



Dave Eyman- President
Blue Knight LEMC- Iowa 1
P.O. Box 443
Bettendorf, IA 52722

Dear Dave-

I've enclosed the master policy that covers all members of the Blue Knights LEMC- Iowa 1.

I sincerely hope you never need to utilize this policy, but if you have any accidental deaths within your membership, please call me directly at 507-254-1551. The only information required at that time would be a faxed death certificate showing the death was the result of an accident and a letter on your letterhead that states the deceased was a member in good standing.

Also, there is a place on page 3 where it says \$1.20. That is the amount that American Income Life pays per member per year for this policy. It's nothing that you have to pay, it just has to be on the policy certificate.

Please feel free to call me if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads 'Bonnie Ellingson'.

Bonnie Ellingson
American Income Life Insurance Company
Public Relations
507-254-1551 cell
bellingson@ailife.com

American Income Life Insurance Company
PO Box 2608, Waco, TX 76797 (254) 761-6400 www.aillife.com

If you prefer to receive future correspondence by email,
send your email address and policy number to pos@aillife.com

January 25, 2011

BLUE KNIGHTS LEMC IOWA 1
PO Box 443
Bettendorf, IA 52722

Group Number
SGMUZ

We are pleased to welcome you as a group policyholder with American Income Life Insurance Company. And we appreciate the privilege of providing your membership the coverage shown below; coverage that is now in effect for 22 members.

To help you better understand your enclosed master policy, let us explain a few important details....
Should any member cease to be covered under this plan because the member leaves your group, the member has the opportunity to convert this coverage to an individual plan. Should your group decide at any time to discontinue this plan, conversion privileges will be available to all members who wish to continue coverage on an individual basis.

Again, thank you for the opportunity to serve you. We hope to be of continuing service to your membership for many years. Please call on us or on your local American Income representative, indicated below, when the need arises.

Home Office PR Iowa
PO Box 2608
Waco TX 76797

800-433-3405

Gretta Rose
Group Insurance Division

- - - - - C O V E R A G E For Your Group, Number SGMUZ * - - - - -

| ...Type... | .Amount. | ...Type... | .Amount. |
|-------------|----------|------------|----------|
| CLASS 1 | | | |
| MEMBER AD&D | \$2,500 | | |

* See master policy for complete coverage description.

Enclosure

GR/AAK GR GRNINA



PRIVACY POLICY

American Income Life Insurance Company cares about protecting its policyholders' privacy. In the process of providing the products and services you requested, we will collect, use and share certain information you provided. This Privacy Policy explains what information we collect and how we use that information. The policy also explains how we protect the security and confidentiality of your information.

COLLECTION OF INFORMATION

We collect and retain the information necessary for us to provide the products and services you requested. In that process we may collect non-public information from you as a result of your completion of an insurance application or other forms and information about your transactions and experience with us.

CONFIDENTIALITY OF INFORMATION

We do not disclose any non-public information about you, either during or after your relationship with us, to anyone, except as permitted by law, such as to your authorized representative, in order to provide the products and services you requested, or to comply with applicable laws and regulations.

INTERNAL PROTECTION OF INFORMATION

We restrict access to non-public personal information about you to those employees who need to know that information to provide the products and services you requested. We maintain physical, electronic and procedural safeguards to comply with federal regulations to guard this information.

DISCLOSURE OF OUR PRIVACY POLICY

We are sending you this Notice for informational purposes and may amend this policy at any time and will update it as required. We post our current privacy notice at www.aillife.com. No action is necessary if you elect to access this information electronically. In that case, we may refrain from sending you this notice annually. However, if you would prefer to receive the notice by mail, please provide your name, address and policy number to Privacy Policy, P.O. Box 268850, Oklahoma City, OK 73126-8850.

F3313 R8/02

Congress passed legislation which impacts institutions and the privacy of members or clients of those institutions. At American Income your privacy is always of the utmost importance. As such, we want you to have full understanding that it has always been and will continue to be our policy to never barter, trade, sell, or share the names or information of any insured, covered members, or lists of members with any non-affiliated third party for any reason. Printed on the back of this letter is AIL's policy regarding privacy. It is a privilege to serve you and your members and we want you to know how much we value our relationship with you.





American Income Life Insurance Company

Legal Reserve Stock Company Home Office: Indianapolis, Indiana
Executive Office: P. O. Box 2608, Waco, Texas 76797

We will pay the insurance benefits set forth in this policy.

This policy has been issued to the policyholder in return for the application and payment of the first premium. The policy will terminate at the end of the grace period if the premium due has not been paid. It can be terminated on written notice by the policyholder. We may terminate as of a renewal date by giving 31 days written notice to the policyholder.

The first premium is due on the date of issue. Renewal premiums are due annually. An individual's coverage will take effect on the issue date or when the individual becomes eligible, whichever is later.

An individual's coverage will cease when the individual is no longer eligible or when the policy terminates.

This policy is governed by the laws of the state of delivery.

The benefits and provisions set forth on the following pages are a part of the policy.

Carol A. Masley
Secretary

[Signature]
President

Blanket Accidental Death and Dismemberment Policy Noncontributory - Nonparticipating

NAME AND ADDRESS OF INSURED

POLICY NUMBER

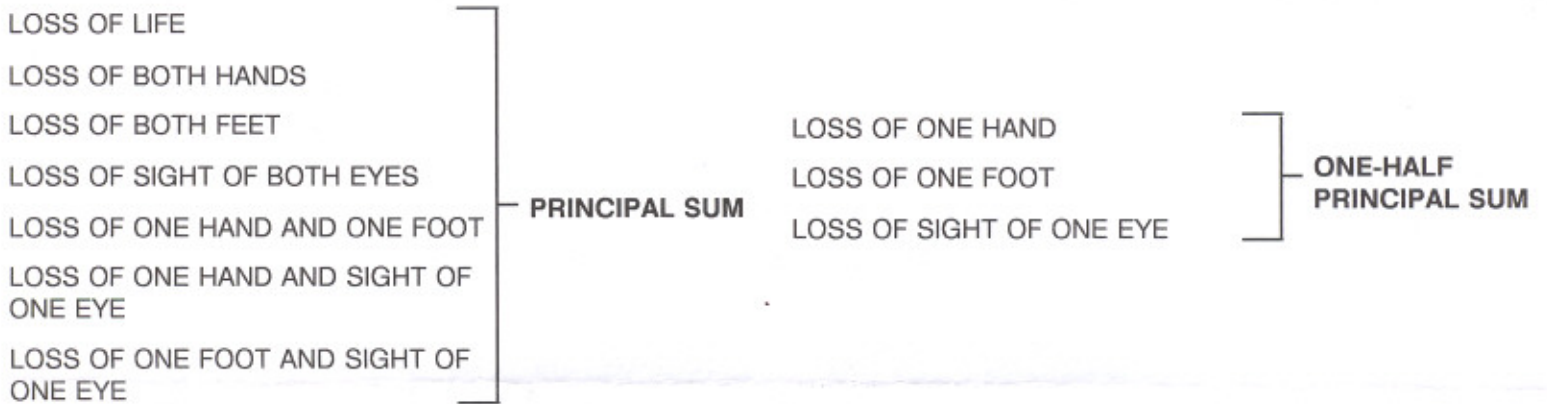
SGMUZ

BLUE KNIGHTS LEMC IOWA 1
PO BOX 443
BETTENDORF IA 52722

(GR)



BENEFITS FOR ACCIDENTAL LOSS - If loss listed below occurs we will pay:



Loss of a hand means cut off through or above the wrist. Loss of a foot means cut off through or above the ankle. Loss of sight means blindness which cannot be corrected to at least 20/200 vision. Any loss must occur within 90 days of the accident causing the loss to be payable.

EXCLUSIONS - The Policy does not cover loss due to:

1. Suicide or intentionally self-inflicted injury while sane or insane;
2. Sickness, disease, medical treatment or surgery;
3. Voluntary taking of drugs, unless taken as prescribed by a doctor;
4. Injuries sustained by a pilot, student pilot, or crew member of an aircraft in a crash or collision of the aircraft;
5. Committing or attempting to commit a felony or assault;
6. Taking part in a riot or insurrection; or
7. War or any act of war, or any injury sustained while serving in military forces engaged in war, whether declared or undeclared.

