

GETTING DOWN TO THE BUSINESS OF PROTECTING YOU

Nationwide®



BUSINESS ACTIVITIES

GROUPROTECTORSM
Group Accident Medical Insurance



Nationwide®
On Your Side

ACCIDENTS HAPPEN.

But that doesn't have to put you on the spot.

Let Nationwide® help. Our **GROU**PROTECTORSM business activities insurance provides peace of mind that keeps the focus on work, not worry. Our policy provides death and specific loss benefits to many types of employees.

Who in your group is covered?

100% of the following types of staff are insured:

- Administrative
- Church
- Clerical
- Custodial
- Food service
- Local delivery
- Sales
- School
- Supervisory

Staff members must work 30 or more hours per week and six months or more per year to be eligible for coverage.

What activities are covered?

Business and business travel activities are covered for employees of the insured business as long as:

- They are on the premises of the insured business
- They are present during the hours and on the days required to be there (includes voluntary overtime)
- They are off premises on a trip required by the insured business
- They are commuting directly to and from work

BUSINESS ACTIVITIES Accident 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 942- _____ Office Use Only

1. Name of Plan Sponsor (Group's Name) _____

Address Street _____ City _____ State _____ Zip _____ County _____

2. Policy Term: The policy term starts at **12:01** A.M. on ____/____/____ which is the effective date, and ends at **12:01** A.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 Benefit Options — check class desired

Class	Quarterly Premium Rates per Benefit Options	
	<input type="checkbox"/> Business Activities	<input type="checkbox"/> Business Travel Activities Only
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
Minimum premium per policy 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. For authorized checking account withdrawal (also called Automated Clearing House or "ACH") call 800.525.8669.

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

Previous Policy Number _____
 Date _____
CHP INSURANCE AGENCY 200098231
 Agent's Signature and Number _____
1-800-633-7867 x142
 Agent's Phone Number _____
pschoenberger@chpemail.com
 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. For authorized checking account withdrawal (also called Automated Clearing House "ACH") or credit card payment call 800.525.8669.

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 and 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.

Policy Exclusions & 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 ALL fields on the application. Be sure to sign and date where indicated.
2. Mail the application with a check made payable to Nationwide Insurance to the address listed below.
Be sure to mail before the desired policy effective date.
3. Fax your application to the fax number listed below. Payment may also be accepted by credit card or electronic check. Download the ACH form using the Web address listed below. Complete the form indicating your choice of electronic payment and necessary account information. Fax the ACH form along with the application.

ACH Form: nationwide.com/ach

How do you contact us?

 800.525.8669
(8:00 a.m. – 5:00 p.m. ET, M-F)

 413.214.7761

 Nationwide Specialty Health,
P.O. Box 1970, Springfield, MA 01101

 grouprotector@consolidatedhealthplan.com

 nationwide.com/grouprotector

Underwritten by Nationwide Life Insurance Company.

Administered by Consolidated Health Plans

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Nationwide[®]
On Your Side

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.
- (FL) Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- (KY) Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.
- (LA) It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
- (MD) Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully 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.
- (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.

This policy provides limited business activities accidental death and specific loss benefits only.

Please read these important notices and warnings

Be aware that all cases are subject to the acceptance of the risk. In addition, any case with premium of \$5,000 or more is subject to a review of prior claims experience.

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

This policy does not provide basic hospital, basic medical or major medical insurance. (In NY: as defined by the New York State Insurance Department)

(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.