



On Your Side®

NATIONWIDE LIFE INSURANCE COMPANY
NATIONWIDE SPECIALTY INSURANCE
PO BOX 1970, SPRINGFIELD, MASSACHUSETTS 01101
PHONE: 1-800-525-8669
E-MAIL: grouprotector@consolidatedhealthplan.com

UNITED CHURCH OF GOD, AN INTERNATIONAL ASSOCIATION
555 TECHNECENTER DR
MILFORD, OH 45150

RE: Specified Hazard Insurance Policy Number 50206169513154001

Dear Plan Sponsor:

We are pleased to accept your application for the enclosed Specified Hazard Insurance Policy.

Your policy has been issued on the basis of the information contained in the application (a copy of which has been attached to and made a part of your policy). The policy term is specified in item 2 of the application and the benefits, referred to in item 4 of the application, are described in the respective policy provisions.

Also enclosed is a copy of claim forms with instructions. Certificates are provided where required by state law. Additional supplies are available upon request.

IN THE EVENT OF AN ACCIDENTAL DEATH OR SPECIFIC LOSS CLAIM, immediately notify Nationwide at the address indicated below and provide the following information: name of insured, policy number, date of incident, and nature of loss (i.e., loss of life, limb, sight, etc.) Claim forms and instructions will be provided.

Nationwide Specialty Insurance
PO Box 420
Springfield, Massachusetts 01101

IN THE EVENT OF A MEDICAL EXPENSE CLAIM, one of the enclosed claim forms should be completed. It is very important that the policy number referred to above be shown. The form should be checked for accuracy and completeness (failure to do so may delay processing) and forwarded, accompanied by itemized medical bills and any other necessary documentation to the Nationwide Specialty Health Claims office shown above.

If you plan to distribute any information about this policy, please send us a draft of the proposed copy. We will forward it to Nationwide in Columbus, Ohio. They will review it for compliance with government regulations and make any necessary changes. We will then return it for your use. When corresponding, please refer to the above policy number.

Our objective is to provide the most prompt and efficient service possible. If you have any questions, we will be glad to provide you with whatever assistance you may need.

Sincerely,

Your Nationwide Representative

Enclosures

BL502-1-2B

NOTICE CONCERNING COVERAGE
LIMITATIONS AND EXCLUSIONS UNDER THE
OHIO LIFE AND HEALTH INSURANCE
GUARANTY ASSOCIATION ACT

Residents of Ohio who purchase life insurance, annuities or health insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Ohio Life and Health Insurance Guaranty Association. The purpose of this association is to assure that policyholders will be protected, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of insured persons who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by these insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting companies that are well-managed and financially stable.

The Ohio Life and Health Insurance Guaranty Association may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in Ohio. You should not rely on coverage by the Ohio Life and Health Insurance Guaranty Association in selecting an insurance company or in selecting an insurance policy.

Coverage is NOT provided for your policy or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as a variable contract sold by prospectus. You should check with your insurance company representative to determine if you are only covered in part or not covered at all.

Insurance companies or their agents are required by law to give or send you this notice. However, insurance companies and their agents are prohibited by law from using the existence of the guaranty association to induce you to purchase any kind of insurance policy.

OHIO LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION
1840 Mackenzie Drive
Columbus, Ohio 43220

OHIO DEPARTMENT OF INSURANCE
50 W. Town Street
Third Floor, Suite 300
Columbus, Ohio 43215

The state law that provides for this safety-net coverage is called the Ohio Life and Health Insurance Guaranty Association Act. On the back of this page, is a brief summary of this law's coverages, exclusions and limits. This summary does not cover all provisions of the law; nor does it in any way change anyone's rights or obligations under the act or the rights or obligations of the guaranty association.

COVERAGE

Generally, individuals will be protected by the Life and Health Insurance Guaranty Association if they live in Ohio and hold a life or health insurance contract, annuity contract, unallocated annuity contract, or if they are insured under a group insurance contract, issued by a member insurer. The beneficiaries, payees or assignees of insured persons are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons holding such policies are not protected by this Association if:

- they are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- the insurer was not authorized to do business in this state;
- their policy was issued by medical, health or dental care corporation, an HMO, a fraternal benefit society, a mutual protective association or similar plan in which the policy holder is subject to future assessments, or by an insurance exchange.

The Association also does not provide coverage for:

- any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as a variable contract sold by prospectus;
- any policy of reinsurance (unless an assumption certificate was issued);
- interest rate yields that exceed an average rate;
- dividends;
- credits given in connection with the administration of a policy by a group contract holder;
- employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them).

LIMITS ON AMOUNT OF COVERAGE

The act also limits the amount the Association is obligated to pay out: The Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverage. Within this overall \$300,000 limit, the Association will not pay more than \$100,000 in cash surrender values, \$100,000 in health insurance benefits, \$250,000 in present value of annuities, or \$300,000 in life insurance death benefits - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages.

Note to benefit plan trustees or other holders of unallocated annuities (GIXs, DACs, etc.) covered by the act: for unallocated annuities that fund governmental retirement plans under Sections 401(k), 403(b) or 457 of the Internal Revenue Code, the limit is \$250,000 in present value of annuity benefits including net cash surrender and net cash withdrawal per participating individual. In no event shall the association be liable to spend more than \$300,000 in the aggregate per individual. For covered unallocated annuities that fund other plans, a special limit of \$1,000,000 applies to each contractholder, regardless of the number of contracts held with the same company or number of persons covered. In all cases, of course, the contract limits also apply.



On Your Side®

NATIONWIDE LIFE INSURANCE COMPANY
Home Office: 1 Nationwide Plaza, Columbus, Ohio 43215

SPECIFIED HAZARD INSURANCE POLICY

Thank you for taking this policy with us.

