

Policyholder: Montana High School Association
1 South Dakota Ave
Helena, MT 59601

Policy Number: T5MP-P-054180-006

PLAN OF INSURANCE

Term of Coverage: July 1, 2025 to July 1, 2026

Aggregate Limit: \$250,000.00 (applies to Accidental Death & Specific Losses only)

Eligibility: All registered participants/athletes that suffer a concussion that is directly and independently caused by specific accidental contact with another body or object while participating in practice or play of interscholastic sports under the jurisdiction of the Policyholder. (100% Participation)

Concussion means an Injury to the head that results in a temporary loss of brain function.

Covered Activities: Covered sports and activities include: Band, Chorus, Drama, Orchestra, Speech, Basketball (Boys & Girls), Cross Country (Boys & Girls), Football, Golf (Boys & Girls), Soccer (Boys & Girls), Softball, Swimming (Boys & Girls), Tennis (Boys & Girls), Track and Field (Boys & Girls), Volleyball and Wrestling.

The Insured is also covered for Injuries received while insured under this policy while traveling to, during or after such activities as a member of a group in transportation furnished or arranged by the Policyholder.

Effective Date of Individual Insurance:

The effective date of individual insurance shall be the policy date or 12:01am the day following the date notice from the Policyholder to the Company is postmarked or the date specified by the Policyholder, whichever is later.

Individual Terminations: (Individual Provision No. 3 applies if this space is left blank)

Change in Coverage: None

Benefits:

A. Class
All

Insuring Provision(s) Applicable
6773M Sponsored Activities

Benefit Provision(s) Applicable
1359MS-EZ AD & Specific Loss
6425M Accident Medical Expense

B. The amount of benefits for each Benefit Provision shown above is as follows:

Accidental Death & Specific Loss

Principal Sum

Loss Period

Benefit Provision 1359MS-EZ

\$5,000.00

Loss within 180 Days of Injury

Accident Medical Expense: Full Excess

Maximum Medical Benefit

Accident Medical Deductible

Loss Period

Benefit Period

Benefit Provision 6425M /Amendment Rider 6925M

\$25,000.00 per Injury

\$0.00 per Injury

Initial treatment received within 90 days of Injury

Benefits payable for 52 weeks from accident date

Durable Medical Equipment

Maximum Benefit

100% of Usual and Customary subject to Medical Benefit

Orthopedic Appliances

Maximum Benefit

100% of Usual and Customary subject to Medical Benefit

Dental Expense

(covers injuries to sound, natural teeth)

Maximum Benefit

100% of Usual and Customary subject to Medical Benefit

Prescription Drug Expense

Maximum Benefit

100% of Usual and Customary subject to Medical Benefit

Outpatient Physical Therapy Expense

Maximum Benefit

100% of Usual and Customary subject to Medical Benefit

Ambulance Benefit (Air or Ground)

Maximum Benefit

100% of Usual and Customary subject to Medical Benefit

*Subject to Accident Medical Expense Deductible and Maximum Benefit

The following riders are attached to and made a part of this policy:

Excess Coverage Amendment Rider

6925M

Facility of Payment Amendment Rider

6926M

Aggregate Limit of Indemnity Amendment Rider

545MS-EZ

Exposure and Disappearance Amendment Rider

6502M

Beneficiary Designation Amendment Rider

9008M MT

Conformity with State Statutes Rider

0KX1M

Guaranty Association Act Notice

M20819_0120

Amendment Rider

335MS-NN

- Amend "CLAIMS PROVISIONS" of the policy
- Add Physician's Assistant definition and include as an eligible expense under AME Benefit Provision
- Delete Exclusion (e) of Benefit Provision 6425M

Premiums:

\$1.35 per Participant

This Plan has a minimum premium of \$5,250.00 per policy year, which is fully earned upon issuance of the policy.

061625:scs



3300 Mutual of Omaha Plaza
Omaha, NE 68175

Policy Date: AS SHOWN ON THE PLAN OF INSURANCE

Policy No. AS SHOWN ON THE PLAN OF INSURANCE

MUTUAL OF OMAHA INSURANCE COMPANY (called "We," "Us" or "Our") agrees to insure certain persons (called Insureds) and promises to pay benefits according to the terms of this policy. The application of the Policyholder and payment of all premiums put this policy in force. This policy is issued to:

AS SHOWN ON THE PLAN OF INSURANCE

(called the Policyholder)

POLICY TERM -- RENEWAL

This policy goes into effect on the Policy Date shown above. The initial term ends on AS SHOWN ON THE PLAN OF INSURANCE. This policy may be renewed for additional terms with our consent. Each term begins and ends at 12:01 a.m., Standard Time, at the main office of the Policyholder.

