

Global Program

Designed For:

ASSEMBLIES OF GOD

Administered By:

**DISSINGER INSURANCE SERVICES
55 CORPORATE WOODS
9300 WEST 110TH STREET, SUITE 145
OVERLAND PARK, KS 66210**

Policy Number: 24N-018-0010

NOTE: *This is only a brief description of the benefits of this plan. The Policy on file with the Policyholder shall provide the only basis for coverage and claim.*



**National Guardian
Life Insurance Company**

ELIGIBILITY

All registered Voluntary Missionaries and Independent Contractors of the Assemblies of God who are on a trip sponsored by the Policyholder and are on record with the Company are eligible for coverage.

EFFECTIVE DATE AND TERMINATION DATE

The Master Policy on file with the Assemblies of God is effective January 1, 2011. A Covered Person's coverage is effective when the Covered Person leaves his/her permanent residence for the purpose of going on a trip sponsored by the Policyholder.

The Master Policy terminates on January 1, 2012. A Covered Person's coverage terminates on the earlier of: the date the Master Policy terminates; the date the Covered Person returns to his/her permanent residence at the end of the trip sponsored by the Policyholder; or the end of the period for which premium has been paid.

No premium refunds are permitted except when an individual enters full time active military service in which case a pro-rata refund will be made upon request.

ACCIDENT & SICKNESS MEDICAL EXPENSE BENEFIT

Maximum Benefit Amount

Per Injury	\$50,000
Per Sickness	\$12,500

When a covered Injury or Sickness occurs, the Company will pay 100% of Covered Charges incurred up to the Maximum Benefit Amount, per Injury or Sickness. Each Injury or Sickness is subject to a \$50.00 Deductible. Treatment of Injury must begin within 60 days of accident. Covered Charges must be incurred within 52 weeks from the date of the first treatment of Sickness or Injury. Coverage will coordinate with any other valid and collectible insurance or plan, except when the Covered Person is outside of the United States in which case benefits will be paid on a primary basis.

Covered Charges are:

1. Hospital room and board and general nursing care and other services, including charges for professional services, except personal services of a non-medical nature, up to the average semi-private room rate.
2. Intensive care expense up to two (2) times the average semi-private room rate or the actual charge for an intensive care unit, whichever is less.
3. Doctor's charges for diagnosis, treatment and surgery.
4. Cost and administration of anesthesia.
5. Medication, x-ray services, laboratory tests and services, use of radium and radioactive isotopes, oxygen, blood transfusions, iron lungs and medical treatment.
6. Physiotherapy, if recommended by a Doctor, for treatment of a specific Injury or Sickness and administered by a licensed physiotherapist.
7. Hotel room charge, when the Covered Person otherwise necessarily confined in a hospital, shall be under the care of a Doctor in a hotel room owing to unavailability of a hospital room by reason of capacity or distance or to any other circumstances beyond the control of the Covered Person.
8. Dressings and prescription drugs.
9. Ambulance expense.
10. Dental treatment for Injury to sound, natural teeth.

The State of Missouri mandates coverage for the following: Mammograms; treatment of alcohol and drug abuse; diagnosis and treatment of osteoporosis; contraceptive drugs and devices; prosthetic devices or reconstructive surgery following mastectomy; hospital confinement of 48 hours following a vaginal delivery and 96 hours following delivery by cesarean section (post-discharge care is provided following an authorized shorter hospital stay); general anesthesia and

hospital charges for dental treatment under certain circumstances; pelvic examination and pap smears; prostate examinations; colorectal cancer examinations and treatment of mental and nervous disorders.

All Missouri Mandates are paid the same as any other Sickness unless specifically stated otherwise. Please see the complete Policy on file with the Policyholder for full details.

MONTHLY SICKNESS INDEMNITY BENEFIT

The Company will pay a Monthly Sickness Indemnity Benefit during a period of continuous Total Disability resulting from Sickness. The Period of Total Disability must commence within 180 days after the first treatment of Sickness causing such Total Disability. The Benefit shall be paid at the rate of \$250 per month, up to a maximum of 50 months following a waiting period of 90 days.

