

AMATEUR BASEBALL, SOFTBALL & T-BALL



“LOOK OUT!” DOESN'T HAVE
TO BE SO PAINFUL

GROUPROTECTORSM
Group Accident Medical Insurance



QUOTE & BIND ONLINE

Scan this code or go to
www.nationwide.com/grouprotector



Nationwide[®]
is on your side

ACCIDENTS HAPPEN.

But that doesn't have to put you on the bench.

Let Nationwide® help. Our **GROU**PROTECTORSM accident medical insurance provides peace of mind that keeps the focus on the field. Our policy provides medical expense benefits as well as death and specific loss benefits to all players, coaches and volunteers.

Pick the coverage level that's right for your group

GrouProtector offers both primary and excess medical plans. Which one's right for your group?

Primary medical plan

- Ideal for groups with participants generally not covered by other insurance
- Typically the first plan to pay claims after a covered event
- Pays covered expenses regardless of other insurance coverage
- Payments from other insurance coverage may be reduced as needed

Excess medical plan

- Ideal for groups with participants generally covered by other insurance
- Typically the last plan to pay claims after a covered event
- Will not pay covered expenses to the extent paid by other insurance coverage
- Essentially pays for other plans' deductibles and coinsurance
- Also pays remaining expenses after benefits exhausted from other plans

The availability of primary and excess plans varies by coverage level. See the rate sheet for more details.

Any deductibles for excess coverage must be paid out-of-pocket and cannot be paid for by other insurance plans.

What activities are covered?

Coverage excludes public schools, colleges, universities, professionals and semi-pros. All scheduled, approved and supervised league or team activities are covered including:

- Practices
- Games
- Practices and games for any team/league sponsored clinics or all-star events
- Travel to or from the meeting place for any practice, game or clinic
- Trips or tours
- Fundraising drives
- Parades
- Picnics
- Concession stand operations
- Care of playing field

What members of your group are covered?

You are required to pay premium for 100% of the players. For no additional cost, the following group members are covered automatically:

- Managers
- Coaches
- Batpersons
- Officers
- Official volunteers designated by officers

If an entire league of teams is insured under one policy, the following individuals are also covered:

- Umpires or referees
- Official scorers and timers
- Player agents
- Safety officers

AMATEUR BASEBALL Accident Insurance Policy Application

Print or type only

which, upon acceptance and approval by **Nationwide Life Insurance Company**—Columbus, Ohio 43216, will become a part of Sports Accident Insurance Policy number _____

Office Use Only

Application for Sport: Baseball (001) Softball/T-Ball (002) Combination (003)

1. Name of Plan Sponsor Group's Name

Address Street _____ City _____ State _____ Zip _____ County _____

2. Policy Term: The policy term (for the standard season premium rates shown in the brochure, do not exceed 6 straight months) starts at **12:01 a.m.** on ____/____/____ which is the effective date and ends at **12:01 a.m.** on ____/____/____ which is the renewal date.

3. Team Name(s) and Age Class(es) (for example, ages 9 & under, 10-12, 13-15, 16-18 or 19 & over)

Team Name	Age Class
1.	
2.	
3.	
4.	
5.	
6.	

NOTE: If additional space is required, use a separate sheet.

4. Maximum Benefit Amounts

Benefit Provisions (Check Medical Expense Plan Desired)	Maximum Benefit Amount
A. Death and Specific Loss (Face Amount)	\$ _____
B. Medical Expense: <input type="checkbox"/> Primary Plan, or <input type="checkbox"/> Excess Plan	
Deductible	\$ _____
Maximum Amount	\$ _____

5. Premium Rates

Sport	Age Class	Gross Rate per Player	Discount of _____ % for Insuring _____ Teams	Net Rate per Player	Number of Players	Total Premium Due
Baseball	9 & Under	\$ _____	\$(See page 5 or 6)	=\$ _____	X	=\$ _____
Baseball	10-12	\$ _____		=\$ _____	X	=\$ _____
Baseball	13-15	\$ _____		=\$ _____	X	=\$ _____
Softball/T-Ball	9 & Under	\$ _____		=\$ _____	X	=\$ _____
Softball/T-Ball	10-12	\$ _____		=\$ _____	X	=\$ _____
Softball/T-Ball	13-15	\$ _____		=\$ _____	X	=\$ _____
Baseball/Softball	16-18	\$ _____		=\$ _____	X	=\$ _____
Baseball/Softball	19 & Over	\$ _____		=\$ _____	X	=\$ _____

Total premium due subject to a minimum of: **\$225** if the medical expense **PRIMARY** plan has been elected and **\$175** if the medical expense **EXCESS** plan has been elected. \$ _____

6. It is understood and agreed that: (a) premium will be paid for all team players (participants); (b) all eligible persons will be insured; and (c) the premium will be paid entirely by the plan sponsor with no contribution made by the eligible persons toward the cost of the insurance.

(NY) Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

By sending your check to Nationwide Life Insurance Company ("Nationwide"), you give your consent to Nationwide to authorize our financial institution to convert your check into an electronic fund transfer. Please be aware that your bank account may be debited as soon as the same day we receive your payment and you will not receive a canceled check. For authorized checking account withdrawal (also called Automated Clearing House or "ACH") call 1-800-525-8669.

There are no premium refunds after a one (1) month policy term.

By signing below, you agree that you have read all of the Fraud Warnings provided with this application.

Previous Policy Number _____

Date _____ Agent #13-81450

Appointed Agent's Signature and Number
Surplus Insurance Brokers Agency Inc

Appointed Agent's Phone Number
P O Box 749, South Bend IN 46624-0749

Appointed Agent's E-mail Address _____

GR-9040-1A (Office Use) _____

Signature of Applicant _____

Printed Name and Title of Applicant _____

Address of Applicant _____

Applicant's Phone Number _____

Applicant's E-mail Address _____

Check box if no agent was used.

Medical Expense Benefit

If, as a result of injury, an insured incurs covered expenses starting within 90 days from the date of the accident causing the injury, we will pay, less the deductible (if any) shown in the application and not to exceed the overall maximum benefit amount, all covered expenses incurred within 3 years from such date.

Covered expenses mean the reasonable and customary charges for local ("local" not applicable in a CT contract) professional ambulance service to or from a hospital and/or surgical center as well as the following reasonable and customary charges for treatment, services and supplies provided or prescribed by a doctor:

- (1) hospital or surgical center care;
- (2) medical treatment;
- (3) nursing care provided by a licensed nurse;
- (4) X-rays and lab exams;
- (5) prescription drugs and therapeutic services and supplies;
- (6) dental treatment as a result of injury to sound, natural teeth (natural teeth in SC);
- (7) the following licensed home health care agency services and supplies provided instead of an otherwise required hospital or skilled nursing home confinement:
 - (a) physical, occupational, respiratory and speech therapy,
 - (b) the services of a home health aide; and
 - (c) medical supplies.

Coverage is provided under policy form No. GR-9041 et al.

Certain provisions of the policy are summarized in this brochure. All benefits are subject to the policy, which alone constitutes the agreement under which payments are made.

Death and Specific Loss Benefit

If, as a result of injury, an insured dies or suffers a specific loss within one year from the date of the accident causing the injury, we will pay a benefit as specified below (the one year limit does not apply to the loss of life benefit in a WV contract):

Specific Loss	% of Face Amount
Each Arm	75%
Each Leg	75%
Each Hand	50%
Each Foot	50%
Sight of Each Eye	50%
Speech	50%
Hearing of Each Ear	25%
Thumb and Index Finger of Same Hand	25%

The total payment for all of the losses of an insured because of any one accident will not be more than the face amount shown in the application. The loss of the thumb and index finger of the same hand benefit will not be paid if the loss of the hand or arm benefit applies. The loss of the hand or foot benefit will not be paid if the loss of the arm or leg benefit applies.

