

# AID ASSOCIATION FOR LUTHERANS

## MAJOR MEDICAL EXPENSE INSURANCE

- Major medical expense insurance
- Benefits for specified medical expenses
- Benefit adjustment feature
- Participating - surplus refunds

This is a certificate of membership and major medical expense insurance with Aid Association for Lutherans. AAL agrees to provide the benefits and rights of this certificate. The entire contract is defined in Section 7.1. A table of certificate provisions is shown on page 2. The benefits and covered persons are shown on the certificate schedule which accompanies this certificate.

This certificate is issued in consideration of the application and the payment of the first premium.

### GUARANTEED RENEWABLE

This certificate is guaranteed renewable until age 65 or eligibility for Medicare by the timely payment of the premium at the rate in effect on each premium due date. AAL reserves the right to change the table of premium rates by class.

### NOTICE OF TEN DAY RIGHT TO RETURN AND CANCEL CERTIFICATE

READ THIS CERTIFICATE CAREFULLY. This certificate is a legal contract between you and AAL. You may cancel this certificate by delivering or mailing written notice and this

certificate to an AAL district representative or the home office within 10 days of its receipt. When written notice and this certificate are delivered or mailed, cancellation is effective and this certificate will be void from the beginning. Within 10 days after AAL receives written notice and this certificate at its home office, AAL will refund any premium paid.

### IMPORTANT NOTICE

Please read the copy of the application attached to this certificate. Carefully check the application and write to Aid Association for Lutherans, 4321 North Ballard Road, Appleton, Wisconsin 54919 within 10 days, if any information shown on it is not correct and complete, or if any past medical history has been left out of the application. This application is a part of the certificate and the certificate was issued on the basis that the answers to all questions and the information shown on the application are correct and complete.

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### NOTICE REGARDING EXCLUSION OF PREEXISTING CONDITIONS

This certificate does not cover expenses resulting from preexisting conditions, unless they are disclosed in the application and not excluded from coverage by name or specific description. A preexisting condition is a sickness or injury that was first manifest, diagnosed, or treated within two years before the effective date of coverage.

Signed for Aid Association for Lutherans at the home office, 4321 North Ballard Road, Appleton, Wisconsin 54919.

*W. R. Heerman* Secretary  
*R. L. Thunderson* President

DEDUCTIBLE PROVISION

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# 1. DEFINITIONS

As used in this certificate:

You means the insured.

AAL means Aid Association for Lutherans.

Injury means accidental bodily injury sustained by a covered person while coverage is in effect.

Sickness means a sickness or disease not excluded from coverage by name or specific description or under the preexisting conditions exclusion.

Preexisting Condition means a sickness or injury that was first manifest, diagnosed, or treated within two years before the effective date of coverage.

Doctor means a legally qualified and licensed practitioner of the healing arts who is practicing within the scope of his or her authority.

Nurse means a:

- Registered graduate nurse;
- Licensed practical nurse; or
- Licensed vocational nurse.

Physiotherapist means a licensed physiotherapist.

Speech Therapist means a licensed speech therapist.

Hospital means a lawfully operating institution for the care and treatment of injured or sick persons as resident bed patients that:

- Has facilities for diagnosis and treatment;
- Is supervised by a staff of doctors; and
- Has 24-hour nursing care supervised by a registered graduate nurse always on duty.

Hospital does not include an institution or part of one that is used as a:

- Sanitarium;
- Nursing home;
- Convalescent home;
- Rest home;
- Home for the aged; or
- An institution providing primarily custodial care.

No claim for payment under this certificate for treatment, care, or services in a licensed hospital which is accredited by the Joint Commission on the Accreditation of Hospitals, the American Osteopathic Association, or the Commission on the Accreditation of Rehabilitative Facilities shall be denied because such hospital lacks major surgical facilities and is primarily of a rehabilitative nature, if such rehabilitation is specifically for treatment of physical disability.

Extended Care Facility means a lawfully operating institution or part of one which is for the care and treatment of resident bed patients making progressive recovery from an injury or sickness, and which:

- Is supervised by a doctor;
- Has 24-hour nursing care supervised by a registered graduate nurse;

Maintains clinical records on all patients; and  
Has procedures for administration of drugs and biologicals.

**Extended Care Facility** does not include an institution or part of one that is used as a:  
Sanitarium;  
Clinic;  
Rest home;  
Home for the aged; or  
An institution providing primarily custodial care.

