



Combined Insurance Company of America
 A Legal Reserve Stock Corporation
 Home Office
 111 Wacker Drive, Suite 700 • Chicago, Illinois 60601

**FOR INFORMATION, OR TO MAKE A COMPLAINT, CALL 1-800-233-1957
 PLEASE READ YOUR CERTIFICATE CAREFULLY**

Group Master Policy Number: CVT 301213

**Group Policyholder: Trustee of the ACE USA Accident & Health Insurance Trust
 on behalf of New Jersey State Fire Chief's Association**

Group Participating Organization: New Jersey State Fire Chief's Association

GROUP TERM LIFE INSURANCE CERTIFICATE

This **Certificate** summarizes the insurance coverage provided under the **Group Master Policy** identified above. **We** have issued this **Certificate** to You (as a **Member** of the Group Policyholder identified on the **Certificate Schedule**) based on information that enabled **Us** to determine that You met all of the eligibility requirements set forth in the **Group Master Policy** and/or Your application or enrollment form. A copy of the **Group Master Policy** is on file with the Group Policyholder and may be examined at any reasonable time during normal business hours.

GUIDE TO YOUR CERTIFICATE

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WHAT YOU GET: **We** certify that, as long as the premiums for this insurance are paid as they become due, You are insured for the coverages summarized in this **Certificate**, subject to the terms of the **Group Master Policy**.

WHAT WE WILL PAY: If You die while insured, **We** will pay Your **Death Benefit** after **We** receive due proof of Your death. If a reduction of the **Death Benefit** is part of this insurance coverage, the Your benefit will be automatically reduced at specified ages, as shown in the Reduction of **Death Benefit** Endorsement attached to this **Certificate**.

WHO WE WILL PAY:

We will pay Your **Death Benefit** to the beneficiary You named in writing on your enrollment form (or on the beneficiary designation form on file with the Group **Participating Organization**). If You did not name a beneficiary, or if Your beneficiary dies before You, **We** will pay Your **Death Benefit** to Your living relatives in the following order: (1) legal spouse; (2) children; (3) parents; or (4) brothers and/or sisters. If none of these relatives are living, **We** will pay Your **Death Benefit** to Your estate. You may change the beneficiary at any time. The change must be in writing on a form

approved by **Us**. The change will not be effective until the date it is recorded. If You are not living on the date the change is recorded, the change will be effective on the date You signed it. However, any benefits paid before the change is recorded will not be subject to it.

You may assign Your **Death Benefits**. Benefits may not be made for the benefit of the **Participating Organization**.

WHEN INSURANCE STARTS:

Your insurance starts on the first day that you are added to the **Participating Organization's** roster.

WHEN INSURANCE STOPS:

Your insurance stops at the earliest of: (1) 31 days after a premium due date, if the premiums for this insurance have not been paid; (2) the day you are removed from the **Participating Organization's** roster or your membership with the **Participating Organization** falls into a class of Eligibility that is not eligible for insurance under the **Group Master Policy**; (3) the date the **Group Master Policy** is amended so that this insurance stops; or (4) the date the **Group Master Policy** stops.

CONVERSION OPTION:

You may have the option to convert all or part of this insurance to permanent insurance if: (1) the **Group Master Policy** is amended so that this insurance stops; or (2) the **Group Master Policy** stops. This option will be available only if this insurance has been in force for five or more years. The face amount of the permanent insurance may not exceed: (a) Your **Death Benefit** under this **Certificate** minus the amount of any life insurance that You are eligible for under this same **Group Master Policy** or another group master policy that is issued or reinstated by **Us** or by any other insurer; or (b) \$10,000, whichever is smaller.

You will have the option to convert all or part of this insurance to permanent insurance if You lose eligibility for this insurance for any reason other than the reasons stated in the preceding paragraph. The face amount of the permanent insurance may not exceed Your **Death Benefit** under this **Certificate**.

The conversion to permanent insurance will be made, without evidence of insurability, on a form **We** designate for this purpose. The permanent insurance may not have any disability or supplementary benefits. The premiums for the permanent insurance will be based on **Our** published rates in effect on the date of the conversion. Any Suicide or Right to Contest provision under the permanent insurance will not start anew. Instead, the amount of time that this insurance was in force will be used to offset any time period for Suicide or Right to Contest under the permanent insurance.

If this insurance is about to stop, the Group **Participating Organization** will remind You of this option by either giving You a written notice, or mailing a notice to Your last known address as provided in its records. If You decide to exercise this option, You will have to tell **Us** in writing at **Our** Administrative Office within 31 days after this insurance stops. This is called the conversion period. **We** will send You an application to fill out, and let You know what the premiums will be for the permanent insurance. If the reminder notice is not given to You or mailed within 15 days after the conversion period starts, You will have an additional 31 days after the conversion period ends to exercise this option. **We** will not send You an application, or accept a completed application, if this option is not exercised within the time period allowed. The effective date of the permanent insurance will be the date You applied for the conversion.

If You are eligible to have this insurance converted to permanent insurance and You die during the first 31 days after this insurance stops, **We** will pay a benefit equal to the amount that You would have been entitled to convert to, even if You have not applied for the conversion, and whether or not payment of the first premium has been made. However: **We** will reduce the benefit by the amount of premium necessary to provide insurance to the date of death.

RULES FOR FILING A CLAIM: Due proof of death must be submitted to **Us** at **Our** Administrative Office. Your beneficiary or personal representative can get a claim form by calling **Our** toll-free telephone number.

MISSTATEMENT OF AGE: If Your age was misstated on your application or enrollment form, **We** will adjust Your **Death Benefit** to the amount that the premiums paid for this insurance would buy at Your correct age.

SUICIDE EXCLUSION: **We** will not pay a **Death Benefit** if an insured person dies by suicide, while sane or insane, within two years of the date Your insurance starts. If You die by suicide, **We** will refund the premiums paid for Your insurance. If any **Death Benefit** is increased, this suicide exclusion starts anew, but will apply only to the amount of the increase.

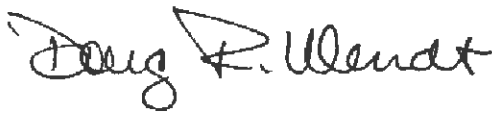
RIGHT TO CONTEST: **We** will not contest this insurance after it has been in force during Your lifetime for two years from the date it starts, except for fraud or nonpayment of premiums. If Your **Death Benefit** is increased, **Our** two year right to contest starts anew, but will apply only to the amount of the increase.

WHAT THE CONTRACT IS AND HOW YOUR STATEMENTS AFFECT IT: The **Group Master Policy**, the **Group Participating Organization's Group Master Application**, this **Certificate**, Your application or enrollment form and any riders, endorsements and/or amendments form the entire contract of insurance. All statements made by or for You will be considered representations and not warranties. **We** will not use any statement made by or for You to contest this insurance unless: (1) that statement is in writing; (2) that statement has been signed by, or on behalf of You; and (3) a copy of that statement has been given to You, Your beneficiary or Your personal representative.

PARTICIPATING ORGANIZATION AS YOUR AGENT: For all purposes related to this insurance, the **Group Participating Organization** serves as Your agent and not as **Our** agent.

TAKEOVER BUSINESS: If **We** are taking this business over from another Insurance Company, and You have been covered for at least two years, the Suicide Exclusion Provision and the Right to Contest Provision will not apply to You, except in the case of fraud.

FOR COMBINED INSURANCE COMPANY OF AMERICA



Chairman and
Chief Executive Officer



Secretary

CERTIFICATE SCHEDULE

Group Master Policy Number: CVT 301213 Group Participating Organization:

New Jersey State Fire Chief's Association

Life Insurance

Members: \$1,300.00

LIMITATION: This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit **Us** from providing insurance, including, but not limited to, the payment of claims.

GROUP ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE RIDER

Combined Insurance Company of America has issued this Rider as part of the Policy to which it is attached (**Your Certificate**). The effective date of this Rider is the later of: (1) the date insurance starts under **Your** Policy; or (2) the Effective Date shown in the Notification of Certificate Change Endorsement. **PLEASE READ THIS RIDER CAREFULLY.**

DEFINITIONS:

Covered Activity means any activity, including travel directly to and from such activity, which is a normal duty of an **Insured**, including any: (1) emergency response for fire suppression and rescue or emergency medical activity; (2) training exercise which simulates an emergency and where active physical participation is required; (3) **Firematic Events or Contests**; (4) class room training; (5) fund-raising activities including athletic activities solely for the purpose of raising funds for the **Participating Organization** or other non-profit organization when such fund-raising is performed as an activity of the **Participating Organization**, except any activity in football, ice or field hockey, lacrosse, soccer or boxing; (6) official functions attended primarily by **Members** of the **Participating Organization** for which the purpose is to further the business of the **Participating Organization** (i.e. installation dinners, banquets, etc.); (7) official conventions, conferences or meetings of emergency fire, rescue or medical personnel attended by the **Insured** on behalf of the **Participating Organization** including personal travel or activities undertaken attendant to such convention, conference or meeting.

The **Covered Activity** must be performed at the direction, or with the knowledge, of an officer of the **Participating Organization**, unless immediate action is required of the **Insured** at the scene of an emergency not on behalf of the **Participating Organization** or any other organization.

Doctor means a U.S. licensed practitioner of the healing arts, who is practicing within the scope of his/her license. A **Doctor** does not include **Yourself** or a member of **Your** immediate family. **Your** immediate family includes **Your** spouse, children and their spouses, parents, grandparents, grandchildren and their spouses, brothers or sisters and their spouses.

Emergency Service Member means:

1. All active emergency service organization (ESO) volunteers as provided on the **Participating Organization's** census or on file with the **Participating Organization**.
2. All active emergency service organization (ESO) volunteers and life **Members/retirees** (as defined by the ESO bylaws).
3. All active emergency service organization (ESO) volunteers and life **Members/retirees** and auxiliary **Members** (as defined by the ESO bylaws.)
4. All paid personnel.

Firematic Events or Contests means practice or participation in an organized event intended to enhance the **Insured's** skills or emergency reaction times. These events include, but are not limited to, departmental or interdepartmental: (1) apparatus pumping contests; (2) battles of the barrel; (3) antique pumping; (4) hose rolling contests; (5) equipment donning contests; (6) bucket brigades; (7) ladder climbs; (8) tug of war contests; and (9) apparatus operation rodeos.

Injury means bodily injury caused by an accident occurring while the Policy is in force with respect to the **Insured** whose **Injury** is the basis of claim and resulting directly and independently of all other causes in a covered loss which is not otherwise defined as a **Sickness**.

Insured means any person who is a **Member** of an Eligible Class as described in the Group Accidental Death and Dismemberment Insurance Schedule, for whom premium has been paid while covered under the Policy.

Sickness means illness or disease diagnosed by a **Doctor**.

We, Us or Our means Combined Insurance Company of America.

You or Your means an **Insured**.

WHAT WE WILL PAY:

Principal Sum: As applicable to **You**, Principal Sum means the amount of insurance in force under the Policy on the date of the accident, as described in the Group Accidental Death and Dismemberment Insurance Schedule. In no event will the total amount of Accidental Death and Dismemberment Insurance in force for **You** exceed the maximum shown the Group Accidental Death and Dismemberment Insurance Schedule.

Accidental Death and Dismemberment Benefit

We will pay the Percentage of Principal Sum shown below if **Injury** to **You** results in any one of the losses listed below in the Schedule of Losses. If **You** suffer more than one loss as a result of any one accident, only one amount, the largest, will be paid.

Schedule of Losses

<u>For Loss of</u>	<u>Percentage of Principal Sum</u>
Life	100%
Both Hands or Both Feet	100%
Sight in Both Eyes	100%
One Hand and One Foot	100%
One Hand and Sight in One Eye	100%
One Foot and Sight in One Eye	100%
Speech and Hearing in Both Ears	100%
Quadriplegia	100%
Paraplegia	75%
One Hand or One Foot	50%
Sight in One Eye	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Hemiplegia	50%
Uniplegia	25%
Thumb and Index Finger of Same Hand	25%

Loss of Hand or Foot means complete severance through or above the wrist or ankle joint.

Loss of Sight in an Eye means total and irrecoverable loss of the entire sight in that eye.

Loss of Hearing in an Ear means total and irrecoverable loss of the entire ability to hear in that ear.

Loss of Speech means total and irrecoverable loss of the entire ability to speak.

Loss of Thumb and Index Finger means the complete severance through or above the metacophalangeal joint of both digits.

