



Administrative Offices: 909 North Washington Street, Alexandria, VA 22314 • 800-776-2322 • www.afba.com

CERTIFICATE OF INSURANCE COVERAGE

5 Star Life Insurance Company certifies that, subject to the terms of the Group Policy issued to the Trustee, America's Five Star Multiple Employer Trust (referred to as the Policyholder), the Employee named in the Coverage Schedule (referred to as "You," "Your" and "Yours") is provided with the benefits described in this Certificate. The coverage takes effect at 12:01 A.M. Standard Time on the Effective Date shown in the Coverage Schedule.

In this Certificate 5 Star Life Insurance Company will be called "We," "Our" or "Us." This Certificate summarizes certain provisions of the Group Policy. All coverages and provisions are subject to those in the Group Policy issued to the Policyholder.

PLEASE READ YOUR CERTIFICATE CAREFULLY

Our Chairman of the Board and our President witness this Certificate.

Handwritten signature of Maura B. DeCarlo in black ink.

Secretary

Handwritten signature of Craig S. Piers in black ink.

President

GROUP ACCIDENTAL DEATH & DISMEMBERMENT COVERAGE EMPLOYEE CERTIFICATE

BENEFITS ARE PAYABLE UNDER THIS CERTIFICATE FOR ACCIDENTAL DEATH OR DISMEMBERMENT DUE TO AN INJURY. NO BENEFITS ARE PAYABLE FOR DEATH OR DISMEMBERMENT DUE TO SICKNESS.

THE INSURANCE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM.

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DEFINITIONS

Here are some of the terms used in the Group Policy. Other terms are defined where used in the Group Policy. All defined terms are important in describing rights under the Group Policy. Please refer back to these definitions as You read. Defined terms are presented with capital letters to help identify them as such.

Actively At Work or Active Work means that You:

- (1) are present at Your Employer's place of business or another work site designated by Your Employer; and
- (2) are performing the material and substantial duties of Your job.

On any day that is not Your regularly scheduled work day (i.e., vacation, holiday or weekend), You are considered Actively At Work if You:

- (a) are not hospital confined; and
- (b) are not disabled due to Injury or Sickness; and
- (c) were Actively At Work on Your last scheduled work day.

If You usually perform the regular duties of Your job at Your home You are considered Actively At Work if You meet all the above requirements and could work at Your Employer's usual place of business if required to do so.

If You were covered under the Prior Policy on the day before the effective date of the Group Policy, the Actively At Work requirement may be waived by 5 Star Life Insurance Company for an amount of coverage up to that in force with the Prior Policy.

Administrator means the entity appointed by the Policyholder to be responsible for record keeping and the billing and collection of premiums.

Earnings means Your annual pay based on a work week of not more than forty (40) hours. Commissions and productivity incentives are included, but bonuses, overtime and other special pay are not. Commissions must be averaged over the lesser of the twenty-four (24) month period immediately prior to the effective date of Earnings changes or the entire period of employment. The Earnings amount must be verified by Us before use in calculating benefits. Earnings from sources other than an Employer are not included in determining benefits.

Employee means You if You work Full-time for Your Employer. You must be paid by Your Employer for work done at Your Employer's usual place of business or some other location that is usual for Your particular duties.

The term Employee does not include You if You are performing services for Your Employer

- pursuant to a contractual relationship with Your Employer;
- subject to the terms of a leasing agreement between Your Employer and a leasing organization; or
- who receives income that is reported by Your Employer on IRS Form 1099.

Employee Benefits or Employee Coverage means the coverage for an Employee provided by the Group Policy.

Employer means a participating employer which has agreed to be bound by the terms of the trust agreement and the provisions of the Group Policy.

A **subsidiary** is an entity with controlling stock ownership (51% or more) held by an Employer who is the policyholder.

An **affiliate** is a company whose business is controlled by an employer through stock ownership, contract, common officers or otherwise.

Full-time means, for You, a work week of at least thirty (20) hours. For Employees whose work weeks vary above and below this number, We will determine eligibility by averaging the hours worked in the ninety (90) day period immediately prior to the claim event benefit.

Injury means bodily injury caused by an accident. It must occur as to a covered person while coverage is in force under the Group Policy. The Injury must be the direct cause of loss, independent of disease or bodily infirmity.

Participating Employer means an employer unit and its branches, divisions, affiliates or subsidiaries that have been approved by Us.

Policy Month means the period of time that begins on a premium due date and runs to the next monthly premium due date.

Policy Year means a twelve (12) month period beginning on the Policy Effective Date or its anniversary.

