

ALLISON DORIS
445 State Street
Fremont MI 49412

Welcome to the Gerber Life Family!

Your insurance policy is enclosed. Please review your policy and keep it with your other important papers.

RE: Policy Number 89000190

SAMPLE

Dear ALLISON DORIS,

Congratulations on your wise decision to protect your family with the Accident Protection Plan Insurance policy. You can feel good knowing that you've taken an important step toward protecting your family's financial future with this affordable coverage.

Please review the enclosed policy to assure that all personal information is correct. We've also enclosed a welcome brochure that includes helpful information about your new coverage. You may want to place this brochure and your policy in your Gerber Life Folio; be sure to keep it in a safe place. **If you have any questions about your coverage or wish to make any changes, please call us Toll Free at 1-800-253-3074.**

Again, welcome to the Gerber Life family. You've joined the millions of families who rely on Gerber Life to help safeguard their family's future. We're happy to have you with us.

Sincerely,



Keith M. O'Reilly
President and CEO, Gerber Life

If you have any questions, call us Toll Free at 1-800-253-3074.
Our knowledgeable representatives will be glad to assist you.
Monday through Friday, 8 a.m. to 9 p.m. and Saturday 9 a.m. to 5:00 p.m. (ET).

GERBER LIFE INSURANCE COMPANY
A Stock Company
Home Office
1311 Mamaroneck Ave, White Plains, New York 10605
Customer Service 1-800-253-3074

ACCIDENT POLICY

Insured:	ALLISON DORIS	Date of Issue:	1/19/2016
Policy Number:	89000190	Full Amount:	\$250,000

THIS POLICY IS A LEGAL CONTRACT BETWEEN YOU AND US

Your application and the premium you paid put this policy in force as of the Date of Issue. That date is shown on the Policy Schedule. All periods of insurance will start and end at 12:01AM Standard Time where you live.

A. PLEASE READ – 30-DAY RIGHT TO EXAMINE

Please read this policy. If you are not satisfied, send it back within 30 days after you receive it. Any premium you paid will be refunded. That will mean coverage was never in force.

B. NON-CANCELLABLE AND GUARANTEED RENEWAL TO AGE 80

Your policy is renewable until age 80. You must pay the renewal premium to keep this policy in force. As long as we receive your renewal premium before the Grace Period ends, we must accept it until the premium due date following the date you turn 80. We will never cancel your policy regardless of: 1) any change in your physical condition; or 2) how many claim payments you may receive. We may not change your premium.

Signed by the Company:



President and CEO



Secretary

This is an Accident Only Policy
This Policy Does Not Pay Benefits for Sickness
Nonparticipating Policy

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C. COVERED LOSSES AND BENEFITS

We agree to pay benefits for the losses described below to all eligible persons shown on the Policy Schedule:

- 1) Who, as a direct result of an injury, and from no other cause, suffer a covered loss within 90 days from the date of an accident; and
- 2) Whose injury results from any of the types of accidents described in the Classification of Injuries provision.

This coverage is subject to the exclusions set forth in the policy and to all the other terms of this policy.

The Full Amount for you, your spouse/domestic partner/civil union partner, and child(ren) is shown in the Policy Schedule. The losses covered by the policy are as follows:

LOSS

<u>For the Insured and Insured Spouse/Domestic Partner/Civil Union Partner</u>	<u>Benefit*</u>
Life:	Full Amount
Both Hands, Both Feet or Both Eyes:	Full Amount
One Hand and One Foot, One Hand and One Eye or One Foot and One Eye:	Full Amount
One Hand, One Foot or One Eye:	One half of the Amount
 <u>For the Insured Child</u>	 <u>Benefit*</u>
Life:	Full Amount
Both Hands, Both Feet or Both Eyes:	Full Amount
One Hand and One Foot, One Hand and One Eye or One Foot and One Eye:	Full Amount
One Hand, One Foot or One Eye:	One half of the Amount

*Please see Policy Schedule for Full Amount of insurance.

Loss of hand or hands, or foot or feet, means complete severance at or above the wrist joint or ankle joint, respectively. Loss of eye or eyes means the total and irrecoverable loss of the entire sight thereof. (A determination of legal blindness does not satisfy the condition of total and irrecoverable loss of sight unless the loss of sight is total and irrecoverable.) In the event you, your insured spouse/domestic partner/civil union partner or insured dependent child suffers more than one of the above losses as a result of the same accident, only one of the amounts specified (the largest applicable) will be paid for all such losses. The amount specified for loss of: (a) two limbs; (b) both eyes; and (c) one limb and one eye is payable only when such double loss occurs as a result of the same accident.

FULL AMOUNT DECREASE: You may request a decrease in your Full Amount by notifying us in writing at the above address or calling us at the number above. Have your policy number available when you call. The benefit decrease will take effect for you on the premium due date following our acceptance of your request. When you decrease your Full Amount, your insured spouse/domestic partner/civil union partner's Full Amount will be reduced to 50% of your decreased Full Amount. We will send you an updated Policy Schedule.

POLICY SCHEDULE

Insured: ALLISON L DORIS

Policy Number: 89000190

Insured Spouse/Domestic Partner/Civil Union Partner:
ALAN L DORIS

Date of Issue: 1/19/2016

Children: ALEX DORIS

FULL AMOUNT OF INSURANCE

24 HOUR COVERAGE for You: \$250,000

24 HOUR COVERAGE for Your Spouse/Domestic Partner/Civil Union Partner: \$250,000

24 HOUR COVERAGE for Each Insured Child: \$25,000

Premiums:

Insured	<u>\$26.13</u>	<u>per Month</u>
Insured Spouse/Domestic Partner/Civil Union Partner	<u>\$26.13</u>	<u>per Month</u>
Children	<u>\$6.88</u>	<u>per Month</u>
Total	<u>\$59.14</u>	<u>per Month</u>

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1311 Mamaroneck Ave, White Plains, New York 10605
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**INCREASED LIMIT ON COVERAGE AMOUNT FOR INSURED'S SPOUSE/DOMESTIC
PARTNER/CIVIL UNION PARTNER**

Any language in the attached policy that limits the coverage amount for the Insured's Spouse/Domestic Partner/Civil Union Partner to no more than 50% of the Insured's coverage amount is hereby waived. As a result of this waiver, the Insured may elect a coverage amount for the Insured's Spouse/Domestic Partner/Civil Union Partner that is up to, but not greater than, the amount of coverage elected for the Insured.

There are no other changes to the Policy.

Signed by the Company:

SAMPLE

GERBER LIFE INSURANCE COMPANY



President and CEO



Secretary

D.**CLASSIFICATION OF INJURIES**

24 HOUR COVERAGE. We will pay the benefits described in the policy for any accident which happens while a person is covered by the policy. This includes travel or flight in a Scheduled Airline as described below except a Specialized Aircraft Activity. This coverage is subject to all of the terms of the policy.

SCHEDULED AIRLINE. Injuries received while riding as a passenger, and not as a pilot or crew member, in an aircraft run on specific routes at specific times, for hire, and under the rules set forth under Federal Aviation Regulations part 121 or under a foreign registry by the duly constituted governmental authority having jurisdiction over civil aviation in the country of registry of such airline.

E.**EXCLUSIONS**

We will not pay benefits for:

- (a) intentionally self-inflicted injuries or attempts thereat; suicide or attempted suicide while sane or insane;
- (b) injuries caused by act of declared or undeclared war;
- (c) active participation in a riot or civil disorder;
- (d) extra-hazardous activities including parasailing, bungee jumping, heli-skiing, base jumping, para-kiting, sail-gliding, scuba diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and any other climbing equipment. For the purposes of this exclusion the term mountaineering does not include backpacking, mountain biking, hiking or trail running;
- (e) injuries received while participating in training exercises or maneuvers of an armed service while a member of an armed service;
- (f) any injury sustained or contracted in consequence of the insured person's being under the influence of a poison, fume, noxious chemical substance or gas that was deliberately ingested;
- (g) injuries to which a contributing cause was the insured person's commission of or attempt to commit a felony or being engaged in an illegal occupation;
- (h) injuries received while participating in any specialized aviation activity; or
- (i) Sickness or disease, except for bacterial infection resulting from an accidental cut or wound.

F.**DEFINITIONS**

"Common Carrier" means an entity licensed to carry passengers for hire on land, air, or water, including taxis.

"Dependent Child" means your/your spouse's dependent child insured in accord with the Spouse/Domestic Partner/Civil Union Partner and Dependent Child Provisions.