Policy Exclusions and Limitations

We will not pay benefits for expenses incurred for:

- (1) the examination, prescription, purchase or fitting of eyeglasses, contact lenses or hearing aids; or
 - (2) treatment by a person employed or retained by the plan sponsor or its subsidiaries or affiliates and for which no charge is normally made; or
 - (3) care or treatment by a person who ordinarily lives in the insured's home or is a parent, grandparent, spouse, brother, sister or child of either the insured or the insured's spouse (if a NJ contract, care or treatment furnished by a member of the insured's immediate family); or
 - (4) diathermy, light, shortwave and other heat or physiotherapy treatments in excess of the first five of all such treatments while the insured is neither hospital confined nor under the care of a home health care agency.
- Nor will we pay benefits for loss or expenses resulting from:
- (5) intentional self-destruction or an attempt at it, or intentional self-inflicted injury (if a MO contract, while sane);
 - (6) war or an act of war, declared or undeclared; or
 - (7) air travel unless the insured is a passenger on a regularly scheduled flight of a properly licensed commercial airline.

SEASON PREMIUM RATES FOR DC, PR, VI AND ALL 50 STATES Except AR, FL, GA, LA, MS, NC, OK, TX, and WV.*
(For other states, please see page 6.)

These plans are not available to schools in AL and NY (Please contact us for NY) and the excess plan is not available in NJ (unless the plan sponsor is a school, board of education or a municipal tax supported entity) or on age class 19 and over in NY.

Benefit Amounts			Gross Rate Per Player by Age Class									
Medical Expense		Death & Specific Loss (Face Amount)	Ages 9 & Under		Ages 10-12		Ages 13-15		Ages 16-18		Ages 19 & Over	
Deductible	Maximum		Primary	Excess	Primary	Excess	Primary	Excess	Primary	Excess	Primary	Excess

BASEBALL (001) (Six Months Standard Maximum Policy Term) Discounts available on request for policy terms of one (1) month or less. Special rates of up to 80% higher apply to all public schools (Private and religious schools use the rates shown in this brochure). Special rates available on request for policy terms exceeding the standard six months.

\$ 0	\$ 5,000	\$ 10,000	\$ 5.60	\$ 2.65	\$ 9.20	\$ 3.95	\$ 21.30	\$ 8.30	\$ 27.20	\$ 10.40	\$ 74.10	\$ 27.20
\$ 50	\$ 5,000		5.30	2.05	8.70	2.90	20.10	5.65	25.65	7.00	69.85	17.75
\$ 0	\$ 10,000	\$ 12,500	6.60	3.10	10.85	4.50	25.00	9.30	31.90	11.65	86.85	30.20
\$ 50	\$ 10,000		6.35	2.40	10.35	3.25	23.85	6.20	30.40	7.60	82.60	18.95
\$ 0	\$ 25,000	\$ 15,000	7.80	3.50	12.70	5.05	29.35	10.30	37.40	12.85	101.70	33.20
\$ 50	\$ 25,000		7.50	2.75	12.25	3.75	28.15	7.00	35.85	8.60	97.45	21.30
\$ 100	\$ 25,000		7.25	2.45	11.75	3.20	26.95	5.75	34.35	6.95	93.20	16.75
\$ 0	\$ 50,000	\$ 17,500	NA	4.20	NA	6.15	NA	12.60	NA	15.75	NA	40.75
\$ 50	\$ 50,000		NA	3.60	NA	5.00	NA	9.80	NA	12.15	NA	30.70
\$ 100	\$ 50,000		NA	3.10	NA	4.15	NA	7.70	NA	9.40	NA	23.10
\$ 0	\$ 100,000	\$ 20,000	NA	4.65	NA	6.70	NA	13.60	NA	16.95	NA	NA
\$ 50	\$ 100,000		NA	4.30	NA	6.05	NA	12.10	NA	15.00	NA	NA
\$ 100	\$ 100,000		NA	3.85	NA	5.25	NA	10.05	NA	12.40	NA	NA
\$ 0	\$ 250,000	\$ 25,000	NA	5.35	NA	7.55	NA	15.05	NA	18.65	NA	NA
\$ 50	\$ 250,000		NA	5.00	NA	6.90	NA	13.45	NA	16.60	NA	NA
\$ 100	\$ 250,000		NA	4.50	NA	6.10	NA	11.40	NA	13.95	NA	NA

SOFTBALL & T-BALL (002) (Six Months Standard Maximum Policy Term) Discounts available on request for policy terms of one (1) month or less. Special rates of up to 80% higher apply to all public schools (Private and religious schools use the rates shown in this brochure). Special rates available on request for policy terms exceeding the standard six months.

