

**American Medical and Life Insurance Company  
New York, New York**

**GROUP ACCIDENT AND SICKNESS HEALTH INSURANCE CERTIFICATE SCHEDULE**

Named Insured: [John Employee]]  
 Certificate Schedule Number: EXECUTIVE 750  
 Group Policy Number: 50016  
 Policy Holder: Association for Independent Managers, Inc.  
 Certificate Effective Date: [January 1, 2006]  
 Certificate Anniversary Date: [January 1, of each year]  
 Open Enrollment Period: January 1 through December 31 during each Policy Year

1. Description of Eligible Classes

- I. - All active members of Association for Independent Managers, Inc. as determined by bylaws or charter of the Association
- [II. Dependents of Named Insured as defined in the Policy.]

- 2. Eligibility Period: 365 days
- 3. Waiting Period: 0 days
- 4. Plan Type: Association  
Member Contribution 100%  
Voluntary
- 5. Coverage: [Named Insured] [Named Insured and Spouse] [Family]
- 6. Benefits:

<b><u>Hospital Confinement Benefits</u></b>	
Hospital Confinement Benefit	\$750 per day of confinement
Maximum Benefit	30 days per Policy Year per Covered Person
Hospital Intensive Care Unit Confinement Benefit	\$1,500 per day of confinement
Maximum Benefit Period	Up to 5 days per Policy Year per Covered Person
Surgery Benefit	
Option 2: Maximum Benefit per Surgery	80% RBRVS
Maximum Benefit	\$Unlimited per Policy Year per Covered Person
Anesthesia Benefit	25 % of surgical benefit.
<b><u>Doctor's Office Visit Benefits</u></b>	
Doctor's Office Benefit	\$50 per visit
Maximum Benefit	5 visits per Policy Year per Covered Person

<b><u>Preventive Care Test Benefit</u></b>	
Preventive Care Test Benefit	\$75 per Test
Maximum Benefit	1 Tests per Policy Year per Covered Person
<b><u>Diagnostic Tests, X-ray and Laboratory Benefit</u></b>	
Diagnostic Test Benefit	\$75 per day
Maximum Benefit	2 Tests per Policy Year per Covered Person
<b><u>Accidental Death and Dismemberment Benefit</u></b>	
Accidental Death Benefit	\$10,000 Primary Insured; 50% Spouse; 25% Dependent
Dismemberment Benefit	\$10,000 Primary Insured; 50% Spouse; 25% Dependent Loss of both hands or both feet - 100% Loss of sight of both eyes - 100% Loss of one hand and one foot - 75% Loss of one hand and sight of one eye - 50% Loss of one foot and sight of one eye - 50% Loss of one hand - 25% Loss of sight of one eye - 25%

- 7 Pre-existing Condition Limitation Period 12 months following the effective date of coverage under this Policy
8. Rate Guarantee Period A change in premium rate will not take effect before 12 months after the policy effective date

SAMPLE