidental Death and Dismemberment: We will pay the applicable Benefit Amount if an Accident results in a covered Loss not otherwise excluded. The Accident must result from an insured Hazard and occur while an Insured Person is insured under this policy, while it is in force. The covered Loss must occur within one (1) year after the Accident. 24 Hour Business and Pleasure Hazard means all circumstances, subject to the terms and conditions of the policy, to which an Insured Person may be exposed.

BENEFIT AMOUNT – \$5,000

100% of the Benefit Amount is payable for Accidental: Loss of Life; Loss of Speech and Loss of Hearing; Loss of Speech and one of: Loss of Hand, Foot or Sight of One Eye; Loss of Hearing and one of: Loss of Hand, Foot or Sight of One Eye; Loss of both Hands, both Feet, loss of Sight or any combination thereof; **50%** of the Benefit Amount is payable for Accidental: Loss of Hand, Foot or Sight of One Eye (any one of each); Loss of Speech or Loss of Hearing; **25%** of the Benefit Amount is payable for Accidental: Loss of Thumb and Index Finger of the same hand.

If an Insured Person suffers multiple covered Losses as the result of one (1) Accident, then We will only pay the single largest Benefit Amount applicable to all such covered Losses.

Reduction of Benefit Amount: If an Insured Person is age 70 or older on the date of an Accident causing Loss, then the Benefit Amount payable will be reduced to 80% at age 70, to 55% at age 75, to 35% at age 80 and to 20% at age 85. The Benefit Amount cannot be increased after age seventy (70).

Extensions of Insurance: Disappearance: If an Insured Person has not been found within one (1) year of the disappearance, stranding, sinking, or wrecking of any Conveyance in which an Insured Person was an occupant at the time of the Accident, then it will be assumed, subject to all other terms and conditions of this policy, that an Insured Person has suffered Loss of Life insured under this policy. **Exposure:** If an Accident resulting from an insured Hazard causes an Insured Person to be unavoidably exposed to the elements and as a result of such exposure an Insured Person has a Loss, then such Loss will be insured under this policy.

Temporary Total Disability: This benefit will pay \$500 per week, after the Elimination Period of 30 days, if Accidental Bodily Injury causes a Primary Insured Person to suffer Temporary Total Disability. The weekly Benefit Amount for Temporary Total Disability will be paid in addition to any other applicable Benefit Amounts under this policy. The weekly Benefit Amount for Temporary Total Disability will be paid until the earliest of the date

on which: 1) the Primary Insured Person dies; 2) the Primary Insured Person fails to provide Us with satisfactory evidence of a continuing Temporary Total Disability; 3) the Primary Insured Person no longer has a Temporary Total Disability; or 4) the Maximum Benefit Period of 52 weeks has ended.

Periods of Temporary Total Disability separated by less than 14 consecutive days of return to work will be considered one period of Temporary Total Disability, unless due to separate and unrelated causes. No additional Elimination Period will be required. However, the Maximum Benefit Period of 52 weeks will be reduced by the number of weeks for which benefits have already been paid, including but not limited to the weekly Benefit Amount for Temporary Total Disability.

Limitations on Temporary Total Disability: No weekly Benefit Amount for Temporary Total Disability shall be paid for any period of time during which the Primary Insured Person is not under the continuous care of a Physician.

