



AFEUSA LIFESTYLE SELECT SERIES

Membership Program



**Association for
Entrepreneurship**



ZURICH

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AFEUSA.ORG



IT'S SUCCESS BY ASSOCIATION!



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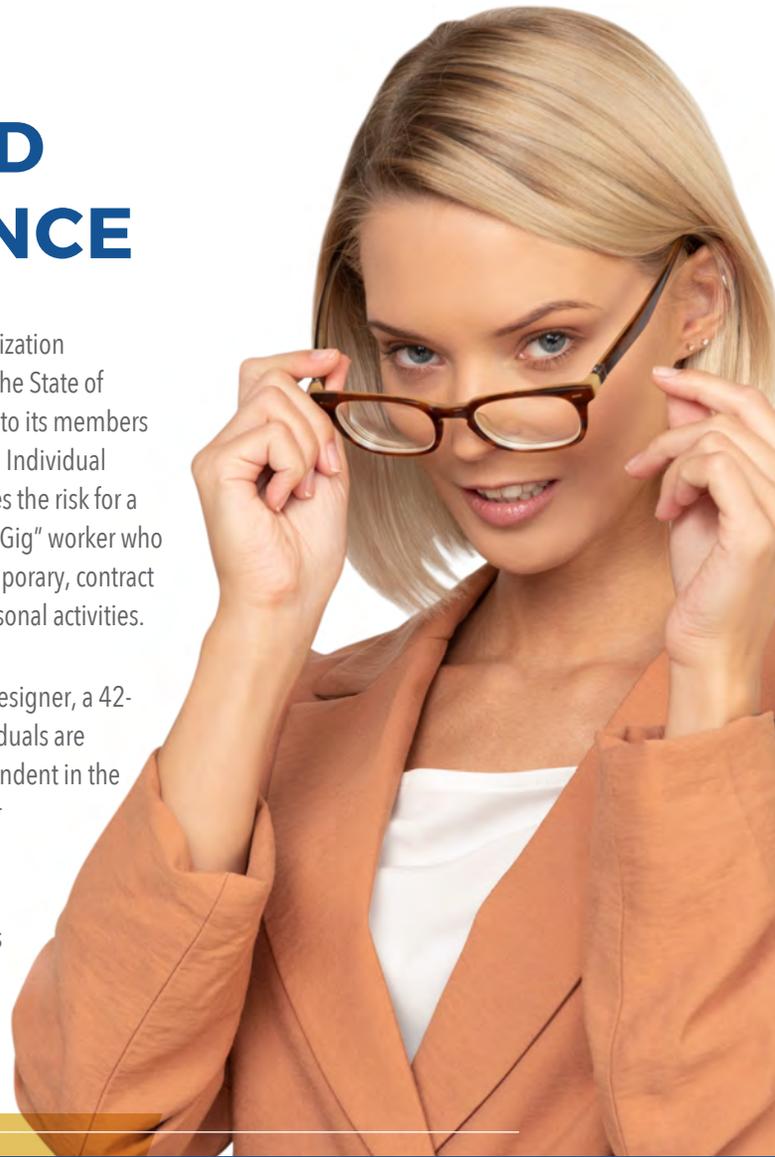
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WE EQUIP YOU AND YOUR INDEPENDENCE

The Association for Entrepreneurship USA ("AFEUSA") is a member organization organized as a trade association under the nonprofit corporation laws of the State of Illinois for the purpose of serving and providing educational information to its members who shall have a common interest of being Individual Entrepreneurs. An Individual Entrepreneur is defined as a person who organizes, operates and assumes the risk for a business venture or other enterprise and includes a "Gig" or even "Micro Gig" worker who earns income providing on-demand work, services or goods through temporary, contract or freelance jobs. These activities may be full-time, part-time or even seasonal activities.

It could be a 55-year-old starting a new company, an independent tech designer, a 42-year-old eBay re-seller of home crafts, or a 75-year-old Uber driver; individuals are leveraging their experience and skills to become more financially independent in the evolving U.S. economy. AFEUSA members have access to education, peer collaboration, advocacy and resources to support their endeavors.

It all starts with an AFEUSA membership. Members are offered numerous benefits which include access to group insurance products obtained using the group purchasing power of tens of thousands nationwide that have joined AFEUSA.



