

Lyndon Southern Insurance Company
A Member of the Life of the South Group



Administrative Office
100 West Bay Street
Jacksonville, Florida 32202
800-888-2738

PLEASE READ YOUR CERTIFICATE CAREFULLY

RIGHT TO EXAMINE CERTIFICATE

If You are not satisfied with this insurance after You receive it, You may return this Certificate within 30 days to Our Administrative Office or to Our authorized agent. You will receive a full refund of any premium You have paid and this Certificate will be void from the beginning.

CERTIFICATE OF INSURANCE

The Covered Person and Coverages are shown on the Schedule of Insurance. Place the Schedule of Insurance with this Certificate for safekeeping.

Lyndon Southern Insurance Company (herein called "We", "Us" or "Our") has issued the Group Policy (herein referred to as the "Policy") to the Group Policyholder shown on the Schedule of Insurance. This Certificate is subject to the terms of the Policy and the Policy is part of the contract between the Group Policyholder and Us. Lyndon Southern Insurance Company makes available Involuntary Unemployment Insurance for eligible persons.

We agree to pay the benefits described in this Certificate with respect to the Covered Person as shown on the Schedule of Insurance, subject to all terms of the Policy.

This Certificate supersedes any Certificate previously issued to You under the Policy. You may qualify under only one Involuntary Unemployment Certificate under the Policy with Us. If any person is insured under more than one Certificate under the Policy, We will consider that person to be insured under the Certificate which provides the greatest amount of coverage. Upon discovery of the duplication, We will refund any duplicated premium payments which may have been made on behalf of that person. The records maintained by the Group Policyholder shall determine the insurance provided under the Policy for any Covered Person.

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PRESIDENT

SECRETARY

GROUP INVOLUNTARY UNEMPLOYMENT INSURANCE

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SAMPLE

SCHEDULE OF INSURANCE

This Schedule of Insurance is part of Your Certificate. It is effective _____ and supersedes any Schedule of Insurance issued under Group Policy No. [XXXXXXX] bearing an earlier Effective Date.

GROUP POLICYHOLDER: Association for Homeowners Across America (AHAA)

CERTIFICATE NUMBER: [XXXXXXXX]

EFFECTIVE DATE: [XX/XX/XXXX] (becomes effective at 12:01 A.M. at the Covered Person's address)

COVERED PERSON: [John Doe, 1234 Nowhere Street, Anytown, USA 11111]

Eligible Covered Persons shall be between ages 18 and 70. All benefits, including any Riders, will be reduced by 50% if Loss occurs after attaining age 60 and will expire by age 71.

IMPORTANT NOTICE: Benefit Amounts below are payable directly to You and may be used to help pay Your monthly expenses or for any other purpose. We have no contractual obligation to make payments to Your payees or creditors on Your behalf. Benefit Amounts may have limits and may be less than Your actual monthly expenses or actual outstanding balances. You will not be eligible for Benefits until the Elimination Period has been satisfied per Coverage.

COVERAGES	TIME PERIODS	MONTHLY BENEFIT AMOUNT	MAXIMUM MONTHLY BENEFIT AMOUNT
Involuntary Unemployment	Noncontributory Period: 24 months Elimination Period: 1 month Maximum Benefit Period: 4 months Requalification Period: 4 months	[\$XXXX.XX]	\$2,000.00
Joint Coverage Rider	Same Time Periods as Above with 50% of the Benefit Amounts per Covered Person per Coverage above		

TOTAL MONTHLY PREMIUM:	\$0.00 during Noncontributory Period
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DEFINITIONS

When used in this Certificate the following words and phrases have the meaning given. The use of any personal pronoun includes both genders.

BENEFIT PERIOD means the period of consecutive days of Loss for which a benefit is payable. Benefits will begin on the 1st day of the Loss after the Elimination Period has been satisfied. The Benefit Period will stop on the earliest of: 1) the date the Covered Person is no longer incurring the Loss; or 2) when benefits are paid for the Maximum Benefit Period shown on the Schedule of Insurance. The same continuous Loss is not eligible for more than one Benefit Period.