Quadriplegia means the complete and irreversible paralysis of both upper and both lower Limbs.

Paraplegia means the complete and irreversible paralysis of both lower Limbs.

Hemiplegia means the complete and irreversible paralysis of the upper and lower Limbs of the same side of the body.

Uniplegia means the complete and irreversible paralysis of one Limb.

Limb means entire arm or entire leg.

Exposure and Disappearance. If by reason of an accident occurring while **Your** coverage is in force under the Policy, **You** are unavoidably exposed to the elements and as a result of such exposure suffer a loss for which indemnity is otherwise payable hereunder, such loss will be covered under the terms of the Policy.

If **Your** body has not been found within one year of disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which **You** were an occupant while covered under the Policy, then it shall be deemed, subject to all other terms and provisions of the Policy, that **You** shall have suffered accidental death within the meaning of the Policy.

WHAT WE WILL NOT PAY: We will not pay benefits for any loss caused in whole or in part by, or resulting in whole or in part from, the following:

- **Sickness**, disease or infections of any kind, except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning;
- **Your** commission of or attempt to commit a felony;
- declared or undeclared war, or any act of declared or undeclared war;
- full-time active duty in the armed forces of any country or international authority, except the National Guard or organized reserve corps duty (unearned premium will be returned if the **Insured** enters military service);
- travel or flight in or on (including getting in or out of, or on or off of, or performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft) any vehicle used for aerial navigation, except if the **Insured** is:
 - a. riding as a passenger in any aircraft licensed for the transportation of passengers for hire; or
 - b. riding as a passenger in any aircraft while taking part of a **Covered Activity**.

This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit the Company from providing insurance, including, but not limited to, the payment of claims.

REDUCTION IN THE PRINCIPAL SUM: The Reduction in the Principal Sum is shown in the Group Accidental Death and Dismemberment Insurance Schedule. The Principal Sum will be automatically reduced at specified ages.

WHO WE WILL PAY: Upon receipt of due written proof of death, payment for loss of life of an **Insured** will be made to **Your** beneficiary named in writing on **Your** application, enrollment form, or on the beneficiary designation form on file with the Certificate Holder.

Upon receipt of due written proof of loss, payments for all losses, except loss of life, will be made to (or on behalf of) **You**. If **You** die before all payments due have been made, the amount still payable will be paid to

Your beneficiary named in writing on **Your** application, enrollment form, or on the beneficiary designation form on file with the **Participating Organization**.

If **You** did not name a beneficiary, or if the beneficiary dies before **You**, **We** will pay **Your** benefit to **Your** living relatives in the following order: (1) legal spouse; (2) children; (3) parents; or (4) brothers and/or sister. If none of these relatives are living, **We** will pay **Your** benefit to **Your** estate.

Any payment **We** make in good faith fully discharges **Our** liability to the extent of the payment made.

RULES FOR FILING A CLAIM: Due proof of loss must be submitted to **Us** at **Our** Administrative Office. **You**, **Your** beneficiary or personal representative can get a claim form by calling **Our** toll-free telephone number.

PHYSICAL EXAMINATION AND AUTOPSY: **We**, at **Our** expense, shall have the right and opportunity to examine the person of any individual whose loss is the basis of claim under the Policy as often as **We** may reasonably require during the pendency of the claim, and to make an autopsy in the case of death where it is not forbidden by law.

GROUP ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE SCHEDULE

WHO IS COVERED UNDER THIS SCHEDULE

1. All active emergency service organization (ESO) volunteers as provided on the **Participating Organization's** census or on file with the **Participating Organization**.

ACCIDENTAL DEATH & DISMEMBERMENT PRINCIPAL SUM

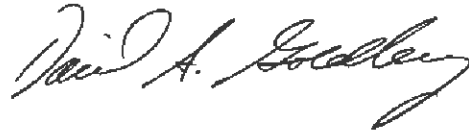
Covered Class	Principal Sum
1	\$1,300.00

This Rider is subject to all Certificate terms and limitations.

FOR COMBINED INSURANCE COMPANY OF AMERICA



Chairman and
Chief Executive Officer



Secretary

Except as shown in this Rider, the provisions of Your Certificate will prevail.

