



Madison National Life Insurance Company, Inc.
1241 John Q. Hammons Drive
Madison, WI 83717
1 (800) 356-9601

Policy Number: 33-1283-09

Name and Address of Policyholder: Central Piedmont Community College
PO Box 35009
Charlotte, NC 28235

Policy Effective Date: August 1, 2009

Policy Termination Date: August 1, 2010

"We," "Us," "Our," "Madison National Life," and "Company" are used in this Policy to refer to the Madison National Life Insurance Company, Inc.

This Policy is a legal contract between the Policyholder, the Insured and Madison National Life Insurance Company, Inc. and is issued in consideration of the statements made in the application request and the payment of premium. We promise to pay benefits for loss covered by this Policy in accordance with its provisions.

Description

Except where specifically stated otherwise, this Policy covers the Insured only for Injury sustained while:

1. Participating in or attending any Regularly Scheduled Activity of the School. The activity must be supervised by a person authorized by the School
2. Traveling directly (uninterruptedly) to and from a Regularly Scheduled Activity with other members as a group. The travel must be supervised by a person authorized by the School.
3. Traveling directly (uninterruptedly) to and from the Insured's Residence and the meeting place for the purpose of participating in the Regularly Scheduled Activity.

This Policy takes effect and terminates on the dates stated on the face page of this Policy. Coverage is provided to the School for the Insureds for the term or terms stated in this Policy. All periods of insurance shall begin and end at 12:01 A.M. Standard Time at the address of the Policyholder.

EXCESS INSURANCE

This Policy is not intended to be issued where other medical insurance exists. If other medical insurance does exist at the time of the claim, then the amounts of benefit payable by such other medical insurance will become the deductible amount of this Policy if such benefits exceed the deductible amount shown in the Schedule of Benefits. This only applies when premiums are non-contributory and 100 percent of participants are covered. This and the EXCESS COVERAGE provision does not apply if coverage is purchased by the Insured.

READ YOUR POLICY CAREFULLY

This Policy contains a Pre-Existing Condition Exclusion.

BLANKET STUDENT ACCIDENT INSURANCE

THIS IS ACCIDENT ONLY COVERAGE AND

DOES NOT PROVIDE COVERAGE FOR SICKNESS

Important Cancellation Information - Please Read The Provision Entitled, Cancellation, Found On Page 12.

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SCHEDULE OF BENEFITS
MANDATORY PLAN 1 (BSC 134)

Hospital and Professional Services

Injury must be treated within 60 days after the Accident occurs.

Services must be received within 1 year from the date of the Injury. Expenses incurred after 1 year from the date of the Injury are not covered even though the service is a continuing one or one that is necessarily delayed beyond 1 year from the date of the Injury.

Maximums and Benefit Period (All maximums are subject to the COVERAGE and LIMITATIONS as stated below.)

Maximum Medical Expense for each Injury: \$15,000

Maximum Medical Expense for Injuries involving motor vehicles: \$10,000

Death Benefit: \$20,000

Single Dismemberment Benefit: \$10,000

Double Dismemberment Benefit: \$20,000

Benefit Period: 1 Year

Deductible

The Deductible is the greater of:

1. \$0.00; or
2. The amount paid or payable for the same Injury by all other insurance sources.

EXCESS COVERAGE PROVISION APPLICABILITY

The Excess Coverage provision does apply.

COVERAGE AND LIMITATIONS (All limitations are stated per Injury.)

Hospital/Facility Services

Inpatient

1. HOSPITAL ROOM AND BOARD: 100% of Reasonable Expenses up to the semi-private room rate
2. HOSPITAL INTENSIVE CARE: 100% of Reasonable Expenses
3. INPATIENT HOSPITAL MISCELLANEOUS: 100% of Reasonable Expenses

Outpatient

1. OUTPATIENT HOSPITAL MISCELLANEOUS (Except Physician's services and x-rays paid as below): 100% of Reasonable Expenses
2. HOSPITAL EMERGENCY ROOM: 100% of Reasonable Expenses
3. FREE - STANDING AMBULATORY SURGICAL FACILITY: 100% of Reasonable Expenses

