



**GROUP BLANKET ACCIDENTAL DEATH AND DISMEMBERMENT CERTIFICATE**

**CERTIFICATE HOLDER**

**POLICY NUMBER  
CERTIFICATE DATE**

**MAGLADD**

Farm Family Life Insurance is providing the benefits listed in the group blanket accidental death and dismemberment policy ("policy") as an important part of your overall membership benefit program. Your benefits are listed in the policy. We certify that a policy has been issued to the Policy Holder. The policy is a contract between Farm Family Life Insurance Company ("we," "us," or "our") and the Policy Holder. Subject to the terms of the policy issued to the Policy Holder, we will provide the benefits described in the policy. We do this in return for the application of the Policy Holder for insurance coverage on the Certificate Holder and for the payment of the premiums. This certificate explains some of the provisions of the policy but it is not the policy. The benefits and provisions described are subject to the terms and conditions of the policy.

Nothing in the policy invalidates or impairs any rights granted to the certificate holder in the certificate. This certificate is your evidence of insurance only while you remain insured under the policy. If the policy is not in force, no coverage is in effect. A Certificate Holder's coverage shall continue in force until the policy under which this certificate is issued is terminated and as long as premiums are paid and the policy does not lapse.

If a Certificate Holder pays dues before July 1 of this year, the coverage is effective at 12:01 AM on July 1 of this year. If a Certificate Holder pays dues on or after July 1 for this year, the coverage is effective on the date such dues are paid. In no event shall coverage continue after June 30 of next year, if the Certificate Holder does not pay dues before July 1 of next year. No coverage applies if the Certificate Holder is in the name of a corporation or association. If membership is in the name of a partnership or more than one person, the first name appearing on the membership application shall be considered to be the member for purposes of the policy. The rights and benefits granted to the Certificate Holder shall not be less than those required by Massachusetts Law.

The Company only requires that the Certificate Holder be an eligible member of the organization of the Policy Holder. There are no age limitations. Written notice of an Accidental Dismemberment Loss must be given to us at the Home Office within twenty days after a loss occurs or begins, We will furnish to the person making a claim, or to the Policy Holder for delivery to such person, forms for filing Proof of Loss. If the person making a claim does not receive such forms before the expiration of fifteen days, the person making such claim shall be deemed to have complied with the requirements of this policy as to Proof of Loss. However, written proof covering the occurrence, character, and extent of the loss for which the claim is made must be submitted within the time fixed in the policy.

For any loss covered by this policy, written Proof of Loss must be given to us within ninety days after the date of loss. We may require a physical examination be performed at our expense. We may require an autopsy be performed at our expense in a case of death unless not allowed by law. All benefits payable under this policy will be payable not more than sixty days after receipt of Proof of Loss.

**The Certificate Holder has the right to examine the policy by providing reasonable notice to the Policy Holder. Provisions, definitions, and exclusions applicable to this certificate are contained in the policy held by the Policy Holder.**

Signed for by:

\_\_\_\_\_  
Signature of Responsible Person

\_\_\_\_\_  
President  
Title

\_\_\_\_\_  
Alex Dowse  
Print Name

\_\_\_\_\_  
466 Chestnut St, Ashland, MA 01721  
Policy Holder Address

\_\_\_\_\_  
Massachusetts Farm Bureau Federation, Inc.  
Policy Holder Name

\_\_\_\_\_  
Date



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**WHO IS COVERED** – The Certificate Holder, and if residents of the same household, the spouse and children, stepchildren, or adopted children of either spouse by the present or a former marriage or domestic partnership. A spouse is defined as a spouse or domestic partner under the laws of your state unless you are legally separated or divorced.

In the absence of a designated beneficiary, the Company may at its option pay the death Proceeds in a single sum to a spouse, parent, or child of the Insured; or to the estate of the Insured. The Insured may request in writing that the Company pay death benefits to a hospital or to a person who has rendered medical services. The Insured or the Insured’s beneficiary may not bring suit to recover until sixty days after written proof of loss is furnished. No suit may be brought more than three years after the date a loss is covered under the policy occurs or whatever the statute of limitations provides in the state where this policy was delivered.

Certificate Holders are insured for Accidental Dismemberment Loss and accidental death. For the amount of insurance, refer to the Schedule of Coverage below. The policy pays the death benefit in case of accidental death occurring within ninety days from the date of the accident, subject to Exclusions. The policy pays for any one of the losses, under the Schedule of Coverage, subject to Exclusions.

**SCHEDULE OF COVERAGE**

Accidental Dismemberment Loss	Plan Benefits
Both hands or both feet	\$5,000.00
One hand and one foot	\$5,000.00
One hand or one foot	\$2,500.00
Thumb and index finger of one hand	\$2,500.00
Both eyes	\$5,000.00
One eye	\$2,500.00
Loss of Speech	\$2,500.00
Loss of Hearing (both ears)	\$2,500.00
One hand and one eye	\$5,000.00
One foot and one eye	\$5,000.00

Accidental Death	Plan Benefits
Base loss of life benefit	\$5,000.00
Yearly increase for on time dues payment	\$500.00
Total benefit not to exceed	\$15,000.00

**EXCLUSIONS**

We shall not pay benefits for loss resulting, in whole, or in part, from: (a) intentional self-inflicted injury; (b) ptomaine or food poisoning, bacterial infection (except through an accidental wound) or disease; (c) participation by the Insured in any civil disturbance or riot; (d) suicide or attempted suicide; (e) injury sustained while riding on any aircraft except a Civil or Public Aircraft, or Military Transport Aircraft; (f) injury sustained while riding on any aircraft; (1) as a pilot; or (2) as a flight instructor or examiner; or (3) if it is owned, operated or leased by or on behalf of the Policy Holder, or any employer or organization whose eligible persons are covered under this policy; (g) injury sustained while voluntarily taking drugs which federal law prohibits dispensing without a prescription, including sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless the drug is taken as prescribed or administered by a licensed physician; (h) the Insured’s commission of or attempt to commit a felony to which a contributing cause was the Insured’s engagement in an illegal occupation; (i) injury sustained as a result of being legally intoxicated from the use of alcohol; (j) war or any act of war, declared or undeclared; (k) sickness or disease of the body or diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders.