

**SUMMARY OF BENEFITS
NO-COST-TO-YOU
ACCIDENTAL DEATH AND DISMEMBERMENT
INSURANCE PROTECTION**

PARTICIPATING ORGANIZATION: Veterans of Foreign Wars of the United States
ACCIDENTAL DEATH BENEFIT: \$1,000 COMMON CARRIER ACCIDENTAL DEATH BENEFIT: \$1,500
Underwritten by: Securian Life Insurance Company, St. Paul, MN 55101

ADDITIONAL INFORMATION ON YOUR BENEFITS

This member-only limited benefit AD&D coverage is being provided to you at no cost. The primary Member is covered as long as he or she remains an active VFW member. The Accidental Death benefit is payable if you suffer a fatal covered accident. The Common Carrier benefit is payable if your accidental death occurs while riding as a fare-paying passenger on a Common Carrier. The Common Carrier benefit is paid in addition to the Accidental Death benefit. The Accidental Dismemberment benefit is payable if, as a result of an Injury, you suffer one of the covered losses in the table shown below:

TABLE OF LOSSES AND BENEFITS

Loss:	Benefit:
Two or more Hands or Feet	\$1,000
Sight of Both Eyes	\$1,000
One Hand or Foot	\$500
Sight of One Eye	\$500
Thumb and Index Finger of Same Hand	\$250

All coverage reduces by 50% upon your attainment of age 75, regardless of age at enrollment.

EXCLUSIONS

In addition to any benefit-specific exclusions, benefits will not be paid for any Injury or Loss which, directly or indirectly, in whole or in part, is caused by or results from any of the following:

- (1) intentionally self-inflicted injury, suicide or any attempt thereat while sane or insane (while sane in Colorado and Missouri);
- (2) declared or undeclared war or act of war;
- (3) military or combat activities while serving in the armed forces, National Guard, or organized reserve corps in any state, country, or international authority;
- (4) sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, or bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural and foreseeable result of an accidental external bodily injury or accidental food poisoning.
- (5) flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface:

- a. except as a fare paying passenger on a regularly scheduled commercial airline;
 - b. being flown by the Covered Person or in which the Covered Person is a member of the crew;
 - c. being used for:
 - i. crop dusting, spraying or seeding, giving and receiving flying instruction, fire fighting, sky writing, sky diving or hang-gliding, pipeline or power line inspection, aerial photography or exploration, racing, endurance tests, stunt or acrobatic flying; or
 - ii. any operation that requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on);
 - d. designed for flight above or beyond the earth's atmosphere;
 - e. an ultra-light or glider;
 - f. being used for the purpose of parachuting or skydiving;
 - g. being used by any military authority, except an Aircraft used by the Air Mobility Command or its foreign equivalent;
- (6) the Covered Person's intoxication as determined according to the laws of the jurisdiction in which the accident occurred;
- (7) voluntary ingestion of any narcotic, drug, poison, gas or fumes;
- (8) driving while intoxicated or driving under the influence of a controlled substance;
- (9) riding or driving as a professional in any kind of race for prize money or profit.

PAYMENT OF CLAIMS:

Your Accidental Dismemberment benefit will be paid to you, if living.

Your Accidental Death and Common Carrier benefits will be paid in accordance with the beneficiary designation in effect at the time of payment. If there is no such designation or no surviving beneficiary, the loss of life benefits will be paid in one lump sum to the first surviving class of the following classes of beneficiaries:

- a) lawful spouse;
- b) child(ren), in equal shares;
- c) parents, in equal shares;
- d) siblings, in equal shares.

If there is no surviving member of any of the above classes, the benefits will be paid to your estate.

This is a summary of the benefits provided under this AD&D protection. It is not a contract. Terms and conditions of coverage are set forth in Policy numbers 9018/9019/9020, group policy number 17-50925 or individual policy number 17-51040 and any state variation thereof. Plan benefits, exclusions and limitations may vary by state. This plan may not be available in all states. Availability of this offer may change.



Attached is the Beneficiary Change Form you requested. Please read the instructions before completing the form.

You do have the option of naming a personal beneficiary (ies) to receive the death benefits. In the event of your death, any benefits payable under your coverage will be paid to the beneficiary(ies) named on the enclosed form. The instructions will explain the order in which the beneficiary(ies) you named will be paid benefits.

Return the completed form via US mail or fax to the following:

VFW Member Plans
PO Box 9159
Phoenix, AZ 85068-9159
Fax: (602) 713-9004

Please refer to your policy or certificate of insurance if you are not sure of the amount of insurance your coverage provides. For any further questions, contact our office toll free at 1 -877-850-0183 during business hours 7:00 a.m. to 5:00 p.m. Central Time Monday through Friday.