EXCLUSIONS

This policy does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing the insurance. In addition no benefits will be paid for any accident caused by or resulting from any of the following: 1) an Insured Person being in, entering, or exiting any aircraft: a) owned, leased or operated by the Policyholder or on the Policyholder's behalf; or b) operated by an employee of the Policyholder on the Policyholder's behalf; 2) an Insured Person riding as a passenger in, entering, or exiting any aircraft while acting or training as a pilot or crew member. (This exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life threatening emergency.); 3) an Insured Person's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection, bodily malfunctions or medical or surgical treatment thereof. (This exclusion does not apply to an Insured Person's bacterial infection caused by an Accident or by Accidental consumption of a substance contaminated by bacteria.); 4) an Insured Person's commission or attempted commission of any illegal act, including but not limited to any felony; 5) any occurrence while an Insured Person is incarcerated after conviction; 6) an Insured Person being intoxicated, at the time of an Accident. Intoxication is defined by the laws of the jurisdiction where such Accident occurs; 7) an Insured Person being under the influence of any narcotic or other controlled substance at the time of an Accident. (This exclusion does not apply if any narcotic or other controlled substance is taken and used as prescribed by a Physician.); 8) an Insured Person being engaged in or participating in a motorized vehicular race or speed contest; 9) an Insured Person participating in military action while in active military service with the armed forces of any country or established international authority. (This exclusion does not apply to the first 60 consecutive days of active military service with the armed forces of any country or established international authority.); 10) an Insured Person traveling or flying on any aircraft engaged in Specialized Aviation Activities; 11) an Insured Person's suicide, or attempted suicide or intentionally self-inflicted injury; 12) a declared or undeclared War.

DEFINITIONS

Accident or Accidental means a sudden, unforeseen, and unexpected event which: 1) happens by chance; 2) arises from a source external to an Insured Person; 3) is independent of illness, disease or other bodily malfunction or medical or surgical treatment thereof; 4) occurs while the Insured Person is insured under this policy which is in force; and 5) is the direct cause of Loss. **Accidental Bodily Injury** means bodily injury, which is: 1) Accidental; 2) the direct cause of a loss; and 3) occurs while an Insured Person is insured under this policy, which is in force. Accidental Bodily Injury does not mean a Repetitive Motion Injury. **Benefit Amount** means the amount stated which applies: 1) at the time of an Accident; 2) to an Insured Person; and 3) for an applicable Hazard. **Class** means the categories of Insured Persons described in the policy. **Conveyance** means any motorized craft, vehicle or mode of transportation licensed or registered by a governmental authority with competent jurisdiction. **Domestic Partner** means a person designated by a Primary Insured Person who is registered as a Domestic Partner under laws of the governing jurisdiction or who: 1) is at least 18 years of age and competent to enter into a contract; 2) is not related to the Primary Insured Person by blood; 3) has exclusively lived with the Primary Insured Person for at least one (1) year prior to the date of enrollment; 4) is not legally married or separated; and 5) as of the date of enrollment, has with the Primary Insured Person at least two (2) of the following financial arrangements: a) a joint mortgage or lease; b) a joint bank account; c) joint title to or ownership of a motor vehicle or status as a joint lessee on a motor vehicle lease; or d) a joint credit card account with a financial institution. Neither the Primary Insured Person nor the Domestic Partner can be married to, nor be in a civil union with anyone else. **Elimination Period** means the consecutive amount of time that must elapse before a Benefit Amount becomes payable. The Elimination Period begins on the first day of an Insured Person's Loss. Benefit Amounts are not payable, nor do they accrue, during an Elimination Period. **Immediate Family Member** means an Insured Person's: 1) Spouse or Domestic Partner; 2) children including adopted children or stepchildren; 3) legal guardians or wards; 4) siblings or siblings-in-law; 5) parents or parents-in-law; 6) grandparents or grandchildren; 7) aunts or uncles; 8) nieces and nephews. Immediate Family Member also means a Spouse's or Domestic Partner's children, including adopted children or stepchildren; legal guardians or wards; siblings or siblings-in-law; parents or parents-in-law; grandparents or grandchildren; aunts or uncles; nieces or nephews. **Insured Person** means a person, qualifying as a Class member: 1) who elects insurance; or 2) for whom insurance is elected, 3) and on whose behalf premium is paid. **Loss** means Accidental: Loss of Foot, Loss of Hand, Loss of Hearing, Loss of Life, Loss of Sight, Loss of Sight of One Eye, Loss of Speech, Loss of Thumb and Index Finger. Loss must occur within one (1) year after the Accident. **Loss of Foot** means the complete severance of a foot through or above the ankle joint. We will consider such severance a Loss of Foot even if the foot is later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation. **Loss of Hand** means complete severance, as determined by a Physician, of at least four (4) fingers at or above the metacarpal phalangeal joint on the same hand or at least three (3) fingers and the thumb on the same hand. We will consider such severance a Loss of Hand even if the hand, fingers or thumb are later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation. **Loss of Hearing** means permanent, irrecoverable and total deafness, as determined by a Physician, with an auditory threshold of more than 90 decibels in each ear. The deafness cannot be corrected by any aid or device, as determined by a Physician. **Loss of Life** means death, including clinical death, as determined by the local governing medical authority where such death occurs within 365 days after an Accident. **Loss of Sight** means permanent loss of vision. Remaining vision must be no better than 20/200 using a corrective aid or device, as determined by a

Physician. **Loss of Sight of One Eye** means permanent loss of vision of one eye. Remaining vision in that eye must be no better than 20/200 using a corrective aid or device, as determined by a Physician. **Loss of Speech** means the permanent, irrecoverable and total loss of the capability of speech without the aid of mechanical devices, as determined by a Physician. **Loss of Thumb and Index Finger** means complete severance, through the metacarpal phalangeal joints, of the thumb and index finger of the same hand, as determined by a Physician. We will consider such severance a Loss of Thumb and Index Finger even if a thumb, an index finger or both are later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation. **Physician** means a licensed practitioner of the healing arts, acting within the scope of his or her license to the extent provided by the laws of the jurisdiction in which medical treatment is provided. Physician does not include: 1) an Insured Person; 2) an Immediate Family Member. **Policyholder** means Wholesale Benefits Association. **Primary Insured Person** means an Insured Person who: 1) has a direct relationship with the Policyholder; and 2) where applicable, elects insurance under this policy; and 3) pays the required premium, for the insurance elected. **Specialized Aviation Activity** means use of a properly certified aircraft for the following: 1) acrobatic or stunt flying; 2) racing; 3) any endurance tests; 4) any flight on a rocket propelled or rocket launched aircraft; 5) any test for experimental purpose. Specialized Aviation Activity shall include any flight which requires a special permit or waiver from a governmental authority having jurisdiction over civil aviation, whether or not such permit or waiver is granted. **Spouse** means an Insured Person's husband or wife or who is recognized as such by the laws of the jurisdiction in which the Primary Insured Person resides. **Temporary Total Disability** or **Temporary Totally Disabled** means that Accidental Bodily Injury solely and directly: 1) prevents a Primary Insured Person from performing all the substantial and material duties of such Primary Insured Person's regular occupation, or with respect to a Primary Insured Person who is unemployed, prevents such Primary Insured Person from engaging in the normal and customary activities of a person of like age and sex in good health; 2) causes a condition which is medically determined, by a Physician, to be continuous; and 3) requires the continuous care of a Physician. **We, Us and Our** means FEDERAL INSURANCE COMPANY.

BENEFICIARY PROVISIONS

The Loss of Life benefit will be paid to the first surviving party in the following order: a) the Insured Person's Spouse or Domestic Partner, b) in equal shares to the Insured Person's children, c) in equal shares to the Insured Person's parents, d) in equal shares to the Insured Person's brothers and sisters, e) the Insured Person's estate. All other benefits will be paid to the Insured Person or the Insured Person's designee, or unless otherwise noted. If you choose to name someone else as your beneficiary, please contact the Policy Administrator for a Beneficiary Designation form.