Prior Policy means Your Employer's group policy in effect the day before the effective date of the Group Policy or the effective date of the subsidiary, affiliate, or new division's coverage under the Group Policy. The Group Policy replaces that policy or a portion of it.

We, Us or Our means 5 Star Life Insurance Company.

You, Your or Yours means the Employee.

CONTRIBUTIONS

GRACE PERIOD

Any contribution not paid on or before its due date shall be in default; but a grace period of thirty-one (31) days, without interest, shall be allowed for payment of every premium after the first, during which period the coverage shall continue in force.

STANDARD PROVISIONS

MISSTATEMENT OF AGE

If Your age has been misstated, there shall be a fair adjustment of premiums. If Your amount of coverage depends on age, Your amount of coverage shall be adjusted to an amount determined by Your correct age.

INCONTESTABILITY

No statement by You shall be used in contesting the validity of

- (a) Your coverage, or
- (b) that portion of Your coverage with respect to which the statement was made

after such coverage, or portion of coverage,, as the case may be, has been in force for 2 years during Your life, except when premium contribution payments are insufficient to keep the coverage in force.

Nor shall such statement be used at all unless:

- (1) contained in a written application signed by You; and
- (2) a copy of that instrument is or was provided to You or Your beneficiary or personal representative.

MISCELLANEOUS PROVISIONS

BECOMING ELIGIBLE FOR EMPLOYEE COVERAGE

You are eligible for coverage if You are a member of an eligible class listed in the Coverage Schedule and are not excluded in the list shown below. You are not eligible if:

- (1) You are scheduled to work less than six (6) months in any twelve (12) month period; or
- (2) You work less than the required number of hours as defined in the definition of "Full-time."

If You are not a citizen of the United States You must be a permanent resident of the United States or a U.S. Territory in order to be an eligible Employee.

Service Requirement

The service requirement is a period of active Full-time employment You must complete before becoming eligible for coverage. The Entry Date is the day of the month on which new coverage is effective. An Employer chooses the Entry Date in relation to the service time period.

You are eligible for coverage on the later of the Effective Date of the Group Policy or the date You begin active Full-time service for Your Employer, and satisfy Your Employer's waiting period.

Re-Hired Employees

If You are a re-hired Employee You will be treated as a new Employee and must satisfy a new service waiting period. However, if You are re-hired within one (1) year of the ineligibility date, all periods of Full-time work for Your Employer will count toward satisfaction of the waiting period. If You are re-hired after one (1) year, any past periods of work will not count when determining the date You satisfy the waiting period. You cannot become eligible for coverage before the last date re-hired.

EFFECTIVE DATE OF EMPLOYEE COVERAGE

Noncontributory Coverage means that an Employer pays all of the cost of the coverage. All eligible Employees must be enrolled. Noncontributory benefits will become effective on the date You are eligible for coverage and Actively At Work. All employee non-contributory plans must be approved by Us.

Contributory Coverage means that Employees pay all or part of the cost of their coverage. If any part of Your coverage is Contributory, all of Your coverage will become effective on the earlier of the following dates, provided You are Actively At Work on that date:

- (1) the date You become eligible for coverage, provided enrollment occurs on or before that date;
- (2) the date You enroll for coverage, provided such date is within thirty-one (31) days after Your eligibility date for coverage.

Start Date Deferral

You must be Actively At Work on the date Your coverage goes into effect. If You are not Actively At Work, coverage does not become effective until return to Full-time work.

If You were covered under a Prior Policy on the day before the effective date of the Group Policy, the Actively At Work requirement may be waived for up to the amount of coverage in force under the Prior Policy.

THE BENEFICIARY

The **Beneficiary** is the person named by You to receive the death benefit. You must name Your Beneficiaries in writing on a form approved by Us. You must sign and date the designation. In no event may You name Your Employer entity as Beneficiary. This Beneficiary designation is kept by the Administrator as part of Your coverage records.

After We make payment, We have no further liability.

Change of Beneficiary

Unless You irrevocably name a Beneficiary, You have the right to change Your Beneficiary at any time. You must do this in writing on a form satisfactory to Us, stating the date the change is to take effect. The form must be delivered to Us or to an Administrator during Your lifetime. No change may take effect if We receive it after We pay the death benefit. It is Your Employer's responsibility to be sure You are given the opportunity to change Your Beneficiary whenever desired.

Payment to Beneficiary

More than one named Beneficiary will share equally unless You clearly designate the order of rights. The share of a Beneficiary who dies before You will pass to any surviving beneficiaries in the order You designated.

We may rely on a affidavit or other written evidence deemed satisfactory to Us to determine the identity or the nonexistence of Beneficiaries not identified by name. Any payment made by Us in good faith reliance on such evidence will fully discharge Us to the extent of such payment.