Consumer Sales and Service

ccs

IMPORTANT NOTICE

Note: If a beneficiary is not designated, the benefits will be paid according to the Facility of Payment section in your certificate or policy.

Please use the examples below to complete the enclosed Request to Change your Beneficiary.

EXAMPLES OF DESIGNATING A CLASS 1, 2, 3 etc. BENEFICIARY

Example 1: Only one person is to receive the benefits.

Class	Share %	Full Given Name, Address, Phone Number, Date of Birth and Social Security Number	Relationship
1	100	Mary Jane Doe, 123 Street, Somewhere, AZ 12345 Date of Birth , Social Security Number	Daughter

Example 2: Distribute the death benefit equally to Beneficiary (ies).

Class	Share %	Full Given Name	Relationship
1	100	The then living child or children born of the insured's marriage with the said Patty Doe	

Example 3: If the Class 1 Beneficiary is deceased. Distribute to Class 2 Beneficiary (ies) who will share funds according to Share percent.

Class	Share %	Full Given Name, Address, Phone Number, Date of Birth and Social Security Number	Relationship
1	100	Patty Ann Doe, 123 Street, Somewhere, AZ 12345 Date of Birth , Social Security Number	Wife
2	75	Jane Q. Doe, 123 Street, Somewhere, AZ 12345 Date of Birth , Social Security Number	Sister
2	25	James F. Doe, 123 Street, Somewhere, AZ 12345 Date of Birth , Social Security Number	Brother

Within EACH Class the Share % must total 100

Example 4: Distribute to a Formal Trust.

The following information is needed:

Full name of Trustee, Address of Trustee, Name of Trust, Date of Trust.

DO NOT SEND COPY OF TRUST UNTIL PRESENTING A CLAIM

Class	Share %	Full Given Name	Relationship
1	100	Tom Doe – Trustee, 123 Main Street, City, State, his successors or successor in trust under the John Doe Revocable Trust Agreement, executed on (date the trust was executed).	

Request to Change Beneficiary

VFW Member Plans

PO Box 9159, Phoenix, AZ 85068-9159

DATE OF BIRTH: _____

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

VFW MEMBER ID # _____

INSTRUCTIONS:

1. Please name beneficiary* (ies) by completing the chart below as follows:
 - A. Class – The Class * (i.e., 1, 2, 3, etc. below) determines the order in which beneficiaries become eligible to receive death benefits. Surviving beneficiary (ies) within any one Class share equally unless otherwise specified in share %.
 - B. Share % - Class 1 beneficiary (ies) would be the first to receive benefits, Class 2 beneficiary (ies) collects only if Class 1 beneficiary (ies) have died. Class 3 beneficiary (ies) collects only if Class 2 beneficiary (ies) have died. If you want any beneficiary (ies) to share funds they need the same Class number. If a share percentage has not been designated, we will assume the benefits will be split equally within that class. Within each Class, the Share % must total 100%.
 - C. Full Given Name and Address, Date of Birth, Telephone Number and Social Security Number.
 - D. Relationship to the insured (noted above).
 - E. The completed form must be signed by the insured and returned to VFW Member Plans.

To receive death benefits, a beneficiary (ies) must survive the insured. In the event a beneficiary does not survive the insured that beneficiary's portion shall be equally distributed to the remaining surviving beneficiary (ies) within the same class. In the event of the simultaneous death of the insured and a beneficiary, the death benefit will be paid as if the insured survived the beneficiary (ies). An Irrevocable Beneficiary cannot be revoked or changed without written consent of the Irrevocable Beneficiary.

CLASS	SHARE %	FULL NAME, ADDRESS, PHONE NUMBER, DATE OF BIRTH AND SOCIAL SECURITY NUMBER	RELATIONSHIP

Within EACH Class the Share % must total 100

Any previous beneficiary designation made by me is hereby revoked, and I reserve the power to change, modify or revoke this designation at any time by an instrument, similar in form to this one, delivered to and accepted by the Company. I understand my request to add or change a beneficiary will take effect once recorded by the Company but will not affect any payment made or action taken before receiving this request.

INSURED'S SIGNATURE

DATE SIGNED

TELEPHONE NUMBER

X

SPOUSE'S CONSENT

(Required for Community property states only: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin)

I hereby agree to the beneficiary (ies) designated above.

SPOUSE'S SIGNATURE

DATE SIGNED

X