NETWORKING

The life of an entrepreneur can sometimes be a lonely one. AFEUSA plans to help you bridge that gap with its future Open Forum platform and "Shark Tank style" online presentations, and connections to investment capital for start-ups or business expansion. And be sure to visit us on Facebook, LinkedIn, and Twitter. With AFEUSA, it's success by association!



EDUCATION

Education plays a key role for any entrepreneur. AFEUSA provides a multitude of educational options including:

- monthly newsletters
- one-on-one business coaching
- motivational ideas and concepts
- along with a library of noted books and audio tapes.



RESOURCES

AFEUSA has negotiated a variety of both business and lifestyle discounts to benefit its members. Additionally, members can view a multitude of entrepreneur oriented programs throughout the U.S. geared towards basic as well as advanced entrepreneurship.

This is an outline of benefits and services. The AFEUSA membership level you select will determine the benefits you receive from you AFEUSA membership.

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SUCCESS BY ASSOCIATION

AFEUSA MEMBERSHIP PROGRAM OVERVIEW

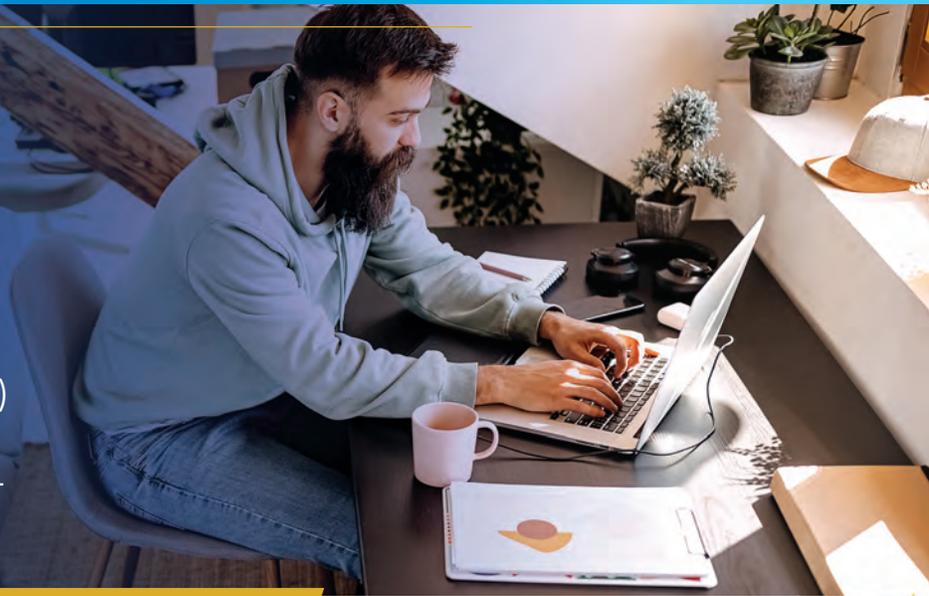
Benefits may vary depending upon membership.



MetLife Estate Resolution Services

MetLife Estate Planning Services

- Dental and Vision Plans
- Accident Disability Income
- Accident Medical Expense
- Critical Illness
- Group Term Life & Voluntary Term Life
- Senior Group Term Life 50-79
- Accidental Death & Dismemberment (AD&D)
- Accident & Sickness Hospital Indemnity
- Accident & Sickness Hospital Indemnity 65+



SUCCESS BY ASSOCIATION

You must be a member in good standing of AFEUSA to access and apply for any of the insurance benefits. Information contained in this brochure provides only a brief description and summary of the insurance coverage and is not a contract. Insured benefits are offered at the sole discretion of AFEUSA and may vary by availability, vendor or state law based on the member's state of residence. Insurance benefits may not be available in all states.

This is an outline of benefits and services. The AFEUSA membership level you select will determine the benefits you receive from your AFEUSA membership.