Physician's Services

1. SURGICAL: 100% of Reasonable Expenses
2. ASSISTANT SURGEON: 100% of Reasonable Expenses
3. ANESTHESIOLOGIST: 100% of Reasonable Expenses
4. PHYSICIAN'S NON-SURGICAL TREATMENT (EXCEPT AS IN 5. BELOW): 100% of Reasonable Expenses
5. PHYSICIAN'S OUTPATIENT TREATMENT IN CONNECTION WITH PHYSICAL THERAPY AND/OR SPINAL MANIPULATION: 100% of Reasonable Expenses.

Other Services

1. REGISTERED NURSES' SERVICES: 100% of Reasonable Expenses
2. PRESCRIPTIONS (DISPENSED BY A LICENSED PHARMACIST) - OUTPATIENT: 100% of Reasonable Expenses
3. LABORATORY TESTS - OUTPATIENT: 100% of Reasonable Expenses
4. X-RAYS (INCLUDES INTERPRETATION) - OUTPATIENT: 100% of Reasonable Expenses
5. DIAGNOSTIC IMAGING (MRI, CAT SCAN, ETC.) - INCLUDES INTERPRETATION: 100% of Reasonable Expenses
6. GROUND AMBULANCE: 100% of Reasonable Expenses
7. AIR AMBULANCE: 100% of Reasonable Expenses.
8. DURABLE MEDICAL EQUIPMENT - INCLUDES ORTHOPEDIC BRACES AND APPLIANCES: 100% of Reasonable Expenses.
9. DENTAL TREATMENT: 100% of Reasonable Expenses for the treatment, repair or replacement of injured natural teeth, includes initial braces when required for treatment of a covered injury, as well as examination, x-rays, restorative treatment, endodontics, oral surgery and treatment for gingivitis resulting from trauma
10. REPLACEMENT OF EYEGLASSES, HEARING AIDS, CONTACT LENSES, IF MEDICAL TREATMENT IS ALSO RECEIVED FOR THE COVERED INJURY: 100% of Reasonable Expenses.

OTHER COVERAGES

All Students School time Activities (College or University Students), excluding all Interscholastic Sports Coverage, Includes Intramural Sports - Coverage and Limitations stated for Hospital and Professional Services for Mandatory Plan 1(Community Colleges) (BSC 134) option chosen by the School apply. All provisions in this Policy apply to this coverage (Premium: \$1.10 per student per semester)(CPC267).

DEFINITIONS

Key terms used in this Policy are defined below. They are capitalized wherever they appear in this Policy.

Accident means a sudden, unexpected and unforeseen, identifiable event producing objective symptoms of an Injury within 72 hours of the Injury. The Accident must occur while the Insured is covered under this Policy.

Complication Pregnancy means a condition: 1) caused by pregnancy; 2) requiring medical treatment prior to, or subsequent to termination of pregnancy; 3) the diagnosis of which is distinct from pregnancy; and 4) which constitutes a classifiably distinct complication of pregnancy. A condition simply associated with the management of a difficult pregnancy is not considered a complication of pregnancy. The term "complication of pregnancy" includes non-elective cesarean section; therapeutic abortion; ectopic pregnancy which is terminated; spontaneous termination in pregnancy which occurs during a period of gestation in which a viable birth is not possible; hyperemesis gravidarum; and, pre-eclampsia.

Copayment means the percentage of Reasonable Expenses for Necessary Treatment which We do not pay and which the Insured is responsible for paying. The percentage which We pay is stated in the Schedule of Benefits.

Deductible means the Reasonable Expenses for Necessary Treatment which the Insured must incur, per Accident, before We pay any benefits under the Hospital and Professional Services Benefits provision.

Emergency means:

1. A situation which requires hospitalization or medical care for an Injury caused by the sudden, unexpected onset of a medical condition with acute symptoms of sufficient severity and pain to require immediate medical care; and
2. In the absence of which one could reasonably expect that one or more of the following would occur:
 - (a) The Insured's health would be placed in serious jeopardy.
 - (b) There would be serious impairment of the Insured's bodily functions.
 - (c) There would be serious dysfunction of any of the Insured's bodily organs or parts.

Free - Standing Ambulatory Surgical Facility means any public or private establishment which:

1. Has an organized medical staff;
2. Has permanent facilities that are equipped and operated mainly for the purpose of performing surgical procedures;
3. Provides continuous services of Physicians and registered nurses, whenever a patient is in the facility; and
4. Does not provide services or other accommodations for patients to stay overnight.

Hospital means a place that meets all of the following requirements:

1. Has an organized medical staff;
2. It must provide on the premises for major operative surgery or have access to surgical facilities by contract. This does not apply to any state tax supported institution or one that is primarily of a rehabilitative nature, if such rehabilitation is specifically for treatment of physical disability and alcoholism and drug or chemical dependency.
3. Provides continuous services of Physicians and registered nurses, whenever a patient is in the facility.

Hospital also means a psychiatric hospital as defined by Medicare. It must be eligible to receive payments under Medicare.

A Hospital is mainly not a place for rest, a place for the aged or a nursing home.

Immediate Family means the spouse, parents, siblings, or children of the Insured.

Injury means bodily injury caused by an Accident. The Injury must occur while this Policy is in force and while the Insured is covered under this Policy. The Injury must be sustained as stated on the face page of this Policy, except where specifically stated otherwise in this Policy.

Inpatient means a person confined in a Hospital for at least one full day and charged room and board.

Insured means any person, attending a School, for whom insurance is in force under this Policy. A person's insurance takes effect and terminates as stated in the Policy Effective Date and Policy Termination of Insurance provision.

Loss means medical expense incurred as a result of a covered Injury. With the respect to the Death, Dismemberment, and Loss of Sight provision, Loss means loss of life or loss of hand, foot or sight, as described in that provision.

Necessary Treatment means medical and dental treatment which is:

1. Consistent with "approved and generally accepted medical, surgical or dental practice" for the covered Injury of the Insured, as determined by Us;
2. Accepted as safe, effective and reliable by a medical specialty or board recognized by the American Board of Medical Specialties; and
3. Not Experimental or Investigational Treatment, as determined by Us.

Determination of "approved and generally accepted medical, surgical or dental practice" in 1. above is Our prerogative. We may consult with appropriate authoritative medical, surgical or dental practitioners.

The fact that a Physician may prescribe, order, recommend or approve a service or supply does not, of itself, make the service or supply a Necessary Treatment.

If services do not meet the criteria above or are not consistent with professionally recognized standards of care with respect to quality, frequency or duration, such services will not be deemed Necessary Treatment.

Experimental or Investigational Treatment means:

1. Medical devices;
2. Drugs and/or pharmaceutical agents; and
3. Procedures or treatments;

as defined below:

(a) Medical device if any of the following applies:

1. It does not have approval from the United States Food and Drug Administration (FDA) to be marketed; or
2. It has a 510K number, and its use is other than for the purpose or in the manner for which the original FDA approval was received (Final determination of the similarity of use per the original approval will be made by Us.); or
3. It has FDA approval to be marketed or has a 510K number, and its use is not in accordance with the FDA approval guidelines/instructions; or

4. The device, alone or in combination with any drug, pharmaceutical agent, other medical device, procedure or treatment performed by a Physician or under a Physician's supervision, is not currently reported by one of the "authorities" listed to be safe and effective for the treatment of the disease or condition for which the device is being used.

(b) Drug and pharmaceutical agent if any of the following applies:

1. It does not have FDA approval to be marketed; or
2. Its use does not conform to FDA licensing; or
3. The drug or pharmaceutical agent, alone or in combination with any drug, pharmaceutical agent, other medical device, procedure or treatment performed by a Physician or under a Physician's supervision, is not currently reported by one of the "Authorities" listed to be safe and effective or the treatment of the disease or condition for which such drug or pharmaceutical agent is being used.

(c) Procedure or treatment performed or rendered by a Physician or under a Physician's supervision if any of the following applies:

1. It requires the use of a medical device, drug or pharmaceutical agent which would be considered Experimental or Investigational Treatment under this Policy; or
2. It is not currently reported to be safe and effective by one of the "Authorities" listed; or
3. The use of such procedure or treatment, alone or in combination with any drug, pharmaceutical agent, other medical device, procedure or treatment performed or rendered by a Physician or under a Physician's supervision, is not currently reported by one of the "Authorities" listed to be safe and effective for the treatment of the disease or condition for which the procedure or treatment is performed or rendered.

"Authorities" mean the following:

(a) Textbooks:

- (i) *Cecil Textbook of Medicine*, (Newest edition, W. B. Saunders Company, Publisher);
- (ii) *Scientific American Medicine*, (Newest update, Scientific American, Inc., Publisher);
- (iii) *Conn's Current Therapy*, (Newest edition, W. B. Saunders Company, Publisher);
- (iv) *Schwartz Principles of Surgery*, (Newest edition, McGraw-Hill, Publisher);
- (v) *Nelson's Textbook of Pediatrics*, (Newest edition, W. B. Saunders Company, Publisher);
- (vii) *Sabiston's Textbook of Surgery*, (Newest edition, W. B. Saunders Company, Publisher).

(b) Periodicals:

- (i) Medical Letter;
- (ii) Journal of American Medical Association;
- (iii) New England Journal of Medicine;
- (iv) Disease-a-Month, (Mosby-Yearbook, Inc., Chicago, IL).

Other Plan means any other valid and collectible insurance or self-funded plan such as: individual and family type insurance coverage; group, blanket or franchise insurance, group hospital, medical service, pre-payment,

trustee, Union Welfare; Blue-Cross, Blue Shield, group practice or other pre-payment coverage; labor-management plans, or employee benefit organization plans; self-funded ERISA plan, Workers' Compensation Law, Occupational Disease Law or any similar legislation or Medicare.

Outpatient means an Insured receiving care from a Physician, a Hospital or a Free Standing Ambulatory Surgical Facility but who is not undergoing confinement and is not charged room and board.

Physical Therapy means any form of physical therapy, whether by machine or hand, by use of exercise, manipulation, massage, adjustment, heat or cold, air, light, water, electricity or sound.

Physician means a currently licensed practitioner of the healing arts performing within the scope of a license which is issued under the laws of the state of practice. It does not include the Insured or his/her Immediate Family.

Preexisting Condition means conditions for which medical advice, diagnosis, care, or treatment was received or recommended from a Physician within a 6 month period preceding the Policy Effective Date of the Insured's coverage.

Reasonable Expense means the usual, reasonable and customary fee or charge for the services rendered and the supplies furnished in the area where and at the time such services are rendered or supplies furnished, as determined by Us. Such services and supplies must be recommended and approved by a Physician.

Regularly Scheduled Activity means the following School functions which are organized and scheduled solely by the School on or off School premises:

1. An activity which is under sole direct supervision of qualified School authorities; and
2. School sponsored and supervised travel to and from such an activity.

Residence means the home or land on which the Insured's home is located.

School means the Policyholder named on the face page of this Policy.

Surgical Expense means expense incurred for (1) a Surgical Procedure; (2) preoperative Necessary Treatment in connection with such procedure; and (3) usual postoperative treatment.

Surgical Procedure means (1) a cutting procedure; (2) suturing a wound; (3) treatment of a fracture; (4) reduction of a dislocation; (5) electrocauterization; (6) diagnostic and therapeutic endoscopic procedures; and (7) an operation by means of laser beam.

Total Disability means a disability or medical status which results in the Insured's inability to perform the normal activities of a person of like age and sex in good health.

POLICY EFFECTIVE DATE AND POLICY TERMINATION DATE

The insurance of each School or Insured who enrolls for insurance on or before the Policy Effective Date takes effect on the Policy Effective Date, provided the required premium has been paid. Insurance of any School or Insured enrolling for insurance after the Policy Effective Date takes effect on the date of application and Our receipt of the required premium.