Policy No. 50206169513154001

INSURING AGREEMENT – We promise to pay, subject to the terms of this policy, the benefits stated herein. We make this promise and issue this policy to you in exchange for the premium shown in the application. This policy is a legal contract between you and us.

POLICY TERM –The policy term starts and ends at 12:01 a.m. standard time at your address on the effective and first termination dates shown in the application. The contract cannot be renewed.

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KEY WORDS DEFINED – When we use these words, we mean:

You, your, or plan sponsor – the plan sponsor named in the application.

We, our, us, or Nationwide – the Nationwide Life Insurance Company.

Application – The attached policy application which is part of the contract.

Eligible person – a person described under (one of) the class(es) of eligible persons listed in the application.

Insured – an eligible person insured under the contract.

Covered activities – the covered activities described in the application

Injury – a bodily injury which meets all of the following conditions: (1) it is caused solely by an accident which happens while the contract is in force on the insured and while he or she is taking part in a covered activity; (2) it results in loss or expense covered by the contract; and (3) neither the injury, the loss, nor the expense may result from sickness, disease, or bodily infirmity, or from any cause other than the accident.

Sickness – a sickness or disease which meets both the following conditions: (1) it begins while the contract is in force on the insured and while he or she is taking part in a covered activity; and (2) it results in expense covered by the contract.

Reasonable and customary charges – (1) reasonable in terms of services, care, or treatment provided; and (2) customary in that charges made by a provider are in line with charges made by providers of similar training and experience for a similar service within the same area.

Doctor – a person duly licensed and legally qualified to diagnose and treat injury and sickness. Such person must be providing services within the scope of his or her license. The term “doctor” does not include the insured.

THIS IS LIMITED INSURANCE. PLEASE READ YOUR POLICY CAREFULLY.

PREMIUM – The premium rates and the method of payment are shown in the application. The premium is due on the date coverage begins. The premium must be paid to our Home Office or to one of our agents.

TERM OF A PERSON'S COVERAGE – A person's coverage begins on the later of: (1) the effective date of the contract; or (2) when he or she becomes an eligible person.

An insured's coverage ends on the first of these to occur: (1) when he or she is no longer an eligible person; or (2) the date to which premium has been paid; or (3) the termination date of the contract.

Termination of coverage will not affect a claim which occurs before the coverage ends.

THE MAXIMUM BENEFIT AMOUNTS which apply to an insured are shown in the application to the right of the benefit provision(s) for which he or she is insured.

EXCLUSIONS AND LIMITATIONS – We will not pay benefits for covered expenses incurred for:

- (1) The examination, prescription, purchase, or fitting of eyeglasses, contact lenses, or hearing aids;
- (2) Treatment by a person employed or retained by you or your subsidiaries or affiliates and for which no charge is normally made; or
- (3) Care or treatment by a person who ordinarily lives in the insured's home or is a parent, grandparent, spouse, brother, sister, or child of either the insured or the insured's spouse.

Nor will we pay benefits for loss or covered expenses resulting from:

- (4) Intentional self-destruction or an attempt at it, or intentional self-inflicted injury while sane or insane (if a Missouri contract, while sane);
- (5) War or an act of war, declared or undeclared; or
- (6) Air travel unless the insured is a passenger on a regularly scheduled flight of a properly licensed commercial airline.

ACCIDENTAL DEATH AND SPECIFIC LOSS BENEFIT

Death – if, as a result of injury, an insured dies within one year from the date of the accident causing the injury, we will pay, subject to the coverall maximum for any one accident, the death benefit which applies less any specific loss benefit paid because of the same accident. The one year limit does not apply in a Pennsylvania contract.

Specific loss – if, as a result of injury, an insured suffers a specific loss within one year from the date of the accident causing the injury, we will pay, subject to the overall maximum for any one accident, a benefit based on the face amount which applies to the insured as specified in the table below.

For the Loss of:	Percent of the Face Amount
Each Arm.....	75%
Each Leg.....	75%
Each Hand.....	50%
Each Foot.....	50%
Sight of Each Eye.....	50%
Speech.....	50%
Hearing of Each Ear.....	25%
Thumb and Index Finger of the Same Hand.....	25%

Specific loss means the total, permanent, and irrecoverable loss of:

- (1) a natural arm or leg severed at or above the elbow or knee joint;
- (2) a natural hand or foot severed at or above the wrist or ankle joint;
- (3) the entire sight of an eye, entire speech, or entire hearing of an ear; or
- (4) a natural thumb and index finger severed at or above the joints which attach them to the hand.

The total payment for all of the specific losses of an insured because of any one accident will not be more than the face amount shown in the application. No specific loss benefit will be paid if the death benefit applies. The loss of the thumb and index finger of the same hand benefit will not be paid if the loss of the hand or arm benefit applies. The loss of the hand or foot benefit will not be paid if the loss of the arm or leg benefit applies.

The overall maximum for any one accident is shown in the application. This is the maximum amount payable by us for all death and specific loss claims incurred for all insureds under the contract which are caused by any one accident. If this is not enough to pay the total of all such claims, then the amount we will pay for the death or specific loss of any one insured will be his or her proportional share of this amount.

MEDICAL EXPENSE BENEFIT – If, as a result of injury or sickness, an insured incurs covered expenses starting within 90 days from the date of the accident causing the injury or the date the sickness begins, we will pay, less the deductible (if any) shown in the application and not to exceed the maximum benefit amounts shown therein, all covered expenses incurred within 3 years from such dates.

Covered expenses mean the reasonable and customary charges for local professional ambulance service to or from a hospital and/or surgical center as well as the following reasonable and customary charges for treatment, services and supplies provided or prescribed by a doctor:

- (1) hospital or surgical center care;
- (2) medical treatment;
- (3) nursing care provided by a licensed nurse;
- (4) medical treatment;
- (5) nursing care provided by a licensed nurse;
- (6) X-rays and lab exams;
- (7) prescription drugs and therapeutic services and supplies;
- (8) dental treatment as a result of injury to sound, natural teeth; and
- (9) the following licensed home health care agency services and supplies provided instead of an otherwise required hospital or skilled nursing home confinement: (a) physical, occupational, respiratory and speech therapy, (b) the services of a home health aide, and (c) medical supplies.

If the application indicates that the excess plan applies, we will not pay benefits for, nor can the deductible (if any) be satisfied by, covered expenses to the extent that they are collectible under:

- (1) another insurance contract or prepayment plan;
- (2) a trustee, union, employer, or employee benefit plan;
- (3) Workers' Compensation (or a similar occupational law); or
- (4) a government plan (except Medicaid and other public assistance plans), including one set forth by statute (such as Medicare).

CLAIMS INFORMATION

When must we receive notice? Written notice of claim must be given within 30 days after a covered loss occurs or expense starts or it must be given as soon as reasonably possible. The notice must be sent to the servicing group claims office, our Home office, or to one of our agents. It should include your policy number and the name of the insured.

How are claim forms obtained? We will send forms to persons who ask for them within 15 days after notice of claim is given. If we do not, written proof (including the event, nature, and extent of loss) may be sent to us without using our forms. This proof must meet the terms of the next paragraph.

When must we receive proof of loss? Written proof must be given to us: (1) within 90 days after the end of any period of disability or hospital confinement for which claim is made; or (2) within 90 days after the date of loss on any other claim.

If it is not reasonably possible to give such proof, it should be given as soon as reasonably possible; but no later than one year from the time it is otherwise due. The one year limit is waived if the insured is legally incapable of giving such proof.

When will we pay claims? First we need written proof of loss. Then all benefits due the insured for loss of time because of total disability will be paid monthly as long as we are liable. Any balance not paid when our liability ends will be paid as soon as we receive proper written proof.

Benefits due for other losses will be paid when we receive proper written proof.

To whom will we pay claims? We will pay loss of life benefits to the insured's designated beneficiary in effect at the time of payment. If none is then in effect, or if the beneficiary dies first, we will pay the benefits to the insured's estate or, at our option, to one or more of the first surviving class of the following classes of successive preference beneficiaries: the insured's surviving spouse, children, parents, or brothers and sisters. This will, to the extent paid, release us from further liability. Other benefits will be paid to the insured except that those unpaid at death may, at our option, be paid to either the insured's estate or beneficiary.

If the insured is a minor or is not competent to give a valid release, we may pay an amount otherwise payable to the insured to his or her parents, guardian, or to a person supporting the insured.

If payment is to be made to the insured's estate or to a beneficiary who is either a minor or is not competent to give a valid release, we may pay up to \$1,000 to someone related to either the insured or to his or her beneficiary by blood or marriage whom we consider to be entitled to the payment. Such payment made by us in good faith will fully discharge us to the extent of the payment.

We may pay coverage expenses to the hospital or person providing the service, unless the insured states otherwise in writing by the time proofs of loss are filed. It is not required that a service be provided by any one hospital or person.

How may the beneficiary be changed? The insured may change his or her beneficiary. The beneficiary's consent is not needed unless the designation is irrevocable. Changes may be made during the insured's lifetime by written notice to us at our Home Office.

A change will not take effect when the notice is signed, whether or not the insured is living when we receive it. The change will not prejudice a payment made or action taken by us before we receive it at our Home Office.

Can a physical exam be required? Yes. We have the right to have a doctor examine a person whose condition is the basis of a claim. This may be done as often as is reasonably necessary while a claim is pending. This will be at our expense.

Is there a free choice of a doctor? Yes. The insured will have a free choice of a doctor. The doctor – patient relationship will be maintained.

What if there is a common accident? If an insured and his or her beneficiary die from the same accident without enough evidence that they died other than at the same time, the insured's benefits will be paid as if he or she died last.

GENERAL INFORMATION

What is your agreement with us? How can it be changed? The policy (with the application and attached papers) and the individual enrollment forms, if any, make up the entire legal contract between you and us. All statements made by you or by an insured are representations and not warranties. Such statements will not affect coverage or be used in defense of a claim unless they are in a written application or individual enrollment form which has been signed by the insured. A copy of the statement must be furnished to the insured or to his or her beneficiary, if any. No change in the contract will be valid unless it is in an amendment signed by either our President or Secretary and accepted (signed) by you.

The contract may be changed at any time by mutual agreement between you and us. The consent of an insured or others having a beneficial interest is not required. A change will not affect a claim which occurs before the change is made.

No agent may: (1) change the contract in any way; (2) accept premium in arrears, or (3) extend a premium due date.

What if the contract does not conform with state laws? If, on its effective date, any provision of the contract is in conflict with a law of the state in which it is delivered, such provision is amended to conform to the law's minimum requirements.

What about new eligible persons? They must be added to the groups or classes for which they are eligible.

Are individual certificates used? When the law requires it, we will provide a supply of these forms to be given to all insureds. The certificates will contain the main features of the contract which relate to the insured. They are not contracts.

What kind of records must be kept? Records must be kept which will show, at all times, the names of the insureds and the details of each insured's insurance.

We have the right to inspect these records at any reasonable time to the extent that they relate to the contract.

What kind of reports must be made? Those that we need to administer and rate the contract.

What if an eligible person is not recorded or reported? Coverage will not be denied if failure to record or to report an eligible person for insurance is the result of a clerical error.

May benefits be assigned? Yes; but only medical expense benefits, if any. We are not bound by an assignment until we receive it in writing at either the servicing group claims office or our Home Office. We are not responsible for its validity.