\$ 0	\$ 5,000	\$ 10,000	\$ 3.80	\$ 2.00	\$ 6.05	\$ 2.85	\$ 19.40	\$ 7.60	\$ 27.20	\$ 10.40	\$ 74.10	\$ 27.20
\$ 50	\$ 5,000		3.60	1.65	5.75	2.20	18.30	5.25	25.65	7.00	69.85	17.75
\$ 0	\$ 10,000	\$ 12,500	4.50	2.35	7.20	3.25	22.75	8.55	31.90	11.65	86.85	30.20
\$ 50	\$ 10,000		4.35	1.95	6.90	2.50	21.70	5.70	30.40	7.60	82.60	18.95
\$ 0	\$ 25,000	\$ 15,000	5.30	2.70	8.45	3.70	26.70	9.50	37.40	12.85	101.70	33.20
\$ 50	\$ 25,000		5.15	2.25	8.15	2.90	25.60	6.50	35.85	8.60	97.45	21.30
\$ 100	\$ 25,000		5.00	2.10	7.85	2.55	24.55	5.35	34.35	6.95	93.20	16.75
\$ 0	\$ 50,000	\$ 17,500	NA	3.25	NA	4.45	NA	11.55	NA	15.75	NA	40.75
\$ 50	\$ 50,000		NA	2.85	NA	3.75	NA	9.05	NA	12.15	NA	30.70
\$ 100	\$ 50,000		NA	2.60	NA	3.25	NA	7.15	NA	9.40	NA	23.10
\$ 0	\$ 100,000	\$ 20,000	NA	3.60	NA	4.90	NA	12.50	NA	16.95	NA	NA
\$ 50	\$ 100,000		NA	3.40	NA	4.50	NA	11.15	NA	15.00	NA	NA
\$ 100	\$ 100,000		NA	3.10	NA	4.00	NA	9.30	NA	12.40	NA	NA
\$ 0	\$ 250,000	\$ 25,000	NA	4.25	NA	5.65	NA	13.85	NA	18.65	NA	NA
\$ 50	\$ 250,000		NA	4.00	NA	5.25	NA	12.40	NA	16.60	NA	NA
\$ 100	\$ 250,000		NA	3.75	NA	4.75	NA	10.55	NA	13.95	NA	NA

Multiple Team Discounts	4 thru 13 teams = 5% discount	14 thru 23 teams = 6% discount	24 thru 33 teams = 7% discount	34 thru 43 teams = 8% discount	44 thru 53 teams = 9% discount	54 or more teams = 10% discount
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Multiple Team Discount - All teams must have the same policy term. Teams subsequently added to the policy will not increase the discount. However, teams subsequently deleted from the policy will decrease the discount.

NATIONWIDE'S SEASON PREMIUM RATES FOR AR, FL, GA, LA, MS, NC, OK, TX, AND WV.*

(For other states, please see page 5.)

These plans are not available to public and non-religious private schools. Special products may be available on request.

Benefit Amounts		Gross Rate Per Player by Age Class										
Medical Expense		Death & Specific Loss (Face Amount)	Ages 9 & Under		Ages 10-12		Ages 13-15		Ages 16-18		Ages 19 & Over	
Deductible	Maximum		Primary	Excess	Primary	Excess	Primary	Excess	Primary	Excess	Primary	Excess

BASEBALL (001) (Six Months Standard Maximum Policy Term) Discounts available on request for policy terms of one (1) month or less. Special rates of up to 80% higher apply to all public schools (Private and religious schools use the rates shown in this brochure). Special rates available on request for policy terms exceeding the standard six months.