CLAIMS PAYMENT PROVISIONS

Claim Notice: Written Claim Notice must be given to Us or any of Our brokers or appointed agents within twenty (20) days after the occurrence or commencement of any loss covered by this policy or as soon as reasonably possible. Notice must include enough information to identify the Insured Person and Policyholder. Failure to give Claim Notice within twenty (20) days will not invalidate or reduce any otherwise valid claim if notice is given as soon as reasonably possible. **Claim Forms:** When We receive notice of a claim, We will send the Insured Person or the Insured Person's designee, within fifteen (15) days, forms for giving Proof of Loss to Us. If the Insured Person or the Insured Person's designee does not receive the forms, then the Insured Person or an Insured Person's designee should send Us a written description of the Loss. This written description should include information detailing the occurrence, type and extent of the Loss for which the claim is made. **Claim Proof of Loss:** For claims involving disability, complete Proof of Loss must be given to Us within thirty (30) days after commencement of the period for which We are liable. Subsequent written proof of the continuance of such disability must be given to Us at such intervals as We may reasonably require. Failure to give complete Proof of Loss within these time frames will not invalidate or reduce any otherwise valid claim if notice is given as soon as reasonably possible, and in no event later than one (1) year after the deadline to submit complete Proof of Loss, except in cases where the claimant lacks legal capacity. For all claims except those involving disability, complete Proof of Loss must be given to Us within ninety (90) days after the date of Loss, or as soon as reasonably possible. **Claim Payment:** For benefits payable involving disability, We will pay the Insured Person the applicable Benefit Amount no less frequently than monthly during the period for which We are liable. All payments by Us are subject to receipt of complete Proof of Loss. For all benefits payable under this policy except those for disability, We will pay the Insured Person or beneficiary the applicable Benefit Amount within sixty (60) days after We receive complete Proof of Loss, if the Insured Person, Policyholder and beneficiary, where applicable, have complied with all the terms of this policy. **Claim and Suit Cooperation:** In the event of a claim under this policy, the Policyholder, the Insured Person or the beneficiary, if applicable, must fully cooperate with Us in Our handling of the claim, including, but not limited to, the timely submission of all medical and other reports, and full cooperation with all physical examinations and autopsies that We may require. If We are sued in connection with a claim under this policy, then the Policyholder, the Insured Person or the beneficiary must fully cooperate with Us in the handling of such suit. The Policyholder, the Insured Person or the beneficiary must not, except at their own expense, voluntarily make any payment or assume any obligation in connection with any suit without Our prior written consent.

HOW TO FILE A CLAIM

To obtain a claim form, contact the Claims Administrator. Complete all items on the required claim form, attach all appropriate documents, and mail to: Health Special Risk, Inc. (HSR), 4100 Medical Parkway Plaza II, Carrollton, TX 75007, phone: 1-866-523-3199, fax: 972-512-5820, email: WBAClaims@hsri.com

GOVERNING JURISDICTION AND CONFORMANCE WITH STATUTES

Any provision of this policy which, on its effective date, is in conflict with the law of federal government or the state in which the insured resides on such date is hereby amended to conform to the minimum requirements of such law.

FRAUD WARNING

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is

a crime. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or Insured Person.

POLICY ADMINISTRATOR

Sales & Billing Administration
WBA Membership Department
3601 Algonquin Road – Suite 605
Rolling Meadows, IL 60008
phone: (847) 483-9484
fax: (847) 483-9485

Membership Services Office
16476 Wild Horse Creek Road
Chesterfield, MO 63017
(800) 992-8044

Group Accident Insurance
Underwritten by:
Federal Insurance Company,
a Chubb Company

202 Hall's Mill Road, PO Box 1600
Whitehouse Station, NJ 08889-1600

Important Notice - Please Read this Description of Coverage Carefully

As a handy reference guide, please read this document and keep it in a safe place with your other insurance documents. This description of coverage is not a contract of insurance but is a summary of the principal provisions of the insurance while in effect. Complete policy provisions are contained in the Master Policy, 9908-09-94, which can be obtained by contacting the Policy Administrator.

This insurance is subject to the eligibility and effective date requirements of the group policy issued to:

POLICYHOLDER: Wholesale Benefits Association
GROUP POLICY NO.: 9908-09-94

MEMBER ELIGIBILITY

ELIGIBILITY – All Plan 1 – Member & Spouse members of the Policyholder, as well as their Spouse or Domestic Partner.

With respect to this policy:

- 1) no person insured as a Primary Insured Person can be insured as a Dependent; and
- 2) no person shall be insured as a Dependent of more than one Primary Insured Person.

