



# AMERICAN INCOME LIFE INSURANCE COMPANY

Executive Office: P.O. Box 2608, Waco, Texas 76797-2608

The benefits provided by the Master Policy are indicated below. The Master Policy was issued to the policyholder. This certificate is a summary of that policy. The policy is governed by laws of the state where it was delivered.

WHO IS COVERED – ALL DUES PAYING MEMBERS

SG6IP

ID: 73308994

## BENEFITS FOR ACCIDENTAL LOSS OF:

LIFE	}	\$3000 YOU
BOTH HANDS		
BOTH FEET		
SIGHT OF BOTH EYES		
ONE HAND AND ONE FOOT		
ONE HAND AND SIGHT OF ONE EYE		
ONE FOOT AND SIGHT OF ONE EYE		
ONE HAND	}	1/2 of Amount
ONE FOOT		
SIGHT OF ONE EYE		



## AMVETS Department of PA

\$3,000 Member AD&D Benefit  
Beneficiary Card



YOUR DATE OF BIRTH \_\_\_\_\_  
 YOUR HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
 YOUR HOME ADDRESS (IF DIFFERENT THAN SHOWN) \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 BENEFICIARY \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
☐ Yes, I want Child Safe Kits for my family. # of Kits requested: \_\_\_\_\_

+ AS6BIP0119 +

Loss of a hand means cut off through or above the wrist. Loss of a foot means cut off through or above the ankle. Loss of sight means blindness which cannot be corrected to at least 20/200 vision. Any loss must occur within 90 days of the accident to be payable.

## EXCLUSIONS - - The Policy does not cover loss due to:

1. Suicide or intentionally self-inflicted injury while sane or insane;
2. Sickness, disease, medical treatment or surgery;
3. Voluntary taking of drugs, unless taken as prescribed by a doctor;
4. Injuries sustained other than on regularly scheduled commercial airline flights by a pilot, student pilot, or crew member of an aircraft in a crash or collision of the aircraft;
5. Committing or attempting to commit a felony or assault;
6. Taking part in a riot or insurrection; or
7. War or any act of war, or any injury sustained while serving in the military forces engaged in war whether declared or undeclared.

**CONVERSION --** When coverage terminates on an insured, the insured can convert to an individual policy. Application must be made within 31 days. The benefits will be the same as this group contract. The premium will be at the rate then in effect for this coverage for the age and class of risk of the insured. No evidence of insurability is required.



TG-20S (R82) PA

## GROUP ACCIDENTAL DEATH AND DISMEMBERMENT CERTIFICATE NONCONTRIBUTORY – NONPARTICIPATING



POLICYHOLDER AMVETS DEPT OF PA  
INSURED

CERTIFICATE NUMBER SG6IP

ID: 73308994

DATE OF BIRTH \_\_\_\_\_ PH: \_\_\_\_\_

I accept this insurance and designate \_\_\_\_\_, as my beneficiary.

Beneficiary's Name

Relationship



TG-20S (R82) PA

Insured's Signature

Date

Licensed Resident Agent

