THIS POLICY PROVIDES LIMITED ACCIDENT INSURANCE ONLY. The policy does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department.

IMPORTANT NOTICE

THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS OR FOR LEGAL LIABILITY.

WARNING

(NY) The insurance offered in this brochure is: (1) not a deposit; (2) not insured by the Federal Deposit Insurance Corporation; and (3) not guaranteed by the bank, trust company, savings bank, savings and loan associations, federal savings association or national bank.

A.M. BEST'S RATING FOR NATIONWIDE LIFE IS A+ (SUPERIOR). A.M. Best Co. has been a leading independent source of insurer financial ratings since 1899.

NOTE TO AGENT: Mail completed application, Premium Report and premium payment to:

Special Risks
Nationwide Insurance
CO-03-20
P.O. Box 2399
Columbus, OH 43216-2399

CONTACT US:

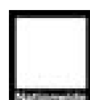
Local: 1-614-854-2196
Toll Free: 1-800-525-8669 (option 5)
Fax: 1-614-854-3753
E-Mail: specrsks@nationwide.com
Website: www.grouprotector.com

UNDERWRITTEN BY:

Nationwide Life Insurance Company
P.O. Box 2399
Columbus, OH 43216-2399

SPL-7050-H (500)

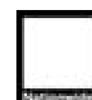
NATIONWIDE LIFE INSURANCE COMPANY
Home Office: Columbus, Ohio



Auxiliary Police, Firefighters and Reserve Units

Accident Insurance

All cases are subject to the acceptance of the risk. Cases producing over $15,000 of premium are also subject to our review of prior claims experience.



Nationwide's GrouProtector Accident Insurance for Participants of

Auxiliary Police, Firefighters and Reserve Units

WHAT IS IT?

Nationwide's GrouProtector Accident Insurance is a highly practical insurance plan that provides greater peace-of-mind to individuals and groups engaged in a wide variety of activities. It gives all eligible persons the security they need and deserve.

Individual names are not required as ***100% of all eligible persons must be insured.*** Each person is protected — as well as the group itself — because all eligible persons are automatically covered.

Voluntary enrollment plans are not available.

IS THERE A CHOICE OF BENEFITS?

Yes. You may choose any one of the four classes available.

WHAT ARE THE COVERED ACTIVITIES?

- While on duty under the direction of the plan sponsor and/or the government or private unit for which the insured is serving;
- While taking part in plan sponsor activities sponsored and directly supervised by the plan sponsor;
- Direct travel to and/or from such activities.

WHO IS COVERED?

Eligible persons include all auxiliary and volunteer members.

WHAT IS THE DIFFERENCE BETWEEN OUR PRIMARY MEDICAL AND EXCESS MEDICAL PLANS?

- **Our Primary Plan -** is usually "first in line" to pay a claim. It pays covered expenses **regardless** of most other plans.

  Other plans, however, may reduce their payments based on what we pay.

- **Our Excess Plan** - is usually "last in line" to pay a claim. ***It does not pay covered expenses to the extent they are collectible under most other plans.*** Thus, we need to know what others pay before we will pay. If there is no coverage, we will pay the same as primary.

  Excess essentially "fills in" other plans' deductibles and coinsurance as well as pays remaining covered expenses after others have exhausted their benefits. If our excess plan has a deductible, it is "out-of-pocket" and cannot be satisfied by other plans.

Availability of Primary and Excess plans varies.
Please refer to Item 5 of the application and "Note" below the FRAUD WARNINGS.

WHAT ARE THE POLICY EXCLUSIONS AND LIMITATIONS?

We will not pay benefits for expenses incurred for:

(1) the examination, prescription, purchase or fitting of eyeglasses, contact lenses or hearing aids; or

(2) treatment by a person employed or retained by the plan sponsor or its subsidiaries or affiliates and for which no charge is normally made; or

(3) care or treatment by a person who ordinarily lives in the insured's home or is a parent, grandparent, spouse, brother, sister or child of either the insured or the insured's spouse (if a NJ contract, care or treatment furnished by a member of the insured's immediate family).

Nor will we pay benefits for loss or expenses resulting from:

(4) intentional self-destruction or an attempt at it or intentional self-inflicted injury (if MO contract, while sane); or

(5) war or an act of war, declared or undeclared, or act of terrorism; or

(6) air travel unless the insured is a passenger on a regularly scheduled flight of a properly licensed commercial airline.