**Prescription Drugs** means drugs and medicines which:  
Require the written prescription of a doctor;  
Are identified by a prescription number;  
Are dispensed by a licensed pharmacist; and  
Are approved as a prescription drug by the United States Food and Drug Administration.

In the phrase **Reasonable and Customary Charges**: Reasonable means a charge above customary that is justified by unusual complexity of treatment; and customary means the range of charges ordinarily made by providers for the same service or supply under like circumstances within the geographic area where the service or supply is rendered or furnished.

**Certificate Schedule** means the certificate schedule which accompanies this certificate, or the most recent amendment to it.

**Surgical Schedule** means the surgical schedule which accompanies this certificate, or the most recent amendment to it.

**Medicare** means The Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as then constituted or later amended.

**Calendar Year** means the period beginning on each January 1 and ending the following December 31.

The amounts of money in connection with the following terms that apply to this certificate are shown on the certificate schedule:

Deductible  
Daily Room Maximum  
Surgical Maximum

## **2. MAJOR MEDICAL EXPENSE INSURANCE**

### **2.1 GENERAL**

This certificate provides benefits for specified medical expenses. There is no limit to the total amount payable. The amount covered for each expense will depend upon your adjustment each year of the daily room maximum and surgical maximum. This is described in Section 2.5.

### **2.2 RECOMMENDED DAILY ROOM MAXIMUM**

The recommended daily room maximum is the amount of daily room maximum you should have in effect at each certificate anniversary. It is based on the average charge for hospital semi-private room and board in the area where you live. The area where you live is defined by the first three digits of your postal zip code.

## **2.3 RECOMMENDED SURGICAL MAXIMUM**

The recommended surgical maximum is the amount of surgical maximum you should have in effect at each certificate anniversary. It is based on prevailing charges for surgical procedures in the area where you live. The area where you live is defined by the first three digits of your postal zip code.

## **2.4 RECOMMENDED LEVELS OF COVERAGE**

Your coverage is at the recommended levels if, on the most recent certificate anniversary:

Your daily room maximum was at or above the recommended daily room maximum then in effect; and

Your surgical maximum was at or above the recommended surgical maximum then in effect.

## **2.5 BENEFIT ADJUSTMENT FEATURE**

On each certificate anniversary you may change your daily room maximum and surgical maximum. You may change them to the recommended levels of coverage in effect on that date. You may do so without regard to the health of covered persons.

If a change in coverage should require a change in premium, AAL will bill you for the correct premium. You accept a change by paying the billed premium. You may decline a change by giving AAL written notice to that effect.

If a change in coverage should require an increase in premium:

The premium for the increase will be based on the ages of covered persons at the date of change; and

The underwriting classes will be those that applied when this certificate was issued.

If you decline such a change, no more increases will be allowed through the benefit adjustment feature. But it may be reactivated upon your application and AAL's approval.

## **2.6 DEDUCTIBLE**

### **A. Individual Basis**

The deductible is shown on the certificate schedule. It applies separately to covered expenses of each covered person. It must be met before AAL will pay benefits. It is met when a covered person incurs covered expenses in an amount equal to it within a calendar year.

Also, covered expenses incurred in a calendar year may be applied to the deductible for the next calendar year if they were:

Incurred in the last 3 months of the year; and

Applied to the deductible for that year.

### **B. Family Basis**

If two covered persons each meet their own deductibles in the same calendar year:

Other covered persons need not meet their deductibles in that year; and

Benefits will be paid as if the other covered persons had met their deductibles for that year.

## **2.7 BENEFITS**

After a covered person has met the deductible, AAL will pay:

80 percent of the next \$1000 of covered expenses; and

100 percent of additional covered expenses.

AAL will pay these benefits only for covered expenses which are incurred:

By that covered person; and

Within the calendar year in which the deductible was met on the individual or family basis.

## 2.8 COVERED EXPENSES

Covered expenses will include only expenses that:

- Are prescribed by a doctor for needed care and treatment of injury or sickness; and
- Do not exceed the reasonable and customary charges for such care and treatment; and
- Are incurred by a covered person while coverage for that person is in effect.

A covered expense will be deemed incurred on the date the services were rendered or the supplies furnished. Covered expenses include those listed in the table of covered expenses and are limited to the amounts specified.

