

AIG LIFE INSURANCE COMPANY

SUMMARY OF COVERAGE

for

*Wisconsin County Volunteer Program,
AIG Life Trust, Crestar Bank, NA, (as Trustee)*

WHO IS COVERED: All volunteers of a participating county or organization of the Policyholder.

WHEN ARE THEY COVERED: While participating in volunteer work on behalf of their participating county or organization of the Policyholder.

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT: PRINCIPAL SUM: \$10,000.00

The following description of Coverages and Policy Provisions contain the principal provisions relating to coverage and payment of loss:

DEATH, DISMEMBERMENT OR LOSS OF SIGHT: If within ninety (90) days from the date of accident, such injuries shall result in death of the Insured, dismemberment or loss of sight, the Company will pay, for:

Loss of Life	The Principal Sum
Loss of Both Hands, Feet or Both Eyes	The Principal Sum
Loss of One Hand and One Foot	The Principal Sum
Loss of One Hand and the Sight of One Eye	The Principal Sum
Loss of One Foot and the Sight of One Eye	The Principal Sum
Loss of One Hand, One Foot or the Sight of One Eye	One-half the Principal Sum

"LOSS" shall mean with regard to hand or foot, complete severance through or above the wrist or ankle joint; with regard to sight of eyes, entire and irrecoverable loss of sight.

BENEFICIARY: A Member's Beneficiary shall be the first surviving class of the following classes of beneficiaries: 1. Spouse; 2. Surviving Children; 3. Surviving Parents; 4. Executors or Administrators.

ACCIDENT MEDICAL EXPENSE: MAXIMUM AMOUNT: \$10,000.00 (Deductible - \$50.00)

ACCIDENT DENTAL EXPENSE: MAXIMUM AMOUNT: \$500.00 (\$100.00 per tooth max.)

The Company shall pay expenses incurred by an Insured Person for necessary medical or surgical treatment, services or supplies, including necessary hospital, nursing and ambulance services furnished to such person within one year after the date of the accident resulting in injury, in excess of any expenses payable by other valid and collectible group insurance. In the absence of other valid and collectible group insurance, it is the Company's intention that expenses incurred in connection with any covered injury shall be fully payable subject to the terms, conditions and limitations of the Policy, providing that:

- (a) The first such expense is incurred within 90 days after the date of the accident, AND
- (b) With respect to all such expenses incurred as the result of any one accident, such payment shall not exceed \$10,000.00 (\$50.00 deductible)

EXCLUSIONS

The Policy does not cover any loss, fatal or non-fatal incurred for or resulting from the following:

- (1). Suicide or any attempt thereat by the Insured Person, while sane or self destruction or any attempt thereat by the Insured Person while insane; or
- (2). Infections except pyogenic infections caused wholly by a covered injury; or
- (3). War or any act of war, or accident occurring while the Insured Person is in the Military, Naval or Air Service of any country (any premium paid to the Company for any period not covered by the Policy while the Insured Person is in such services will be returned pro-rata;) or
- (4). Accident occurring while the Insured Person is operating, or learning to operate, or performing duties as a member of the crew of any aircraft; or
- (5). Dental treatment, except as a result of injury to sound natural teeth as provided by the Master Application; or
- (6). Replacement of eyeglasses or eye examinations for the correction of vision or fitting of glasses unless injury causes impairment of sight; or
- (7). Injury for which the Insured Person is entitled to benefits under any Worker's Compensation Act or Law or any similar legislation; or
- (8). Participating in team sports or other athletic activities, or
- (9). Hernia of any kind; or
- (10). The Insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a physician.

THIS IS A SUMMARY OF COVERAGES ONLY. FOR EXACT DETAILS SEE THE MASTER POLICY SRG 8045724 ON FILE WITH THE POLICYHOLDER. IF THERE IS ANY CONFLICT BETWEEN THE PROVISIONS OF THIS SUMMARY AND THOSE OF THE MASTER POLICY, THE PROVISIONS OF THE MASTER POLICY WILL GOVERN.

CLAIM FORMS will be furnished upon request from the Company, 1-800-553-6281.