This policy is signed for us by the Officers named below.

Chief Executive Officer

Corporate Secretary

Form T5MP -- Series 6440S

Blanket Policy

**THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY.
If you are eligible for Medicare, review the Guide to Health
Insurance for People with Medicare available from the company.**

PART A.

DEFINITIONS

"Hospital" means any of the following places: (a) a place which is licensed or recognized as a general hospital by the proper authority of the state in which it is located; (b) a place operated for the care and treatment of resident inpatients with a registered graduate nurse (RN) always on duty and with a laboratory and X-ray facility; (c) a place recognized as a general hospital by the Joint Commission on the Accreditation of Hospitals; or (d) a place certified as a hospital by Medicare. Not included is a hospital or institution or a part of such hospital or institution which is licensed or used principally: (1) for the treatment or care of drug addicts or alcoholics; or (2) as a clinic, continued or extended care facility, skilled nursing facility, convalescent home, rest home, nursing home or home for the aged.

"Injuries" means accidental bodily injuries: (a) received while insured under this policy; and (b) resulting, independently of sickness and all other causes, in loss specified in the Benefit Provision(s) and Insuring Provision(s). The Plan of Insurance specifies the Benefit and Insuring Provision(s) applicable to each class of Insureds. Benefits are payable for an Insured's injuries under only one Insuring Provision for any one accident.

PART B.

INDIVIDUAL PROVISIONS

1. **Eligibility:** All persons within the classes stated in the Plan of Insurance are eligible for insurance under this policy.
2. **Effective Date of Individual Insurance:** Each eligible person will become insured on the date stated in the Plan of Insurance.
3. **Individual Terminations:** Unless otherwise stated in the Plan of Insurance, the insurance of any Insured shall end on the first of the following dates:
 - (a) The date any premium for the Insured is due and unpaid.
 - (b) The date the Insured ceases to be within a class of persons eligible for coverage under this policy.
 - (c) The date this policy is terminated.
4. **Change in Coverage:** Any change in an Insured's coverage because of a change in class will become effective as stated in the Plan of Insurance.
5. **Reinstatement or Reenrollment:** If the Insured's insurance is terminated for any reason, then again made effective through reinstatement or reenrollment, only covered loss resulting from covered injuries received after the date of reinstatement or reenrollment will be covered.
6. **Change of Beneficiary; Assignment:** Only the Insured has the right to change the beneficiary. Consent of the beneficiary is not required to make any change in this policy. Also, no such consent is required for surrender or assignment of the Insured's right under this policy.

PART C.

CLAIMS PROVISIONS

1. **Notice of Claim:** Written notice of a claim must be given to us within 30 days after loss covered by this policy occurs or starts. If notice is not given within that time, it must be given as soon as is reasonably possible. The Insured can give the notice or have someone else do it for him or her. Notice must be given to us at Omaha, Nebraska, or to any of our agents. It must identify the Insured.
2. **Claim Forms:** When we receive the Insured's notice, we will send the forms for filing proof of loss. If we do not send them within 15 days, the Insured can meet the proof of loss requirement by giving us a written statement of what happened. We must receive this statement within the time given for filing proof of loss.
3. **Proof of Loss:** The Insured must give us written proof of loss within 90 days after the date of the loss or as soon as is reasonably possible. Proof must, however, be furnished no later than 12 months from the time it is otherwise required, except in the absence of legal capacity.

4. **Payment of Claims:** All benefits will be paid to the Insured, the Insured's beneficiary or the Insured's estate as soon as we receive proof of loss.

Benefits for loss of life, if any, will be paid to the Insured's beneficiary (the Insured's estate if no beneficiary is named). Other benefits unpaid at the Insured's death will be paid, at our option, to the Insured's estate or the Insured's beneficiary.

If any benefits are payable to the Insured's estate, to a minor or to any person not legally able to give a valid release, we may pay up to \$1,000.00 to any relative of the Insured who we find entitled to the payment. Payment made in good faith shall fully discharge us to the extent of the payment.

5. **Legal Actions:** The Insured may not bring a legal action to recover under the policy for at least 60 days after the Insured has given us written proof of loss. The Insured may not start such an action more than three years after the date proof of loss is required.

PART D.

POLICY PROVISIONS

1. **Entire Contract; Changes:** This policy, and any attachments, is the entire contract of insurance. No agent may change it in any way. Only an officer of ours can approve a change. Any such change must be shown in this policy.

2. **Records – Information to Be Furnished:** The Policyholder shall furnish us or our authorized agent with the information as we may deem necessary for the proper administration of this insurance. The records of the Policyholder which may have a bearing on this insurance shall be open to us for inspection at any time during the policy term and within one year after termination of the policy.

3. **Clerical Error:** Clerical error on our or the Policyholder's part in keeping records or furnishing information shall not void insurance otherwise in force or continue insurance otherwise terminated under the terms of the policy.

4. **Grace Period:** Premiums must be paid on or before the date they are due or during the 31-day grace period that follows. The policy stays in force during the grace period. A grace period always applies unless we inform the Policyholder that it does not apply.

5. **Time Limit on Certain Defenses:** After two years from the Policy Date, we cannot use misstatements, except fraudulent misstatements in the Policyholder's application to void coverage. After two years from the date an Insured becomes covered under this policy, we cannot use misstatements, except fraudulent misstatements, in his or her application to void coverage or deny a claim for loss that happens after the two-year period.

6. **Physical Examinations and Autopsy:** We, at our expense, may have a covered person examined when and as often as is reasonable while a claim is pending. We may also have an autopsy done (at our expense) where it is not forbidden by law.

7. **Cancellation:** After this policy has been in force for one year, it may be canceled at any time, by either the Policyholder or us, with written notice to the other stating the date and hour cancellation becomes effective. We shall give 60 days' prior notice to cancellation. Upon cancellation any unearned premium shall be returned.

8. **Conformity with State Statutes:** The provisions of this policy must conform with the laws of the state in which the Insured resides on the Policy Date. If any do not, they are hereby amended to conform.

9. **Notice of Annual Meeting:** Our Annual Meeting will be held at 10:00 a.m. on the second Saturday after the first day of February at our Home Office.

Countersigned by:

Licensed Resident Agent

INSURING PROVISION
Coverage for Sponsored Activities

This provision applies only to the class or classes of Insureds specified in the Plan of Insurance.

The Insured is covered for Injuries received while insured under this provision. Such Injuries must be received while: (a) participating in activities sponsored and supervised by the Policyholder; (b) traveling to, during or after such activities as a member of a group in transportation furnished or arranged by the Policyholder.

Provision Date (same as the Policy Date or Certificate Date if no date is shown)

PART A.

DEFINITIONS

The definitions in the policy, certificate and Benefit Provision(s) apply to this Insuring Provision. In addition, the following definitions are added.

"Intoxicated" means a blood alcohol level which equals or exceeds the legal limit for operating a motor vehicle in the state where the Injuries occurred.

"Legally Qualified Physician" means a physician: (a) other than the Insured; (b) practicing within the scope of his or her license; and (c) recognized as a physician in the state where services are rendered.

PART B.

EXCLUSIONS AND LIMITATIONS

This provision does not cover: (a) suicide, attempted suicide or intentionally self-inflicted injury while sane or insane (in Missouri, while sane only); (b) Injuries caused by an act of declared or undeclared war; (c) Injuries received while in the armed service (upon notice to us of entry into an armed service, the pro rata premium will be refunded); (d) Injuries received while acting as a pilot or crew member; (e) Injuries resulting from air travel, except while as a passenger for transportation only; (f) Injuries resulting from the Insured's engagement in or attempt to commit a felony or being engaged in an illegal occupation; (g) Injuries received while under the influence of any controlled substance, unless administered on the advice of a Legally Qualified Physician; (h) Injuries received while Intoxicated as specifically defined in this provision; or (i) Injuries sustained while traveling other than as specifically stated in this provision.



3300 Mutual of Omaha Plaza
Omaha, NE 68175

BENEFIT PROVISION
(Accidental Death and Specific Loss Benefits)

This provision applies only to the class or classes of Insureds who are specified in the Plan of Insurance.

The Principal Sum and Loss Period referred to in this provision are specified in the Plan of Insurance.

When, because of injuries, the Insured sustains any of the following losses within the Loss Period from the date of the accident, we will pay benefits as follows:

Loss of Life	Principal Sum
Loss of Both Feet, Both Hands or Both Eyes	Principal Sum
Loss of One Hand and One Foot	Principal Sum
Loss of One Hand and One Eye or One Foot and One Eye	Principal Sum
Loss of One Hand, One Foot or One Eye	One-half Principal Sum
Loss of Speech and Hearing	Principal Sum
Loss of Speech or Hearing	One-half Principal Sum
Loss of Thumb and Index Finger of the Same Hand.....	One-fourth Principal Sum

Loss of hand or hands, or foot or feet, means severance at or above the wrist joint or ankle joint, respectively. Loss of eye or eyes means the total and irrecoverable loss of the entire sight thereof. Loss of speech or hearing means the total and irrecoverable loss thereof. Loss of hearing that can be corrected by the use of any hearing aid or device shall not be considered an irrecoverable loss. Loss of thumb and index finger of the same hand means severance of two or more entire phalanges of both the thumb and the index finger.

Only one of the amounts shown above (the largest applicable) will be paid for injuries resulting from one accident. The benefit for loss of: (a) two limbs; (b) both eyes; (c) one limb and one eye; (d) speech and hearing; or (e) thumb and index finger of the same hand is payable only when such double loss is the result of the same accident.

This provision is subject to the Exceptions and Limitations of the insuring provision(s) applicable to the Insured.

BENEFIT PROVISION
Accident Medical Expense Benefits
(Includes Ambulance Service and Orthopedic Appliances)

This provision applies only to the class or classes of Insureds specified in the Plan of Insurance.

The Insured is covered for Injuries received while insured under the policy or certificate and this provision. The Medical Benefit and Medical Deductible are specified in the Plan of Insurance.

Provision Date (same as the Policy Date or Certificate Date if no date is shown)

PART A. DEFINITIONS

The definitions in the policy, certificate and Insuring Provision(s) apply to this Benefit Provision. In addition, the following definitions are added.

"Ambulatory Surgical Center" means a facility which is licensed as an Ambulatory Surgical Center by the state in which it is located.

"Medical Expense" means expense incurred for Medically Necessary services and supplies ordered or prescribed by a Legally Qualified Physician. Not included are amounts in excess of the Usual and Customary Charges. Medical Expense is incurred on the date the service or supply is received.

"Legally Qualified Physician" means a physician: (a) other than the Insured; (b) practicing within the scope of his or her license; and (c) recognized as a physician in the state where the services are rendered.

A "Medically Necessary" service or supply means one which: (a) is recommended by the attending Legally Qualified Physician; (b) is appropriate and consistent with the diagnosis in accord with accepted standards of community practice; and (c) could not have been omitted without adversely affecting the Insured's condition or the quality of medical care.

"Usual and Customary Charges" means those comparable charges for similar treatment, services and supplies in the geographic area where treatment is performed.

PART B. BENEFITS

When covered Injuries result in treatment by a Legally Qualified Physician beginning within 90 days after the date of the accident, we will pay the Medical Expense incurred in excess of the Medical Deductible, if any. Benefits shall not exceed the Usual and Customary Charges. Eligible Medical Expenses are as follows:

- (a) Treatment by a Legally Qualified Physician;
- (b) Care or services from a Hospital or Ambulatory Surgical Center;
- (c) Services from a registered graduate nurse (RN or LPN) not related to the Insured by blood or marriage;
- (d) Professional ambulance service;
- (e) Orthopedic appliances.

Only covered Medical Expense incurred by the Insured within 52 weeks from the date of the accident is covered. Benefits for any one accident shall not exceed, in the aggregate, the Medical Benefit.

PART C.

EXCLUSIONS AND LIMITATIONS

This provision is subject to the Exclusions and Limitations of the Insuring Provisions applicable to the Insured. Exclusions and Limitations also include: (a) the cost of eyeglasses, contact lenses or examinations for either; (b) the cost of dental treatment, except as specifically provided for Injuries to sound, natural teeth; (c) Injuries covered by workers' compensation or employer's liability laws; (d) treatment of a hernia; or (e) prescription drugs.



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FULL EXCESS COVERAGE AMENDMENT RIDER

This rider applies only to the class or classes of Insureds specified in the Plan of Insurance.

This rider is made a part of the policy or certificate to which it is attached. It is subject to all of the terms of the policy or certificate which are not in conflict with this rider.

Rider Date (same as the Policy Date or Certificate Date if no date is shown)

PART A. DEFINITIONS

The definitions in the policy, certificate, Insuring Provision(s) and Benefit Provision(s) apply to this rider.

PART B. AMENDMENT

The Medical Expense benefit provision is amended. Benefits for Medical Expense will be paid only for such expense which is not recoverable from any other insurance policy, service contract or workers' compensation.

PART C. EXCLUSIONS AND LIMITATIONS

This rider is subject to the Exclusions and Limitations of the Insuring Provision(s) and Benefit Provision(s) applicable to the Insured.