AFEUSA BENEFITS



HEALTH & WELL-BEING

Burnalong - Needy-Meds - American Hearing Benefit



TRAVEL & AUTO

Avis/Budget Car Rental - Sky Med Emergency Travel - Sky Med Travel - Car Chex - True Car



HOME & FAMILY PROGRAMS

Costco Wholesale - Benefit Hub - Home Chef - Long Term Care Resources - Griswold Home Care



FINANCIAL, HR & CREDIT

Gusto - Take Charge America - The Credit Clinic - EJ Pro Lease - First American



BUSINESS & OFFICE SERVICES

Eric's Jobs - Trapp Technology - UPS Express Delivery - Office Depot / Office Max - E6 Agency - Newsletter Pro



EDUCATION/BUSINESS COACHING

Genius Network - Big Results Academy - goSmallBiz.com - The Messinger Institute - SocialCore Marketing - Joel Weldon - Empowered Couples University

DISCLOSURE

MEMBER BENEFITS

This program of services (Program) is provided through membership in Association For Entrepreneurship USA (AFEUSA). Service providers associated with this Program (Providers) are solely responsible for the professional advice and service rendered to Program participants, and AFEUSA disclaims liability with respect to such matters.

Providers are subject to change without notice and Programs offered may vary in some states. Discounts offered are NOT insurance and may be discontinued or modified at any time. The discounts offered herein may not be used in conjunction with any other discount Program or program. All stated or quoted prices or discounts are current at time of printing this material, and are subject to change without notice.

Most Providers in this Program are not licensed insurers, a health maintenance organization, or other underwriters of health care services. No portion of any Provider's fees will be reimbursed or otherwise paid. Savings are based on the Provider's usual and customary fees. Actual savings will vary depending on location and specific services or products purchased.

Discounts on professional services are not available where prohibited by law. This Program makes no warranties, express or implied concerning any services provided, including professional services.

Participants may receive a full refund of membership fees, provided membership is canceled within the first 30 days. The Program is not available in all states.

Membership fees are to be paid when due. If the fees are not received, the member has 31 days from the date due to pay their membership fees; or the membership and any benefits provided will terminate without notice.

This Program is not an insurance policy and is not protected by any state Life and Health Guarantee Association. The participant is responsible and agrees to pay any taxes that may be required by law as a result of membership. The laws of the State of Illinois shall govern the interpretation, construction, and enforcement of this entire Program.

DISCLOSURE

MEMBER BENEFITS

Any dispute arising from, out of, or relating to this Program, including but not limited to those disputes regarding or relating to the Program, or AFEUSA, shall be resolved by binding, non-appealable arbitration. These provisions shall survive termination of this Program and the participant's membership in the Program. Any cause of action the member may have with respect to the Program must be commenced within one (1) year after the claim or cause of action arises. Complaint Procedure: any complaint regarding the Program or membership should be directed to Member Services at the toll-free number on the ID card or in writing to the address set forth herein.

From time to time, certain Providers may offer products or services to the general public at prices lower than the discounted prices available through this Program. It is the participant's responsibility to verify that the Provider is a participant in the Program. Providers are solely responsible for the professional advice and service rendered to participants and liability with respect to such matters is disclaimed.

Each participant and on behalf of all covered family dependents who are in the Program hereby forever releases, acquits and discharges the Program, AFEUSA, and its employees, officers, directors, agents and affiliates from any and all liabilities. Claims demands, actions and causes of action that such member or covered family member may have by reason of any damage or personal injury sustained as a result of or during the course of the use of any service under the Program. The sole recourse available to a participant or the participant's covered family dependents is cancellation of the membership. The participant agrees to defend, indemnify, and hold harmless the Program and from any and all liabilities, cost, and expenses, including without limitation attorneys' fees and costs, related to or arising from any unauthorized use of participant's Program; any violation of the Program by the participant or those who access participant's Program; or the use of the Program by the participant or by those who access participant's Program in a manner contrary to any law or regulation or harmful in any way to the Program or any of its affiliates.

The Program may only be used in the United States of America.

AFEUSA has the right to refuse membership to any person for any just or legal cause.

The participant consents to receive electronically all notices, communications and other documents of any kind from AFEUSA. You have the right to withdraw consent to such electronic transmittals; however, such withdrawal does not retroactively withdraw consent to actions occurring prior to such withdrawal.



ACCIDENT & SICKNESS HOSPITAL INDEMNITY, PERSONAL ACCIDENT AND CRITICAL ILLNESS INSURANCE



**Association for
Entrepreneurship**



ZURICH

Underwritten by Zurich American Insurance Company

AFEUSA.ORG

ACCIDENT & SICKNESS HOSPITAL INDEMNITY, PERSONAL ACCIDENT AND CRITICAL ILLNESS PLAN DETAILS

Effective Date

Membership available on the first of each month, check your member portal on your special effective date.