If You have no surviving Beneficiary, We have the right to make the payment to the estate or to any one of the classes listed below:

- (1) Your spouse.
- (2) Your children.
- (3) Your parents.
- (4) Your brothers and sisters.

FACILITY OF PAYMENT

If the Beneficiary is a minor or otherwise incapable of giving a valid release, at Our option and until claim is made by the duly appointed guardian of the Beneficiary, We may make payment to:

- (1) any relative of the Beneficiary by blood or marriage; or
- (2) any other person or institution that appears to Us to have assumed custody and principal support of the Beneficiary.

Payment under these circumstances may not exceed \$100 per month. They will be made for the sole benefit of the Beneficiary.

At Our judgment, a part of Your death benefit may be paid to any person who has incurred expenses in connection:

- (1) with Your burial; or
- (2) with the Injury that caused Your death.

However, the maximum amount payable to that person is two hundred fifty dollars (\$250) or the amount established by state law.

CLAIMS OF CREDITORS

The proceeds and any income payments from this coverage will be exempt from the claims of creditors to the extent permitted by law. Before becoming payable the proceeds and payments may not be assigned or withdrawn without 5 Star Life Insurance Company's agreement.

ASSIGNMENT

You may assign Your interest and ownership in this coverage without the consent of any revocable beneficiary, by filing written notice with the Administrator. Such notice shall be on a form furnished by the Administrator for that purpose and when received, whether or not the Assignee or You are then alive, the change will take effect on the date the notice was signed.

A change shall be subject to the rights of any assignee of record with the Administrator, and subject to any payment made or other action taken by the Administrator or 5 Star Life Insurance Company before the notice is received.

5 Star Life Insurance Company and the Administrator shall not be bound by an assignment unless it is in writing and a duplicate copy of the original assignment has been filed with 5 Star Life Insurance Company. Nor shall they be responsible for determining the validity or sufficiency of an assignment.

The interest of the assignee, any interest of You and any revocable beneficiary, shall be subject to the terms of the assignment.

AMOUNTS OF COVERAGE

COVERAGE SCHEDULE

EMPLOYEE ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGE

Eligible Class: All full-time employees.

Waiting Period: 0, 1, 2, 3, 4, 5, or 6 months of Full-time Active Work , as elected by an Employer to apply to all employees.

Class	Principal Sum
All Employees	\$10,000

If Your amount of coverage is based on annual earnings, annual earnings shall be based on Your regularly scheduled work week, exclusive of bonus or overtime pay.

If You are under age 65 on the date Employee Accidental Death and Dismemberment coverage becomes effective, the amounts of Accidental Death and Dismemberment coverage shall be reduced to:

- (a) 65% of the amount which applies to You as shown in the Coverage Schedule, on Your 65th birthday; and
- (b) 50% of the amount which applies to You as shown in the Coverage Schedule, on Your 70th birthday.

If You are age 65 or over on the date the Employee Accidental Death and Dismemberment coverage becomes effective, the amounts of Employee Accidental Death and Dismemberment coverage shall be determined by the above formula.

Any change in amounts of coverage due to a change in earnings shall take effect on the date which coincides with or next follows the date of such change. But, an increase in the amounts of coverage shall take effect on that date only if You are then Actively at Work with the Participating Employer; otherwise, the increase shall take effect on the first day of the month following the date on which You return to Active Work.

CHANGES IN THE GROUP POLICY

No agent has the power to change or waive anything in writing or verbally in the Group Policy.

ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGE

We pay a benefit if an Injury results in a covered Employee's loss of life, limb, sight, hearing, speech or movement as described in the Table of Benefits below. The Injury must occur while Your coverage under this Certificate is in force. The Loss must occur within 365 days of the Injury.

We pay benefits according to the following Table of Benefits. We pay a percentage of the Principal Sum shown on Your Coverage Schedule for each covered loss. If You sustain more than one such Loss as the result of one accident, we will pay only one amount, the largest amount to which You are entitled. This amount will not exceed the Principal Sum that applies for the covered Employee.

Table of Benefits

<u>For Loss of:</u>	<u>Percentage of Principal Sum</u>
Life	100%
Both Hands or Both Feet or Entire Sight of Both Eyes	100%
One Hand and One Foot	100%
Speech and Hearing in Both Ears	100%
Either Hand or Foot and Entire Sight of One Eye	100%
Movement of Both Upper and Lower Limbs (Quadriplegia)	100%
Movement of Both Lower Limbs (Paraplegia)	75%
Movement of Three Limbs (Triplegia)	75%
Movement of the Upper and Lower Limbs of One Side of the Body (Hemiplegia)	50%
Either One Hand or One Foot	50%
Entire Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Movement of One Limb (Uniplegia)	25%
Thumb and Index Finger of the Same Hand	25%

Loss means with regard to:

- (1) hands and feet, actual Severance through or above wrist or ankle joints;
- (2) sight, speech or hearing, entire and irrecoverable loss thereof, by natural, surgical or artificial means;
- (3) thumb and index finger, actual severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand);
- (4) movement, complete and irreversible paralysis of such limbs.

