

ACCIDENT INSURANCE PLAN
offered by The Life Insurance Company of North America
for
United States Naval Sea Cadet Corps and Navy League Cadet Corps
(SPS 001669)

WHO MUST BE INSURED:

All members of all units of the United States Naval Sea Cadet Corps.

EFFECTIVE AND TERMINATION DATES

Coverage becomes effective at 12:01 A.M. on June 9, 1997 and terminates as 12:01 A.M. on June 9, 1998. Amendment policy unchanged and in effect to June 9, 2003 at 12:01 A.M.

DEFINITIONS

Accident - means a sudden, unforeseeable external event which: (1) causes injury to one or more covered members; and (2) Occurs while coverage is in effect for the covered member.

Usual and Customary - means the fee(s) for medical services or supplies which is (are): (1) the usual fee(s) charged by the provider for the service or supply given; (2) the average fee for the service or supply in the locality in which the service or supply is received and (3) reasonable in relationship to the service or supply given and the severity of the condition.

HAZARDS COVERED

Benefits are payable for accidental bodily injuries sustained while participating in supervised and sponsored activities of the United States Naval Cadet and Navy League Cadet Corps, including: 1) traveling to or from such activities as a member of a supervised group; 2) sports related activities; and 3) air travel via a military transport.

ACCIDENT MEDICAL EXPENSE BENEFIT

If a Member is injured in a covered accident which occurs while his or her coverage is in effect, Benefits are payable for the Eligible Expenses listed below for the treatment of such injury, if treatment is received within one year of the accident. The first treatment must begin within 60 days of the accident, and services and supplies must be prescribed by a doctor.

After a \$100.00 deductible is satisfied, this insurance plan provides benefits of 100% of the Usual and Customary Charges incurred, not to exceed a total maximum benefit of \$5,000.00 for any covered accident per Covered Member.

Eligible Expenses include:

1. Hospital expenses, including room and board and miscellaneous services during a hospital stay (room and board charges are limited to most common semi-private room rate). Miscellaneous expenses do not include expenses for telephone radio or television, extra beds or cots, meals, meals for guest, take items or other convenience items.
2. Outpatient expenses by a hospital for pre-admission testing (confinement must occur within 7 days of testing) and emergency room treatment.
3. Expenses for medical and surgical treatment by a doctor (home, hospital and office visits included). Two or more surgical procedures through the same incision will be considered as one procedure. However, benefits will be payable up to 1.50 times the surgical procedure charge incurred, if more than one surgical procedure is performed through different operating fields during the same surgical session.
4. Expenses for the assistant surgeon second surgical opinion, consultation, anesthesia and its administration, and the use of surgical facilities.
5. Expenses for nursing services, other than routine hospital care, by or under the supervision of a licensed, graduate, registered nurse.
6. Expenses for physiotherapy while hospital confined or as an outpatient. Includes: heat treatment; diathermy; microtherm; ultrasonic; adjustment; manipulation; massage therapy; and acupuncture.
7. Expenses for x-ray and laboratory tests.

8. Expenses for ambulance service from the place where the covered accident occurred to the hospital.
9. Expenses for medical services and supplies for oxygen and its administration; and blood and blood transfusions.
10. Rental expenses for medical equipment, for a wheelchair, an iron lung; or other medical equipment for which prior approval by the Insurance Company has been given.
11. Expenses for dental care due to injury to sound, natural teeth.

ACCIDENTAL DEATH, DISMEMBERMENT AND LOSS OF SIGHT BENEFIT

Pays \$10,000 for loss of life; \$10,000 for loss of two or more members; \$5,000 for one member; \$2,500 for thumb and index finger; for such loss occurring within 90 days of the date of accident. (*Member* means hand; foot or eye.) In the event of such loss coverage ceases for the Covered Member.

EXCLUSIONS

Benefits are not payable for: 1) a loss which is caused by or results from the Covered Members intentionally self-inflicted injury, suicide or any attempt threat; 2) a loss which is caused by or results from declared or undeclared war or act of war; 3) services or treatment rendered by a doctor, nurse or any other person who is employed or retained by the Policyholder, or who is the Covered Member or a member of the Covered Members immediate family; 4) disease, illness or bacterial infection (except infection resulting directly from the accidental injury); or 5) hernia of any kind.

CLAIMS

Mail original claims to: NSCC National Headquarters, 2300 Wilson Blvd., Arlington, VA 22201.

Please note:

- 1) Written notice of claim must be given to the company Within 30 days after the occurrence or as soon as reasonably possible. Itemized bills must be submitted to the Life Insurance Company of North America no later than 90 days after the occurrence, or as soon as reasonably possible.
- 2) All-medical treatment resulting from a covered accident must have begun within 60 days of the date that the accident.

PAYMENT OF BENEFITS

Benefits for a Covered Members loss of life are payable to the Covered Members first surviving class of the following: 1) the spouse; 2) the child or children; 3) the mother or father; 4) the sisters or brothers; or the estate. All other benefits are payable to the Covered Member.

COST OF COVERAGE

The annual cost of \$5.00 per Member is included in the Members enrollment fee.

IMPORTANT NOTICE

This information provides a brief description of the important features of this Insurance Plan. It is not a contract. Terms and conditions of the coverage are set forth in policy number SPS 001669 under form number TL-002790 issued in Virginia. Please keep this material with your important papers.

Underwritten and offered by:

Life Insurance Company of North America
Located in Philadelphia, PA (a CIGNA company)

PM-14790d-97



AMENDMENT
to be attached to and made a part of
Blanket Policy No. SPS041942-1020
issued by

LIFE INSURANCE COMPANY OF NORTH AMERICA
Philadelphia, Pennsylvania 19192

to
United States Naval Sea Cadets and
Navy League Cadet Corps
2300 Wilson Blvd., Arlington, VA 22201-3308

It is understood effective as of 06/09/2002, the Policy is amended as of that date by the deletion, substitution and addition of the pages indicated below:

Description Of Change **RENEWAL**

As of the above referenced date, the following changes are being made.

In consideration of the payment of premium to be determined by audit, it is hereby understood and agreed that this policy is continued in force for the period of 06/09/2002 to 06/09/2003.

Pages Removed

None

Pages Added

None

All other terms and conditions of the Policy to which this Amendment is attached remains unchanged.

Producer Code: 008161 Sales Office: 551 Suffix Code: 933

LIFE INSURANCE COMPANY OF NORTH AMERICA

By

Title: John K. Leonard, President

Issue Date: 8/28/2002

Accepted: United States Naval Sea Cadets and

By:

Title:

Date: