



Medical Life Insurance Company

Home Office:
1220 Huron Road
Cleveland, Ohio 44115-1700

(herein called We, Us, Our)

CERTIFICATE

We agree to pay benefits subject to the provisions, definitions, limitations, and conditions of the group Policy issued by MEDICAL LIFE INSURANCE COMPANY to the Maine Snowmobile Association (herein called the Association), Group Number G13497. The Policy is a legal contract between the Association and Medical Life, and it may be changed at any time by a written agreement between Medical Life Insurance Company and the Association.

This is your certificate of coverage. It is not a contract or a part of one. Your benefits are described in plain English, but a few terms and provisions are written as required by insurance law.

PLEASE READ CAREFULLY

If you have any questions, please contact the Benefits Administrator at the Association or write to us. We will assist you in any way we can to help you understand your benefits.


Secretary

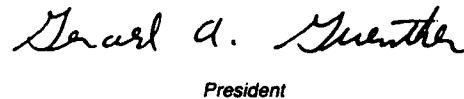

President

TABLE OF CONTENTS

Accidental Death, Dismemberment and Loss of Sight Benefit	3
Definitions	1
Effective Date	2
Eligibility	2
General Provisions	3
Termination Provisions	2

DEFINITIONS

This section tells You the meaning of special words and phrases used in this certificate. In addition, special words and phrases used only in specific sections of this certificate are defined in those sections. To help you recognize these special words and phrases, the first letter of each word, or each word in the phrase, is capitalized wherever it appears.

Accident or **Accidental** means an event that is sudden, unexpected, and unintended and over which you have no control.

Insured means any Member or Dependent covered under the Policy.

Male Pronoun whenever used includes the female.

Member means a person whose membership application has been accepted by the Association and who has paid the annual dues.

Policy means the group insurance contract between the Association and Medical Life which provides your insurance benefits.

Policyholder means the Maine Snowmobile Association (herein called the Association).

We, Us, or Our means Medical Life Insurance Company.

You or Your means the insured Member to whom this certificate has been issued.

ELIGIBILITY, EFFECTIVE DATE AND TERMINATION PROVISIONS

This section tells you: Who is eligible for insurance, when insurance coverage will be effective, and when your insurance will end.

ELIGIBILITY

All Members of the Association and their Dependents are eligible for coverage. For the purpose of this coverage, Dependent means the Member's spouse and any unmarried child who is:

1. at least 14 days but less than 19 years of age; and
2. not in active military service.

Child(ren) includes natural, step, foster or adopted children.

EFFECTIVE DATE OF COVERAGE

Coverage will be effective on the first of the month which coincides with or next follows the day you enroll, provided you have paid your annual dues to the Association.

TERMINATION OF COVERAGE

Insurance coverage will end on the earliest of:

1. the date you are no longer a member of the Association; or
2. the date the Policy is cancelled; or
3. (with respect to Dependent children) the date the Dependent reaches the limiting age.

BENEFICIARY PROVISIONS

BENEFICIARY DESIGNATION

You and each insured Dependent must name a beneficiary on a form which We provide or on a form approved by Us. If two or more beneficiaries are named, payment of proceeds will be equally apportioned unless you specify otherwise. The Policyholder may not be named as beneficiary.

Unless provided otherwise, if a beneficiary dies before the Insured, We will divide that beneficiary's share equally between any remaining named beneficiaries.

If no named beneficiary survives the Insured, We will pay the amount of insurance:

1. to his spouse, if living; if not,
2. in equal shares to his then living children, if any; if none,
3. in equal shares to his father and mother, if living; if not,
4. in equal shares to his brother(s) and sister(s), if any; if none,
5. to his estate.

If the beneficiary is a minor, or is not able to give a valid release for any payment of benefits made, We will not make payment until a claim is made by the person or entity, which by court order, has been granted control of the estate of such beneficiary. This provision does not prevent Us from making payment to or for the benefit of a minor beneficiary in accordance with applicable state law.

If any benefits under this provision are to be paid to an Insured's estate, We may pay an amount not greater than \$1,000 to any person We deem to be entitled to such funds. Any and all payments made by Us shall fully discharge Us in the amount of such payment.

CHANGE OF BENEFICIARY

An Insured may change his beneficiary at any time by completing a change form, or a form approved by Us, and sending it to Our Home Office. The written request for change of beneficiary will not be effective until it is recorded in Our Home Office. After it has been so recorded, it will take effect as of the date the form was signed. If death occurs before We receive the change form, We will not alter any payment that We have already made. Any prior payment shall fully discharge Us from further liability in that amount.