"Domestic Partner or Civil Union Partner" means a person of the same or a different sex who is at least 18 years of age and with whom you have been living in a legal spousal relationship with evidence of cohabitation for at least 6 continuous months prior to the Date of Issue shown in the Policy Schedule.

“Injuries” means accidental bodily injuries; (a) received while insured under this policy; (b) sustained in a manner described in CLASSIFICATION OF INJURIES; and (c) which result, independently of sickness and all other causes, in covered loss.

“Insured Person” means you, your spouse/domestic partner/civil union partner or your dependent child(ren) if insured under this policy.

“Specialized Aviation Activity” means an aircraft while it is being used for one or more of the following activities: acrobatic or stunt flying, hang-gliding, aerial photography, hunting, banner towing, parachuting or skydiving, bird or fowl herding, pipe line inspection, crop dusting, power line inspection, crop seeding, racing, crop spraying, skywriting, endurance tests, test or experimental purpose, exploration, fire fighting, flight on a rocket-propelled or rocket launched aircraft, flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted.

SAMPLE

“Spouse” means your lawful spouse who is insured in accord with the Spouse/Domestic Partner/Civil Union Partner and Dependent Child Provisions.

“We,” “Us” or “Our” means Gerber Life Insurance Company.

“You” or “Your” means the Insured: (a) who signed the application; and (b) who is named on the Policy Schedule.

G. EXPOSURE AND DISAPPEARANCE

If an insured person is exposed to the elements because of a covered accident which results in the disappearance, sinking or damaging of a common carrier and because of the exposure the insured person suffers a loss for which benefits are otherwise payable under this policy, the loss will be covered.

If an insured person disappears because of a covered accident which results in the disappearance or sinking of a common carrier and the body of the insured person has not been found within 52 weeks after the date of such accident, it will then be presumed if there is no evidence to the contrary, that the insured person suffered loss of life because of injuries covered by this policy.

H. SPOUSE/DOMESTIC PARTNER/CIVIL UNION PARTNER AND DEPENDENT CHILD PROVISIONS

Coverage is provided under this policy for your eligible family members only if you apply for coverage for them, pay the required premium and they appear on the Policy Schedule.

Eligibility: Your eligible family members are your spouse/domestic partner/civil union partner and your natural born and adopted child (children), stepchild (stepchildren) and a child (children) for whom you are a legal guardian or have custody due to a court order who: (a) are not married; and (b) are under 26 years of age.

Newborn Children: Any child of an insured person born while your coverage is in force will be automatically insured from birth for 31 days. Coverage for the newborn child will continue in effect thereafter, without evidence of insurability, upon receipt by us of your written request for the child's coverage and payment of the required additional premium prior to the end of the 31 day automatic

coverage period. Coverage will be subject to all provisions of this policy applicable to dependent child coverage.

Additional Family Members: You may add eligible family members by reason of marriage, domestic partnership or civil union, court order, adoption, or if not initially enrolled with you by completing the application provided by us and paying the required premium. Upon acceptance by us, we will issue you a new policy.

When Spouse/Domestic Partner/Civil Union Partner or Child Insurance Ends: The insurance of a spouse/domestic partner/civil union partner or child will end on the first of the following dates: (a) the first renewal date after the date a spouse/domestic partner/civil union partner or child ceases to be eligible for coverage; (b) the date your insurance ends; or (c) the first renewal date any premium for family coverage is due and unpaid.

If, on the date a child's insurance would end, that child is not capable of self-sustaining employment because of mental retardation or physical handicap, we will continue the coverage for that child for as long as this coverage is in force, premium is paid for such child when due, and the incapacity continues. Proof of the incapacity must be sent to us within 31 days of the date the child's coverage would otherwise stop and you must pay the premium for the child. We may require proof of the incapacity and dependency at reasonable intervals during the first two years and once a year thereafter.

You should notify us in writing when or if an insured spouse/domestic partner/civil union partner and/or your last child are no longer eligible for coverage. If we accept a premium for family members after we get your written notice, the insurance for them will continue until the end of the period for which the premium is paid. If you do not give us notice, we will refund the premium we accept for family members after they are no longer eligible.

Spouse/Domestic Partner/Civil Union Partner Continuation of Coverage: Your (ex) spouse/domestic partner/civil union partner, if covered on the date marriage or domestic or civil union partnership terminates, may continue coverage under his or her own policy if he or she applies for coverage and pays the required premium within 60 days after this policy's renewal date that next follows the date marriage or domestic or civil union partnership terminates. If you die while your coverage is in force, we will continue it with your spouse/domestic partner/civil union partner, if then covered, as the Insured.