Eligibility

Enrollment ages: 18 - 64 Coverage will terminate the last day of the premium payment period in which the Insured turns 75.

Reduction of Benefit Amount

The benefit amount payable is reduced by 50% if the Covered Person is age 67 or older on the date of a covered loss.

Pre-Existing Condition (Accident & Sickness Hospital Indemnity and Critical Illness)

This plan does not pay any benefits for Sickness caused by or resulting from a Covered Person's Pre-existing Condition if the Sickness occurs during the first 12 months that a Covered Person is insured under this policy.

A Pre-existing Condition means an accident or a sickness for which, in the 6 months for hospital indemnity or 12 months for critical illness before the Covered Person becomes insured under the policy, medical advice, treatment or care was sought by a Covered Person, or was recommended by, prescribed by or received from a Physician.

The Group Insurance benefits described above are underwritten by Zurich American Insurance Company, 1299 Zurich Way, Schaumburg, IL 60196, 1 800 987 3373 (NAIC # 16535). This document provides a general description of certain provisions and features of this insurance program for informational purposes only and does not revise or amend the applicable policies.

In the event of a discrepancy between this document and your certificate of insurance or the group policy, the terms of the group policy shall apply. All benefits are subject to the terms and conditions of the group policy. Please refer to your Certificate of Insurance for a detailed description of the insurance coverage, including the exclusions, limitations, reductions and termination.

Coverage may not be available in all states or certain terms, conditions and exclusions may be different where required by state law. Coverage terminates at age 75. This insurance provides limited benefits. Limited benefits plans are insurance products with reduced benefits and are not intended to be an alternative, it is intended to help supplement Comprehensive coverage. This insurance does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

ACCIDENT AND SICKNESS HOSPITAL INDEMNITY INSURANCE

HOSPITAL INDEMNITY PLAN*	PLAN 1	PLAN 2	PLAN 3	PLAN 4
In Hospital Indemnity (1 Day Elimination Period for Accident or Sickness)	\$250	\$500	\$750	\$1,000
Max Days Per Confinement	5	5	5	5
Max Number of Days Per Plan Year	10	10	10	10
Intensive Care Unit (1 Day Elimination Period for Accident or Sickness)	\$250	\$500	\$750	\$1,000
Max Days Per Confinement	5	5	5	5
Max Number of Days Per Plan Year	10	10	10	10

MONTHLY COST**	PLAN 1	PLAN 2	PLAN 3	PLAN 4
Primary Member	\$17.65	\$35.27	\$52.90	\$70.52
Primary Member + Spouse/Domestic Partner	\$35.40	\$70.74	\$106.12	\$141.48
Primary Member + Dependent Child(ren)	\$34.17	\$68.28	\$102.43	\$136.55
Primary Member + Family	\$56.25	\$112.46	\$168.68	\$224.90

*The benefit amount for a covered spouse and covered child is equal to the Primary Member's benefit amount. Benefits reduce to 50% at age 67.

**Monthly cost includes billing and administrative fees and insurance premium; monthly Association dues not included.



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ACCIDENT AND SICKNESS HOSPITAL INDEMNITY INSURANCE

HOSPITAL INDEMNITY PLAN*	PLAN 5	PLAN 6	PLAN 7	PLAN 8
In Hospital Indemnity (1 Day Elimination Period for Accident or Sickness)	\$250	\$500	\$750	\$1,000
Max Days Per Confinement	5	5	5	5
Max Number of Days Per Plan Year	10	10	10	10
Intensive Care Unit (1 Day Elimination Period for Accident or Sickness)	\$250	\$500	\$750	\$1,000
Max Days Per Confinement	5	5	5	5
Max Number of Days Per Plan Year	10	10	10	10
ER Visit (Limit one Visit per Day):	\$100	\$150	\$200	\$250
Max Number of Days Per Plan Year	2	2	2	2
Physician Office Visit (Limit one Visit per Day)	\$25	\$50	\$75	\$100
Max Number of Days per Plan Year:	2	2	2	2
MONTHLY COST**	PLAN 5	PLAN 6	PLAN 7	PLAN 8
Primary Member	\$23.88	\$46.82	\$70.65	\$108.12
Primary Member + Spouse/Domestic Partner	\$47.25	\$92.93	\$140.35	\$214.75
Primary Member + Dependent Child(ren)	\$48.87	\$94.93	\$142.78	\$218.70
Primary Member + Family	\$78.86	\$153.65	\$231.35	\$353.86

*The benefit amount for a covered spouse and covered child is equal to the Primary Member's benefit amount. Benefits reduce to 50% at age 67.