ACCIDENTAL DEATH, DISMEMBERMENT, AND LOSS OF SIGHT BENEFIT

BENEFIT

The Principal Sum is equal to \$2,000. We will pay up to the Principal Sum if you or your Dependent suffers loss of life or loss of a member of the body while insured under the Policy. The loss must occur within 365 days of an Accident and must be the direct and sole result of the Accident and independent of all other causes. The amount payable is listed in the table below.

TABLE OF LOSSES

Principal Sum for Loss of:	One-half of the Principal Sum
Life	for Loss of:
Both Hands	Sight of One Eye
Both Feet	One Hand
One Hand and One Foot	One Foot
Sight of Both Eyes	
One Hand and the Sight of One Eye	
One Foot and the Sight of One Eye	

Loss of a hand or foot means cut or broken apart at or above the wrist or ankle joint, as applicable. Loss of sight means sight in at least one eye is completely gone and cannot be recovered.

The total amount of benefits payable for all losses to any one person resulting from any one Accident will not be greater than the Principal Sum.

PAYMENT OF BENEFITS

Accidental Death: We will pay benefits for the loss of life to the Insured's designated beneficiary. Payment will be in one lump sum.

Accidental Dismemberment or Loss of Sight: If you and/or your Dependent spouse are the claimant(s), We will pay benefits for these losses to the claimant. If the claimant is a Dependent child, we will pay benefits for these losses to you. Payment will be in one lump sum.

LIMITATIONS

We will not pay any benefits for a loss caused by or connected with:

1. suicide or attempted suicide; or
2. intentionally self-inflicted injury; or
3. disease or mental infirmity or from the medical or surgical treatment or diagnosis of such disease or infirmity; or
4. ptomaines; or
5. bacterial infection except pyogenic infection which occurs through or with an Accidental cut or wound; or
6. war or any act of war, whether declared or undeclared; or
7. travel or flight in an aircraft while a member of the crew, or while engaged in the operation of the aircraft, or giving or receiving training or instruction in such aircraft; or
8. your being under the influence of any drug, except those prescribed by a physician, including alcohol, narcotics, hallucinogens and gas or fumes, which are taken or inhaled voluntarily; or
9. by voluntary poisoning.

GENERAL PROVISIONS

This section tells you: The documents that form the master policy; your basic rights and obligations; and the rights and obligations of Medical Life.

ENTIRE CONTRACT

The Policy and the Application of the Policyholder are considered to be the entire contract.

STATEMENTS

We consider any statements made by you or the Policyholder, in the absence of fraud, to be representations and not warranties. No statement will be used to void the insurance, reduce benefits, or deny a claim unless:

1. the statement is in writing; and
2. a copy of that statement is given to you or to your beneficiary.

INCONTESTABILITY

We will not contest the validity of the Policy, except for nonpayment of premium, after it has been in force for two (2) years from its effective date. We will not contest the validity of an Insured's insurance after his insurance has been in force for two (2) years during his lifetime.

MISSTATEMENT OF AGE

If you have misstated your age or the age of a Dependent, the true age will be used to determine:

1. the effective date or termination date of insurance; and
2. any other rights or benefits.

Premiums will be adjusted to reflect the premiums that would have been paid if the true age had been known.

PHYSICAL EXAMINATION/AUTOPSY

Upon receipt of a claim, We may examine you, at Our expense, at any reasonable time. We reserve the right to perform an autopsy, at Our expense, if it is not prohibited by any applicable law.

LEGAL ACTION

No action at law or in equity may begin prior to 60 days after We receive valid written proof of loss. No such action may begin after three (3) years from the day written proof of loss was required.

CONFORMITY WITH STATE LAW

If any part of the Policy does not conform to a state statute in the state in which it is issued or delivered, it is amended to conform with the minimum requirements of the statutes of that state.

ASSIGNMENT

You may assign to anyone other than the Policyholder any incident of ownership you may possess. We are not responsible for the validity or legal effect of any assignment.

NOTICE OF CLAIM

If you or your Dependent(s) have an Accident that may result in a claim for benefits under the Policy, written notice must be given to Us at Our Home Office. This must be done within 30 days after the covered loss occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice must contain enough information to identify the claimant.

CLAIM FORMS

When We receive written notice of a claim, We will send you forms with which to file proof of loss. If you do not receive these forms within 15 days, you will be excused from filing the forms provided you send Us written proof of loss which describes the occurrence, the character and extent of the loss for which claim is made.

At a minimum, the description should tell Us such things as: your name and address; the type of benefits you are claiming; the name(s) and address(es) of your physician(s); the date and nature of the Accident.

PROOF OF LOSS

We must receive written proof of loss within 90 days after the date of the loss for which claim was made. If it can be shown that it was not reasonably possible to furnish such proof, and that such proof was furnished as soon as reasonably possible, failure to furnish proof of loss within 90 days will not invalidate or reduce any claim. However, except in the absence of legal capacity, proof of loss must be furnished no later than one (1) year from the date such proof is required.