MUTUAL OF OMAHA INSURANCE COMPANY

Corporate Secretary



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Omaha, NE 68175

FACILITY OF PAYMENT AMENDMENT RIDER

This rider applies to the class or classes of Insureds specified in the Plan of Insurance.

This rider is made a part of the policy or certificate to which it is attached and is subject to all of the terms of the policy or certificate which are not in conflict with this provision.

Rider Date (same as the Policy Date or Certificate Date if no date is shown)

PART A.

DEFINITIONS

The definitions in the policy, certificate, insuring provision(s) and benefit provision(s) apply to this rider.

PART B.

AMENDMENT

In the absence of a written assignment of benefits, all or a portion of any medical benefits provided by the policy or certificate may be reimbursed to the provider rendering the treatment or service. Such payment will be at our option.

MUTUAL OF OMAHA INSURANCE COMPANY

Corporate Secretary



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AMENDMENT RIDER

This rider is made a part of the policy or certificate to which it is attached. It is subject to all provisions of such policy or such certificate that are not in conflict with the provisions of this rider.

Rider Date: For the policy (same as Policy Date if no date is shown)
For certificates (same as Certificate Date if no date is shown)

The following provision is hereby made a part of the policy:

AGGREGATE LIMIT OF INDEMNITY FOR ANY ONE ACCIDENT

Our aggregate limit of indemnity under the policy for all covered loss of life, limb or sight sustained as a result of the same accident by all Insureds involved in such accident shall not exceed the aggregate limit specified in the Plan of Insurance.

If the above aggregate limit is insufficient to pay the full amount specified for all Insureds involved in the same accident, then the amount of indemnity payable for covered losses sustained by each insured person shall be in the proportion that said aggregate limit bears to the total amount of indemnity that would have been payable except for said aggregate limit.

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Corporate Secretary



3300 Mutual of Omaha Plaza
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EXPOSURE AND DISAPPEARANCE AMENDMENT RIDER

This rider applies to the class or classes of Insureds specified in the Plan of Insurance.

This rider is made a part of the policy or certificate to which it is attached. It is subject to all of the terms of the policy or certificate which are not in conflict with this rider.

Rider Date (same as the Policy Date or Certificate Date if no date is shown)

PART A.

DEFINITIONS

The definitions in the policy, certificate, Insuring Provision(s) and Benefit Provision(s) apply to this rider.

PART B.

AMENDMENT

A covered accident, which results in the disappearance, sinking or damaging of a conveyance on which an Insured was riding, will be paid as follows.

1. If: (a) the Insured is unavoidably exposed to the elements; and (b) as a result of such exposure suffers Injuries for which benefits are otherwise payable; such Injuries will be covered under the policy or certificate.
2. If: (a) the Insured disappears; and (b) if the body of the Insured has not been found within 52 weeks after the date of such accident; it will be presumed, subject to no evidence to the contrary, that the Insured suffered loss of life as a result of Injuries covered by the policy or certificate.

PART C.

EXCLUSIONS AND LIMITATIONS

This rider is subject to the Exclusions and Limitations of the Insuring Provision(s) and Benefit Provision(s) applicable to the Insured.

MUTUAL OF OMAHA INSURANCE COMPANY

Corporate Secretary



3300 Mutual of Omaha Plaza
Omaha, NE 68175

BENEFICIARY DESIGNATION AMENDMENT RIDER

This rider applies only to the class or classes of Insureds specified in the Plan of Insurance.

This rider is made a part of the policy or certificate to which it is attached and is subject to all of the terms of the policy or certificate which are not in conflict with this rider.

Rider Date (same as the Policy Date or Certificate Date if no date is shown)

PART A. DEFINITIONS

The definitions in the policy, certificate, Insuring Provision(s) and Benefit Provision(s) apply to this rider.

PART B. AMENDMENT

The General Provision captioned Payment of Claims is hereby deleted in its entirety and the following is substituted.

Payment of Claims: Indemnity for loss of life will be payable in accord with the beneficiary designation made in writing by the Insured and on file with the Company. In the absence of such beneficiary designation, or in the event the designated beneficiary predeceases the Insured, indemnity for loss of life will be paid to the first of the following surviving beneficiaries: the Insured's: (a) lawful spouse; (b) child or children, jointly; (c) parents, jointly if both are living, or the surviving parent if only one survives; (d) brothers and sisters, jointly; (e) estate. Any other accrued indemnities unpaid at the Insured's death may, at Our option, be paid either to the Insured's beneficiary or to his or her estate. All other indemnities will be payable to the Insured.