The insurance of each School or Insured shall terminate on the earliest of: (1) the end of the period for which premium has been paid unless the renewal premium has been received by the Company or its authorized agent prior to or within 30 days of the next period of coverage; (2) the Policy Termination Date.

EXCLUSIONS

No Benefits are payable for Hospital and Professional Services for the following:

1. Injuries which are not caused by an Accident.
2. Treatment for hernia, regardless of cause, Osgood Schlatter's disease, or osteochondritis.
3. Injury sustained as a result of operating, riding in or upon, or alighting from a two-, three-, or four-wheeled recreational motor vehicle or snowmobile.
4. Preexisting Condition for which medical advice or treatment was recommended by a Physician or received from a Physician within a 6 month period preceding the Policy Effective Date.
5. Injury sustained as a result of practice or play in interscholastic tackle football and/or sports, unless the premium required under the Football and/or Sports Coverage provision has been paid.
6. Any expense for which benefits are payable under a Catastrophic Accident Insurance Program of the State Interscholastic Activities Association.
7. Treatment performed by a member of the Insured's Immediate Family or by a person retained by the School.
8. Injury caused by war or acts of war; suicide or intentionally self-inflicted Injury, while sane or insane; violating or attempting to violate the law; the taking part in any illegal occupation; fighting or brawling except in self defense;
9. Services or supplies for the treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.
10. Expense incurred for treatment of temporomandibular joint dysfunction and associated myofacial pain.

EXCESS COVERAGE

Benefits will be paid only for such expense that is not recoverable from any Other Plan. We will determine the Amount of benefits provided by Other Plans without reference to any Coordination of Benefits, non-duplication of benefits, or similar provisions. The Amount from Other Plans includes any amount, to which the Insured is entitled, whether or not a claim is made for the benefits. The Student Accident plan is secondary to all other policies.

This provision will not apply if (1) the total Reasonable Expenses incurred for Hospital and Professional Services are less than the amount stated in the Schedule of Benefits under Excess Coverage Applicability; and (2) coverage is purchased by the Insured and premium is non-contributory and 100 percent of the participants are covered.

HOSPITAL AND PROFESSIONAL SERVICES

Benefit

We will pay Reasonable Expenses incurred for a covered Injury. The Injury must be treated within the number of days stated in the Schedule of Benefits. Services must be given: (1) by a Physician; (2) for Necessary Treatment; and (3) within the time limit stated in the Schedule of Benefits. Benefits are paid to the maximum stated in the Schedule of Benefits for any one Injury for Reasonable Expenses which are in excess of the Deductible and any Copayment. Benefits are subject to the Coverage and Limitations stated in the Schedule of Benefits, the Exclusions stated above and the other provisions of this Policy.

Football and/or Sports Coverage

Each School or Insured who pays the additional premium required for Football and/or Sports Coverage is insured for Accidents occurring while participating in interscholastic football and/or sports practice or competition. Travel is also covered when going directly and uninterruptedly to and from the practice and competition. Benefits are subject to the Coverage and Limitations stated in the Schedule of Benefits, the Exclusions stated above and the other provisions of this Policy.

OPTIONAL SCHOOL-TIME ACCIDENT COVERAGE

Each Insured who pays the additional premium required for this benefit is insured under this provision.

Coverage starts on the date of premium receipt (but not before the start of the School year). The Insured's coverage will end at the close of the regular nine-month school term, except while the Insured is attending academic classroom sessions exclusively sponsored and solely supervised by the School during the summer.

A person insured under this provision is covered as stated on the face page of this Policy. All other provisions of this Policy (excluding the EXCESS COVERAGE provision), all Coverage and Limitations, Maximums and Exclusions, apply to Insureds covered under this provision.

OPTIONAL 24-HOUR ACCIDENT COVERAGE

Each Insured who pays the additional premium required for this benefit is insured under this provision.

Coverage starts on the date of premium receipt (but not before the start of the School year). It ends when School reopens for the following School year.

