

Certificate of Insurance

Securian Life Insurance Company • A Stock Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

We certify that, subject to the terms of the Policy, the Member named in the Schedule (referred to as “you”, “your”, and “yours”) is insured for the benefits described in this Certificate. Your eligible Dependent, if any, for whom premiums have been paid is also insured for the benefits described in this Certificate. You and your Dependent are referred to as the Covered Person.

EFFECTIVE DATE OF INSURANCE

The insurance takes effect at 12:01 A.M. Standard Time on the Effective Date shown on the Schedule.

In this Certificate, Securian Life Insurance Company will be called “we”, “our”, or “us”. This Certificate summarizes certain provisions of the Policy. All coverage and provisions are subject to those in the Policy issued to the Policyholder.

THIRTY DAY RIGHT TO EXAMINE CERTIFICATE

If you are not satisfied for any reason, you may return your Certificate within 30 days after receipt. When so returned your premium will be refunded and the Certificate is void from the beginning. Return the Certificate to us at our Home Office or to our authorized agent.

This Certificate is executed on the Effective Date, at St. Paul, Minnesota.

THIS CERTIFICATE IS NOT MAJOR MEDICAL INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL INSURANCE. IT DOES NOT QUALIFY AS MINIMUM ESSENTIAL HEALTH COVERAGE UNDER THE FEDERAL AFFORDABLE CARE ACT. THIS CERTIFICATE DOES NOT SATISFY THE FEDERAL REQUIREMENT THAT YOU HAVE HEALTH INSURANCE COVERAGE, WHICH BECAME EFFECTIVE JANUARY 1, 2014.

THIS IS A LIMITED BENEFIT CERTIFICATE: This Certificate provides limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses. Read your Certificate carefully.

THIS CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT. If you are eligible for Medicare, review the Guide to Health Insurance for people with Medicare available from us.

NON-CONTRIBUTORY CERTIFICATE OF INSURANCE TRAVEL ACCIDENT ONLY INSURANCE NON-PARTICIPATING


Secretary


President

INDEX

<u>Provision</u>	<u>Page Number</u>
Accidental Death Benefit	5
Changes in Coverage	5
Claim Provisions	8
Definitions	3
Eligibility and Effective Date	5
Exclusions	5
General Provisions	7
Individual Termination of Insurance	6
Premiums	7
Schedule of Benefits	2

SCHEDULE OF BENEFITS

Policyholder: Good Sam Club
Policy Number: 9008
Original Certificate Effective Date: Date your coverage is activated

Insured Person(s): Effective Date:
Member: Member Date your coverage is activated

NON-CONTRIBUTORY COVERAGE

ACCIDENTAL DEATH BENEFIT

Amount of Insurance: \$5,000

ADDITIONAL BENEFITS

AMOUNTS & LIMITS

Amount of Insurance, as used below and in any attached Riders, refers to the original Accidental Death Amount of Insurance and any subsequent increases in coverage, as elected by you.

Accident Hospital Indemnity \$100 per day
Maximum Benefit Period: 730 days

Accidental Ingestion of a Controlled Drug Benefit \$500 per Calendar Year

Emergency Room and Ambulance

Emergency Room \$25 per visit.

Ambulance Benefit amount equal to incurred expenses for Ambulance transportation, which shall not exceed the maximum allowable rate established by the Connecticut Department of Public Health in accordance with Section 19a-177

DEFINITIONS

When used in this Certificate the following words and phrases have the meaning given. The use of any personal pronoun includes both genders.

AIRCRAFT means a vehicle which: 1) has a valid certificate of airworthiness; and 2) is being flown by a pilot with a valid license to operate the vehicle.

BENEFICIARY means the person or entity named by the insured Member, on forms and in a manner approved by us, to receive benefits.

COMMON CARRIER means an air, land or water vehicle (other than a personal, rental, or chartered vehicle) licensed to carry passengers for hire and available to the public. Common carrier includes aircraft, taxis, trains, buses, ferries, ships, and other common means of public transportation.