### TABLE OF COVERED EXPENSES

EXPENSE	IF YOUR COVERAGE IS AT RECOMMENDED LEVELS, COVERED EXPENSES ARE:	IF YOUR COVERAGE IS BELOW RECOMMENDED LEVELS, COVERED EXPENSES ARE:
Hospital room and board, and general nursing care.	Reasonable and customary charges for the necessary level of care.	Up to your daily room maximum for each day of confinement.
Other hospital services and supplies, including services performed in an ambulatory surgical center.	Reasonable and customary charges.	That proportion of charges incurred which your daily room maximum bears to the recommended daily room maximum.
Hospital intensive care facility confinement.	Reasonable and customary charges for the necessary level of care.	Up to 2 1/2 times your daily room maximum for each day of such confinement.
Extended care facility room and board, including regular daily services and supplies, subject to the provisions in Section 2.9.	Reasonable and customary charges.	Up to 1/2 of your daily room maximum for each day of such confinement.
Surgery performed by a doctor.	Reasonable and customary charges.	Up to the amount provided in the surgical schedule, subject to the provisions in Section 2.10.
Second surgical opinions.	Reasonable and customary charges.	That proportion of charges incurred which your surgical maximum bears to the recommended surgical maximum.
Medical treatment by a doctor, in or out of the hospital.	Reasonable and customary charges.	That proportion of charges incurred which your surgical maximum bears to the recommended surgical maximum.

Anesthetics and their administration.

Reasonable and customary charges.

That proportion of charges incurred which your surgical maximum bears to the recommended surgical maximum.

Services of a private duty nurse, physiotherapist, or speech therapist, subject to the provisions in Section 2.11.

Reasonable and customary charges.

That proportion of charges incurred which your surgical maximum bears to the recommended surgical maximum.

Professional ambulance service to the nearest qualified hospital.

Reasonable and customary charges.

That proportion of charges incurred which your surgical maximum bears to the recommended surgical maximum.

X-ray and laboratory examinations, prescription drugs, and blood and blood derivatives including their administration.

Reasonable and customary charges.

That proportion of charges incurred which your surgical maximum bears to the recommended surgical maximum.

Surgical dressings, casts, and other similar medical supplies.

Reasonable and customary charges.

That proportion of charges incurred which your surgical maximum bears to the recommended surgical maximum.

Oxygen equipment, wheelchairs, and other similar durable medical equipment for home use.

Reasonable and customary charges.

That proportion of charges incurred which your surgical maximum bears to the recommended surgical maximum.

Prosthetic appliances, including arm, leg, back and neck braces, orthopedic shoes when they are part of leg braces, artificial limbs and eyes, insulin pumps, and prosthetic appliances needed to substitute for an internal body organ.

Reasonable and customary charges.

That proportion of charges incurred which your surgical maximum bears to the recommended surgical maximum.

## 2.9 EXTENDED CARE FACILITY EXPENSES

Charges made by an extended care facility will be covered expenses if:

The stay is preceded by a hospital stay; and

The stay is recommended by a doctor for a condition which caused that hospital stay, or a related condition; and

The stay begins within 14 days after discharge from that hospital stay; and

The covered person is examined by a doctor at least once each week; and

A doctor certifies that the covered person needs and receives medical services or care, on a daily basis, which can be provided only in an extended care facility on an inpatient basis.

Such charges will be covered for a maximum of 100 days for an extended care facility stay due to the same or related causes. Separate stays are related unless:

The later stay begins after complete recovery from the condition causing the earlier stay;  
or

The later stay results from causes unrelated to the causes of the earlier stay; or

The covered person resumes full normal activities for an uninterrupted period of at least 14 days between stays.

## **2.10 SURGICAL EXPENSES**

The limit for any surgical procedure which is listed in the surgical schedule is the amount shown next to the procedure. This amount includes the fee for surgery and follow-up care.

AAL will determine the limit for any procedure which is not listed. An added amount will be allowed for a listed procedure when warranted, in the judgement of AAL, by complications or other circumstances that require more time or unusual services. Such added allowances and limits for unlisted procedures will be determined on the basis of the time and difficulty of the procedure as compared to that of comparable listed procedures. However, AAL will not allow more than the surgical maximum for any one procedure.

When multiple procedures are performed at the same operative session:

Through the same incision; or

In the same operative field;

the limit will be the largest limit for any one of the procedures performed.