When can legal action be brought? Legal action to recover under the contract can be brought only after 60 days and before 3 years (5 years if a Kansas contract or 6 years if a South Carolina contract) from the time written proof of loss must be given.

Is this a Workers' Compensation contract? No. It does not replace or affect any requirement for coverage by Workers' Compensation or a similar occupation law.

NATIONWIDE LIFE INSURANCE COMPANY



President



Thomas E. Barnes, Secretary

Mark R. Thresher,

Countersigned by _____

(LICENSED RESIDENT AGENT)

CAMP & CONFERENCE Accident/Sickness Insurance Policy Application

Print or type only

which, upon acceptance and approval by Nationwide Life Insurance Company—Columbus, Ohio 43216, will become a part of Specified Hazard Insurance Policy Number 502- 010109512165001 Office Use Only

1. Name of Plan Sponsor United Church of God, an International Association

Address 555 Techne Center Dr., Milford, OH, 45150 Clermont

2. Policy Term: The Policy term starts at 12:01 a.m. on 06 / 15 / 13 which is the effective date and ends at 12:01 a.m. on 12 / 31 / 13 which is the termination date or first renewal date.

3. Covered Activities

Supervised camp or conference activities (excluding snow skiing) sponsored and/or endorsed by the plan sponsor and direct travel to and/or from such activities. (50)

4. Maximum Benefit Amounts—the word "None" means the benefit is not included

Benefit Provisions	Maximum Benefit Amounts						
Accidental Death & Specific Loss with a \$250,000 overall maximum for any one accident.							
Death	\$10,000	\$17,500	\$7,500	\$10,000	\$7,500	\$10,000	
Specific Loss (Face Amount)	20,000	35,000	15,000	20,000	15,000	20,000	
MEDICAL EXPENSE							
Accident	Deductible	None	None	None	None	None	None
	Overall Maximum	25,000	25,000	25,000	25,000	25,000	25,000
Sickness (Overall Maximum)		None	5,000	None	5,000	None	5,000
OFFICE USE ONLY	2220P-4220E	7913P-6913E	2220P-4220E	7913P-6913E	2220P-4220E	7913P-6913E	

5. Premium Rates by Class(es) of Eligible Persons - check class(es) and Medical Expense Plan desired

Daily Calendar Days Required (or portion thereof)	Premium Rates per Eligible Person	
Class	Eligible Person	<input checked="" type="checkbox"/> Medical Expense PRIMARY Plan <input type="checkbox"/> Medical Expense EXCESS Plan
All participants or all participants and staff of:		
A Sports (or POTO)		
1	<input type="checkbox"/> Day Camp or Conference (PHI507/509 - C95)	\$ 0.35 / \$ 0.30
2	<input type="checkbox"/> Overnight Camp or Conference (PHI508/509 - C96)	0.60 / 0.50
Any Other Privates*		
3	<input type="checkbox"/> Day Camp or Conference (PHI510/512 - C14)	0.18 / 0.14
4	<input type="checkbox"/> Overnight Camp or Conference (PHI511/512 - C15)	0.45 / 0.35
Any Other Organization* or Church*		
5	<input checked="" type="checkbox"/> Day Camp or Conference (PHI513/515 - C14)	0.18 / 0.14
6	<input checked="" type="checkbox"/> Overnight Camp or Conference (PHI514/515 - C15)	0.30 / 0.21

*Excluding contact football, ice hockey, martial arts, scuba/skin diving, snowboarding, snow skiing, and wrestling.

The minimum premium per policy term is \$225 if the medical expense PRIMARY plan has been elected and \$175 if the medical expense EXCESS plan has been elected.

6. The Policy is to cover all eligible persons which include: participants only (06) or participants and staff (09).

7. It is Understood and agreed that: (a) the premium will be paid entirely by the plan sponsor with no contribution made by the eligible persons toward the cost of the insurance; and (b) premium will be paid as follows: for short-term coverage— in advance as shown in the Premium Report, or in advance based on the total estimated premium due as shown in the Premium Report with an audit at the end of the policy term (only available to groups exceeding \$500 in total premium) (BF51); or, for renewable coverage— in advance as shown in the Premium Report, or in advance based on the total estimated premium due as shown in the Premium Report with an audit at the end of the policy term (only available to groups exceeding \$500 in total premium) (BF51); or the minimum premium with this application with the remainder due quarterly in arrears (BF52).

(NY) Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

By sending your check to Nationwide Life Insurance Company ("Nationwide"), you give your consent to Nationwide to authorize our financial institution to convert your check into an electronic fund transfer. Please be aware that your bank account may be debited as soon as the same day we receive your payment and you will not receive a canceled check. For authorized checking account withdrawal (also called Automated Clearing House or "ACH") call 1-800-525-8669.

By signing below, you agree that you have read all of the Fraud Warnings provided with this application.

50206169512165001

Previous Policy Number

Date May 21, 2013

Appointed Agent's Signature and Number

Appointed Agent's Phone Number

Appointed Agent's E-mail Address

GR-9050 (Office Use)

3

Signature of Applicant
Chris Rowland, Insurance Administrator

Printed Name and Title of Applicant

Address of Applicant
555 Techne Center Dr. Milford, OH 45150

Address of Applicant
(513) 576-9796

Applicant's Phone Number
chris.rowland@ucg.org

Applicant's E-mail Address

Check box if no agent was used.