COVERED PERSON (herein called "You," "Your" or "Yours") means You, the Covered Person named on the Schedule of Insurance.

ELIMINATION PERIOD means a period of consecutive months of Loss for which no benefit is payable. The Elimination Period is shown on the Schedule of Insurance and begins on the first day of the Loss. Benefits are payable beginning on the first day after the Elimination Period is satisfied.

EMPLOYMENT means working full time for salary or wages at least 30 hours per week.

UNEMPLOYMENT means that You have totally and continuously lost Your full-time Employment as a result of:

- (1) a permanent involuntary termination of employment; or
- (2) an involuntary layoff or suspension of employment; or
- (3) an authorized, unionized strike or labor dispute by a chartered or previously organized trade or labor union; or
- (4) a lockout, discharge of employees or temporary closing of business in response to organized employee activity; or

(5) a state or federally declared disaster caused by a geological or weather-related natural event.

LOSS means an event of Involuntary Unemployment.

MONTHLY BENEFIT WORKSHEET means the worksheet completed as part of Your Enrollment form. The Monthly Benefit Worksheet provides estimates of Your monthly expenses by category and is used to determine the Monthly Benefit amounts payable to You in the event of a Loss, subject to the eligibility requirements, dollar limits, time restrictions, conditions and exclusions contained in the Policy. **The amounts determined by the Monthly Benefit Worksheet are estimates and may not correspond to Your actual monthly expenses or outstanding balances at the time of a Loss. You may elect to make changes to the Monthly Benefit Worksheet by contacting Us; however, the date the changes go into effect will be considered a new Certificate Effective Date for purposes of applying coverage exclusions.**

NONCONTRIBUTORY PERIOD means a period of consecutive months from the Effective Date of this Certificate of Insurance during which the Group Policyholder provides coverage to You at no cost. The Noncontributory Period for each Coverage is shown on the Schedule of Insurance. **After the Noncontributory Period, the Covered Person may elect to renew coverage or change coverage by contacting Us and completing a change request form; however, the date the renewal or changes go into effect will be considered a new Certificate Effective Date for purposes of applying coverage exclusions.**

REQUALIFICATION PERIOD means a period of consecutive months which must elapse between the end of one Benefit Period and the beginning of another Benefit Period before You are eligible to file a new claim for Loss for the same type of coverage. The same continuous Loss is not eligible for more than one benefit period. The Requalification Period for each Coverage is shown on the Schedule of Insurance.

WE, US, AND OUR means the insurer, Lyndon Southern Insurance Company.

WHEN YOUR INSURANCE BEGINS

Your coverage will become effective on the Certificate Effective Date shown on the Schedule of Insurance.

BENEFITS

Benefits payable under this Certificate are subject to all Policy provisions.

INVOLUNTARY UNEMPLOYMENT: We will pay a benefit if You file written Proof of Loss that You involuntarily lost Your full-time Employment while insured under this Certificate. You must be unemployed for the number of days in the Elimination Period. Benefits will begin on the 1st day of Involuntary Unemployment after the Elimination Period has been satisfied. If, after the Elimination Period, Your Involuntary Unemployment includes a period of less than a full month, We will pay 1/30th of the monthly insurance benefit for each day of that period. You will periodically be required to give us written Proof of Loss of Your continuing Involuntary Unemployment.

You must register and be approved for Unemployment benefits with Your state unemployment office and actively seeking Employment through a recognized Employment agency starting no later than 30 days after You lose Your Employment. You must continue to remain registered with the state unemployment office to continue to be eligible for benefits.

Payments will stop when You are no longer Involuntarily Unemployed or when benefits reach the maximum limits shown on the Schedule of Insurance, whichever comes first.

