



Mutual of Omaha

Mutual of Omaha Insurance Company · Mutual of Omaha Plaza, Omaha, Nebraska 68175

Policy Date April 20, 2009

Policy No. T5MP-088061

MUTUAL OF OMAHA INSURANCE COMPANY (called "We," "Us" or "Our") agrees to insure certain persons (called Insureds) and promises to pay benefits according to the terms of this policy. The application of the Policyholder and payment of all premiums put this policy in force. This policy is issued to:

SEPA Cadet League
3 Barrister Court
Haverford, PA 19041

(called the Policyholder)

POLICY TERM -- RENEWAL

This policy goes into effect on the Policy Date shown above. The initial term ends on April 20, 2010. This policy may be renewed for additional one year terms with our consent. Each term begins and ends at 12:01 a.m., Standard Time, at the main office of the Policyholder.

This policy is signed for us by the Officers named below.

Corporate Secretary

President



Mutual of Omaha Insurance Company · Mutual of Omaha Plaza, Omaha, Nebraska 68175

Blanket Policy

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY.

If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.

PART A.

DEFINITIONS

"Hospital" means any of the following places: (a) a place which is licensed or recognized as a general hospital by the proper authority of the state in which it is located; (b) a place operated for the care and treatment of resident inpatients with a registered graduate nurse (RN) always on duty and with a laboratory and X-ray facility; (c) a place recognized as a general hospital by the Joint Commission on the Accreditation of Hospitals; or (d) a place certified as a hospital by Medicare. Not included is a hospital or institution or a part of such hospital or institution which is licensed or used principally: (1) for the treatment or care of drug addicts or alcoholics; or (2) as a clinic, continued or extended care facility, skilled nursing facility, convalescent home, rest home, nursing home or home for the aged.

"Injuries" means accidental bodily injuries: (a) received while insured under this policy; and (b) resulting, independently of sickness and all other causes, in loss specified in the Benefit Provision(s) and Insuring Provision(s). The Plan of Insurance specifies the Benefit and Insuring Provision(s) applicable to each class of Insureds. Benefits are payable for an Insured's injuries under only one Insuring Provision for any one accident.

PART B.

INDIVIDUAL PROVISIONS

1. **Eligibility:** All persons within the classes stated in the Plan of Insurance are eligible for insurance under this policy.
2. **Effective Date of Individual Insurance:** Each eligible person will become insured on the date stated in the Plan of Insurance.
3. **Individual Terminations:** Unless otherwise stated in the Plan of Insurance, the insurance of any Insured shall end on the first of the following dates:
 - (a) The date any premium for the Insured is due and unpaid.
 - (b) The date the Insured ceases to be within a class of persons eligible for coverage under this policy.
 - (c) The date this policy is terminated.
4. **Change in Coverage:** Any change in an Insured's coverage because of a change in class will become effective as stated in the Plan of Insurance.
5. **Reinstatement or Reenrollment:** If the Insured's insurance is terminated for any reason, then again made effective through reinstatement or reenrollment, only covered loss resulting from covered injuries received after the date of reinstatement or reenrollment will be covered.
6. **Change of Beneficiary; Assignment:** Only the Insured has the right to change the beneficiary. Consent of the beneficiary is not required to make any change in this policy. Also, no such consent is required for surrender or assignment of the Insured's right under this policy.

PART C.

CLAIMS PROVISIONS

1. **Notice of Claim:** Written notice of a claim must be given to us within 30 days after loss covered by this policy occurs or starts. If notice is not given within that time, it must be given as soon as is reasonably possible. The Insured can give the notice or have someone else do it for him or her. Notice must be given to us at Omaha, Nebraska, or to any of our agents. It must identify the Insured.
2. **Claim Forms:** When we receive the Insured's notice, we will send the forms for filing proof of loss. If we do not send them within 15 days, the Insured can meet the proof of loss requirement by giving us a written statement of what happened. We must receive this statement within the time given for filing proof of loss.
3. **Proof of Loss:** The Insured must give us written proof of loss within 90 days after the date of the loss or as soon as is reasonably possible. Proof must, however, be furnished no later than 12 months from the time it is otherwise required, except in the absence of legal capacity.