MAY 28 2013

SHM-0120AO.3 (10/12)

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340009998

United Youth Camps - 2013
Accident Medical Premium Worksheet

	Dates at camp or conference including travel time			Number of eligible persons anticipated to be insured			Daily premium per eligible person	Premium per day	Total number of nights	Premium Due	
				Participant	Staff	Total					
UNITED YOUTH CAMPS (TEEN)											
Cotubic	OH	6/15/2013	thru	6/23/2013		80	80	\$ 0.30	\$ 24.00	8	\$ 192.00
Cotubic	OH	6/16/2013	thru	6/23/2013	126		126	\$ 0.30	\$ 37.80	7	\$ 264.60
Pinecrest	MO	6/20/2013	thru	6/28/2013		53	53	\$ 0.30	\$ 15.90	8	\$ 127.20
Pinecrest	MO	6/21/2013	thru	6/28/2013	71		71	\$ 0.30	\$ 21.30	7	\$ 149.10
Hye Sierra	CA	6/28/2013	thru	7/7/2013		111	111	\$ 0.30	\$ 33.30	9	\$ 299.70
Hye Sierra	CA	6/30/2013	thru	7/7/2013	91		91	\$ 0.30	\$ 27.30	7	\$ 191.10
Woodmen	AL	6/29/2013	thru	7/7/2013		56	56	\$ 0.30	\$ 16.80	8	\$ 134.40
Woodmen	AL	6/30/2013	thru	7/7/2013	70		70	\$ 0.30	\$ 21.00	7	\$ 147.00
Northwest	OR	7/19/2013	thru	7/28/2013		61	61	\$ 0.30	\$ 18.30	9	\$ 164.70
Northwest	OR	7/21/2013	thru	7/28/2013	89		89	\$ 0.30	\$ 26.70	7	\$ 186.90
Winter	WI	12/24/2013	thru	12/31/2013		30	30	\$ 0.30	\$ 9.00	7	\$ 63.00
Winter	WI	12/25/2013	thru	12/31/2013	50		50	\$ 0.30	\$ 15.00	6	\$ 90.00
United Youth Camps Premium										\$ 2,009.70	
PRE-TEEN OVERNIGHT CAMPS											
Colorado	CO	6/9/2013	thru	6/12/2013	29	23	52	\$ 0.30	\$ 15.60	3	\$ 46.80
Piney Woods	TX	6/23/2013	thru	6/26/2013	30	25	55	\$ 0.30	\$ 16.50	3	\$ 49.50
Kiwanis	PA	7/15/2013	thru	7/18/2013	42	35	77	\$ 0.30	\$ 23.10	3	\$ 69.30
Ironwood	MN	7/21/2013	thru	7/24/2013	70	54	124	\$ 0.30	\$ 37.20	3	\$ 111.60
Tomahawk	TN	7/28/2013	thru	7/31/2013	45	43	88	\$ 0.30	\$ 26.40	3	\$ 79.20
Northwest	OR	8/4/2013	thru	8/7/2013	53	60	113	\$ 0.30	\$ 33.90	3	\$ 101.70
Buckeye	OH	8/4/2013	thru	8/7/2013	51	60	104	\$ 0.30	\$ 31.20	3	\$ 93.60
Southwest	AZ	12/23/2013	thru	12/27/2013	22	9	31	\$ 0.30	\$ 9.30	3	\$ 27.90
Pre-Teen Camps Premium										\$ 608.76	
PRE-TEEN DAY CAMPS											
UCanDo	IN	7/9/2013	thru	7/11/2013	25	29	54	\$ 0.18	\$ 9.72	3	\$ 29.16
Challenger Camps Premium										\$ 18.00	
CHALLENGER CAMPS (YOUNG ADULT)											
Challenger East	OH	7/23/2013	thru	7/28/2013		9	9	\$ 0.30	\$ 2.70	5	\$ 13.50
Challenger East	OH	7/24/2013	thru	7/28/2013	15		15	\$ 0.30	\$ 4.50	4	\$ 18.00
Total Premium Due										\$ 2,636.46	



NATIONWIDE LIFE INSURANCE COMPANY

Home Office: Columbus, Ohio

SPECIFIED HAZARD INSURANCE COMPANY

We issue this certificate to you as evidence of your coverage.

INSURING AGREEMENT – We promise to pay, subject to the terms of the Specified Hazard Insurance Policy issued to your plan sponsor, the benefits stated herein. We make this promise and issue this certificate to you in exchange for the premium paid by your plan sponsor. The policy is a legal contract between your plan sponsor and us.

SCHEDULE OF BENEFITS

The benefits included are only those with a specific amount shown below each Benefit listed in the schedule. The word "None" under an item means It is not included.					
Accidental Death and Specific Loss with a \$250,000 overall maximum for any one accident.		<input checked="" type="checkbox"/> Primary Plan Medical Expense <input type="checkbox"/> Excess Plan			Weekly Accident on the _____ day of disability for up to _____ weeks
		Accident		Sickness	
Accidental Death	Specific Loss (Face Amount)	Deductible	Overall Maximum	Overall Maximum	
\$ 10,000	\$ 20,000		\$ 25,000	\$ 5,000	\$ 0

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KEY WORDS DEFINED – When we use these words we mean:

We, our, or us – the Nationwide Life Insurance Company.

You or your – an eligible person insured under the contract.

Covered activities –

Supervised camp or conference activities (excluding skiing) sponsored and/or endorsed by the plan sponsor & direct travel between the insured's home (building & land where he or she lives) and the camp or conference to take part in such activities.

Injury – a bodily injury which meets all of the following conditions: (1) it is caused solely by an accident which happens while you are insured under the contract and while you are taking part in a covered activity; (2) it results in loss or expense covered by the contract; and (3) neither the injury, the loss, nor the expense may result from sickness, disease, or bodily infirmity, or from any cause other than the accident.

Sickness – a sickness or disease which meets both of the following conditions: (1) it begins while you are insured under the contract and while you are taking part in a covered activity; and (2) it results in expense covered by the contract.

THIS IS LIMITED INSURANCE. PLEASE READ YOUR CERTIFICATE CAREFULLY.