If, subject to all the terms and conditions of this policy a person is eligible for insurance under multiple Classes of Insured Persons, then such person will only be insured under the Class which provides the Insured Person the largest Benefit Amount for the loss that has occurred.

DATE MEMBER'S INSURANCE TAKES EFFECT – Insurance for an Insured Person becomes effective on the latest of: 1) the effective date of the policy; 2) the date on which such person first meets the eligibility criteria as a member of an eligible Class of Insured Persons; or 3) the beginning of the period for which required premium is paid for such Insured Person.

DATE MEMBER'S INSURANCE ENDS – An Insured Person's insurance will end at the earliest of: 1) the date the group policy ends, in its entirety or with respect to such Insured Person's Class; 2) the end of the period for which the last premium has been paid for an Insured Person's insurance; 3) the premium due date coinciding with or next following the date an Insured Person ceases to be a member.

BENEFITS

Accidental Death and Dismemberment: We will pay the applicable Benefit Amount if an Accident results in a covered Loss not otherwise excluded. The Accident must result from an insured Hazard and occur while an Insured Person is insured under this policy, while it is in force. The covered Loss must occur within one (1) year after the Accident. 24 Hour Business and Pleasure Hazard means all circumstances, subject to the terms and conditions of the policy, to which an Insured Person may be exposed.

BENEFIT AMOUNT – \$5,000

100% of the Benefit Amount is payable for Accidental: Loss of Life; Loss of Speech and Loss of Hearing; Loss of Speech and one of: Loss of Hand, Foot or Sight of One Eye; Loss of Hearing and one of: Loss of Hand, Foot or Sight of One Eye; Loss of both Hands, both Feet, loss of Sight or any combination thereof; **50%** of the Benefit Amount is payable for Accidental: Loss of Hand, Foot or Sight of One Eye (any one of each); Loss of Speech or Loss of Hearing; **25%** of the Benefit Amount is payable for Accidental: Loss of Thumb and Index Finger of the same hand.

If an Insured Person suffers multiple covered Losses as the result of one (1) Accident, then We will only pay the single largest Benefit Amount applicable to all such covered Losses.

Reduction of Benefit Amount: If an Insured Person is age 70 or older on the date of an Accident causing Loss, then the Benefit Amount payable will be reduced to 80% at age 70, to 55% at age 75, to 35% at age 80 and to 20% at age 85. The Benefit Amount cannot be increased after age seventy (70).

Extensions of Insurance: Disappearance: If an Insured Person has not been found within one (1) year of the disappearance, stranding, sinking, or wrecking of any Conveyance in which an Insured Person was an occupant at the time of the Accident, then it will be assumed, subject to all other terms and conditions of this policy, that an Insured Person has suffered Loss of Life insured under this policy. **Exposure:** If an Accident resulting from an insured Hazard causes an Insured Person to be unavoidably exposed to the elements and as a result of such exposure an Insured Person has a Loss, then such Loss will be insured under this policy.

Temporary Total Disability: This benefit will pay \$500 per week, after the Elimination Period of 30 days, if Accidental Bodily Injury causes an Insured Person to suffer Temporary Total Disability. The weekly Benefit Amount for Temporary Total Disability will be paid in addition to any other applicable Benefit Amounts under this policy. The weekly Benefit Amount for Temporary Total Disability will be paid until the earliest of the date on which: 1) the Insured Person dies; 2) the Insured Person fails to provide Us with satisfactory evidence of a continuing Temporary Total Disability; 3) the Insured Person no longer has a Temporary Total Disability; or 4) the Maximum Benefit Period of 52 weeks has ended.

Periods of Temporary Total Disability separated by less than 14 consecutive days of return to work will be considered one period of Temporary Total Disability, unless due to separate and unrelated causes. No additional Elimination Period will be required. However, the Maximum Benefit Period of 52 weeks will be reduced by the number of weeks for which benefits have already been paid, including but not limited to the weekly Benefit Amount for Temporary Total Disability.