A person insured under this provision is covered regardless of whether or not the Injury is sustained as stated on the face page of this Policy. All other provisions of this Policy (excluding the EXCESS COVERAGE provision), all Coverage and Limitations, Maximums and Exclusions, apply to Insureds covered under this provision.

OPTIONAL 24-HOUR DENTAL COVERAGE

Benefit

Each Insured who pays the additional premium required for this benefit is insured under this provision.

Coverage starts on the date of premium receipt (but not before the start of the School year). It ends when School reopens for the following School year.

This provision covers Accidents occurring anytime and anywhere. The Insured must be treated by a legally qualified dentist who is not a member of the Insured's Immediate Family for Injury to teeth. We will then pay the Reasonable Expenses for Necessary Treatment. Coverage is limited to treatment of sound, natural teeth. The maximum benefit payable under this provision is stated on page 4, **Other Benefits, Optional 24-Hour Dental Coverage**. The EXCESS COVERAGE provision does not apply under this coverage.

Exclusions

No Benefits are payable under this provision for the following:

1. Injuries which are not caused by an Accident.
2. Re-Injury or complications of a condition which existed prior to the Accident.
3. Orthodontics and damage to or loss of dentures or bridges.

These exclusions are in addition to the General Policy Exclusions with respect to this coverage].

DEATH, DISMEMBERMENT, AND LOSS OF SIGHT

When a covered Injury results in any of the Losses to the Insured which are stated in the Schedule of Benefits for Death, Dismemberment, and Loss of Sight, then We will pay the benefit stated in the schedule for that Loss. The Loss must be sustained within 365 days after the date of the Accident.

The maximum benefit payable under this provision is stated in the **Schedule of Benefits** under **Maximums and Benefit Period**:

1. Life;
2. Both Hands or Both Feet or the Sight of Both Eyes;
3. One Hand and One Foot
4. One Hand and the Sight of One Eye; or
5. One Foot and the Sight of One Eye

Half of the maximum benefit will be paid for the Loss of one Hand, one Foot or the Sight of one eye.

Loss of hand or foot means the actual and complete severance through or above the wrist or ankle. Loss of sight means irrecoverable loss of sight. These Losses will be considered total and irrecoverable if such loss cannot be restored or corrected by medical or surgical treatment.

If the Insured suffers more than one of the above covered losses as a result of the same Accident the total amount We will pay is the maximum benefit.

Benefits paid under this provision will be paid in addition to any other benefits provided by this Policy.

Coverage under this section will not be excluded because Loss of Life is due to bacterial infection resulting from the Injury.

All other provisions of this Policy, including all Coverage and Limitations, Maximums and Exclusions, apply to Insureds covered under this provision.

GENERAL PROVISIONS

PREMIUM AND POLICY CONTINUANCE

Payment: The Policyholder's premium payment will be paid in advance for the term of this Policy. The payment will be made to the Company at Our Home Office in Madison, Wisconsin, or to its authorized agent.

Grace Period: If We have not delivered to the Policyholder written notice of cancellation, not less than 60 days prior to the premium due date, a grace period of 31 days will be granted. The grace period will apply to premium payments due after the first premium payment. During the grace period this Policy will continue in force subject to Our right to cancel this Policy. Any policy reissued or renewed during the grace period shall be construed to be a continuation of the policy first issued.

Renewal: This Policy may be renewed from term to term. The renewal is subject to Our approval and the Policyholder's payment of the premium.

Cancellation: If We decide to cancel this Policy, written notice will be given to the Policyholder at least 60 days before the date this Policy is to be canceled. If We cancel, the earned premium will be computed pro rata and the unearned portion promptly returned.

The Policyholder may also cancel this Policy. To do so the Policyholder must notify Us in writing at least 30 days before the date this Policy is to be canceled. If the Policyholder cancels, the earned premium will be computed pro rata and the unearned portion promptly returned. Cancellation will be without prejudice to any claim arising before the date this Policy ends.

Policy Administration: The Policyholder will furnish all information which We may reasonably require with regard to any matters pertaining to this Policy. All documents, books and records which may have a bearing on this Policy will be opened for inspection by Us at all reasonable times while this Policy is in force and until the final determination of all rights and obligations under this Policy.