KEY WORDS DEFINED (continued)

Reasonable and customary charges – (1) reasonable in terms of services, care, or treatment provided; and (2) customary in that charges made by a provider are in line with charges made by providers of similar training and experience for a similar service within the same area.

Doctor – a person duly licensed and legally qualified to diagnose and treat injury and sickness. Such person must be providing services within the scope of his or her license. The term “doctor” does not include you.

ACCIDENTAL DEATH AND SPECIFIC LOSS BENEFIT

Death- if, a result of injury, you die within one year from the date of the accident causing the injury, we will pay, subject to the overall maximum for any one accident, the death benefit which applies less any specific loss benefit paid because of the same accident. The one year limit does not apply in a Pennsylvania contract.

Specific loss – if, as a result of injury, you suffer a specific loss within one year from the date of the accident causing the injury, we will pay, subject to the overall maximum for any one accident, a benefit based on the face amount which applies to you as specified in the table below.

For the Loss of:	Percent of the Face Amount	For the Loss of:	Percent of the Face Amount
Each Arm	75%	Speech.....	50%
Each Leg	75%	Hearing of Each Ear.....	25%
Each Hand	50%	Thumb and Index Finger	
Each Foot	50%	of the Same Hand.....	25%
Sight of Each Eye.....	50%		

Specific loss – means the total, permanent, and irrecoverable loss of: (1) a natural arm or leg severed at or above the elbow or knee joint; (2) a natural hand or foot severed at or above the wrist or ankle joint; (3) the entire sight of an eye, entire speech, or entire hearing of an ear; or (4) a natural thumb and index finger severed at or above the joints which attach them to the hand.

The total payment for all of the specific losses you incur because of any one accident will not be more than the face amount shown in the Schedule of Benefits. No specific loss benefit will be paid if the death benefit applies. The loss of the thumb and index finger of the same hand benefit will not be paid if the loss of the hand or arm benefit applies. The loss of the hand or foot benefit will not be paid if the loss of the arm or leg benefit applies.

The overall maximum for any one accident is shown in the Schedule of Benefits. This is the maximum amount payable by us for all death and specific loss claims incurred for all insured's under the contract which are caused by any one accident. IF this is not enough to pay the total of all such claims, then the amount we will pay for your death or specific loss will be your proportional share of this amount.

MEDICAL EXPENSE BENEFIT – If as a result of injury or sickness, you incur covered expenses starting within 90 days from the date of the accident causing the injury or the date the sickness begins, we will pay, less the deductible (if any) shown in the Schedule of Benefits and not to exceed the maximum amounts shown therein, all covered expenses incurred within 3 years from such dates.

Covered expenses mean the reasonable and customary charges for local professional ambulance service to or from a hospital and/or surgical center as well as the following reasonable and customary charges for treatment; services, and supplies provided or prescribed by a doctor: (1) hospital or surgical center care; (2) medical treatment; (3) nursing care provided by a licensed nurse; (4) X-rays and lab exams; (5) prescription drugs and therapeutic services and supplies; (6) dental treatment as a result of injury to sound, natural teeth; and (7) the following licensed home health care agency services and supplies provided instead of an otherwise required hospital or skilled nursing home confinement: (a) physical, occupational, respiratory and speech therapy, (b) the services of a home health aide, and (c) medical supplies.

If the Schedule of Benefits indicates that the excess plan applies, we will not pay benefits for, nor can the deductible (if any) be satisfied by, covered expenses to the extent that they are collectible under: (1) another insurance or prepayment plan; (2) a trusteed, union, employer, or employee benefit plan; (3) Workers' Compensation (or a similar occupational law); or (4) a government plan (except Medicaid and other public assistance plans), including one set forth by statute (such as Medicare).

TERM OF A PERSON'S COVERAGE – Your coverage begins on the later of: (1) the effective date of the contract; or (2) when you become an eligible person.

Your coverage ends on the first of these to occur: (1) when you are no longer an eligible person; or (2) the date to which premium has been paid; or (3) the termination date of the contract.

Termination of coverage will not affect a claim which occurs before the coverage ends.

EXCLUSIONS AND LIMITATIONS – We will not pay benefits for covered expenses incurred for: (1) the examination, prescription, purchase, or fitting of eyeglasses, contact lenses, or hearing aids; (2) treatment by a person employed or retained by the plan sponsor or its subsidiaries or affiliates and for which no charge is normally made; or (3) care or treatment by a person who ordinarily lives in your home or is a parent, grandparent, spouse, brother, sister, or child of either you or your spouse.

Nor will we pay benefits for loss or covered expenses resulting from: (4) intentional self-destruction or an attempt at it, or intentional self-inflicted injury while sane or insane (if a Missouri contract, while sane); (5) war or an act of war, declared or undeclared; or (6) air travel unless you are a passenger on a regularly scheduled flight of a properly licensed commercial airline.

CLAIMS INFORMATION

When must we receive notice? Written notice of claim must be given within 30 days after a covered loss occurs or expense starts or it must be given as soon as reasonably possible. The notice must be sent to the servicing group claims office, our Home Office, or to one of our agents. It should include your plan sponsor's policy number and your name.

How are claims forms obtained? We will send forms to persons who ask for them within 15 days after notice of claim is given. If we do not, written proof (including the event, nature, and extent of loss) may be sent to us without using our forms. This proof must meet the terms of the next paragraph.

When must we receive proof of loss? Written proof must be given to us: (1) within 90 days after the end of any period of disability or hospital confinement for which claim is made; or (2) within 90 days after the date of loss on any other claim.

If it is not reasonably possible to give such proof, it should be given as soon as reasonably possible; but no later than one year from the time it is otherwise due. The one year limit is waived if you are legally incapable of giving such proof.