CONFINED OR CONFINEMENT means that the Covered Person is a registered bed patient in a Hospital and is charged room and board by the Hospital. He must be in the Hospital on the advice of a Physician and under the regular care and treatment of a Physician.

Confined or Confinement shall also include a stay in any Hospital owned or operated by the Federal Government.

Confined or Confinement shall also include a stay of no less than 24 continuous hours in an observation area within a hospital. Observation area shall not include treatment in an emergency room.

Confinement does not include treatment received in the outpatient department of the Hospital. Outpatient treatment means service rendered for a period of less than 24 hours.

COVERED PERSON means the insured Member.

HOSPITAL means an institution which meets all of the following requirements:

- (1) it must be operated according to law;
- (2) it must give 24 hour medical care, diagnosis and treatment to the sick or injured on an in-patient basis for which a charge is made;
- (3) it must provide diagnostic and surgical facilities supervised by Physicians;
- (4) Registered Nurses must be on 24 hour call or duty; and
- (5) the care must be given either on the Hospital's premises or in facilities available to the Hospital on a pre-arranged basis.

A Hospital is not a rest, convalescent, extended care, rehabilitation or other nursing facility. It is not a place which primarily treats mental illness, alcoholism or drug addiction; nor does it include any ward, wing or other section of the Hospital that is used for such purposes. It is not a facility where, in the absence of insurance, there is no legal obligation to pay.

Hospital includes a Hospital owned or operated by the Federal Government.

INJURY means bodily injury caused by an accident while a fare-paying passenger in a Common Carrier or directly involving a Motor Vehicle. The accident must be unintended, unexpected and unforeseen and occur while the Covered Person's insurance is in force under the Policy. The Injury must be the direct cause of loss and must be independent of all other causes.

LOSS means the death of the Covered Person or any physical impairment or other benefit covered under the terms of the Policy and any attached Riders.

LOSS OF A HAND OR FOOT means complete Severance through or above the wrist or ankle joint.

LOSS OF SIGHT means the total, permanent loss of all vision in one eye which is irrecoverable by natural, surgical or artificial means. Loss of Sight must be certified by a licensed physician who specializes in ophthalmology and is certified by the American Board of Ophthalmology.

MEMBER means a member of the Policyholder who has been accepted by us and has paid any required premium. The terms "you", "your" and "yours" mean the Member.

MOTOR VEHICLE means a four wheel, two axle motorized vehicle licensed to operate on public roadways. Motor vehicle includes self propelled mobile homes and trucks rated less than three tons. Motor vehicle does not include vehicles operated to carry passengers for hire; and motor vehicle excludes motorcycles, all terrain vehicles (ATV's) except when used during legal hunting, motorized bikes and all other vehicles designed primarily for off-road use (except if the Covered Person is struck while a pedestrian).

NURSE means a Registered Graduate Nurse (R.N.), Licensed Practical Nurse (L.P.N.), or Licensed Vocational Nurse (L.V.N.).

A Covered Person and his immediate family will not be considered a Nurse.

PHYSICIAN means a person licensed by the state in which he is resident to practice the healing arts. He must be practicing within the scope of his license for the service or treatment given.

Physician includes a chiropractor if the chiropractor is practicing within the scope of his license for the service or treatment given.

A Covered Person and his immediate family will not be considered a Physician.

POLICY means the group policy issued to the Policyholder providing the benefits described.

POLICYHOLDER means the legal entity in whose name the Policy is issued, as shown on the Schedule.

POLICY MONTH means the period of time starting on the first day of the month; it ends on the last day of the same month.

SCHEDULE means the Schedule of Benefits.

SEVERANCE means the complete and permanent separation and dismemberment of the part from the body.

ELIGIBILITY AND EFFECTIVE DATE OF INSURANCE

ELIGIBILITY

Active Members in good standing age 18 and over with a domestic U.S. address including military personnel stationed overseas will be eligible for insurance as Covered Persons.

EFFECTIVE DATE OF INSURANCE

EFFECTIVE DATE The Effective Date is shown on the Schedule.

CHANGES IN COVERAGE

If, after the Effective Date of Insurance, you request a change in benefits for a Covered Person, the Effective Date of Insurance for the new coverage will be the beginning of the Policy Month following our acceptance of the application or change request, subject to the payment of any additional required premium.

ACCIDENTAL DEATH BENEFIT

When we receive due proof that a Covered Person dies, we will pay the benefit shown on the Schedule to his named Beneficiary; provided:

- (1) death occurs as a direct result of an Injury; and
- (2) death occurs within 365 days of the accident causing the Injury.

EXCLUSIONS

In addition to any benefit-specific exclusions, benefits will not be paid for any Injury or Loss which, directly or indirectly, in whole or in part, is caused by or results from any of the following:

- (1) intentionally self-inflicted injury, suicide or any attempt thereat while sane or insane;
- (2) declared or undeclared war or act of war;

- (3) military or combat activities while serving in the armed forces, National Guard, or organized reserve corps in any state, country, or international authority (upon request and proof of military or combat activity while serving, we will return the pro rata portion of the premium paid for any such period of service);
- (4) bodily or mental infirmity or medical or surgical treatment thereof, or bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural and foreseeable result of accidental food poisoning.
- (5) flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface:
 - a. except as a fare paying passenger on a regularly scheduled commercial airline;
 - b. being flown by the Covered Person or in which the Covered Person is a member of the crew;
 - c. being used for:
 - i. crop dusting, spraying or seeding, giving and receiving flying instruction, fire fighting, sky writing, pipeline or power line inspection, aerial photography or exploration; or
 - ii. any operation that requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on);
 - d. designed for flight above or beyond the earth's atmosphere;
 - e. an ultra-light or glider;
 - f. being used by any military authority, except an Aircraft used by the Air Mobility Command or its foreign equivalent;
- (6) the Covered Person's intoxication defined as meeting or exceeding the legal limit of intoxication according to the laws of the jurisdiction in which the accident occurred;
- (7) voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by the Covered Person's Physician.
- (8)

INDIVIDUAL TERMINATION OF INSURANCE

A Covered Person's insurance automatically ends on the first of the following dates:

- (1) The date the Policy is terminated;
- (2) The date the Grace Period ends if all premiums due have not been paid;
- (3) The premium due date after you are no longer a member of the Policyholder

PREMIUMS

We provide insurance coverage in return for premium payment. Premiums are paid to us on or before the due date.

PREMIUM CHANGES We have the right to change the premium rates on any premium due date. We will provide written notice at least 31 days before the date of change. The premium rates may also be changed at any time the terms of the Policy are changed.

Premiums may be paid monthly, quarterly, semi-annually, or annually. The premium mode may be changed upon request. Upon our approval, the change will be made.

GRACE PERIOD This Certificate has a 31 day grace period for the payment of each premium due after the first premium. Coverage will continue in force during the grace period. It will terminate at the end of the grace period if all premiums which are due are not paid. We will require payment of all premiums for the period this coverage continues in force including the premiums for the grace period.

REINSTATEMENT OF INSURANCE If we terminate insurance for nonpayment of premium, you may reinstate coverage within 90 days following the last unpaid premium due date. You must pay all overdue premium. The reinstated coverage will not cover a loss which occurred during the lapse period.

UNPAID PREMIUM When a claim is paid for a loss incurred during the Grace Period, any premium due and unpaid may be deducted from the claim payment.

GENERAL PROVISIONS

BENEFICIARY CHANGES You may name any person to be your Beneficiary at the time of enrollment. You may change your Beneficiary at any time. When we receive and record the change request, it will take effect as of the date you signed it. If you die prior to the date we receive and record the change, any payment we make to the new Beneficiary will be valid. The prior Beneficiary's interest ends the date the new designation takes effect.

If more than one Beneficiary is named without stating their respective interests, they will share equally. If a Beneficiary dies before you, that interest ends. The Beneficiaries that survive will share equally unless you make a written request to the contrary.

CONFORMITY TO LAW Any provision of the Policy which is in conflict with the laws of the state in which it is issued is amended to conform with the laws of that state.