I. HOW TO FILE A CLAIM

Notice of Claim: You must give us written notice of a claim within 30 days after loss starts or as soon as you can. You may give the notice or you may have someone do it for you. The notice should give your name and policy number. Notice should be mailed to us at our Claim Office, Gerber Life Insurance Company, 445 State Street, Fremont, Michigan, 49412.

Claim Forms: When we receive your notice, we will send you forms for filing proof of loss. If we do not send them within 15 days, you can meet the proof of loss requirement by giving us a written statement of what happened. We must receive this statement within the time given for filing proof of loss.

Proof of Loss: You must give us satisfactory written proof of your loss within 90 days after the date of the loss or as soon as you can. Proof must, however, be furnished no later than 12 months from the time it is otherwise required, except in the absence of legal capacity.

J. PAYMENT OF CLAIMS

All benefits will be paid as soon as we receive satisfactory proof of loss according to the policy provisions.

Beneficiary Designation: The benefit for loss of life will be payable in accordance with the beneficiary designation shown on the policy application or as otherwise changed at a later date according the Change of Beneficiary provision. If an insured person has not named a beneficiary or the beneficiary is no longer alive, we will pay loss of life benefits to the insured person's spouse/domestic partner/civil union partner otherwise, all surviving children in equal shares. If there is no spouse/domestic partner/civil union partner or named child beneficiary or such person is no longer alive, we will pay loss of benefits to your estate. All other benefits will be paid to you.

Change of Beneficiary: Unless irrevocably named, you may change your beneficiary by notifying us in writing on a form satisfactory to us. Your request takes effect on the date you execute it, regardless of whether you are living when we receive it. We will be relieved of further responsibility to the extent of any payment we made in good faith before we received your request.

Simultaneous Death Clause: If two insured persons under this policy die simultaneously in the same accident and we cannot determine who died first for payment of loss of life benefits, we will assume that you survived the other insured and benefits will be paid according to your beneficiary designation described above.

K. GENERAL PROVISIONS

Grace Period: Your premium must be paid on or before the date it is due or during the 31-day grace period that follows. Your coverage stays in force during your Grace Period.

Entire Contract; Changes: The policy, policy application, and any attachments are the entire contract of insurance. No agent may change it in any way. Only an executive officer of ours can approve a change.

Time Limit on Certain Defenses: In the absence of fraud, statements made by an insured person are deemed representations and not warranties. After two years from Policy Date of Issue, no misstatements, except fraudulent misstatements, on the application form, may be used to void this coverage or deny or reduce any claim for loss that occurs after the two year period.

Reinstatement: If any renewal premium is not paid when due, a subsequent acceptance of premium by us or by any authorized representative shall reinstate the policy. The reinstated policy shall apply only to covered loss resulting from covered injuries sustained in an accident that occurs after reinstatement. In all other respects, the insured person and we have the same rights that we had under the policy immediately before the due date of the defaulted premium.

Other Insurance with Us: You, your spouse spouse/domestic partner/civil union partner or dependent child may be insured up to our coverage limits of this type with us at any one time. We will return the excess premiums paid for any coverage over our limits of this type with us at any one time.

Physical Examinations and Autopsy: We, at our expense, may have a covered person examined when and as often as is reasonable while a claim is pending. We may also have an autopsy done where not forbidden by law.

Legal Actions: You cannot bring a legal action to recover under your policy for at least 60 days after you have given us written proof of loss. You cannot start such an action more than three years after the date proof of loss is required.

Assignment: We will recognize any assignment you make under the policy, provided it is duly executed and a copy is on file with us. We assume no responsibility for the validity or effect of an assignment.

Conformity with State Statutes: The provisions of this policy must conform with the laws of the state in which you reside on the Date of Issue. If any do not, they are hereby amended to conform.

Misstatement of Age: If the age of an Insured Person has been misstated in the application under this policy, the benefits payable will be those which the premiums paid would have purchased based upon his or her correct age, otherwise there will be an equitable adjustment of premiums.

Age Limit: This Policy does not cover you after your 80th birthday. However, if we accept any premium from you that covers you beyond your 80th birthday, we will return the unearned premium and the policy will terminate.