

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.

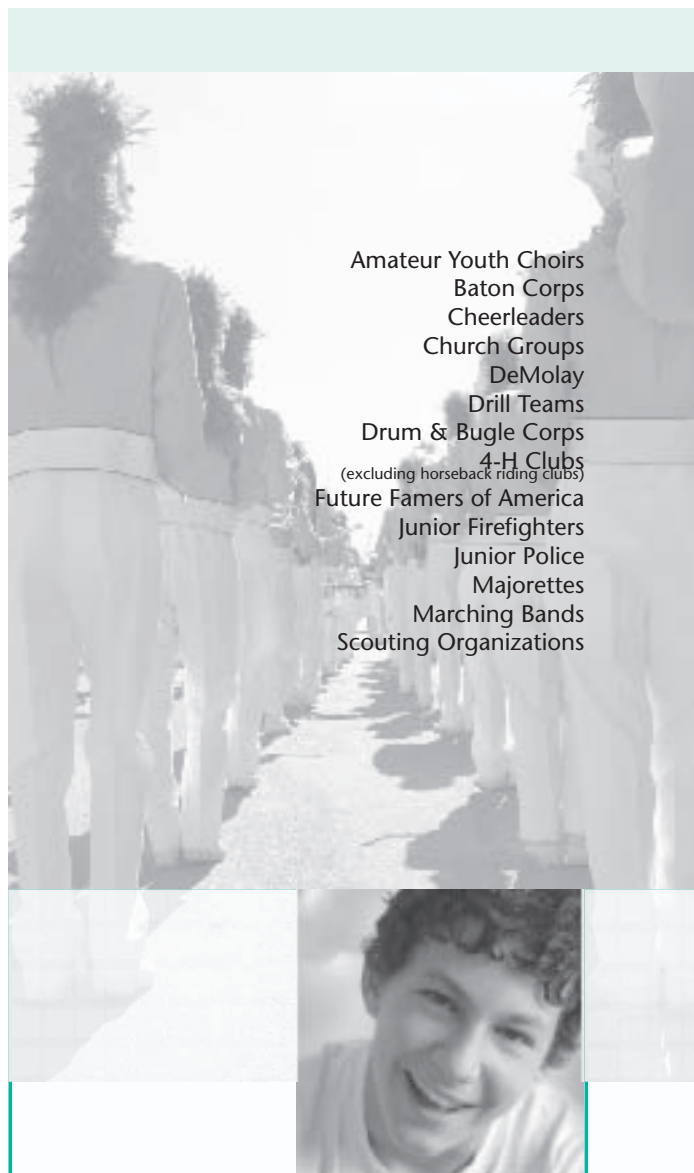
A.M. BEST'S RATING FOR NATIONWIDE LIFE IS A+ (SUPERIOR). A.M. Best Co. has been a leading independent source of insurer financial ratings since 1899.

NOTE TO AGENT: Mail completed application, Premium Report and premium payment to:
Special Risks Health
Nationwide Insurance
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: SpecRisks@Nationwide.com
Website: www.grouprotector.com

SPL-7059-G (717)

NATIONWIDE LIFE INSURANCE COMPANY
Home Office: Columbus, Ohio



Amateur Youth Choirs
Baton Corps
Cheerleaders
Church Groups
DeMolay
Drill Teams
Drum & Bugle Corps
4-H Clubs
(excluding horseback riding clubs)
Future Farmers of America
Junior Firefighters
Junior Police
Majorettes
Marching Bands
Scouting Organizations

Accident Insurance Youth Groups

(The reference to specific organizations above is not intended to imply endorsement or approval by such organizations.)

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.



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.
- (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 Classes 1 and 2 in VT. Excess medical is not available in NJ and to schools in AL and PA. Horseback riding groups and sports groups are not eligible under this brochure — for these groups please contact Special Risks Health at our Office at 1-800-525-8669 (options 5).

PREMIUM REPORT																					
Must be completed for application to be accepted	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 20%; text-align: center;">Anticipated Number of Eligible Memberships</th> <th style="width: 20%; text-align: center;">Annual Premium Rate per Eligible Membership</th> <th style="width: 20%; text-align: center;">Premium Due</th> </tr> </thead> <tbody> <tr> <td>Members under age 12</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">× \$ _____</td> <td style="text-align: center;">= \$ _____</td> </tr> <tr> <td>Members age 12 and over</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">× \$ _____</td> <td style="text-align: center;">= \$ _____</td> </tr> <tr> <td>Counselors</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">× \$ _____</td> <td style="text-align: center;">= \$ _____</td> </tr> <tr> <td colspan="3">Total premium due (subject to annual minimum*)</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table>		Anticipated Number of Eligible Memberships	Annual Premium Rate per Eligible Membership	Premium Due	Members under age 12	_____	× \$ _____	= \$ _____	Members age 12 and over	_____	× \$ _____	= \$ _____	Counselors	_____	× \$ _____	= \$ _____	Total premium due (subject to annual minimum*)			\$ _____
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Total premium due (subject to annual minimum*)			\$ _____																		
Specific Name of Youth Group*: _____	*The annual minimum premium per policy term is \$225 for primary medical coverage and \$175 for excess medical coverage.																				
Type of Youth Group: _____	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; 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.																				
Activities Include: _____																					
Age Range of Participants (not staff): _____ to _____ years of age	_____ by _____ Date Applicant Signature and Title																				
*Example: "ABC Church - Youth Fellowship Only"	_____ 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 "ACH") call 1-800-525-8669, option 5.																					

HERE ARE THE ACCIDENT 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
 Each Leg

50% of the face amount for loss of:
 Each Hand or Foot
 Sight of Each Eye
 Speech

25% of the face amount for loss of:
 Hearing of Each Ear
 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 mean 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 folder. All benefits are subject to the policy, which alone constitutes the agreement under which payments are made.)

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.

Nationwide's GrouProtector Accident Insurance for Participants of YOUTH GROUPS

WHAT IS IT?

Nationwide's GrouProtector Insurance is a highly practical insurance plan that provides greater peace-of-mind to individuals and groups engaged in a wide variety of youth 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.

WHAT ARE THE COVERED ACTIVITIES?

- Supervised activities (excluding snow skiing and league sports) sponsored and/or endorsed by the plan sponsor; and
- Direct travel to and/or from such activities.

IS THERE A CHOICE OF BENEFITS?

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

WHO IS COVERED? Eligible persons include:

- Members only, or members and counselors
- Guests who attend meetings for the purpose of being encouraged to become 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 eye-glasses, contact lenses, or hearing aids; (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); (5) war or an act of war, declared or undeclared; 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, 5, 6 and 7 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.