INCONTESTABILITY After coverage under the Policy has been in force for two years, it can only be contested for non-payment of premiums. No statement made by a Covered Person can be used in a contest after his insurance has been in force two years during his lifetime. No statement a Covered Person makes can be used in a contest unless it is in writing and signed by him.

MISSTATEMENT OF AGE If the age of a Covered Person has been misstated in the enrollment form for insurance under the Policy, the benefits payable will be those which the premiums paid would have purchased based upon his correct age, otherwise, there will be an equitable adjustment of premiums.

NONPARTICIPATING The Policy is a nonparticipating Policy; it does not share in our surplus.

OPTIONAL SETTLEMENT METHODS You, or the Beneficiary after the Covered Person's death, may elect to have loss of life benefits paid in installments. Such election must be sent to us in writing. The amounts and terms of the installments will be those which we offer at the time of election.

POLICY CHANGES The Policy may be changed at any time by written agreement between us. No change or waiver of any of the provisions of the Policy will be valid unless made in writing by us and signed by our president, vice president, secretary or assistant secretary. No agent or other person has the authority to change or waive any provisions of the Policy.

WORKER'S COMPENSATION The Policy is not a Worker's Compensation Policy. It does not satisfy any requirement for coverage by Worker's Compensation Insurance.

CLAIM PROVISIONS

NOTICE OF CLAIM We must be given written notice of claim within 20 days after a covered loss occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible.

The notice must contain the Covered Person's name and enough information to identify him. Notice may be mailed to our Home Office or to our agent.

CLAIM FORMS When we receive notice of claim, the Covered Person will be sent forms to file proof of loss. If the forms are not sent within 15 days after we receive notice, then the Covered Person will meet the proof of loss requirements by giving us a written statement of the nature and extent of the loss. This must be sent to us within the time limit stated in the Proof of Loss provision.

PROOF OF LOSS Written proof must be sent to us within 90 days after the date the loss occurs. If it was not reasonably possible to give us written proof within 90 days, we will not reduce or deny a claim for this reason, if proof is filed as soon as reasonably possible.

PAYMENT OF CLAIMS Claims for benefits provided by the Policy will be paid as soon as written proof is received.

Your loss of life benefits will be paid in accordance with the beneficiary designation in effect at the time of payment. If there is no such designation or no surviving beneficiary, the loss of life benefits will be paid in one lump sum to the first surviving class of the following classes of beneficiaries:

- a) lawful spouse;
- b) child(ren), in equal shares;
- c) parents, in equal shares;
- d) siblings, in equal shares.

If there is no surviving member of any of the above classes, the benefits will be paid to your estate.

Any payment that we make in good faith will fully discharge us to the extent of that payment.

The benefits can be paid in one lump sum or at your written request, in accordance with one of our available settlement plans. If you have not chosen any such settlement plan, the beneficiary can do so after your death. The beneficiary should request in writing to be paid from an available settlement plan. We must agree to the plan chosen.

RIGHT OF RECOVERY If payments for claims exceed the maximum amount payable under any benefit provisions or riders of the Policy, we have the right to recover the excess of such payments.

PHYSICAL EXAMINATION AND AUTOPSY At our expense, we have the right to have the Covered Person examined as often as necessary while a claim is pending. At our expense, we may require an autopsy unless the law forbids it.

LEGAL ACTIONS No legal action may be brought to recover against the Policy within 60 days after written proof of loss has been given. No such action will be brought after three years from the time written proof of loss is required to be given.

Accident Hospital Indemnity Benefit Rider

Securian Life Insurance Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

Limited Benefit, Please Read Carefully

This Accident Hospital Indemnity Benefit Rider is a part of the Policy or Certificate to which it is attached. It is issued in consideration of the application and the continued payment of any required premium. This Rider applies to any Covered Person who was a **Connecticut** resident at the time his coverage became effective under this Rider.

Upon receipt of due proof that a Covered Person is Confined as a result of an Injury which occurs while insurance is in force, we will pay the benefit shown on the Schedule. The benefit payable is subject to the following condition:

- (1) the Confinement must begin within 180 days of the accident causing the Injury and while insurance is in force for the Covered Person.

Benefits begin on the first day of Confinement. The Covered Person will receive benefits as long as he is Confined up to the Maximum Benefit Period specified on the Schedule for each period of Confinement.


Successive periods of Confinement will be considered as separate periods of Confinement; unless:

- (1) the new period of Confinement is due to the same cause or causes as the prior one; and
- (2) the new period of Confinement starts less than 90 days after the prior one stopped.

This benefit will be paid in addition to any other benefits payable under the Policy or Certificate resulting from the same accident.

Benefits are subject to all terms and conditions of the Policy or Certificate. This Rider does not waive, alter or extend any provisions or limitations of the Policy or Certificate except to the extent shown above.

This Rider takes effect and ends concurrently with the Policy or Certificate to which it is attached.


Secretary


President

Emergency Room and Ambulance Rider

Securian Life Insurance Company

400 Robert Street North • St. Paul, Minnesota 55101-2098

Limited Benefit, Please Read Carefully

This Emergency Room and Ambulance Rider is a mandatory Rider that is made part of the Policy or Certificate to which it is attached. This Rider applies to any Covered Person who was a **Connecticut** resident at the time his coverage became effective under the Policy.

Upon receipt of due proof that a Covered Person incurred expenses for medical treatment received in a Hospital emergency room as a result of an Injury, we will pay the benefit shown on the Schedule.

Upon receipt of due proof that a Covered Person incurred expenses for ambulance transportation to a Hospital as a result of an Injury, we will pay the benefit shown on the Schedule. The benefit will be paid directly to the Ambulance provider rendering such service, if such provider has not received payment for such service from any other source. We shall not be required to provide benefits in excess of the maximum allowable rate established by the Connecticut Department of Public Health in accordance with Section 19a-177.

This benefit will not duplicate payments made under any other provision of the Policy or Certificate.

Benefits are subject to all the terms of the Policy or Certificate. This Rider does not waive, alter or extend any provisions or limitations of the Policy or Certificate except to the extent shown above.

This Rider takes effect and ends concurrently with the Policy or Certificate to which it is attached.


Secretary


President

ACCIDENTAL INGESTION OF A CONTROLLED DRUG BENEFIT RIDER

Securian Life Insurance Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

Limited Benefit, Please Read Carefully

This Accidental Ingestion of a Controlled Drug Benefit Rider is a part of the Policy or Certificate to which it is attached. It is issued in consideration of the application and the continued payment of any required premium. This Rider applies to any Covered Person who was a Connecticut resident at the time his coverage became effective under this Rider.

Upon receipt of due proof of the Covered Person's accidental ingestion or consumption of a Controlled Drug, we will pay the benefit shown on the Schedule.

For purposes of this Rider, the following additional definition applies:


CONTROLLED DRUG means those drugs which contain any quantity of a substance which has been designated as subject to the federal Controlled Substances Act, or which has been designated as a depressant or stimulant drug pursuant to federal food and drug laws, or which has been designated by the Commissioner of Consumer Protection pursuant to Connecticut General Statute section 21a-243, as having a stimulant, depressant or hallucinogenic effect upon the higher functions of the central nervous system and as having a tendency to promote abuse or psychological or physiological dependence, or both.

Such Controlled Drugs are classifiable as amphetamine-type, barbiturate-type, cannabis-type, cocaine-type, hallucinogenic, morphine-type and other stimulant and depressant drugs. Specifically excluded from Controlled Drugs and controlled substances are alcohol, nicotine and caffeine.

This benefit will be paid in addition to any other benefits payable under the Policy or Certificate resulting from the same accident.

Benefits are subject to all terms and conditions of the Policy or Certificate. This Rider does not waive, alter or extend any provisions or limitations of the Policy or Certificate except to the extent shown above.

This Rider takes effect and ends concurrently with the Policy or Certificate to which it is attached.


Secretary


President