**Monthly cost includes billing and administrative fees and insurance premium; monthly Association dues not included.

The Group Hospital Indemnity Insurance benefits described above are underwritten by Zurich American Insurance Company, 1299 Zurich Way, Schaumburg, IL 60196, 1 800 987 3373 (NAIC # 16535). This document provides a general description of certain provisions and features of this insurance program for informational purposes only and does not revise or amend the applicable policies. In the event of a discrepancy between this document and your certificate of insurance or the group policy, the terms of the group policy shall apply. All benefits are subject to the terms and conditions of the group policy. Please refer to your Certificate of Insurance for a detailed description of the insurance coverage, including the exclusions, limitations, reductions and termination.

Coverage may not be available in all states or certain terms, conditions and exclusions may be different where required by state law. Benefits decrease at age 67. Coverage terminates at age 75. This insurance provides limited benefits. Limited benefits plans are insurance products with reduced benefits and are not intended to be an alternative, it is intended to help supplement Comprehensive coverage. This insurance does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

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ACCIDENT INSURANCE

ACCIDENT MEDICAL EXPENSE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

ACCIDENT-ONLY*	PLAN 1	PLAN 2	PLAN 3	PLAN 4
Accident Medical Expense	Up to \$2,500	Up to \$5,000	Up to \$7,500	Up to \$10,000
Deductible per Occurrence	\$0	\$0	\$0	\$0
AD&D	Up to \$5,000	Up to \$10,000	Up to \$15,000	Up to \$20,000
MONTHLY COST**				
Member	\$17.72	\$21.40	\$25.80	\$28.78
Member + Spouse/Domestic Partner	\$28.72	\$35.00	\$42.41	\$46.35
Member + Dependent Child(ren)	\$36.18	\$44.32	\$53.85	\$59.08
Member + Family	\$45.20	\$55.40	\$67.30	\$73.84

ACCIDENT-ONLY*	PLAN 5	PLAN 6	PLAN 7	PLAN 8
Accident Medical Expense	Up to \$2,500	Up to \$5,000	Up to \$7,500	Up to \$10,000
Deductible per Occurrence	\$250	\$250	\$250	\$250
AD&D	\$5,000	\$10,000	\$15,000	\$20,000
MONTHLY COST**				
Member	\$16.80	\$20.32	\$24.50	\$27.35
Member + Spouse	\$27.27	\$33.25	\$40.32	\$44.03
Member + Child(ren)	\$34.36	\$42.14	\$51.25	\$56.18
Member + Family	\$42.95	\$52.68	\$64.05	\$70.22

ACCIDENTAL DEATH AND DISMEMBERMENT SCHEDULE OF LOSSES

Primary Member Principal Sum Amount for Accidental:

Loss of Life	100% of Principal Sum
Loss of Speech and Loss of Hearing	100% of Principal Sum
Loss of Speech and one of Loss of Hand, Loss of Foot, or Loss of Sight in One Eye	100% of Principal Sum
Loss of Hearing and one of Loss of Hand, Loss of Foot, or Loss of Sight in One Eye	100% of Principal Sum
Loss of Hands (Both), Loss of Feet (Both), Loss of Sight or a combination of any two of Loss of Hand, Loss of Foot, or Loss of Sight of One Eye	100% of Principal Sum
Loss of Hand, Loss of Foot, or Loss of Sight of One Eye (Any one of each)	50% of Principal Sum
Loss of Speech or Loss of Hearing	50% of Principal Sum
Loss of Thumb and Index Finger of the same Hand	25% of Principal Sum

* The benefit for a covered spouse is equal to 50% of the Primary Member's benefit amount. The benefit for a covered child is equal to 25% of the Primary Member's benefit amount.