Following the end of any previous claim for Involuntary Unemployment benefits, You may file a new claim for Involuntary Unemployment benefits after You have been employed for wages or profit for at least 30 hours per week for the duration of the Requalification Period shown on the Schedule of Insurance.

EXCLUSIONS

No Benefits will be paid by Us under the Policy or this Certificate if You:

1. are Involuntarily Unemployed during Elimination Period;
2. voluntarily quit, resign, retire or have an employment contract expire;
3. die or are on disability, on family leave or on sick leave due to an accident, sickness, childbirth or pregnancy;
4. are a temporary worker, a seasonal worker or an employee of an educational facility on a scheduled seasonal break;
5. are terminated as a result criminal misconduct as defined by local, state or federal law (including but not limited to use of illegal drugs);
6. are terminated as a result of willful misconduct meaning a transgression of some established rule of conduct, a forbidden act or a willful act of dishonesty or dereliction of duty;
7. are employed by a member of Your immediate family including but not limited to a spouse, parent, child or sibling;
8. become aware either orally or in writing of pending unemployment within 90 days prior to the Effective Date of this Certificate;
9. are self-employed or an independent contractor;
10. become unemployed as a result of war, declared or undeclared, riot, insurrection, rebellion, or revolution;
11. become unemployed as a result of a discharge of pollutants or a nuclear occurrence;
12. have not been currently employed at a full time job and working at least thirty (30) hours per week for at least 6 consecutive months immediately prior to the date Your Involuntary Unemployment begins;
13. are a sole proprietor, partner or a controlling stockholder in the business in which You are employed or are a dependent of a sole proprietor, partner or a controlling stockholder in the business in which You are employed;
14. are currently receiving benefits for any other Loss under the Policy or this Certificate;

RENEWAL CONDITION

Subject to the Individual Termination of Insurance Provisions below, You may keep this Certificate in force provided the Insurance is not in default for nonpayment of premium or has not been rescinded due to fraud or misrepresentation by You. We do not have the right to refuse a premium paid on or before the date due or within the Grace Period. Your coverage will expire if the premium is not paid by the end of the Grace Period.

You may cancel Your coverage upon written notice to Us.

INDIVIDUAL TERMINATION OF INSURANCE

Your coverage under this Certificate automatically ends on the first of the following dates:

- (1) The date the Policy is terminated;
- (2) The premium due date You or the Group Policyholder fail to pay the required premium, except as provided in the Grace Period;
- (3) The premium due date next following the date You cease to participate In the Group Policyholders plan of insurance under the Policy;
- (4) The next monthly premium due date following attainment of age 71;
- (5) The date the Covered Person dies (only applicable to that Covered Person)

Termination of the Policy will not prejudice any claim originating prior to termination subject to all other terms of the Policy.

PREMIUMS

PAYMENT OF PREMIUM. All premiums due by the terms of this Certificate shall be paid to Our Administrative

Office on or prior to the day they are due. You are required to pay the premium shown on the Schedule of Insurance to keep this coverage in force.

PREMIUM CHANGES. We have the right to change the premium rates under the Policy by giving the Group Policyholder or You at least 31 days advance written notice. Premium rates may also change at any time the Group Policyholder or You make a coverage change request which We agree to accept.

GRACE PERIOD. If a premium is not paid when due, the insurance shall be in default. We will allow a 31 day Grace Period to pay each premium after the first premium. If a premium is not paid at the end of the Grace Period, the insurance shall terminate as of the last date for which premiums were paid. When a Benefit is paid for a Loss incurred during the Grace Period, any premium due and unpaid may be deducted from the Benefit payment.

REINSTATEMENT/REISSUE. This Certificate will lapse if You do not pay Your premium before the end of the Grace Period. If We later accept a premium and do not require an application for reinstatement, that payment will put this Certificate in force as of the date premium was received. If We require an application for reinstatement, this Certificate will be put back in force when We approve it and premium has been received. This Certificate will be put back in force on the 45th day after the date of receipt of the application and premium for reinstatement, unless We give You prior written notice of its disapproval.