When multiple procedures are performed at the same operative session:

In separate operative fields; and

Through separate incisions;

the limit will be the sum of :

The limit for the major procedure; plus

One-half of the limit for each of any lesser procedure.

When bilateral, similar procedures are performed at the same operative session in separate operative fields, the limit will be:

The limit of the first procedure; plus

One-half of the limit of the second procedure.

## **2.11 PRIVATE DUTY NURSING, PHYSIOTHERAPY AND SPEECH THERAPY EXPENSES**

Charges for the services of a private duty nurse will be covered expenses if:

The services are ordered and supervised by a doctor; and

The covered person requires and receives medical services which can be provided only by a nurse.

Charges for the services of a physiotherapist or a speech therapist will be covered expenses if:

The services are ordered and supervised by a doctor; and

The condition needing the service is a result of a covered injury or sickness.

## **2.12 PREGNANCY**

Expenses which result from normal pregnancy are not covered under this certificate.

Complications of pregnancy will be covered if the pregnancy began while a covered person of this certificate, if hospitalization is required for treatment, and if the pregnancy is not terminated. The complications must be distinct from pregnancy and caused by or adversely affected by pregnancy, such as:

Acute nephritis;

Nephrosis;

Cardiac decompensation;

Missed abortion; and

Similar medical and surgical conditions of comparable severity.



Other complications of pregnancy included as covered expenses are:

- First Caesarean section;
- Non-elective Caesarean section;
- Ectopic pregnancy which is terminated;
- Spontaneous termination of pregnancy which occurs during a period of gestation in which a viable birth is not possible; and
- Other similar medical conditions and surgical procedures of comparable severity.

Complications of pregnancy do not include:

- Surgical delivery, except as provided above;
- False labor;
- Occasional spotting;
- Rest prescribed by a doctor;
- Morning sickness;
- Hyperemesis gravidarum;
- Pre-eclampsia; and
- Other conditions associated with the management of a difficult pregnancy which are not classified as a complication of pregnancy.

## **2.13 MENTAL ILLNESS**

Expenses that are a result of mental, nervous, or emotional disease or disorder will be covered expenses only if they are incurred:

- During a hospital stay because of such disease or disorder; and
- Within 60 days after discharge.

The maximum which will be paid for all such covered expenses for any one covered person will be limited to \$10,000 during any one calendar year, with a lifetime maximum of \$20,000.

## **2.14 EXCLUSIONS**

This certificate does not cover expenses due to:

- (1) Care, treatment, or supplies to the extent benefits are provided by Medicare or any other law or program of the government, except Medicaid.
- (2) War or act of war, declared or not.
- (3) Cosmetic surgery; reduction mammoplasty; and eyelid surgery. However, AAL will not deny benefits for reconstructive surgery:
  - (a) Due to injury, trauma, infection or other disease of the involved part of the body;
  - (b) To correct a congenital defect of a child born to you or your spouse while this certificate is in effect; or
  - (c) To correct disorders of normal bodily functions.
- (4) Vision or hearing aids and examinations for the prescription and fitting of them.
- (5) Treatment, care, or surgery dealing with the teeth or periodontal structures, except injury to natural teeth.
- (6) Mental, nervous, or emotional disease or disorder, except as provided in Section 2.13.
- (7) Pregnancy, except for complications of pregnancy as provided in Section 2.12.
- (8) Preexisting conditions, unless they are disclosed in the application and not excluded from coverage by name or specific description.
- (9) Care, treatment, or services performed by you or your spouse, or a child, parent, brother or sister of yours or your spouse's, or persons who ordinarily reside in your household.
- (10) Adhesive tape, antiseptics, and other common first aid items, whirlpools, air purifiers, humidifiers, dehumidifiers, and nonallergenic bedding.

# **3. COVERED PERSONS AND SUCCESSOR INSURED**

## **3.1 COVERED PERSONS**

Covered persons are those persons so named in the certificate schedule.

### 3.2 ELIGIBILITY

You and your spouse are eligible to become covered persons. Your or your spouse's children are eligible to become covered persons if they are:

Unmarried; and

Under 23 years of age; and

Chiefly dependent upon you or your spouse for support and maintenance.

"Children" includes:

Step children;

Adopted children; and

Children for whom a petition for adoption is pending.