Limitations on Temporary Total Disability: No weekly Benefit Amount for Temporary Total Disability shall be paid for any period of time during which the Insured Person is not under the continuous care of a Physician.

EXCLUSIONS

This policy does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing the insurance. In addition no benefits will be paid for any accident caused by or resulting from any of the following: 1) an Insured Person being in, entering, or exiting any aircraft: a) owned, leased or operated by the Policyholder or on the Policyholder's behalf; or b) operated by an employee of the Policyholder on the Policyholder's behalf; 2) an Insured Person riding as a passenger in, entering, or exiting any aircraft while acting or training as a pilot or crew member. (This exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life threatening emergency.); 3) an Insured Person's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection, bodily malfunctions or medical or surgical treatment thereof. (This exclusion does not apply to an Insured Person's bacterial infection caused by an Accident or by Accidental consumption of a substance contaminated by bacteria.); 4) an Insured Person's commission or attempted commission of any illegal act, including but not limited to any felony; 5) any occurrence while an Insured Person is incarcerated after conviction; 6) an Insured Person being intoxicated, at the time of an Accident. Intoxication is defined by the laws of the jurisdiction where such Accident occurs; 7) an Insured Person being under the influence of any narcotic or other controlled substance at the time of an Accident. (This exclusion does not apply if any narcotic or other controlled substance is taken and used as prescribed by a Physician.); 8) an Insured Person being engaged in or participating in a motorized vehicular race or speed contest; 9) an Insured Person participating in military action while in active military service with the armed forces of any country or established international authority. (This exclusion does not apply to the first 60 consecutive days of active military service with the armed forces of any country or established international authority.); 10) an Insured Person traveling or flying on any aircraft engaged in Specialized Aviation Activities; 11) an Insured Person's suicide, or attempted suicide or intentionally self-inflicted injury; 12) a declared or undeclared War.

DEFINITIONS

Accident or Accidental means a sudden, unforeseen, and unexpected event which: 1) happens by chance; 2) arises from a source external to an Insured Person; 3) is independent of illness, disease or other bodily malfunction or medical or surgical treatment thereof; 4) occurs while the Insured Person is insured under this policy which is in force; and 5) is the direct cause of Loss. **Accidental Bodily Injury** means bodily injury, which is: 1) Accidental; 2) the direct cause of a loss; and 3) occurs while an Insured Person is insured under this policy, which is in force. Accidental Bodily Injury does not mean a Repetitive Motion Injury. **Benefit Amount** means the amount stated which applies: 1) at the time of an Accident; 2) to an Insured Person; and 3) for an applicable Hazard. **Class** means the categories of Insured Persons described in the policy. **Conveyance** means any motorized craft, vehicle or mode of transportation licensed or registered by a governmental authority with competent jurisdiction. **Dependent** means a Dependent Child, Spouse, or Domestic Partner of a Primary Insured Person. **Domestic Partner** means a person designated by a Primary Insured Person who is registered as a Domestic Partner under laws of the governing jurisdiction or who: 1) is at least 18 years of age and competent to enter into a contract; 2) is not related to the Primary Insured Person by blood; 3) has exclusively lived with the Primary Insured Person for at least one (1) year prior to the date of enrollment; 4) is not legally married or separated; and 5) as of the date of enrollment, has with the Primary Insured Person at least two (2) of the following financial arrangements: a) a joint mortgage or lease; b) a joint bank account; c) joint title to or ownership of a motor vehicle or status as a joint lessee on a motor vehicle lease; or d) a joint credit card account with a financial institution. Neither the Primary Insured Person nor the Domestic Partner can be married to, nor be in a civil union with anyone else. **Elimination Period** means the consecutive amount of time that must elapse before a Benefit Amount becomes payable. The Elimination Period begins on the first day of an Insured Person's Loss. Benefit Amounts are not payable, nor do they accrue, during an Elimination Period. **Immediate Family Member** means an Insured Person's: 1) Spouse or Domestic Partner; 2) children including adopted children or stepchildren; 3) legal guardians or wards; 4) siblings or siblings-in-law; 5) parents or parents-in-law; 6) grandparents or grandchildren; 7) aunts or uncles; 8) nieces and nephews. Immediate Family Member also means a Spouse's or Domestic Partner's children, including adopted children or stepchildren; legal guardians or wards; siblings or siblings-in-law; parents or parents-in-law; grandparents or grandchildren; aunts or uncles; nieces or nephews. **Insured Person** means a person, qualifying as a Class member: 1) who elects insurance; or 2) for whom insurance is elected, 3) and on whose behalf premium is paid. **Loss** means Accidental: Loss of Foot, Loss of Hand, Loss of Hearing, Loss of Life, Loss of Sight, Loss of Sight of One Eye, Loss of Speech, Loss of Thumb and Index Finger. Loss must occur within one (1) year after the Accident. **Loss of Foot** means the complete severance of a foot through or above the ankle joint. We will consider such severance a Loss of Foot even if the foot is later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation. **Loss of Hand** means complete severance, as determined by a Physician, of at least four (4) fingers at or above the metacarpal phalangeal joint on the same hand or at least three (3) fingers and the thumb on the same hand. We will consider such severance a Loss of Hand even if the hand, fingers or thumb are later reattached. If the reattachment fails and amputation becomes