The reinstated/reissued Certificate only covers Loss that occurs after the date of reinstatement/reissue. In all other respects, You and We have the same rights under this Certificate as were in effect before it lapsed, unless special conditions are added in writing by Us in connection with the reinstatement/reissue.

CLAIMS PROVISIONS

NOTICE OF CLAIM. Written Notice of Claim must be given to Us within 30 days after the date of Loss or as soon as possible but no later than one year from the date of Loss unless You are legally incapable of doing so. You may give the Notice or may have someone do it for You. The Notice should give Your name and Certificate number as shown on the Schedule of Insurance. Notice should be mailed to Our Administrative Office.

CLAIM FORMS. When We receive the claim notice, We will send the claimant forms for filing Proof of Loss. If We do not send the forms within 15 days, the claimant can meet the Notice of Claim requirements by giving Us a written statement of what happened. We must receive this statement within the time given for filing Proof of Loss.

PROOF OF LOSS. For Involuntary Termination or Layoff, satisfactory written evidence that You have registered for work with his state employment office or a recognized employment agency within 30 days after the last day employed and remains registered and actively seeking new employment while Benefits are activated. For a Strike or Lockout, satisfactory evidence of involuntary unemployment, which may include a statement signed by a union officer. You must give satisfactory written proof of continuing Involuntary Unemployment on a monthly basis or any time upon Our request.

TIME OF PAYMENT OF CLAIMS. If it is determined benefits are payable, We will pay all benefits covered by this Certificate after We receive Proof of Loss.

PAYMENT OF CLAIMS. Claims for benefits provided by the Policy will be paid after Proof of Loss is received and We have determined We are liable.

All benefits are paid directly to You, unless otherwise specified. If You die, the benefit will be payable to Your estate.

Any payment that We make in good faith will fully discharge Us to the extent of that payment.

GENERAL PROVISIONS

ENTIRE CONTRACT. The Policy, together with the Group Policyholder Application, and any other attachments including any Riders, make up the entire contract of Insurance. The Policy may be changed by written agreement between the Policyholder and Us. Only Our Officer may waive or otherwise change any provision of the Policy or

our rights thereunder, and no action, statement or agreement by any person or persons other than Our Officer in writing shall in any way bind or estop Us from enforcing the provisions of the Policy or Our rights thereunder. No agreement in conflict with, modifying or extending the Policy shall be valid unless in writing signed by Our Officer and made part of the Policy.

MISSTATEMENT OF AGE. If Your age has been misstated, all amounts payable shall be in the amount the premium paid would have bought for the correct age. If, as a result of misstatement, We accept a premium for any period when coverage would not normally have been in effect, then Our liability for such period shall be limited to a refund of all premiums paid for such period.

MISREPRESENTATION, FRAUD AND OUR RIGHT TO RESCIND. If We determine that You concealed or misrepresented any material fact in the application or proof of loss, attempted fraud, or false swearing and the coverage was issued or benefits paid in reliance upon those statements, We may rescind coverage. Our liability will be limited to the return of premiums, less benefits paid for such coverage

RIGHT OF RECOVERY. If payments for claims exceed the maximum amount payable under any benefit provisions or riders of the Policy, We have the right to recover the excess of such payments.

LEGAL ACTIONS. No action can be brought to recover on the Policy for at least 60 days after written Proof of Loss has been furnished. No such action shall be brought more than 3 years after the date Proof of Loss is required. If a time limit of the Policy is less than allowed by the laws of the state where You live, the limit is extended to meet the minimum time allowed by such law.

TAX MATTERS. Any benefits paid do not include provision for income tax owed by You. You should consult Your own tax advisors regarding the tax consequences of any benefits received under the Policy.

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