### 3.3 ADDITIONS

A child of yours or of a covered child, born while this certificate is in effect, becomes a covered person at birth automatically. Coverage will include expenses incurred as a result of injury or sickness, congenital defects, birth abnormalities, and premature birth. Expenses will also be covered for transportation costs of the newborn to and from the nearest available facility which is properly staffed and equipped to treat the newborn's condition. The doctor must certify that the transportation is necessary to protect the health and safety of the newborn child. Coverage of such transportation shall not exceed the reasonable and customary charges, up to \$1,000.

Coverage for the child will continue until you are notified of any additional premium due for such child. Any additional premium due, must be paid to AAL within 31 days of the notice or coverage will terminate.

Any other eligible person will become a covered person:

Upon acceptance by AAL of your written request according to AAL's then current underwriting standards; and

Payment of the appropriate premium, if any.

### 3.4 TERMINATIONS

Status as a covered person will terminate as described below:

#### A. Your Spouse

Status as a covered person for your spouse will terminate on the premium due date next following the date of divorce.

#### B. A Child

Status as a covered person for a child will terminate on the premium due date next following the first to occur of:

The date of the child's marriage;

The date the child is no longer chiefly dependent on you or your spouse for support and maintenance; or

The child's 23rd birthday. If the child is 23 and is then incapable of self-sustaining employment due to mental or physical handicap and is chiefly dependent on the certificate holder for support and maintenance, coverage will continue until the incapacity ends. If a claim is denied because the child is over 23 years old, the burden shall be on the insured to furnish proof that the child is and has continued to be handicapped.

### **C. Each Covered Person**

Status as a covered person will terminate for each covered person on the earlier of:  
The date the covered person becomes eligible for Medicare; or  
The first day of the month in which the covered person reaches age 65.

### **3.5 SUCCESSOR INSURED**

If your coverage terminates because of your death, age, or eligibility for Medicare, your spouse, if then a covered person, may become the insured.

## **4. CONVERSION PRIVILEGE**

### **4.1 GENERAL**

AAL will issue a health insurance certificate to any person whose coverage under this certificate terminates except for nonpayment of premiums. Written request and the first premium must be received by AAL within 60 days after coverage terminates.

### **4.2 COVERED CHILDREN**

The new certificate will provide benefits that are most similar to those provided to covered children under this certificate. It will be issued without regard to health. The premium will be based on the age, class, and the table of premium rates in effect at the date of conversion.

### **4.3 COVERED ADULTS**

#### **A. Prior to Medicare Eligibility**

The new certificate will provide benefits that are most similar to those provided by this certificate. It will be issued without regard to health. The premium will be based on the original issue class and the ages at the date of issue of the coverages of this certificate.

#### **B. Upon Medicare Eligibility**

The new certificate will be the Medicare supplement that AAL then issues, if it issues one. It will be issued without regard to health. The premium will be based on the age, class, and table of premium rates in effect at the date of conversion.

## **5. CLAIMS**

### **5.1 NOTICE OF CLAIM**

Written notice of claim must be given within 30 days after a covered loss starts or as soon as reasonably possible. The notice shall be given to AAL at its home office, 4321 North Ballard Road, Appleton, WI 54919. Notice should include your name and the certificate number. Help may be obtained through an AAL district representative.

### **5.2 CLAIM FORMS**

When AAL receives the notice of claim, it will send you forms for filing proof of loss. If these forms are not given to you within 10 days, you may meet the proof of loss requirements by giving AAL a written statement of the nature and extent of the loss within the time limit stated in Section 5.3.

### **5.3 PROOF OF LOSS**

Written proof of loss must be given within 90 days after such loss. If it was not reasonably possible to give written proof in the time required, AAL shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof must be given no later than 1 year from time proof is otherwise required, unless you were legally incapacitated.

### **5.4 TIME OF PAYMENT OF CLAIMS**

Benefits for loss covered by this certificate will be paid as soon as AAL receives proper written proof.

### **5.5 PAYMENT OF CLAIMS**

Benefits will be paid to you. Any benefits unpaid at your death will be paid to your estate.

### **5.6 PHYSICAL EXAMINATIONS**

AAL, at its expense, has the right to have any covered person examined as often as reasonably necessary while a claim is pending or being paid.

### **5.7 MISSTATEMENT OF AGE OR SEX**

If a covered person's age or sex at issue has been misstated, the benefits will be those the premium would have purchased at the correct age or sex at issue.