Clerical error (whether by the Policyholder or by Us), in keeping any records pertaining to the insurance will not invalidate insurance otherwise validly in force, or continue insurance otherwise validly terminated. Upon discovery of such error or delay, an equitable adjustment of premiums will be made.

If any relevant facts pertaining to any Insured's insurance shall be found to have been misstated, an equitable adjustment of the premiums will be made. If such misstatement affects the existence of the amount of insurance, the facts shall be used in determining whether insurance is in force under the terms of this Policy and in what amount.

In connection with the administration of this Policy, the Policyholder shall act as not to discriminate unfairly between individuals in similar situations at the time of such action.

In connection with the administration of this Policy, We shall be entitled to rely upon any action of the Policyholder without being obliged to inquire into the circumstances.

Entire Contract: This Policy, including endorsements and attached papers, if any, constitutes the entire contract of insurance. This Policy may be changed from time to time by written agreement between Us and the Policyholder without consent of any Insured or other person.

No changes in this Policy shall be valid unless approved by one of Our officers and unless approval be endorsed and attached to this Policy. No agent has authority to change this Policy or to waive any of its provisions.

The waiver by Us of any provision of this Policy on an occasion shall not be construed as authority, or as a precedent, for the waiver by Us of any provision on another occasion.

PAYMENT OF BENEFITS

Statements by Insured: A copy of the application, if any, of each Insured shall be attached to this Policy when issued. No statement made by an Insured shall void the insurance or reduce benefits unless contained in a written instrument signed by the Insured. All such statements shall be deemed representations and not warranties.

Notice of Claim: Written notice of claim must be given to Us within 20 days after the covered loss occurs or begins, or as soon as is reasonably possible. Notice given by or on behalf of the Insured to Us or to any authorized agent of Us shall be deemed notice to Us. The notice should include information sufficient to identify the Insured.

Claim Forms: After We receive notice of claim, forms will be sent for filing Proof of Loss. If the forms are not sent within 15 days, the Proof of Loss requirements shall be met if, within 90 days after the loss, We are provided with a written statement indicating the nature and the extent of the loss.

Proofs of Loss: Written proof of loss must be furnished to the Us within 180 days after the date of Injury. Failure to furnish such proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within such time. In any event, We must receive proof within one year after it is due unless the Insured is legally incapable of doing so.

Time of Payment of Claims: We will pay benefits promptly upon receipt of written proof of such loss.

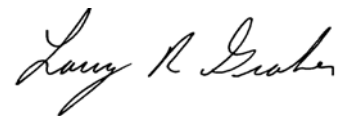
Payment of Claims: All or a portion of any benefits provided by this Policy on account of hospital, nursing, surgical or other medical service shall be payable to the Insured, or to the Insured's designated beneficiary or beneficiaries, or to the Insured's estate, except that if the Insured is a minor, benefits may be payable to the Insured's parent, guardian, person supporting the Insured, or to a person or persons chiefly dependent upon the Insured for support and maintenance, unless the Insured requests otherwise in writing not later than the time for filing proof of such Loss.

Physical Examination and Autopsy: At Our expense, We may have a claimant examined by a Physician as often as We deem necessary while a case is pending. We also have the right to have an autopsy performed unless forbidden by law.

Legal Actions: No action at law or in equity shall be brought to recover on this Policy prior to the expiration of 60 days after written Proof of Loss has been furnished in accordance with the requirements of this Policy. No action shall be brought after the expiration of three years after the written Proof of Loss is required to be furnished.

Conformity with State Statutes: On the date this Policy becomes effective, any provisions which do not conform to the statutes of the state in which this Policy is issued, are amended to meet the state's minimum requirements.

IN WITNESS WHEREOF, MADISON NATIONAL LIFE INSURANCE COMPANY, INC has caused this Policy to be signed by its President at Madison, Wisconsin



President

Countersigned by _____
Licensed Resident Agent (where required by law)