\$ 0	\$ 5,000	\$ 10,000	\$ 6.50	\$ 3.00	\$ 10.80	\$ 4.55	\$ 25.35	\$ 9.75	\$ 32.40	\$ 12.25	\$ 88.70	\$ 32.45
\$ 50	\$ 5,000		6.20	2.30	10.25	3.25	23.95	6.60	30.60	8.20	83.60	21.10
\$ 0	\$ 10,000	\$ 12,500	7.70	3.45	12.75	5.15	29.75	10.90	38.05	13.70	103.95	36.00
\$ 50	\$ 10,000		7.35	2.60	12.15	3.65	28.35	7.15	36.20	8.85	98.85	22.45
\$ 0	\$ 25,000	\$ 15,000	9.05	3.90	14.95	5.75	34.90	12.05	44.55	15.15	121.75	39.55
\$ 50	\$ 25,000		8.70	3.00	14.40	4.20	33.45	8.10	42.75	10.05	116.65	25.30
\$ 100	\$ 25,000		8.45	2.65	13.80	3.55	32.05	6.60	40.90	8.05	111.50	19.80
\$ 0	\$ 50,000	\$ 17,500	NA	4.70	NA	7.00	NA	14.75	NA	18.50	NA	48.55
\$ 50	\$ 50,000		NA	3.95	NA	5.65	NA	11.40	NA	14.20	NA	36.50
\$ 100	\$ 50,000		NA	3.35	NA	4.65	NA	8.85	NA	10.95	NA	27.35
\$ 0	\$ 100,000	\$ 20,000	NA	5.15	NA	7.60	NA	15.90	NA	19.95	NA	NA
\$ 50	\$ 100,000		NA	4.75	NA	6.90	NA	14.10	NA	17.60	NA	NA
\$ 100	\$ 100,000		NA	4.20	NA	5.90	NA	11.65	NA	14.45	NA	NA
\$ 0	\$ 250,000	\$ 25,000	NA	5.90	NA	8.55	NA	17.55	NA	21.90	NA	NA
\$ 50	\$ 250,000		NA	5.45	NA	7.80	NA	15.60	NA	19.40	NA	NA
\$ 100	\$ 250,000		NA	4.90	NA	6.80	NA	13.15	NA	16.25	NA	NA

SOFTBALL & T-BALL (002) (Six Months Standard Maximum Policy Term) Discounts available on request for policy terms of one (1) month or less. Special rates of up to 80% higher apply to all public schools (Private and religious schools use the rates shown in this brochure). Special rates available on request for policy terms exceeding the standard six months.

\$ 0	\$ 5,000	\$ 10,000	\$ 4.35	\$ 2.20	\$ 7.05	\$ 3.20	\$ 23.05	\$ 8.90	\$ 32.40	\$ 12.25	\$ 88.70	\$ 32.45
\$ 50	\$ 5,000		4.15	1.80	6.70	2.40	21.75	6.05	30.60	8.20	83.60	21.10
\$ 0	\$ 10,000	\$ 12,500	5.15	2.60	8.35	3.65	27.05	10.00	38.05	13.70	103.95	36.00
\$ 50	\$ 10,000		4.95	2.10	8.00	2.75	25.80	6.60	36.20	8.85	98.85	22.45
\$ 0	\$ 25,000	\$ 15,000	6.05	2.95	9.80	4.15	31.75	11.05	44.55	15.15	121.75	39.55
\$ 50	\$ 25,000		5.85	2.40	9.45	3.15	30.45	7.50	42.75	10.05	116.65	25.30
\$ 100	\$ 25,000		5.70	2.20	9.10	2.80	29.15	6.10	40.90	8.05	111.50	19.80
\$ 0	\$ 50,000	\$ 17,500	NA	3.55	NA	5.00	NA	13.55	NA	18.50	NA	48.55
\$ 50	\$ 50,000		NA	3.10	NA	4.15	NA	10.50	NA	14.20	NA	36.50
\$ 100	\$ 50,000		NA	2.75	NA	3.55	NA	8.20	NA	10.95	NA	27.35
\$ 0	\$ 100,000	\$ 20,000	NA	3.90	NA	5.50	NA	14.60	NA	19.95	NA	NA
\$ 50	\$ 100,000		NA	3.65	NA	5.00	NA	12.95	NA	17.60	NA	NA
\$ 100	\$ 100,000		NA	3.35	NA	4.40	NA	10.75	NA	14.45	NA	NA
\$ 0	\$ 250,000	\$ 25,000	NA	4.55	NA	6.25	NA	16.10	NA	21.90	NA	NA
\$ 50	\$ 250,000		NA	4.30	NA	5.80	NA	14.35	NA	19.40	NA	NA
\$ 100	\$ 250,000		NA	3.95	NA	5.15	NA	12.15	NA	16.25	NA	NA

Multiple Team Discounts	4 thru 13 teams = 5% discount	14 thru 23 teams = 6% discount	24 thru 33 teams = 7% discount	34 thru 43 teams = 8% discount	44 thru 53 teams = 9% discount	54 or more teams = 10% discount
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Multiple Team Discount - All teams must have the same policy term. Teams subsequently added to the policy will not increase the discount. However, teams subsequently deleted from the policy will decrease the discount.

How do you apply and pay for coverage?

Complete ALL fields on the application. Be sure to sign and date where indicated. **We need to receive the completed application and premium payment BEFORE the desired policy effective date.**

APPLICATION OPTIONS

Online at www.nationwide.com/grouprotector.

Mail the application and Premium Report, if applicable, to Nationwide Innovative Solutions, PO Box 1970, Springfield MA 01101. Enclose payment or submit payment with a credit or debit card (see below).

E-mail: Scan the application and Premium Report, if applicable, and email them to grouprotector@consolidatedhealthplan.com. Include payment by filling out, scanning and emailing the ACH form or submit payment with a credit or debit card. If you prefer you may mail a check (see below).

Fax the application and Premium Report, if applicable, to 1-413-214-7761. Submit payment by credit or debit card, ACH or if you prefer you may mail a check (see below).

PAYMENT OPTIONS

Pay by mail: Mail payment to Nationwide Innovative Solutions, PO Box 1970, Springfield MA 01101

Pay by credit or debit card: Call 1-800-525-8669

Pay by electronic check (ACH): Download and complete the Automated Clearing House (ACH) Authorization Form found at www.nationwide.com/ach and mail, fax or e-mail the ACH form with your application.

How do you contact us?

☎ 1-800-525-8669
(8:00 a.m. – 5:00 p.m. ET, M-F)

📠 1-413-214-7761

✉ Nationwide Innovative Solutions,
P.O. Box 1970, Springfield, MA 01101

@ grouprotector@consolidatedhealthplan.com

🌐 nationwide.com/grouprotector



Nationwide®

Underwritten by Nationwide Life Insurance Company.
Administered by Consolidated Health Plans.

Nationwide, the Nationwide N and Eagle, Nationwide is on your side and GrouProtector are service marks of Nationwide Mutual Insurance Company.

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Fraud Warnings

- (CA) For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- (FL) Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- (KY) Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
- (LA) It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
- (MD) Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- (MO) An insurance company or its agent or representative may not ask an applicant or policyholder to divulge in a written application or otherwise whether an insurer has canceled or refused to renew or issue to the applicant or policyholder a policy of insurance. If a question(s) appears in this application, you should not renew it.
- (PA) Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
- (PR) Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggregated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a maximum of two (2) years.
- (WA) Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.
- (All Other States) Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and/or civil penalties.

Please read these important notices and warnings

All cases are subject to the acceptance of the risk and may be subject to review of prior claims experience.

Unless otherwise specified in the Benefit Provisions, this policy does not provide coverage for sickness or for legal liability.

This policy does not provide basic hospital, basic medical or major medical insurance. (In NY: as defined by the New York State Insurance Department)

(NY) The insurance offered in this brochure is (1) not a deposit; (2) not insured by the Federal Deposit Insurance Corporation; and (3) not guaranteed by the bank, trust company, savings bank, savings and loan associations, federal savings association or national bank.