necessary, then We will not pay an additional Benefit Amount for such amputation. **Loss of Hearing** means permanent, irrecoverable and total deafness, as determined by a Physician, with an auditory threshold of more than 90 decibels in each ear. The deafness cannot be corrected by any aid or device, as determined by a Physician. **Loss of Life** means death, including clinical death, as determined by the local governing medical authority where such death occurs within 365 days after an Accident. **Loss of Sight** means permanent loss of vision. Remaining vision must be no better than 20/200 using a corrective aid or device, as determined by a Physician. **Loss of Sight of One Eye** means permanent loss of vision of one eye. Remaining vision in that eye must be no better than 20/200 using a corrective aid or device, as determined by a Physician. **Loss of Speech** means the permanent, irrecoverable and total loss of the capability of speech without the aid of mechanical devices, as determined by a Physician. **Loss of Thumb and Index Finger** means complete severance, through the metacarpal phalangeal joints, of the thumb and index finger of the same hand, as determined by a Physician. We will consider such severance a Loss of Thumb and Index Finger even if a thumb, an index finger or both are later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation. **Physician** means a licensed practitioner of the healing arts, acting within the scope of his or her license to the extent provided by the laws of the jurisdiction in which medical treatment is provided. Physician does not include: 1) an Insured Person; 2) an Immediate Family Member. **Policyholder** means Wholesale Benefits Association. **Primary Insured Person** means an Insured Person who: 1) has a direct relationship with the Policyholder; and 2) where applicable, elects insurance under this policy. **Specialized Aviation Activity** means use of a properly certified aircraft for the following: 1) acrobatic or stunt flying; 2) racing; 3) any endurance tests; 4) any flight on a rocket propelled or rocket launched aircraft; 5) any test for experimental purpose. Specialized Aviation Activity shall include any flight which requires a special permit or waiver from a governmental authority having jurisdiction over civil aviation, whether or not such permit or waiver is granted. **Spouse** means an Insured Person's husband or wife or who is recognized as such by the laws of the jurisdiction in which the Primary Insured Person resides. **Temporary Total Disability or Temporary Totally Disabled** means that Accidental Bodily Injury solely and directly: 1) prevents an Insured Person from performing all the substantial and material duties of such Insured Person's regular occupation, or with respect to an Insured Person who is unemployed, prevents such Insured Person from engaging in the normal and customary activities of a person of like age and sex in good health; 2) causes a condition which is medically determined, by a Physician, to be continuous; and 3) requires the continuous care of a Physician. **We, Us and Our** means FEDERAL INSURANCE COMPANY.