HOW DO YOU APPLY FOR COVERAGE?

1. Complete items 1, 2 and 5 on the attached application. Date and sign where indicated.

2. **Complete the "Premium Report" on the reverse side of the application.** Date and sign where indicated.

3. Send the completed application and Premium Report, along with your check made payable to Nationwide Insurance, to your Nationwide agent **before the desired effective date.**

When we receive your completed application, Premium Report and premium payment, we will send your policy, certificates (if required in your state), claim forms and instructions.

THE RENEWAL AND TERMINATION CONDITIONS

The policy may be renewed with our consent for future terms of one year each by payment of the premium due at the rates in effect at the time of renewal. We may terminate the policy (subject to certain conditions in WV) at **12:01 A.M.** on any renewal date by giving the plan sponsor 31 days (60 days in LA, NV and WI) prior written notice.

An insured's coverage will end on the first of these to occur:
– When he or she is no longer an eligible person
– The date to which premium has been paid
– The termination date of the policy

Termination of coverage will not affect a claim which occurs before the coverage ends.

POLICY APPLICATION (please print or type)

which, upon acceptance and approval by **NATIONWIDE LIFE INSURANCE COMPANY — Columbus, Ohio 43216,** will become a part of **SPECIFIED HAZARD INSURANCE POLICY NUMBER 502–95–**______________________
Office Use Only

1. **Name of Plan Sponsor** ____
Group's Name

Permanent Mailing Address ____
Number Street City State Zip County

2. **Policy Term**: The policy term starts at **12:01 A.M.** on ______ /______ /______ which is the effective date and ends at **12:01 A.M.** on ______ /______ /______ which is the first renewal date.

3. **Covered Activities**

On duty under the direction of the plan sponsor and/or the government or private unit for which the insured is serving; those activities sponsored and directly supervised by the plan sponsor; training courses, tests, drills or trials of a piece of aparatus connected directly with such duties; and direct travel to and/or from such activities. (500)

4. **Maximum Benefit Amounts**—the word "None" means the benefit is not included.

Benefit Provisions	**Maximum Benefit Amounts**			
	Class 1	Class 2	Class 3	Class 4
ACCIDENTAL DEATH AND SPECIFIC LOSS with a $250,000 overall maximum for any one accident.				
Death - - - - - - - - - - - - - - - - - - -	$5,000	$12,500	$5,000	$12,500
Specific Loss (Face Amount) - - - - -	10,000	25,000	10,000	25,000
MEDICAL EXPENSE				
Accident				
Deductible - - - - - - - - - - - - - - -	None	None	None	None
Overall Maximum - - - - - - - - - -	25,000	50,000	25,000	50,000
WEEKLY ACCIDENT INCOME starting on the first day of disability for up to 52 weeks - - - - - - - - - - - - - -	None	None	100	200
OFFICE USE ONLY	2220P 4220E	5011E	2220P 4220E	5011E

5. **Premium Rates by Class(es) of Eligible Persons** – check Class(es) and Medical Expense Plan desired.

Policy Term Premium Rates per Eligible Person			
Class	**Eligible Persons**	☐ Medical Expense Primary Plan	☐ Medical Expense Excess Plan
	All auxiliary and all volunteer members of the plan sponsor (check only one box):		
1	☐ Class 1 Benefits (C13) -	**$4.25**	**$3.10**
2	☐ Class 2 Benefits (C13) -	**NOT AVAILABLE**	**6.25**
3	☐ Class 3 Benefits (C13) -	**10.75**	**9.50**
4	☐ Class 4 Benefits (C13) -	**NOT AVAILABLE**	**18.75**

The minimum premium per policy term is **$225** if the medical expense primary plan has been elected and **$175** if the medical expense excess plan has been elected.

6. **The Policy is to cover all eligible persons** (05).

7. **It is understood and agreed that:** (a) the premium will be paid entirely by the plan sponsor with no contribution made by the eligible persons toward the cost of the insurance; and (b) **premium will be paid annually in advance based on the total number of eligible persons anticipated to be insured during the policy term** (BF50).

(NY) Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

By signing below, you agree that you have read all of the Fraud Warnings contained within this document.