**Monthly cost includes billing and administrative fees and insurance premium; monthly Association dues not included.

The Group Accident Insurance benefits described above are underwritten by Zurich American Insurance Company, 1299 Zurich Way, Schaumburg, IL 60196, 1 800 987 3373 (NAIC # 16535). This document provides a general description of certain provisions and features of this insurance program for informational purposes only and does not revise or amend the applicable policy. In the event of a discrepancy between this document and your certificate of insurance or the group policy, the terms of the group policy shall apply. All benefits are subject to the terms and conditions of the group policy. Please refer to your Certificate of Insurance for a detailed description of the insurance coverage, including the exclusions, limitations, reductions and termination. Coverage may not be available in all states or certain terms, conditions and exclusions may be different where required by state law. Coverage terminates at age 75. This insurance provides limited benefits. Limited benefits plans are insurance products with reduced benefits and are not intended to be an alternative, it is intended to help supplement Comprehensive coverage. This insurance does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

CRITICAL ILLNESS INSURANCE

CRITICAL ILLNESS*	PLAN 1	PLAN 2	PLAN 3	PLAN 4
Cancer	Up to \$5,000	Up to \$10,000	Up to \$15,000	Up to \$20,000
Type 1	100%	100%	100%	100%
Type 2	50%	50%	50%	50%
Skin	10%	10%	10%	10%
Benign Brain Tumor	50%	50%	50%	50%
Heart & Circulatory	Up to \$5,000	Up to \$10,000	Up to \$15,000	Up to \$20,000
Heart Attack	100%	100%	100%	100%
Stroke	100%	100%	100%	100%
Coronary Artery By-Pass	50%	50%	50%	50%
Ruptured Aneurysm	100%	100%	100%	100%
Transplants	Up to \$5,000	Up to \$10,000	Up to \$15,000	Up to \$20,000
Major Organ Transplant	100%	100%	100%	100%
End Stage Renal Failure	100%	100%	100%	100%
Paralysis-Loss of Use	Up to \$5,000	Up to \$10,000	Up to \$15,000	Up to \$20,000
Paralysis	100%	100%	100%	100%
Coma	100%	100%	100%	100%
Blindness Both Eyes	100%	100%	100%	100%
Loss of Speech	50%	50%	50%	50%
Loss of Hearing	50%	50%	50%	50%
Monthly Cost**				
Member	\$12.92	\$25.80	\$38.70	\$51.58
Member + Spouse Member	\$25.80	\$51.58	\$77.37	\$103.15
+ Child(ren) Member +	\$13.22	\$26.43	\$39.62	\$52.83
Family	\$26.10	\$52.20	\$78.30	\$104.38

*The benefit for a covered spouse is equal to 100% of the Primary Members benefit amount. The benefit for a covered child is up to \$5,000 for all plans. Benefits reduce to 50% at age 67.

**Monthly cost includes billing and administrative fees and insurance premium; monthly Association dues not included.

The Group Critical Illness Insurance benefits described above are underwritten by Zurich American Insurance Company, 1299 Zurich Way, Schaumburg, IL 60196, 1 800 987 3373 (NAIC # 16535). This document provides a general description of certain provisions and features of this insurance program for informational purposes only and does not revise or amend the applicable policies. In the event of a discrepancy between this document and your certificate of insurance or the group policy, the terms of the group policy shall apply. All benefits are subject to the terms and conditions of the group policy. Please refer to your Certificate of Insurance for a detailed description of the insurance coverage, including the exclusions, limitations, reductions and termination.

Coverage may not be available in all states or certain terms, conditions and exclusions may be different where required by state law. Benefits decrease at age 67. Coverage terminates at age 75. This insurance provides limited benefits. Limited benefits plans are insurance products with reduced benefits and are not intended to be an alternative, it is intended to help supplement Comprehensive coverage. This insurance does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

LIMITATIONS & EXCLUSIONS

BENEFITS WILL NOT BE PROVIDED UNDER THE HOSPITAL INDEMNITY POLICY FOR ANY ILLNESS OR INJURY THAT IS CAUSED BY, OR RESULTS FROM:

- Suicide or attempted suicide while sane or insane or from intentionally self-inflicted injury.
- war or any act of war, whether declared or undeclared.
- involvement in any type of active military service. Reserve or National Guard active duty training is not excluded, unless it extends beyond 31 consecutive days. If you notify us of active duty service or training, We will refund any premiums paid for any period for which no coverage is provided as a result of the exclusion.
- participation in the commission or attempted commission of any felony, insurrection or Participation in a Riot.
- engaging in an illegal organization.
- being intoxicated while operating a motor vehicle.
- a Covered Person will be conclusively presumed to be intoxicated if the level of alcohol in a Covered Person's blood exceeds the amount at which a person is presumed, under the law of the locale in which the Accident occurred, to be intoxicated, if operating a motor vehicle.
- an autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the Covered Person's intoxication.
- being under the influence of any Prescription Drug, controlled substance, or hallucinogen, unless such Prescription Drug, controlled substance, or hallucinogen was prescribed by a Physician and taken in accordance with the prescribed dosage.
- occupation or employment for compensation, wage or profit or for which benefits may be payable under a workers' compensation law, occupational disease law or similar law, whether or not application for such benefits has been made.
- ride in or on any motor vehicle or aircraft engaged in acrobatic tricks/ stunts (for motor vehicles), acrobatic/ stunt flying (for aircraft), endurance tests, off-road activities (for motor vehicles), or racing;
- participation in any organized sport in a professional or semi-professional capacity;
- participation in abseiling, base jumping, bossaball, bouldering, bungee jumping, cave diving, cliff jumping, free climbing, freediving, free-running, hang gliding, ice climbing, Jai Alai, jet powered flight, kite surfing, kiteboarding, luging, missed climbing, mountain biking, mountain boarding, mountain climbing, mountaineering, parachuting, paragliding, parakiting, paramotoring, parasailing, Parkour, proximity flying, rock climbing, sail gliding, sandboarding, scuba diving, sepak takraw, slacklining, ski jumping, skydiving, sky surfing, speed flying, speed riding, train surfing, tricking, wingsuit flying or other similar extreme sports or high risk activities;
- elective abortion or complications thereof;
- artificial insemination, in vitro fertilization, test tube fertilization;
- gender change, sterilization, tubal ligation or vasectomy, and reversal thereof;
- aroma therapeutic, herbal therapeutic, or homeopathic services;
- any Mental and Nervous Disorder, unless specifically allowed by a provision of this Certificate;
- Substance Abuse, unless specifically allowed by a provision of this Certificate;
- medical mishap or negligence on the part of any Physician, Medical Professional, or Therapist, including malpractice;
- Treatment, supplies or services provided by, through or, behalf of any government agency or program; unless payment is required by a Covered Person;
- Custodial Care, unless specifically allowed by a benefit provision in this Certificate or any rider attached to the Policy (if applicable);
- elective or cosmetic surgery or procedures, except for reconstructive surgery;
 1. incidental to or following surgery for disease, infection or trauma of the involved body part; or
 2. due to Congenital Anomaly or disease of a Dependent Child which has resulted in a functional defect;
- dental care or Treatment, except for Treatment due to an Injury to sound natural teeth within 12 months of the Accident;
- Treatment necessary due to Congenital Anomaly or disease; Congenital Anomalies of newborn and newly adopted children are not excluded if otherwise covered under the terms of the Policy.
- pregnancy or childbirth, except Complications of Pregnancy.

LIMITATIONS & EXCLUSIONS

FOR THE ACCIDENT POLICY, A LOSS WILL NOT BE A COVERED LOSS IF IT IS THE DIRECT RESULT OF:

1. War or any Act of War, whether declared or undeclared; or the release of radiation which is the result of war;
2. involvement in any type of active military service.
3. illness or disease, regardless of how contracted,; medical or surgical treatment of illness or disease; or complications following the surgical treatment of illness or disease; except for Accidental ingestion of contaminated foods;
4. participation in the commission or attempted commission of any felony, an assault, insurrection or riot;
5. parasailing, bungee jumping, heli-skiing, scuba diving or any other activity that would reasonably be deemed extra-hazardous;
6. being legally intoxicated.
 - a. a Covered Person will be conclusively presumed to be legally intoxicated if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the state in which the Accident occurred, to be intoxicated, if operating a motorized vehicle.
 - b. an autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the Covered Person's intoxication;
7. intentional use of illegal drugs or intentional misuse of prescription or over the counter drugs (not taken as directed);
8. travel or flight in any aircraft except to the extent stated in SECTION IV Δ HAZARDS and SECTION V Δ COVERAGES;
9. a cardiovascular event or stroke caused by exertion prior to or at the same time as an Accident;
10. alcoholism