PART C. EXCLUSIONS AND LIMITATIONS

This rider is subject to the Exclusions and Limitations of the Insuring Provision(s) and Benefit Provision(s) applicable to the Insured.

MUTUAL OF OMAHA INSURANCE COMPANY

Corporate Secretary



3300 Mutual of Omaha Plaza
Omaha, NE 68175

CONFORMITY WITH STATE STATUTES RIDER

This rider applies only to the class or classes of Insureds specified in the Plan of Insurance.

This rider is made a part of the policy or certificate to which it is attached. It is subject to all of the terms of the policy or certificate that are not in conflict with this rider.

Rider Date (same as Policy or Certificate Date if no date is shown here or on Plan of Insurance)

The Conformity with State Statutes provision contained in your policy or certificate is deleted and replaced with the following:

CONFORMITY WITH STATE STATUTES

The provisions of this policy or certificate conform to the minimum requirements of Montana law. These provisions control over any conflicting statutes of any state in which the insured resides on or after the effective date of this policy.

MUTUAL OF OMAHA INSURANCE COMPANY

Corporate Secretary

NOTICE OF PROTECTION PROVIDED BY MONTANA LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION

This notice provides a **brief summary** of the Montana Life and Health Insurance Guaranty Association (the Association) and the protection it provides for policyholders.

The Association was established under Montana law to provide protection in the unlikely event that a life, annuity or health insurance issuer becomes financially unable to meet its obligations and placed into liquidation. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Montana law, with funding from assessments paid by other insurance companies.

In the event a company is placed into liquidation, benefits provided by the Association are payable according to the insurance policy or certificate, and subject to the following maximum limits:

- Life Insurance
 - \$300,000 in death benefits, but limited to \$100,000 in cash surrender and net cash withdrawal values.
- Health Insurance
 - \$500,000 in health insurance benefits
 - \$300,000 in disability income insurance benefits
 - \$300,000 in long-term care insurance benefits
 - \$100,000 in other types of health insurance benefits
- Annuities
 - \$250,000 present value, including net cash surrender and net cash withdrawal values

The maximum amount of protection is \$300,000 in benefits with respect the \$500,000 maximum in health insurance benefits but not including disability, long term care or other types of health insurance benefits.

Note: Other restrictions to coverage apply. Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Montana law.

To learn more about the above protections, as well as protections relating to group contracts or retirement plans, please visit the Association's web site at www.mtlifega.org or contact:

Montana Life and Health Insurance
Guaranty Association
PO Box 8247
Missoula, MT 59807
877-678-1048 or administrator@mtlifega.org

Office of the Montana State Auditor
Commissioner of Securities and Insurance
840 Helena Ave.
Helena, MT 59601
406-444-2040

IF YOUR INSURANCE COMPANY IS IN GOOD STANDING AND NOT IN LIQUIDATION, PLEASE DIRECT QUESTIONS ABOUT YOUR POLICY TO YOUR INSURANCE COMPANY!

Insurance companies and agents are not allowed by Montana law to use the existence of the Association or its coverage to encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Association coverage.

If there is any inconsistency between this notice and Montana law, then Montana law will control.

AMENDMENT RIDER

This rider is attached to and made a part of Policy No. AS SHOWN ON THE PLAN OF INSURANCE and is subject to the provisions and conditions contained therein.

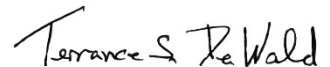
The effective date of this rider is the same as the Policy Date.

The policy to which this rider is attached is hereby amended as follows:

- Within the Part C section of the policy entitled "CLAIMS PROVISIONS," the first sentence of the sub-section entitled "Notice of Claim" is amended to read as follows:
 "Written notice of claim must be given to us within 90 days after loss covered by this policy occurs or starts."
- Within PART A. DEFINITIONS of Benefit Provision 6425M the following is added:
 "Physician's Assistant (PA)" is a PA, other than the insured, trained and licensed to provide basic medical services.
- Within PART B. BENEFITS of Benefit Provision 6425M the Eligible Medical Expenses will include the following:
 (g) Treatment by a Physician's Assistant (PA).
- The following exclusions are deleted from the Accident Medical Expense Benefit Provision 6425M:
 (e) prescription drugs.

 Benefits will now be provided, however, not in excess of the Medical Benefit.

MUTUAL OF OMAHA INSURANCE COMPANY



Corporate Secretary