

**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: PREMIER 1000
 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:

<u>Hospital Confinement Benefits</u>	
Hospital Confinement Benefit	\$1,000 per day of confinement
Maximum Benefit	30 days per Policy Year per Covered Person
Hospital Intensive Care Unit Confinement Benefit	\$2,000 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	100% RBRVS
Maximum Benefit	\$Unlimited per Policy Year per Covered Person
Anesthesia Benefit	25 % of surgical benefit.
<u>Doctor's Office Visit Benefits</u>	
Doctor's Office Benefit	\$75 per visit
Maximum Benefit	5 visits per Policy Year per Covered Person

<u>Preventive Care Test Benefit</u>	
Preventive Care Test Benefit	\$75 per Test
Maximum Benefit	1 Tests per Policy Year per Covered Person
<u>Diagnostic Tests, X-ray and Laboratory Benefit</u>	
Diagnostic Test Benefit	\$75 per day
Maximum Benefit	2 Tests per Policy Year per Covered Person
<u>Accidental Death and Dismemberment Benefit</u>	
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