4. **Payment of Claims:** All benefits will be paid to the Insured, the Insured's beneficiary or the Insured's estate as soon as we receive proof of loss.

Benefits for loss of life, if any, will be paid to the Insured's beneficiary (the Insured's estate if no beneficiary is named). Other benefits unpaid at the Insured's death will be paid, at our option, to the Insured's estate or the Insured's beneficiary.

If any benefits are payable to the Insured's estate, to a minor or to any person not legally able to give a valid release, we may pay up to \$1,000.00 to any relative of the Insured who we find entitled to the payment. Payment made in good faith shall fully discharge us to the extent of the payment.

5. **Legal Actions:** The Insured may not bring a legal action to recover under the policy for at least 60 days after the Insured has given us written proof of loss. The Insured may not start such an action more than three years after the date proof of loss is required.

PART D. POLICY PROVISIONS

1. **Entire Contract; Changes:** This policy, and any attachments, is the entire contract of insurance. No agent may change it in any way. Only an officer of ours can approve a change. Any such change must be shown in this policy.

2. **Records -- Information to Be Furnished:** The Policyholder shall furnish us or our authorized agent with the information as we may deem necessary for the proper administration of this insurance. The records of the Policyholder which may have a bearing on this insurance shall be open to us for inspection at any time during the policy term and within one year after termination of the policy.

3. **Clerical Error:** Clerical error on our or the Policyholder's part in keeping records or furnishing information shall not void insurance otherwise in force or continue insurance otherwise terminated under the terms of the policy.

4. **Grace Period:** Premiums must be paid on or before the date they are due or during the 31-day grace period that follows. The policy stays in force during the grace period. A grace period always applies unless we inform the Policyholder that it does not apply.

5. **Time Limit on Certain Defenses:** After two years from the Policy Date, we cannot use misstatements, except fraudulent misstatements in the Policyholder's application to void coverage. After two years from the date an Insured becomes covered under this policy, we cannot use misstatements, except fraudulent misstatements, in his or her application to void coverage or deny a claim for loss that happens after the two-year period.

6. **Physical Examinations and Autopsy:** We, at our expense, may have a covered person examined when and as often as is reasonable while a claim is pending. We may also have an autopsy done (at our expense) where it is not forbidden by law.

7. **Cancellation:** After this policy has been in force for one year, it may be canceled at any time, by either the Policyholder or us, with written notice to the other stating the date and hour cancellation becomes effective. We shall give 60 days' prior notice to cancellation. Upon cancellation any unearned premium shall be returned.

8. **Conformity with State Statutes:** The provisions of this policy must conform with the laws of the state in which the Insured resides on the Policy Date. If any do not, they are hereby amended to conform.

9. **Notice of Annual Meeting:** Our Annual Meeting will be held at 10:00 a.m. on the second Saturday after the first day of February at our Home Office.

Countersigned by:

Licensed Resident Agent

Accountholder: SEPA Cadet League
3 Barrister Court
Haverford, PA 19041

Account Number: T5MP-088061

PLAN OF INSURANCE

Term of Coverage: April 20, 2009 to April 20, 2010
Activity and Dates: May 15, 2009 to July 30, 2009 - Youth Baseball League

Aggregate Limit: None

Eligibility: (100% Participation) All Participants in activities sponsored and supervised by the Policyholder.

Effective Date of Individual Insurance:

Each eligible person becomes an Insured Person on the later of:

- (a) the policy effective date; or
- (b) the date the person becomes eligible to be included within a class of persons eligible for coverage under this policy.

Individual Terminations: (General Provision No. 3 applies if this space is left blank):

Insurance for any Insured Person shall end on the first of the following dates:

- (a) The date the Insured Person ceases to be eligible;
- (b) the date any premium is due and unpaid, subject to the grace period; or
- (c) the date this policy is terminated.

Change in Coverage:

Each Insured Person is covered under the Insuring and Benefit Provisions applicable to the class in which he or she qualifies;

- (a) beginning on the date the person becomes eligible to be included in the class; and
- (b) ending on the date the person ceases to be eligible to be included in the class.

Benefits:

A. Class	<u>Insuring Provision(s) Applicable</u>	<u>Benefit Provision(s) Applicable</u>
All	867MS-EZ Sponsored Activity	850MS-EZ PA AD & Specific Loss 851MS-EZ PA AME

B. The amount of benefits for each Benefit Provision shown above is as follows:

Accidental Death & Specific Loss	Rider 850MS-EZ PA
Loss of Life Principal Sum	\$10,000
Single Dismemberment Principal Sum	\$5,000
Double Dismemberment Principal Sum	\$10,000
Accident Medical Expense: 100 Primary Excess	Rider 851MS-EZ PA
Maximum Benefit	\$25,000
Accident Medical Deductible Corridor	\$100
Loss Period	Initial treatment received within 30 days of Injury
Benefit Period	Benefits payable for 52 weeks from accident
date	
Dental Expense Benefit	
Maximum Benefit Amount	U&C per tooth; not to exceed \$1,000
Orthopedic Appliances	
Maximum Benefit Amount	\$500
Physical Therapy Expense Benefit	
Maximum Benefit Amount	\$500

The following riders are attached to and made a part of this policy:

Excess Coverage Rider	1364MS
Facility of Payment	779MS

Premiums: \$8.75 per participant (ages 16 – 18) ...\$200.00 minimum premium

This plan has a non-refundable minimum premium of \$200 per policy year.

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INSURING PROVISION
(Coverage for Sponsored Activities)

This provision applies only to the class or classes of Insureds specified on the Plan of Insurance.

The Insured is covered for injuries received while insured under this provision. Such injuries must be received while: (a) participating in activities sponsored and supervised by the Policyholder; or (b) traveling to, during or after such activities as a member of a group in transportation furnished or arranged for by the Policyholder.

EXCEPTIONS AND LIMITATIONS. This provision does not cover:

- (a) injuries resulting from air travel, except while a passenger for transportation only;
- (b) the cost of eyeglasses, contact lenses or examinations for either;
- (c) the cost of dental treatment, except as specifically provided for injuries to sound, natural teeth;
- (d) injuries covered by workers' compensation or employer's liability laws;
- (e) injuries caused by an act of declared or undeclared war;
- (f) treatment of hernia;
- (g) suicide or attempted suicide, sane or insane; or
- (h) injuries sustained while traveling other than that referred to in preceding paragraph.



BENEFIT PROVISION
(Accidental Death and Specific Loss Benefits)

This provision applies only to the class or classes of Insureds who are specified in the Plan of Insurance.

The Principal Sum referred to in this provision is specified in the Plan of Insurance.

When, because of injuries, the Insured sustains any of the following losses, we will pay benefits as follows:

Loss of Life	Principal Sum
Loss of Both Feet, Both Hands or Both Eyes	Principal Sum
Loss of One Hand and One Foot	Principal Sum
Loss of One Hand and One Eye or One Foot and One Eye	Principal Sum
Loss of One Hand, One Foot or One Eye	One-half Principal Sum

Loss of hand or hands, or foot or feet, means severance at or above the wrist joint or ankle joint respectively. Loss of eye or eyes means the total and irrecoverable loss of the entire sight thereof. Only one of the amounts shown above (the largest applicable) will be paid for injuries resulting from one accident.

The benefits for double losses of limbs or eyes are payable only when such double loss is the result of the same accident.

This provision is subject to the Exceptions and Limitations of the insuring provision(s) applicable to the Insured.

BENEFIT PROVISION

This provision applies only to the class or classes of Insureds who are specified in the Plan of Insurance.

The Medical Benefit and Medical Deductible are specified in the Plan of Insurance.