When will we pay claims? First we need written proof of loss. Then all benefits due you for loss of time because of total disability will end monthly as long as we are liable. Any balance not paid when our liability ends will be paid as soon as we receive proper written proof.

Benefits due for other losses will be paid when we receive proper written proof.

To whom will we pay claims? We will pay loss of life benefits to your designated beneficiary in effect at the time of payment. If none is then in effect, or if the beneficiary dies first, we will pay the benefits to your estate or, at our option, to one or more of the first surviving class of the following classes of successive preference beneficiaries: your surviving spouse, children, parent, or brothers and sisters. This will, to the extent paid, release us from further liability. Other benefits will be paid to you except that those unpaid at death may, at our option, be paid to either your estate or beneficiary.

If you are a minor or are not competent to give a valid release, we may pay an amount otherwise payable to you, to your parents, guardian, or to a person supporting you.

CLAIMS INFORMATION (continued)

If payment is to be made to your estate or to a beneficiary who is either a minor or is not competent to give a valid release, we may pay up to \$1,000 to someone related to either you or to your beneficiary by blood or marriage whom we consider to be entitled to the payment. Such payment made by us in good faith will fully discharge us to the extent of the payment.

We may pay covered expenses to the hospital or person providing the service, unless you state otherwise in writing by the time proofs of loss are filed. It is not required that a service be provided by any one hospital or person.

How may the beneficiary be changed? You may change your beneficiary. The beneficiary's consent is not needed unless the designation is irrevocable. Changes may be made during your lifetime by written notice to us at our Home Office.

A change will take effect when the notice is signed, whether or not you are living when we receive it. The change will not prejudice a payment made or action taken by us before we receive it at our Home Office.

Can a physical exam be required? Yes. We have the right to have a doctor examine a person whose condition is the basis of a claim. This may be done as often as is reasonably necessary while a claim is pending. This will be at our expense.

Is there a free choice of doctor? Yes. You will have a free choice of a doctor. The doctor-patient relationship will be maintained.

What if there is a common accident: If you and your beneficiary die from the same accident without enough evidence that you died other than at the same time, your benefits will be paid as if you died last.

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GENERAL INFORMATION

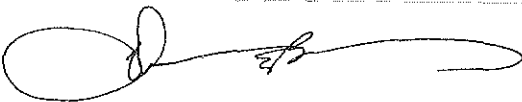
What if the contract does not conform with state laws? If, on its effective date, any provision of the contract is in conflict with a law of the state in which it is delivered, such provision is amended to conform to the law's minimum requirements.

May benefits be assigned? Yes; but only medical expense benefits, if any. We are not bound by an assignment until we receive it in writing at either the servicing group claims office or our Home Office. We are not responsible for its validity.

When can legal action be brought? Legal action to recover under the contract can be brought only after 60 days and before 3 years (5 years if a Kansas contract or 6 years if a South Carolina contract) from the time written proof of loss must be given.

Is this a Workers' Compensation contract? No. It does not replace or affect any requirement for coverage by Workers' Compensation or a similar occupational law.

NATIONWIDE LIFE INSURANCE COMPANY



Secretary



President



Nationwide®
On Your Side

NATIONWIDE® HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The terms of this Notice of Privacy Practices apply to Nationwide Life Insurance Company®, National Casualty Company and the area within Nationwide Mutual Insurance Company® that performs healthcare functions. In this Notice, "Nationwide" or "We" means the healthcare functions of Nationwide Life Insurance Company, which is a hybrid covered entity, the healthcare functions of National Casualty Company, and Nationwide Mutual Insurance Company, a business associate. As permitted by law, Nationwide will share protected health information (PHI) of members as necessary to carry out treatment, payment, and healthcare operations.

We are required by HIPAA and certain state laws to maintain the privacy of our members' PHI and to provide members with notice of our legal duties and privacy practices with respect to their PHI. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all PHI maintained by us. Copies of the revised notices will be mailed to all current plan members or insureds.

Protected health information (PHI) that is the subject of this Notice is information that is created or received by Nationwide; and relates to the past, present, or future physical or mental health or condition of a member; the provision of health care to a member; or the past, present, or future payment for the provision of health care to a member; and that identifies the member or for which there is a reasonable basis to believe the information can be used to identify the member. It includes information of persons living or deceased.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Your Authorization. Except as outlined below, we will not use or disclose your PHI for any purpose unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing, unless we have taken any action in reliance on the authorization.

Disclosures for Treatment, Payment and Health Care Operations. We will make disclosures of your PHI as necessary for your treatment, payment, and/or health care operations. For instance, for your Treatment, a doctor or health facility involved in your care may request information we hold in order to make decisions about your care. For Payment, we may disclose your PHI to our pharmacy benefit manager for administration of your prescription drug benefit. For Health Care Operations, we will use and disclose your PHI as necessary, and as permitted by law, for our health care operations, which include responding to customer inquiries regarding benefits and claims.

Family and Friends Involved In Your Care. With your approval, we may from time to time disclose your PHI to designated family, friends, and others who are involved in your care or in payment for your care in order to facilitate that person's involvement in caring for you or paying for your care.

If you are unavailable, incapacitated, or facing an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited PHI with such individuals without your approval.

Business Associates. Certain aspects and components of our services are performed through contracts with outside persons or organizations. At times it may be necessary for us to provide some of your PHI to one or

more of these outside persons or organizations. In all cases, we require these business associates by contract to appropriately safeguard the privacy of your information.

Other Health-Related Products or Services. We may, from time to time, use your PHI to determine whether you might be interested in or benefit from treatment alternatives or other health-related programs, products, or services which may be available to you as a member of the health plan. For example, we may use your PHI to identify whether you have a particular illness, and advise you that a disease management program to help you manage your illness better is available to you. We will not use your information to communicate with you about products or services which are not health-related without your written permission.