______________________________ Previous Policy Number

______________________________ Signature of Applicant

______________________________ Date

______________________________ Printed Name and Title of Applicant

______________________________ Agent's Signature and Number

______________________________ Address of Applicant

______________________________ Agent's Phone Number

______________________________ Applicant's Phone Number

______________________________ Agent's E-mail Address

______________________________ Applicant's E-mail Address

VOLUNTEER FIRE DEPARTMENTS AND AMBULANCE COMPANIES ARE NOT ELIGIBLE UNDER THIS BROCHURE — PLEASE VISIT OUR WEBSITE AT WWW.GROUPROTECTOR.COM OR CONTACT US AT 1-800-525-8669, OPTION 5.

FRAUD WARNINGS

(CA) **For your protection California law requires the following to appear on this form.** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

(LA) Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

(NY) Please read statement located at bottom of application (reverse side) above signature section.

(PA) Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

(PR) Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggregated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a maximum of two (2) years.

(WA) Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

(All Other States) Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and/or civil penalties.

NOTE: These plans are available in DC, PR, VI and all 50 states, EXCEPT for Class 3 and 4 benefits in PA. Excess medical is NOT available in NJ or NY. Please contact our Special Risks Department in our Home Office for Class 3 and 4 benefits in PA.

PREMIUM REPORT

Must be completed for Application to be accepted

Type of Group: ____________________

____

____

Group Activities Include: ____________________

____

____

____

Age Range:

________ to ________ years of age

Anticipated Number of Eligible Persons to be Insured During the Policy Term

Auxiliary Members		Volunteer Members		Total Members		Annual Premium Rate per Eligible Person		Premium Due Subject to Annual Minimum
________	+	________	=	________	× $	________	= $	________

The minimum premium per policy term is $225 for primary medical coverage and $175 for excess medical coverage.

I certify that to the best of my knowledge and belief: (1) the preceding information is correct and complete; (2) premium is being paid for the total number of eligible persons who are anticipated to be insured during the policy term; and (3) **the premium is being paid entirely by the plan sponsor with no contribution made by the eligible persons toward the cost of the insurance.**

____________________ by ____________________

Date — Applicant's Signature and Title

____________________ ____________________

Day Telephone Number — Fax Number

____

E-mail Address

Note: If additional space is required, use a separate sheet. For authorized checking account withdrawal (also called Automated Clearing House or "ACH") call 1-800-525-8669, option 5.

HERE ARE THE BENEFITS

DEATH BENEFIT - If, as a result of injury, an insured dies within one year from the date of the accident causing the injury, we will pay the death benefit less any specific loss benefit paid because of the same accident. The one year limit does not apply in a PA or WV contract.

SPECIFIC LOSS BENEFIT - If, as a result of injury, an insured suffers a specific loss within one year from the date of the accident causing the injury, we will pay:

75% of the face amount for loss of each arm or leg
50% of the face amount for loss of each hand or foot, sight of an eye or speech
25% of the face amount for loss of hearing of each ear or the thumb and index finger of the same hand

The total payment for all of the specific losses of an insured because of any one accident will not be more than the face amount. No specific loss benefit will be paid if the death benefit applies. The loss of the thumb and index finger of the same hand benefit will not be paid if the loss of the hand or arm benefit applies. The loss of the hand or foot benefit will not be paid if the loss of the arm or leg benefit applies.

MEDICAL EXPENSE BENEFIT - If, as a result of injury, an insured incurs covered expenses starting within 90 days from the date of the accident causing the injury, we will pay, less the deductible (if any) shown in the application and not to exceed the overall maximum benefit amount, all covered expenses incurred within 3 years from such date.

Covered expenses means the reasonable and customary charges for local ("local" not applicable in a CT contract) professional ambulance service to or from a hospital and/or surgical center as well as the following reasonable and customary charges for treatment, services and supplies provided or prescribed by a doctor: (1) hospital or surgical center care; (2) medical treatment; (3) nursing care provided by a licensed nurse; (4) X-rays and lab exams; (5) prescription drugs and therapeutic services and supplies; (6) dental treatment as a result of injury to sound, natural teeth (natural teeth in SC); and (7) the following licensed home health care agency services and supplies provided instead of an otherwise required hospital or skilled nursing home confinement: (a) physical, occupational, respiratory and speech therapy, (b) the services of a home health aide and (c) medical supplies.

If excess medical has been elected, we will not pay benefits for, nor can this plan's deductible (if any) be satisfied by, covered expenses to the extent that they are collectible under certain other policies and/or health plans as stated in the policy.

(Coverage is provided under policy form No. GR-9051-2. Certain provisions of the policy are summarized in this brochure. All benefits are subject to the policy, which alone constitutes the agreement under which payments are made.)