PERMANENT TOTAL DISABILITY BENEFIT

When as the result of Injury and commencing within 180 days of the date of the Accident, a Covered Person is Totally Disabled, the Company will pay, provided such Total Disability has continued for a period of 12 consecutive months and is total, continuous and permanent at the end of this period, \$100,000 less any other amount paid or payable under the Accidental Death and Dismemberment Benefit of the Policy as a result of the same Accident, at the rate of one percent per month for 88 months after the first month lump sum payment of \$12,000.

GENERAL EXCLUSIONS

No benefits are payable under the Policy for:

1. Treatment, services or supplies which: are not medically necessary; are not prescribed by a Doctor as necessary to treat a Sickness or Injury; are determined to be experimental/ investigational in nature by the Company; are received without charge or legal obligation to pay; would not routinely be paid in the absence of insurance; are received from any family member.

2. Expenses incurred as a result of loss due to war, or any action of war, declared or undeclared; service in the armed forces of any country.
3. Expenses incurred as a result of committing or attempting to commit an assault or felony.
4. Expenses incurred as a result of suicide or intentionally self-inflicted Injury while sane.
5. Cosmetic surgery other than reconstructive surgery incidental to or following surgery resulting from trauma, infection, or other diseases of the involved part.
6. Loss due to voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a Doctor.
7. Rest cures.
8. Routine physical examinations.
9. Treatment of alcoholism, or any form of substance abuse, except as specifically state mandated.
10. Expenses incurred as a result of dental treatment, except as specifically stated.
11. Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses or for the fitting thereof, unless caused by Injury.
12. Injury resulting from the practicing for or participating in professional sports.
13. Injury resulting from motorcycle driving, scuba diving, skiing, mountain climbing, sky diving, professional or amateur racing, and piloting an aircraft.
14. Congenital conditions.

PRE-EXISTING CONDITION LIMITATION

Pre-existing Conditions are not covered for the first 12 months following a Covered Person's Effective Date of coverage under the Policy. This limitation will not apply if:

1. The Covered Person has been continuously insured under the Policy for more than 12 months; or

2. (a) The individual seeking coverage under the Policy has an aggregate of 18 months of Creditable Coverage and becomes eligible and applies for coverage under the Policy within 63 days of termination of prior Creditable Coverage. We will credit the time the individual was covered under prior Creditable Coverage; and (b) whose most recent prior Creditable Coverage was under an employer group health plan; and (c) who accepted and used up COBRA continuation of coverage or similar state coverage if it was offered to him or her.

**ACCIDENTAL DEATH AND
DISMEMBERMENT, AND LOSS DUE TO
QUADRIPLEGIA, PARAPLEGIA AND
HEMIPLEGIA BENEFIT**

When Injury results in any of the following losses to a Covered Person within 365 days of the date of the Covered Accident which caused the Injury, the Company will pay benefits as follows:

Loss of Life	\$100,000
Loss of Two or More Members	\$100,000
Loss of One Member	\$50,000
Quadriplegia	\$100,000
(total paralysis of both upper and lower limbs)	
Paraplegia	\$75,000
(total paralysis of both lower limbs)	
Hemiplegia	\$50,000
(total paralysis of upper and lower limbs of one side of the body)	

“Member” means hand, foot or eye.

“Limb” means entire arm or entire leg.

“Loss” means with regard to hand or foot, actual severance through or above the wrist or ankle joint; and with regard to eye, entire and irrecoverable loss of sight; with reference to quadriplegia, paraplegia and hemiplegia, the complete and irreversible paralysis of such limbs.

Only one benefit, the largest to which the Covered Person is entitled, will be paid for Losses resulting from the same Accident.

The Company's aggregate limit of liability per occurrence is \$10,000,000.

Benefits payable for loss of life are payable to the first surviving classes of the Covered Person: spouse; child or children; mother or father; sisters or brothers; or estate. All other benefits will be paid to the Covered Person.