"Severance" means the complete separation and dismemberment of the part from the body.

EXCLUSIONS

This Certificate does not cover any loss resulting from the following:

- (1) intentionally self-inflicted Injury, suicide, or any attempt at suicide;
- (2) the voluntary use of drugs, medications or sedatives, unless prescribed by a physician;
- (3) war or act of war, whether declared or not;
- (4) Injury sustained while on full-time active duty as a member of the armed forces (land, water, air) of any country or international authority;
- (5) Injury sustained while driving while legally intoxicated as defined in the state where the Injury occurs;
- (6) travel in any non-commercial aircraft;
- (7) Injury that occurs while you are committing or attempting to commit an assault or felony;
- (8) sickness, bodily or mental illness; or
- (9) Injury sustained while riding or driving in a scheduled race or testing any motor vehicle on tracks, speedways or proving grounds.

Intoxicated means:

- (1) the blood alcohol content;
 - (2) the results of other means of testing blood alcohol level; or
 - (3) the results of other means of testing other substances;
- that meet or exceed the legal presumption of intoxication, or under the influence, under the law of the state where the accident occurred.

TERMINATION OF COVERAGE FOR AN EMPLOYEE

Coverage for an Employee will terminate on the earliest of:

- (1) the date the Employer fails to pay premium;
- (2) the date the Policy terminates;
- (3) the date You terminate Your employment;
- (4) the date You retire;
- (5) the date You convert Your coverage;
- (6) the end of the period covered by Your last contribution to the premium for such coverage.

SIMULTANEOUS DEATH PROVISION

If a Beneficiary dies:

- (1) on the same day You die; or
- (2) within fifteen (15) days thereafter;

benefits will be paid as if that Beneficiary had died before You. If proof of loss with respect to Your death was delivered to Us before the date of the Beneficiary's death, this provision will not apply.

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 claimant's name and enough information to identify the covered person. Notice may be mailed to our administrative offices.

Claim Forms

When we receive notice of claim, the claimant will be sent forms to file proof of loss. If the forms are not sent within 15 days after we receive notice, then the claimant 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. In any event the proof required must be given no later than one year from the time specified unless the claimant was legally incapacitated.

Physical Examination and Autopsy

At our expense, we have the right while a claim is pending: (1) to have the covered person examined as often as necessary; and (2) to have an autopsy performed in case of death where it is not forbidden by law.

Legal Actions

No legal action may be brought to recover against the Group 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. If a time limit of the Group Policy is less than allowed by the laws of the state where the Covered Person lives, the limit is extended to meet the minimum time allowed by such law.

Payment of Claims

Upon receipt of due written proof of death, payment for loss of life of a covered person will be made to the covered person's beneficiary, as described in The Beneficiary provision of the Miscellaneous Provisions section, within 30 days. Payments made more than 30 days following the Company's receipt of due written proof of death will include interest that will accrue at the rate of 9% per annum from the 30th day after receipt of such proof to the date the payment is made.

For all losses, except loss of life, a covered person will be notified of the acceptance or rejection of a claim within 15 days after receipt of due written proof of loss. If the claim is rejected, the company will provide notification of the reason for rejection. If the company requires additional time in order to determine the rejection or acceptance of the claim, they shall notify the covered person giving the reason additional time is required. The company must provide the covered person a determination of the acceptance or rejection of the claim by the 45th day following the date notice is given to the covered person that additional time is required to review the claim.

Upon receipt of due written proof of loss, payments for all losses, except loss of life, will be made to (or on behalf of, if applicable) the covered person suffering the loss within 60 days. If a covered person dies before all payments due have been made, the amount still payable will be paid to his or her beneficiary as described in The Beneficiary provision of the Miscellaneous Provisions section.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for his or her property, all or part of the payment may be made, at the Company's option, to the person or persons who, in Our opinion, have assumed the custody and support of the minor or responsibility for the incompetent person's affairs. At Our option, the payment may be made in installments in an amount and at a frequency determined by the Company, not to exceed \$200 per month.

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

When a claim is paid, any premium due and unpaid may be deducted from the claim payment.

Right of Recovery

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