FOR THE PURPOSES OF THE ACCIDENT MEDICAL EXPENSE BENEFIT ONLY, WE WILL NOT COVER THE FOLLOWING:

- cosmetic, plastic or restorative surgery unless Medically Necessary for the treatment of the Injury;
- any expenses for a Pre-existing Condition;
- Injury for which the Covered Person is entitled to benefits under Workers Compensation Benefits, Employer Liability Law, or other similar law;
- personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental, or guest meals;
- treatment by any person Related to the Covered Person;
- expenses incurred for dental care, treatment, repair or replacement of Sound Natural Teeth unless Medically Necessary for the treatment of the Injury;
- expenses incurred for eye examinations, eye glasses, contact lenses or hearing aids or the fitting, repair or replacement of these items unless Medically Necessary for the treatment of the Injury;
- routine physical examinations and related medical services, or elective treatment or surgery, or experimental or investigative treatments or procedures;
- a Medical Repatriation;
- expenses incurred for psychological or psychiatric counseling of any kind or any expense for treatment of mental or nervous diseases or disorders;
- expenses which the Covered Person is not legally obligated to pay;
- expenses for Custodial Services or services provided by a private duty nurse unless such expenses are incurred as a result of an Injury;
- expenses related to the repair or replacement of existing artificial limbs, eyes, or other prosthetic appliances, or rental of existing medical equipment unless for the purpose of modifying the item because the Injury has caused further impairment in the underlying bodily condition;
- treatment involving conditions caused by repetitive motion injuries or cumulative trauma and not a result of an Injury;
- intentional use of illegal drugs or intentional misuse of prescription or over the counter drugs (not taken as directed);
- treatment of Osgood-Schlatter's Disease.

LIMITATIONS & EXCLUSIONS

BENEFITS WILL NOT BE PROVIDED FOR A CRITICAL ILLNESS IF IT IS CAUSED BY OR RESULTS FROM:

- Suicide or attempted suicide while sane or insane or from intentionally self-inflicted injury.
- from a Pre-existing Condition.
- war or any act of war, whether declared or undeclared.
- involvement in any type of active military service.
- participation in the commission or attempted commission of any felony, insurrection or riot.
- engaging in an illegal occupation.
 - a) being intoxicated while operating a motor vehicle.
 - b) a Covered Person will be conclusively presumed to be intoxicated if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the Accident occurred, to be intoxicated, if operating a motor vehicle.
 - c) an autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the Covered Person's intoxication.
- being under the influence of any prescription drug, controlled substance, or hallucinogen, unless such prescription drug, controlled substance, or hallucinogen was prescribed by a Physician and taken in accordance with the prescribed dosage.
- Diagnosis for which proof is submitted by a Physician that is Related to the Covered Person.
- refusing certain types of recommended medical treatment, as follows:
 - a) a Physician has recommended treatment with angioplasty or Coronary Artery By-Pass Graft for coronary artery disease, the Insured refuses this treatment, and the Covered Person suffers a Heart Attack;
 - b) a Physician has recommended treatment for a brain aneurysm or carotid artery stenosis, the Insured refuses treatment, and the Covered Person suffers a Stroke; or
 - c) a Physician has recommended a diagnostic biopsy or diagnostic/therapeutic excision of a mass or lesion suspected of being cancer the Covered Person refuses, and the Covered Person develops Type 1 Cancer, Skin Cancer, or Type 2 Cancer.

There is a Benefit Waiting Period of 30 days, 90 days for cancer. For each category of Critical Illnesses, we will pay once per Critical Illness and a maximum of 100% per category. If a Critical Illness in the Paralysis-Loss of Use category is caused by another Critical Illness for which benefits are payable, only the larger of the benefits will be payable. Maximum Lifetime Benefit for all covered Critical Illnesses: 200% of the Benefit Amount.

Pre-existing Condition Limitation

No benefits are payable for a Pre-existing Condition. Once a Critical Illness is no longer considered a Pre-existing Condition as defined herein due to satisfaction of the time period below, the exclusion for that Critical Illness as a Pre-existing Condition no longer applies.

A condition will no longer be considered a Pre-existing Condition after the Covered Person's coverage under the Policy has been in effect for 12 consecutive months.



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