

Cover your most valuable assets.



Business Activities Accident Insurance

Administrative

Church

Clerical

Custodial

Food Service

Local Delivery

Sales

School

Supervisory Employees
(with less than 50 eligible employees)

What is it?

Nationwide's GrouProtectorSM Accident Insurance for Business Activities is a practical insurance plan that provides accident medical coverage to individuals and groups engaged in a wide variety of activities. It gives all eligible persons the security they need and deserve.

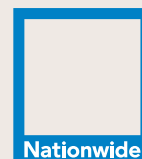
Individual names are not required as **100% of all eligible persons must be insured**. Each person is protected — as well as the group itself — because all eligible persons are automatically covered.

Voluntary enrollment plans are not available.

(Groups with 50 or more eligible employees are subject to the prior approval of the Special Risks Department.)

All cases subject to acceptance of risk. Cases over \$15,000 of premium are also subject to review of prior claims experience.

SPL-7051-CHP (8/07)



Nationwide[®]
On Your Side



What are the covered activities?

- **Business Activities**—While on the plan sponsor's premises (building and/or land where the plan sponsor's business is located) during the hours and on the days the insured is required by the plan sponsor to be there (**including voluntary overtime**); and while off such premises on a trip, **including commuting directly to and from work**, required of the insured as an employee of the plan sponsor.
- **Business Travel Activities Only**—While off the plan sponsor's premises (building and/or land where the plan sponsor's business is located) on a trip, **including commuting directly to and from work**, required of the insured as an employee of the plan sponsor.

Who is covered?

- All Administrative, Church, Clerical, Custodial, Food Service, Local Delivery, Sales, School and Supervisory employees of the plan sponsor who normally work 30 or more hours per week and six months or more per year.

Is there a choice of benefits?

Yes. You may choose one of the four classes available.

What are the policy exclusions and Limitations?

We will not pay benefits for loss resulting from:

- (1) intentional self-destruction or an attempt at it or intentional self-inflicted injury (if MO contract, while sane); or
- (2) war or an act of war, declared or undeclared; or
- (3) air travel unless the insured is a passenger on a regularly scheduled flight of a properly licensed commercial airline.

How do you apply for coverage?

1. Complete items 1, 2 and 5 on page 3. Date and sign where indicated.
2. Complete the "Premium Report" on the reverse side of the application. Date and sign where indicated.
3. Fax or mail (please see "Submitting the application" on pg. 6) completed application and Premium Report, along with your check made payable to Nationwide InsuranceSM, to your Nationwide agent before the desired effective date.

When we receive your completed application, Premium Report and premium payment, we will send your policy, certificates (if required in your state), claim forms and instructions.

which, upon acceptance and approval by **Nationwide Life Insurance Company—Columbus, Ohio 43216** will become a part of **Specified Hazard Insurance Policy Number 942-16—** Office Use Only

1. **Name of Plan Sponsor** (Groups Name) _____

Permanent Mailing Address Number Street City State Zip County _____

2. **Policy Term**—The policy term starts at **12:01A.M.** on ____ / ____ / ____ which is the effective date, and ends at **12:01A.M.** on ____ / ____ / ____ which is the first renewal date.

3. **Covered Activities**

Business Activities—While on the plan sponsor’s premises (building and/or land where the plan sponsor’s business is located) during the hours and on the days the insured is required, including voluntary overtime, by the plan sponsor to be there; and while off such premises on a trip, including commuting directly to and from work, required of the insured as an employee of the plan sponsor.

Business Travel Activities Only—While off the plan sponsor’s premises (building and/or land where the plan sponsor’s business is located) on a trip, including commuting directly to and from work, required of the insured as an employee of the plan sponsor. (001)

4. **Maximum Benefit Amounts**—the word “None” means the benefit is not included

Benefit Provisions	Maximum Benefit Amounts			
	Class 1	Class 2	Class 3	Class 4
Accidental Death & Specific Loss with a \$500,000 overall maximum for any one accident.				
Death	\$25,000	\$50,000	\$75,000	\$100,000
Specific Loss (Face Amount)	25,000	50,000	75,000	100,000

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

Annual Premium Rates per Eligible Person		Quarterly Premium Rates per Eligible Person	
Class	Eligible Persons	<input type="checkbox"/> Medical Expense Primary Plan	<input type="checkbox"/> Medical Expense Excess Plan
All Administrative, Church, Clerical, Custodial, Food Service, Local Delivery, Sales, School and Supervisory employees of the plan sponsor who normally work 30 or more hours per week and six months or more per year (check only one box):			
1	<input type="checkbox"/> Class 1 Benefits	\$ 2.24	\$ 1.75
2	<input type="checkbox"/> Class 2 Benefits	4.50	3.50
3	<input type="checkbox"/> Class 3 Benefits	6.75	5.25
4	<input type="checkbox"/> Class 4 Benefits	9.00	7.00
The minimum premium per policy term is \$100			

6. **The Policy is to cover all eligible persons** (96).

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 quarterly in advance based on the total number of eligible persons anticipated to be on the payroll as of the effective date of the policy and as of each subsequent date premium is due** (BF78).

(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.

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

Previous Policy Number

Date

Agent’s Signature and Number

Agent’s Phone Number

Agent’s E-mail Address

Signature of Applicant

Printed Name and Title of Applicant

Address of Applicant

Applicant’s Phone Number

Applicant’s E-mail Address

Premium Report (must be completed and sent in with the Application.)

The business of the Plan Sponsor consists of the following activities: _____ _____ _____ SIC Code: _____	Total Number of Eligible Persons Anticipated to be on the Payroll as of the Effective Date of the Policy	Quarterly Premium Rate per Eligible Person	Quarterly Premium Due
		x \$	= \$

I certify that to the best of my knowledge and belief: (1) the preceding information is correct and complete; (2) premium is being paid for the total number of eligible persons who are anticipated to be on the payroll as of the effective date of the policy; and (3) **the premium is being paid entirely by the plan sponsor with no contribution made by the eligible persons toward the cost of the insurance.**

Date _____ by Signature of Applicant _____
 Day Telephone Number _____ Fax Number _____
 E-mail Address _____

Note: If additional space is required, use a separate sheet.

Fraud Warnings

- (CA) For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- (LA) Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- (MO) An insurance company or its agent or representative may not ask an applicant or policyholder to divulge in a written application or otherwise whether an insurer has canceled or refused to renew or issue to the applicant or policyholder a policy of insurance. If a question(s) appears in this application, you should not renew it.
- (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.
- (PA) 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 subjects such person to criminal and civil penalties.
- (PR) Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggregated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a maximum of two (2) years.
- (WA) Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.
- (All Other States) 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 subjects such person to criminal and/or civil penalties.

Note: These plans are available in DC, PR, VI and all 50 states.

Here are the benefits

Death Benefit—If, as a result of injury, an insured dies within one year from the date of the accident causing the injury, we will pay the death benefit less any specific loss benefit paid because of the same accident. The one year limit does not apply in a WV contract.

Specific Loss Benefit—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:

Specific Loss	% of Face Amount
Loss of Life	100%
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 & Index Finger of Same Hand	25%

The total payment for all of the specific losses of an insured because of any one accident will not be more than the applicable 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.

Our overall maximum limit of liability for any one accident is \$500,000.

Coverage is provided under policy form no. GR-9051-2-1.

Certain provisions of the policy are summarized in this brochure. All benefits are subject to the policy, which alone constitutes the agreement under which payments are made.

The Renewal and Termination Conditions

The policy may be renewed with our consent for future terms of one year each by payment of the premium due at the rates in effect at the time of renewal. We may terminate the policy (subject to certain conditions in WV) at **12:01 A.M.** on any renewal date by giving the plan sponsor 31 days (60 days in LA, NV and WI) prior written notice.

An insured's coverage will end on the first of these to occur:

- When he or she is no longer an eligible person
- The date to which premium has been paid
- The termination date of the policy

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

This policy provides limited Business Activities accidental death and specific loss benefits only.

This policy does not provide coverage for sickness or for legal liability.

Warning

(NY) The insurance offered in this brochure is: (1) not a deposit; (2) not insured by the Federal Deposit Insurance Corporation; and (3) not guaranteed by the bank, trust company, savings bank, savings and loan associations, federal savings association or national bank.

A.M. Best's Rating for Nationwide Life is A+ (Superior). A.M. Best Co. has been a leading independent source of insurer financial ratings since 1899.

Submitting the application

There are 2 ways to submit an application for coverage.

Fax: Fax the completed application to:
Consolidated Health Plans, Inc.
1-413-747-8418

Mail: Mail the completed application, Premium Report and premium payment to:
Consolidated Health Plans, Inc.
2077 Roosevelt Avenue
Springfield, MA 01104

CHP

Consolidated Health Plans

Contact Us

Local: 1-413-733-4540, Ext. 142

Toll Free: 1-800-633-7867, Ext. 142

Fax: 1-413-747-8418

E-Mail: sales@consolidatedhealthplan.com

Website: www.consolidatedhealthplan.com

Underwritten By

Nationwide Life Insurance Company
P.O. Box 2399
Columbus, OH 43216-2399

Underwritten by Nationwide Life Insurance Company.

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- (MO) An insurance company or its agent or representative may not ask an applicant or policyholder to divulge in a written application or otherwise whether an insurer has canceled or refused to renew or issue to the applicant or policyholder a policy of insurance. If a question(s) appears in this application, you should not renew it.
- (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.
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- (All Other States) 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 subjects such person to criminal and/or civil penalties.

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