BENEFICIARY PROVISIONS

The Loss of Life benefit will be paid to the first surviving party in the following order: a) the Insured Person's Spouse or Domestic Partner, b) in equal shares to the Insured Person's children, c) in equal shares to the Insured Person's parents, d) in equal shares to the Insured Person's brothers and sisters, e) the Insured Person's estate. All other benefits will be paid to the Insured Person or the Insured Person's designee, or unless otherwise noted. If you choose to name someone else as your beneficiary, please contact the Policy Administrator for a Beneficiary Designation form.

CLAIMS PAYMENT PROVISIONS

Claim Notice: Written Claim Notice must be given to Us or any of Our brokers or appointed agents within twenty (20) days after the occurrence or commencement of any loss covered by this policy or as soon as reasonably possible. Notice must include enough information to identify the Insured Person and Policyholder. Failure to give Claim Notice within twenty (20) days will not invalidate or reduce any otherwise valid claim if notice is given as soon as reasonably possible. **Claim Forms:** When We receive notice of a claim, We will send the Insured Person or the Insured Person's designee, within fifteen (15) days, forms for giving Proof of Loss to Us. If the Insured Person or the Insured Person's designee does not receive the forms, then the Insured Person or an Insured Person's designee should send Us a written description of the Loss. This written description should include information detailing the occurrence, type and extent of the Loss for which the claim is made. **Claim Proof of Loss:** For claims involving disability, complete Proof of Loss must be given to Us within thirty (30) days after commencement of the period for which We are liable. Subsequent written proof of the continuance of such disability must be given to Us at such intervals as We may reasonably require. Failure to give complete Proof of Loss within these time frames will not invalidate or reduce any otherwise valid claim if notice is given as soon as reasonably possible, and in no event later than one (1) year after the deadline to submit complete Proof of Loss, except in cases where the claimant lacks legal capacity. For all claims except those involving disability, complete Proof of Loss must be given to Us within ninety (90) days after the date of Loss, or as soon as reasonably possible. **Claim Payment:** For benefits payable involving disability, We will pay the Insured Person the applicable Benefit Amount no less frequently than monthly during the period for which We are liable. All payments by Us are subject to receipt of complete Proof of Loss. For all benefits payable under this policy except those for disability, We will pay the Insured Person or beneficiary the applicable Benefit Amount within sixty (60) days after We receive complete Proof of Loss, if the Insured Person, Policyholder and beneficiary, where applicable, have complied with all the terms of this policy. **Claim and Suit Cooperation:** In the event of a claim under this policy, the Policyholder, the Insured Person or the beneficiary, if applicable, must fully cooperate with Us in Our handling of the claim, including, but not limited to, the timely submission of all medical and other reports, and full cooperation with all physical examinations and autopsies that We may require. If We are sued in connection with a claim under this policy, then the Policyholder, the Insured Person or the beneficiary must fully cooperate with Us in the handling of such suit. The Policyholder, the Insured Person or the beneficiary must not, except at their own expense, voluntarily make any payment or assume any obligation in connection with any suit without Our prior written consent.

HOW TO FILE A CLAIM

To obtain a claim form, contact the Claims Administrator. Complete all items on the required claim form, attach all appropriate documents, and mail to: Health Special Risk, Inc. (HSR), 4100 Medical Parkway Plaza II, Carrollton, TX 75007, phone: 1-866-523-3199, fax: 972-512-5820, email: WBAClaims@hsri.com

GOVERNING JURISDICTION AND CONFORMANCE WITH STATUTES

Any provision of this policy which, on its effective date, is in conflict with the law of federal government or the state in which the insured resides on such date is hereby amended to conform to the minimum requirements of such law.

FRAUD WARNING

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or Insured Person.

POLICY ADMINISTRATOR

Sales & Billing Administration
WBA Membership Department
3601 Algonquin Road – Suite 605
Rolling Meadows, IL 60008
phone: (847) 483-9484
fax: (847) 483-9485

Membership Services Office
16476 Wild Horse Creek Road
Chesterfield, MO 63017
(800) 992-8044