MEMORANDUM

February 22, 2013

Subject: 2013 rates for club, camp, and group activities

To: 4-H and Extension Staff

From: Bill Viar, Director, AIL Special Risk Division

Thank you for choosing the American Income Life Special Risk Division to insure your 4-H group activities. Rates and benefits for 2013 will remain the same for clubs, camps, fairs, trips, and other special events sponsored by your county, district, or statewide program. Brochures are enclosed for your files, however visiting www.americanincomelife.com is the number one choice for submitting Special Activities Coverage requests online or printing applications for the Annual 4-H Club Policy.

As you work with extension colleagues, and partner with youth serving organizations in your community, please spread the word about our service:

- AIL insures ANY extension sponsored group activity designed for youth or adults. For example a growing number of Master Gardener programs utilize our service.
- In addition to 4-H summer camps, AIL insures hundreds of camps and conference centers nationwide.
- AIL insures FFA and other vocational student organizations, civic and community clubs, and church sponsored programs.
- AIL insures College and University outreach programs designed for youth.

Today families with health insurance face higher deductibles, co-pays, and cost sharing provisions. Both the insured and uninsured face the potential for significant out of pocket medical costs following an accident or illness. Blanket coverage from AIL is an affordable option to provide first dollar benefits when the typical incidents occur during youth activities.

Serving extension since 1952, the AIL Special Risk Division is the leading provider of blanket accident and illness insurance for 4-H group activities, serving 85% of US counties and parishes. Please direct any questions from your staff or volunteer leaders to our office at 800-849-4820 or e-mail specialrisk@americanincomelife.com. We wish you a safe and successful 2013.
## Table of Benefits

<table>
<thead>
<tr>
<th></th>
<th>Option A</th>
<th>Option B</th>
<th>Option C</th>
</tr>
</thead>
<tbody>
<tr>
<td>For expense incurred within 52 weeks of the date of Accident for Medical and Surgical Treatment, X-Ray Examinations, Hospital Confinement and Ambulance Expense, up to a maximum of...</td>
<td>$2,500</td>
<td>$3,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>Dental Services incurred within 52 weeks of the Accident, involving Sound Natural Teeth, up to a maximum of...</td>
<td>$400</td>
<td>$500</td>
<td>$1,000</td>
</tr>
<tr>
<td>Medical and Hospital Expense for Illness having its inception on the day or days this policy is in force, up to a maximum of...</td>
<td>None</td>
<td>$1,000</td>
<td>$1,500</td>
</tr>
<tr>
<td>For Medical Expenses from these specified diseases: Poliomyelitis, Diphtheria, Scarlet Fever, Smallpox, Tetanus, Cerebrospinal Meningitis, Typhoid Fever, Leukemia, or Primary Encephalitis, up to a maximum of...</td>
<td>None</td>
<td>$3,500</td>
<td>$5,000</td>
</tr>
<tr>
<td>For losses within 100 days of the accident which result in the loss of life...</td>
<td>$2,500</td>
<td>$3,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>For losses within 100 days of the accident which cause loss of both hands, or both feet, or the total sight of both eyes or one hand and one foot...</td>
<td>$7,500</td>
<td>$7,500</td>
<td>$10,000</td>
</tr>
<tr>
<td>For losses within 100 days of the accident which cause the loss of one hand or one foot or sight of one eye...</td>
<td>$2,500</td>
<td>$2,500</td>
<td>$5,000</td>
</tr>
</tbody>
</table>

This policy does not cover the following:
- Eyeglass Replacement
- Suicide
- Aviation Accidents
- Pre-Existing Conditions
- Hernia in any form
- Any loss caused by or resulting from pregnancy
- Staff Employees covered under Worker's Compensation

### Transportation Coverage
This insurance covers group travel to and from the sponsored activity. It is required that such group be accompanied by an Adult Leader. The enroute day or part of a day must be included in the approximate number of days for which insurance is applied.

### Complete for your records.

- Application #
- Activity
- Option
- # Days
- Date
- Paid $ Check #
- Mailed to Company