### **5.8 LEGAL ACTIONS**

No legal action may be brought to recover on this certificate until after 60 days from the date written proof of loss has been given. No such action may be brought after the expiration of the applicable statute of limitations from the time written proof of loss is required to be given.

## **6. PREMIUMS, REINSTATEMENT, AND SURPLUS REFUNDS**

### **6.1 PAYMENT OF PREMIUMS**

The first premium is due on the issue date. To keep this certificate in effect, each premium must be paid to AAL when due. Premiums are due on the first day of each premium interval. Upon request, AAL will furnish a receipt for premiums paid. This certificate will terminate when any premium is not paid when due, except as otherwise provided under Section 6.4.

### **6.2 PREMIUM INTERVAL**

Premiums may be paid:

Annually; or

Quarterly; or

Monthly by preauthorized check; or

On any other premium interval that AAL offers for this certificate.

You may change the premium interval of this certificate, except:

While premiums are being waived under the Waiver of Premium Disability Benefit Rider, if any; or

If the change would cause an annual premium to fall due at any time other than a certificate anniversary.

A change in premium interval will be effective when AAL accepts the correct premium for the new interval.

### **6.3 CHANGES IN PREMIUM**

AAL reserves the right to change the premium rate on any premium due date. Any such change will apply only on a class basis as determined by AAL. The change will be based on the original insuring ages and sexes of the covered persons. AAL will make no change in premium because of a change in health of any covered person.

### **6.4 GRACE PERIOD**

This certificate has a 31 day grace period. This means that if a premium is not paid on or before the date it is due, it may be paid during the following 31 days. During the grace period the certificate will stay in effect.

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

### **6.5 REINSTATEMENT**

This certificate will terminate if a premium is not paid before the end of the grace period. If AAL does not require an application for reinstatement, this certificate will be reinstated on the date that AAL later accepts the premium.

If AAL requires an application for reinstatement, this certificate will be reinstated on the earlier of:

The date the application is approved; or

The 45th day after the date of application if it is not disapproved before then.

The reinstated certificate will cover only loss that results from:

Injury sustained after the date of reinstatement; and

Sickness that first manifests itself after the date of reinstatement.

In all other respects your rights and those of AAL will remain the same, subject to any provisions noted on or attached to the reinstated certificate.

The incontestability provision will operate anew from the date of any reinstatement only as to statements made in the application for reinstatement.

### **6.6 SURPLUS REFUNDS**

This is a participating certificate. It will share in the divisible surplus as determined and apportioned each year by the AAL Board of Directors.

## **7. THE CONTRACT**

### **7.1 THE ENTIRE CONTRACT**

The entire contract is made up of:

This certificate;

The application;

The AAL Articles of Incorporation and Bylaws; and

Any amendments to the above.

Any amendments to the Articles of Incorporation and Bylaws made after the issue date will not reduce the benefits which AAL promised as of the issue date.

No one but the president or the secretary has the right and power on behalf of AAL to change or waive any provision of this certificate.

All statements in the application are to be deemed representations and not warranties. Unless it is contained in the application, no statement by any covered person will:

Make void this certificate; or

Be used by AAL to contest a claim.

## **7.2 INCONTESTABILITY**

This certificate will be incontestable after two years from the effective date of coverage for each covered person, except for nonpayment of premiums. If a different incontestability provision appears in any benefit rider, the incontestability provision as stated in the rider shall apply to that rider.

## **7.3 MAINTENANCE OF SOLVENCY**

If AAL's reserves for any class of certificates become impaired, the AAL Board of Directors may require that benefit members pay to AAL a fair and just amount to get rid of the deficiency.

If the amount is not paid, it will be charged as a debt against this certificate with interest at a rate of 5 percent per year. If you agree, an equivalent reduction in benefits may be chosen instead of or in combination with the debt.

## **7.4 MEMBERSHIP**

The applicant as shown in the application is a benefit member of AAL. This membership cannot be transferred. The privileges of membership are stated in the AAL Articles of Incorporation and Bylaws.

## **7.5 CONFORMITY WITH STATE STATUTES**

If any provision of this certificate is in conflict with the laws of the state in which you reside on the issue date, the provision is automatically amended to meet the minimum requirements of such laws.

- Major medical expense insurance
- Benefits for specified medical expenses
- Benefit adjustment feature
- Participating — surplus refunds