Accidental Death and Dismemberment, and Loss Due to Quadriplegia, Paraplegia and Hemiplegia Exclusions: These exclusions are in addition to the General Exclusions. No benefits shall be payable with respect to expenses incurred for:

1. Bacterial infections except: infections which occur simultaneously with or through a cut or wound sustained as the direct result of an Injury, independent of any other cause.
2. Travel, or flight in or descent from any kind of aircraft unless: (a) as a fare-paying passenger on a regularly scheduled flight; or (b) as a passenger on an official flight of the Military Airlift Command of the United States or similar air transport services of other countries.
3. War or any act of war, declared or undeclared.
4. Sickness or its medical or surgical treatment, including diagnosis.

DEFINITIONS

"Accident" means a sudden, unforeseeable event which results in an Injury.

"Covered Charge" means the reasonable and customary charge incurred for a service or supply which is performed or given under the direction of a Doctor for the medically necessary treatment of an Injury or Sickness. A Covered Charge is considered incurred on the date the treatment or service is rendered or the supply is furnished.

"Deductible" means a dollar amount of Covered Charges a Covered Person must pay for each Injury or Sickness before the Company pays any benefits.

"Doctor" means a legally qualified person licensed in the healing arts and practicing within the scope of his or her license and is not a family member.

“Injury” means bodily Injury due to an Accident which results solely, directly and independently of disease, bodily infirmity or any other causes. All Injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries are considered a single Injury.

“Pre-existing Condition” means Sickness or Injury for which medical care, treatment, diagnosis or advice was received or recommended within the 6 months prior to the Covered Person’s effective date of coverage under the Policy or a pregnancy existing on the Covered Person’s effective date of coverage under the Policy.

“Sickness” means illness, disease and complications of pregnancy. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

“Total Disability/Totally Disabled” means the complete inability of the Covered Person to perform all of the substantial and material duties of his or her occupation. For the Monthly Sickness Indemnity Benefit, during the second 12 months Total Disability shall mean the complete inability of the Covered Person to perform the material and substantial duties of any occupation for which the Covered Person is qualified by education, training or experience.

GTL/MEDEX Travel Assistance Plan

EMERGENCY EVACUATION

Evacuation services are provided through the GTL Assistance Program in conjunction with MEDEX Assistance Corporation. Evacuation benefits for Covered Expenses are available up to a maximum of \$75,000 if any Injury or Sickness commencing during the course of a covered trip (while outside a 100 mile radius from his/her home or regular place of employment or covered travel in a foreign country that is not the country of permanent residence) results in the necessary emergency evacuation. It must be ordered by a Doctor who certifies that the severity of the Covered Person’s Injury or Sickness warrants the emergency evacuation.

All services must be provided by MEDEX Assistance Corporation. No claims for reimbursement will be accepted.

Emergency Evacuation means:

- (a) the Covered Person's medical condition warrants immediate transportation from the place where the Covered Person is injured or sick to the nearest hospital where appropriate medical treatment can be obtained; or
- (b) after being treated at a local hospital, the Covered Person's medical condition warrants transportation to his/her then current place of residence (provided such residence is located in the United States or Canada) to obtain further medical treatment or to recover; or
- (c) both (a) and (b) above.

Covered Expenses are expenses, up to the maximum, for transportation, medical services and medical supplies necessarily incurred in connection with emergency evacuation of the Covered Person.

All transportation arrangements made for evacuating the Covered Person must be by the most direct and economical route. Expenses for special transportation must be: (a) recommended by the attending Doctor; or (b) required by the standard regulations of the conveyance transporting the Covered Person.

Expenses for medical supplies and services must be recommended by the attending Doctor.

Transportation means any land, water or air conveyance required to transport the Covered Person during an emergency evacuation.

Special transportation includes, but is not limited to: air ambulances, land ambulances and private motor vehicles.

REPATRIATION OF REMAINS

Repatriation services are provided through the GTL Assistance Program in conjunction with MEDEX Assistance Corporation. Repatriation benefits for Covered Expenses are available up to a maximum

of \$10,000 to return the Covered Person's body home (United States or Canada) if he or she dies during the course of the trip. **All services must be provided by MEDEX Assistance Corporation. No claims for reimbursement will be accepted.**

Covered Expenses include, but are not limited to, expenses for embalming, cremation, coffins and transportation.

It is further understood and agreed that:

1. This benefit applies only to expenses which are incurred by a Covered Person while outside a 100 mile radius from his/her home or regular place of employment or covered travel in a foreign country that is not the country of permanent residence and which are coordinated through MEDEX.
2. As respects this coverage only, General Exclusions 2. and 4. shall be deleted.

Refer to the GTL Travel Assistance Brochure for information on contacting MEDEX.

TO FILE A MEDICAL CLAIM

1. Obtain the appropriate claim form.
2. For medical claims, all medical bills must be itemized and clearly indicate:
 - the patient's name;
 - diagnosis;
 - type of treatment;
 - date of service; and
 - charges made by the provider for services rendered.
3. Mail the completed and signed claim form to:
4. **Guarantee Trust Life Insurance Co.**
P.O. Box 1148
Glenview, IL 60025
5. Questions on completing form and submission, call **1-800-622-1993**.

NATIONAL GUARDIAN LIFE INSURANCE COMPANY PRIVACY NOTICE

At National Guardian Life Insurance Company (NGL) we know the importance of the right to privacy. That's why protecting the information that personally identifies each and every one of our valued insurance customers is high priority, and a matter we take very seriously.

Our primary goal is, and will continue to be, providing competitive, fairly priced, and exceptional quality insurance products to meet the short-term and long-term financial needs of our customers. From life and health insurance to credit life and credit disability insurance, getting people the protection they need is not just a job to us. It is a privilege.

While the personal, financial and medical information shared with us (from applying for coverage, to filing a claim) is the cornerstone to providing the high-quality insurance protection and service our customers have come to know and expect, be assured that information, unique to our insurance customers, is kept secure, confidential and used expressly for the purpose of conducting our insurance relationship with them. Remember, protecting our customer's privacy is not only our priority . . . it's a promise.

The following is a summary of our privacy policy and practices. It tells you about the kinds of personally identifiable information we collect, disclose or share with others.

INFORMATION WE COLLECT AND SOURCES OF INFORMATION

In order for NGL to provide and administer the insurance products we offer, we collect personal information about the customer. Some of the information we collect is "nonpublic". The nonpublic personal information we collect is obtained from the following sources:

- Information we receive on the application for insurance or other forms (*such as name, address, telephone number, age, social security number, and beneficiary designation.*)
- Information about our customer's transactions with us and our affiliates (*such as the type of insurance product purchased, the premium paid, the method of purchase, and payment history.*)
- Information we receive from third party reports, (*such as consumer-reporting/credit agencies, motor vehicle records, and medical information. All medical information we receive is subject to the Medical Confidentiality rules described on next page.*)

INFORMATION WE DISCLOSE

NGL does not disclose any nonpublic personal information about our customers or former customers to anyone without providing notice of the customer's rights to either opt out or opt in the sharing of personal information, except as permitted or required by law.

We may also disclose all of the information we collect, as described above, with the following:

- **Affiliates** – We may share information with our affiliates. Our affiliates offer products and services that may complement insurance purchases and we believe may be of interest to our customers.
- **Service Providers** – We may share information with companies engaged to perform services on our behalf, such as third party administrators and vendors hired to effect, administer or enforce a transaction a customer requests or authorizes; to develop or maintain computer software; or to perform market research.
- **Joint Marketing** – We may share information with companies that perform marketing services on our behalf or to other financial institutions with which we have a joint marketing agreement.

MEDICAL CONFIDENTIALITY

All medical information is kept confidential. We will not use or share, internally or with third-parties, our customer's medical information except for the purposes of:

- Underwriting;
- Administering the policy or claim;
- As permitted or required by law; or
- As authorized by the customer.

SECURITY AND CONFIDENTIALITY OF CUSTOMER INFORMATION

We restrict access to nonpublic personal information about our customers to those employees (or people working on our behalf under confidentiality agreements) who need to know the information in order to provide products and services. We also maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard all nonpublic personal information.

This is a non-renewable one-year term policy. Keep this brochure as a summary of the insurance. No individual policies will be sent.

To file a complaint with us, contact our Administrator's Consumer Affairs Dept. at:

Guarantee Trust Life Insurance Company
1275 Milwaukee Avenue
Glenview, Illinois 60025
1-800-338-7452