WAIVER OF PREMIUM RIDER

Combined Insurance Company of America has issued this Rider as part of the Certificate to which it is attached (Your Certificate). The effective date of this Rider is the later of: (1) the date insurance starts under Your Certificate; or (2) the Effective Date shown in the Notification of Certificate Change Endorsement. **PLEASE READ THIS RIDER CAREFULLY.**

DEFINITIONS:

Doctor means a U.S. licensed practitioner of the healing arts, who is practicing within the scope of his/her license. A **Doctor** does not include Yourself or a member of Your immediate family. Your immediate family includes Your spouse, children and their spouses, parents, grandparents, grandchildren and their spouses, brothers or sisters and their spouses.

Total Disability or **Totally Disabled** means that, due to sickness or accidental injury, You are not able to perform the material duties of any occupation for which You are reasonably qualified by education, training or experience. Total loss of sight of both eyes, or hearing in both ears, or of use of both hands or both feet, or of one hand and one foot will be considered a **Total Disability**.

Waiting Period means the six month period that starts on the date Your **Total Disability** begins.

WHAT WE WILL WAIVE: If You become **Totally Disabled** while You are insured, and You continue to be **Totally Disabled** for longer than the **Waiting Period**, We will waive the premiums under the Policy from the start of **Total Disability**. We will continue to waive premiums for Your coverage until the benefits for this Rider stop as provided in the When Benefits Stop provision.

WHAT WE WILL NOT WAIVE: We will not waive any premiums that were in default on the date Your **Total Disability** begins.

WHEN BENEFITS START: Benefits start on the first day after the **Waiting Period** of a **Total Disability** that begins on or after Your 16th birthday, but before Your 60th birthday, provided We approve your **Total Disability** claim.

WHEN BENEFITS STOP: Benefits stop at the earliest of: (1) the date Your **Total Disability** ends; (2) the date You refuse to give Us proof of Your continuing **Total Disability**, if We ask for it; or (3) the date You refuse to be examined by a **Doctor** of Our choice at Our expense, if We ask You to do so.

WHEN THIS RIDER STOPS: This Rider stops on Your 60th birthday. Termination of this Rider will not affect Your right to benefits for a waiver of premium claim that We approve on or before Your 60th birthday.

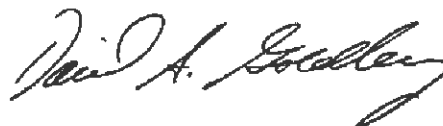
RULES FOR FILING A CLAIM: You must tell Us about Your waiver of premium claim within 30 days after the end of the **Waiting Period**. If You cannot tell Us within 30 days, You must tell Us as soon after that as You can. You must submit claims to Us at Our Administrative Office. You can get a claim form by calling Our toll-free telephone number. If We do not send the claim form within 15 days, You can simply send Us written proof of Your **Total Disability**. That proof must show the date and the cause of Your disability and how serious it is, and it must be signed by a **Doctor**. We can require that You send Us additional proof at reasonable intervals during Your **Total Disability**. Unless You have been legally incapable of filing the proof of Your **Total Disability**, We will not accept if it is filed more than 12 months from the date Your **Total Disability** begins.

PHYSICAL EXAMINATION: We have the right to arrange for You to be examined by a **Doctor** of Our choice at Our expense as often as is reasonably required while a claim is pending. You must allow Us the opportunity to exercise this right.

FOR COMBINED INSURANCE COMPANY OF AMERICA



Chairman and
Chief Executive Officer



Secretary

**The premiums for this insurance must be paid during the Waiting Period.
Except as shown in this Rider, the provisions of Your Certificate will prevail.**

TERMINAL ILLNESS ACCELERATED DEATH BENEFIT OPTION RIDER

(Your **Death Benefit** will be reduced if an accelerated **Death Benefit** is paid)

SPECIAL NOTICE – Benefits paid out under this Rider may be taxable, and subject to a tax penalty. Whether or not You incur a tax liability depends on how the IRS interprets the applicable portions of the Tax Code when You exercise this option. Eligibility for government sponsored health benefit plans may also be affected by Your exercising this option. As with all tax matters, You should consult a tax advisor and/or financial professional to assess the impact of exercising this option.