Information Received Pre-enrollment. We may request and receive from you and your health care providers PHI either prior to your enrollment in the health plan or the issuance of your policy. We will use this information to determine whether you are eligible to enroll in the health plan and to determine your rates. We will protect the confidentiality of that information in the same manner as all other PHI we maintain and, if you do not enroll in the health plan we will not use or disclose the information about you we obtained without your authorization.

Other Uses and Disclosures. We are permitted or required by law to make certain other uses and disclosures of your PHI without your authorization. We may release your PHI for any purpose required by law. This may include releasing your PHI to law enforcement agencies; public health agencies; government oversight agencies; workers compensation; for government audits, investigations, or civil or criminal proceedings; for approved research programs; when ordered by a court or administrative agency; to the armed forces if you are a member of the military; and other similar disclosures we are required by law to make. We may release your PHI to your plan sponsor, provided your plan sponsor certifies that the information provided will be maintained in a confidential manner and not used in any other manner not permitted by law.

OTHER PRIVACY LAWS AND REGULATIONS:

Certain other state and federal privacy laws and regulations may further restrict access to and uses and disclosures of your personal health information or provide you with additional rights to manage such information. If you have questions regarding these rights, please send a written request to your designated contact.

RIGHTS THAT YOU HAVE

Access to Your Protected Health Information. You have the right to copy and/or inspect much of the PHI that we retain on your behalf. All requests for access must be made in writing and signed by you or your personal representative. We may charge you a fee if you request a copy of the information. The amount of the fee will be indicated on the request form. A request form can be obtained by writing your designated contact.

~~**Amendments to Your Protected Health Information.** You have the right to request that the PHI that we maintain about you be amended or corrected. We are not obligated to make all requested Amendments but will give each request careful consideration. If the information is incorrect or incomplete and we decide to make an amendment or correction, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary. A request form can be obtained by writing to your designated contact.~~

Accounting for Disclosures of Your Protected Health Information. You have the right to receive an accounting of certain disclosures made by us of your PHI. Requests must be made in writing and signed by you or your personal representative. A request form can be obtained by writing your designated contact.

Restrictions on Use and Disclosure of Your Protected Health Information. You have the right to request restrictions on some of our uses and disclosures of your PHI. We are not required to agree to your restriction request. A request form can be obtained by writing your designated contact.

Communications With You. You have the right to request and we will accommodate reasonable requests by you to receive communications regarding your PHI information from us by alternative means or at alternative locations. A request form can be obtained by writing your designated contact.

Complaints. If you believe your privacy rights have been violated, you can file a written complaint with your designated contact as explained in the "Contact Information" section, below. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights, in writing within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

CONTACT INFORMATION

If you have any questions about this statement, need copies of any forms or require further assistance with any of the rights explained above, contact us by calling the telephone number on your ID card if applicable, or mail your request to:

Nationwide Specialty HealthSM
Administered by Consolidated Health Plans
PO Box 1970
Springfield, MA 011001

As a member, you retain the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by e-mail or other electronic means.

EFFECTIVE DATE

This Nationwide HIPAA Notice of Privacy Practices is effective April 14, 2003.

Nationwide® Privacy Statement

Thank you for choosing your health coverage from Nationwide.

Our privacy statement explains how we collect, use, share, and protect your personal information. So just how do we protect your privacy? In a nutshell, we respect your right to privacy and promise to treat your personal information responsibly. It's as simple as that. Here's how.

Confidentiality and security

We follow all data security laws. We protect your information by using physical, technical, and procedural safeguards. We limit access to your information to those who need it to do their jobs. Our business partners are also legally bound to use your information for our purposes only. They may not share it or use it in any other way.

Collecting and using your personal information

We collect personal information about you when you ask about or buy one of our products or services. The information comes from your application, business transactions with us, and our sister companies, or others, as well as from consumer reports and medical providers. Please know that we only use that information to sell, service, or market products to you.

We may share the following types of information:

- Name, address, Social Security number
- Assets and income
- Account and policy information
- Credit reports
- Family member and beneficiary information

Sharing your information for business purposes

When you buy a product, we share your personal information for everyday purposes with our sister companies and business partners. Some examples include mailing your statements or processing transactions that you request. You cannot opt out of these. We may also share your personal information where federal and state law requires.

Sharing your information for marketing purposes

We don't sell your information for marketing purposes. We have chosen not to share your personal information with anyone, except to service your product. So, there's no reason for you to opt out. If we change our policy, we'll tell you and give you the opportunity to opt out before we send your information anywhere.

Using your medical information

We sometimes collect medical information. We may use this medical information for a product or service you're interested in, to pay a claim, or to provide a service. We may share this medical information for these business purposes if required or permitted by law. But, we won't use it for marketing purposes unless you give us permission.

Accessing your information

You can ask us for a copy of your personal information. Please call the number on your ID card if applicable or send a letter to the address below and have your signature notarized. This is for your protection so we may prove your identity. We don't charge a fee for giving you a copy of your information now, but we may charge a small fee in the future.



Nationwide®
On Your Side

Nationwide Specialty Health™

We can't update information that other companies, like credit agencies and third parties, provide to us. So, you'll need to contact these other companies to change and correct your information.

Send your privacy inquiries to the address below. Please include your name, address, and policy number. If you know it, include your agent's name and number.

Nationwide Specialty HealthSM
Administered by Consolidated Health Plans
PO Box 1970
Springfield, MA 01101

A parting word ...

These are our privacy practices. They apply to all current and former clients of Nationwide Specialty Health. They also apply to joint policy or contract holders. This includes the following companies:

Nationwide Better Health, Inc.
Nationwide Life Insurance Company (Employee Group Life & Health)
Nationwide Mutual Insurance Company (Group Health)
National Casualty Company (Group Health)

Effective date: March 15, 2007