PART A. MEDICAL EXPENSES BENEFITS

When injuries result in treatment by a physician or surgeon beginning within 30 days after the date of the accident, we will pay the expense incurred in excess of the Medical Deductible, if any. Benefits will not exceed the usual and customary charges in the geographic area. Eligible expenses are as follows:

- (a) Treatment by a physician or surgeon;
- (b) Care or services from a hospital;
- (c) Professional ambulance service;
- (d) Orthopedic appliances; or
- (e) Services from a registered graduate nurse (RN or LPN). A registered graduate nurse (RN or LPN) does not include a person who lives with you or is part of your family (you; your spouse; or a child, brother, sister or parent of you or your spouse).

Only expenses received by the Insured within 52 weeks from the date of the accident are covered. Benefits for any one accident shall not exceed, in the aggregate, the Medical Benefit.

PART B. EXCEPTIONS AND LIMITATIONS

This provision is subject to the Exceptions and Limitations of the insuring provisions applicable to the Insured.



EXCESS COVERAGE RIDER

This rider is a part of the policy to which it is attached and is subject to all of the provisions of the policy with which it is not in conflict.

In consideration of the premium which is recited in the policy, it is hereby understood and agreed that when \$100.00 has been paid in benefits for an accident, any subsequent benefits for such accident will be payable only for such expense incurred for necessary Services and Supplies which is not covered under any group insurance policy or service contract.

MUTUAL OF OMAHA INSURANCE COMPANY

Corporate Secretary



FACILITY OF PAYMENT RIDER

This rider is made a part of the policy to which it is attached and is subject to all provisions of the policy that are not in conflict with the provisions of this rider.

In consideration of the payment of the premium which is recited in the policy, it is hereby understood and agreed that all or a portion of any indemnities provided by the policy as a result of medical, surgical, dental, hospital or nursing service may, at the Company's option, and unless the Company is requested otherwise in writing not later than the time of filing proof of loss, be paid directly to the hospital or person rendering such services; but it is not required that the services be rendered by a particular hospital or person.

MUTUAL OF OMAHA INSURANCE COMPANY

Corporate Secretary

MUTUAL OF OMAHA

PRIVACY NOTICE - PERSONAL INFORMATION

This Privacy Notice applies to the Personal Information of customers of the Mutual of Omaha companies. The companies include:

- Mutual of Omaha Insurance Company
- Mutual of Omaha Investor Services, Inc.
- Mutual of Omaha Marketing Corporation
- United of Omaha Life Insurance Company
- United World Life Insurance Company
- Companion Life Insurance Company
- Omaha Property and Casualty Insurance Company

This Notice applies to our current as well as former customers.

Why You Are Receiving This Notice

The federal Financial Services Modernization Act and state privacy laws require us to send you an annual Notice. This Notice describes how we collect, use, and protect the Personal Information you entrust to us.

If you have a policy that is covered by the HIPAA Privacy regulations, you received a privacy notice that relates to the privacy of your medical information. To obtain an additional copy of the privacy notice related to your medical information you can log onto our company's website:

<http://www.mutualofomaha.com/hipaa.html>

or you can contact us at:

Mutual of Omaha Insurance Company
Attn: Privacy Office
Mutual of Omaha Plaza
Omaha, NE 68175-1029

Personal Information

Personal Information means information that we collect about you, such as name, address, Social Security number, income, marital status, employment and similar personal information.

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Information We Collect

In the normal course of business we may collect Personal Information about you from:

- Applications or other forms we receive from you.
- Your transactions with us, such as your payment history.
- Your transactions with other companies.
- Other sources (such as motor vehicle reports, government agencies and medical information bureaus).
- Consumer-reporting agencies.

Information We Share

In the normal course of business we may share your Personal Information among the Mutual of Omaha companies. Depending on the products you have with us, the type of information we share could include:

- Your name.
- Your income.
- Your Social Security number.
- Other identifying information you give us.
- Your transactions with us, such as your payment history.

We do not share Personal Information with third parties outside of the Mutual of Omaha companies except as required or permitted by law.

How We Protect Your Information

We restrict access to your Personal Information. It is given only to the employees of Mutual of Omaha and others who need to know the information to provide our insurance or financial services to you.

We have physical, electronic and procedural safeguards in place to make sure your Personal Information is protected. These safeguards follow legal standards and established security standards and procedures.