Combined Insurance Company of America has issued this Rider as part of the **Certificate** to which it is attached (Your **Certificate**). The effective date of this Rider is the later of: (1) the date insurance starts under Your **Certificate**; or (2) the Effective Date shown in the Notification of Certificate Change Endorsement. **PLEASE READ THIS RIDER CAREFULLY.**

DEFINITIONS:

Doctor means a U.S. licensed practitioner of the healing arts, who is practicing within the scope of his/her license. A **Doctor** does not include Yourself or a member of Your immediate family. Your immediate family includes Your spouse, children and their spouses, parents, grandparents, grandchildren and their spouses, brothers or sisters and their spouses.

Terminal Illness means an illness that, in the best medical judgment of a **Doctor**, will result in death within 12 months.

WHAT YOU GET: This Rider provides You with an option to receive a portion of Your **Death Benefit** while You are alive. You may exercise this option only if: (1) You are first diagnosed with the illness on or after the effective date of this Rider; and (2) that illness is diagnosed as terminal on or after the effective date of this Rider.

WHAT WE WILL PAY: If You are diagnosed with a **Terminal Illness**, **We** will accelerate the lesser of (1) up to 50% of Your **Death Benefit**; or (2) \$100,000.

WHAT WE WILL NOT PAY: If You ask for less than 50% of Your **Death Benefit** as the amount that You want us to accelerate, You cannot ask us at a later time to give You the difference between what You did ask for and what You could have asked for.

WHEN THIS RIDER STOPS: This Rider stops at the earliest of: (1) the date **We** have paid the accelerated death benefit; or (2) the date Your **Certificate** stops.

WHAT THIS RIDER COSTS: There is no cost for this Rider, unless You decide to exercise this option. If You decide to exercise this option, You will have to pay (1) an administrative fee of \$100; and (2) 6 months interest, in advance, on the amount that **We** accelerate (at an interest rate of not more than 8.0%).

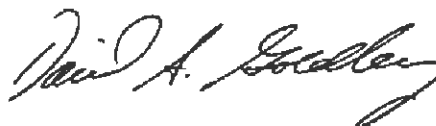
RULES FOR FILING A CLAIM: You must submit the claim to **Us** at **Our** Administrative Office. You can get a claim form by calling **Our** toll-free telephone number. If **We** do not send the claim form within 15 days, You can simply send **Us** written proof of the terminal illness. That proof must show the date and the cause of the **Terminal Illness**, and it must be signed by a **Doctor**. If You named an irrevocable beneficiary, the irrevocable beneficiary must also sign the claim form.

PHYSICAL EXAMINATION: **We** have the right to request a second opinion from a **Doctor** of **Our** choice at **Our** expense. You must allow **Us** the opportunity to exercise this right.

FOR COMBINED INSURANCE COMPANY OF AMERICA



Chairman and
Chief Executive Officer



Secretary

Except as shown in this Rider, the provisions of Your Certificate will prevail.

**COMBINED INSURANCE COMPANY OF AMERICA
111 Wacker Drive, Suite 700 • Chicago, Illinois 60601**

ACCELERATED BENEFIT DISCLOSURE

Your **Certificate** contains an accelerated benefit rider that allows the owner to receive the proceeds of the **Certificate** if the **Insured** is diagnosed with a **Terminal Illness**. A **Terminal Illness** means an illness that, in the best judgment of a **Doctor**, will result in death within 12 months.

Upon receipt of a request for a full or partial accelerated payment, the requested proceeds of the **Certificate** will be paid to the owner. For partial payments, the cash values and premium payment under the **Certificate** shall be reduced. Combined will issue an amended **Certificate** data page. If full payment of the proceeds is requested, the **Certificate** and all riders will terminate without value. No other payments will be made under the **Certificate**.

Unlike other life insurance proceeds, accelerated benefits may be taxable. You should consult your personal tax advisor before applying for this benefit. Also, receipt of accelerated benefits may affect Medicaid or Supplemental Social Security Income benefits or entitlements.

The **Certificate** provides that payment will not be made if the owner requests accelerated benefits involuntarily to meet the claims of creditors, whether in bankruptcy or otherwise, or to keep or obtain a government benefit or entitlement.

We recommend that you obtain the advice of your tax advisor and/or attorney if you have any questions about this benefit.