** SCHEDULE OF INSURANCE **

THE INDIVIDUALS ELIGIBLE ARE:
CLASS 1 ALL MEMBERS IN GOOD STANDING

| DESCRIPTION OF BENEFITS | BENEFIT | PREMIUM |
|-------------------------|---------|---------|
| CLASS 1 MEMBER AD&D | \$2,500 | \$1.20 |

METHOD OF PAYMENT: ANNUAL
NAME AND ADDRESS OF POLICYHOLDER
BLUE KNIGHTS LEMC IOWA 1
PO BOX 443
BETTENDORF IA 52722

ISSUE DATE: 01/25/11
GROUP POLICY NUMBER: SGMUZ

(GR)

FORM SGADD (R82)

CONVERSION - When coverage terminates on an insured, the insured can convert to an individual policy. Application must be made within 31 days. The benefits will be the same as this group contract. The premium will be at the rate then in effect for this coverage for the age and class of risk of the insured. No evidence of insurability is required.

GENERAL PROVISIONS

Insurance Data:

All eligible persons are covered. We will be provided with the names of those initially covered. We also need to receive additions and deletions from the eligible classes and the effective dates of such changes. This is needed to calculate the premiums and to verify coverage of individuals. Errors in the data supplied will not omit or extend the coverage of any individual.

Premium Rate:

The premium per \$1,000 of insurance is on Page 3. We may change the premium on any due date. A change may not be made prior to the first renewal date. Increases may not be made more than once a year. We will notify the policyholder at least 31 days before any change.

Grace Period:

There is a 31 day grace period. This means that a renewal premium not paid when due may be paid in the next 31 days. During the grace period the policy is in force. The policyholder must pay the premium for that grace period. Termination of the policy will terminate the grace period.

Application; Statements; Entire Contract:

A copy of the application for this policy is attached. Statements by the policyholder are representations and not warranties. No statement shall be used in defense of a claim unless made in the application. This policy and the application are the entire contract.

Policy Changes:

No agent can change this policy or waive any of its provisions. No change in this policy is valid unless approved by one of our officers and endorsed on this policy.

Certificates:

We will issue a certificate of coverage to each insured individual. It will summarize this policy. The terms of this policy will control.

Notice of Loss:

Written notice of loss must be given within 20 days, or as soon as reasonably possible.

Proof of Loss:

Written proof of loss must be given within 90 days after the date of the loss, or as soon as reasonably possible.

Forms for Proof:

When we receive notice of claim, we will send any required claim forms within 15 days. If the person making the claim does not receive these forms within this time, proof of loss requirements will be met by sending us written proof of the occurrence, character, and extent of the loss.



GENERAL PROVISIONS (continued)

Examination, Autopsy:

We have the right, at our expense, to have the Insured examined as often as reasonably necessary while a claim is pending. We may also have an autopsy made, unless prohibited by law.

Time of Payment of Claims:

We will pay for any loss covered by this policy as soon as we receive proof.

Beneficiary; Payment of Claims:

All benefits except those for loss of life will be paid to the Insured. Benefits for loss of life will be paid to the beneficiary designated by the Insured, other than the Policyholder or an officer thereof as such. The beneficiary designation must be made in writing to our Executive Office. If no beneficiary designation is effective, payment may be made to the insured's estate. At our option, if no beneficiary designation is effective, or if the designated beneficiary is not competent to give a valid release, we may pay up to \$ 1,000 to any relative by blood or marriage who appears equitably entitled. Any payment in good faith will discharge us to the extent of such payment.

Change of Beneficiary:

Each insured may change the beneficiary by sending us a signed written request.

Time Limit on Certain Defenses:

No misstatements in the application shall be used in defense of a claim incurred after this policy has been in force for two years.

Legal Actions:

No legal action may be brought on this policy within 60 days after proof of loss. No legal action may be brought on this policy more than six years after proof of loss was required.

Worker's Compensation:

This policy is not a worker's compensation policy. It does not satisfy any requirements for worker's compensation insurance.

Conformity With State Statutes:

If any provision of this policy is in conflict with the law of the state of delivery, it is hereby amended to conform to that law.

American Income Life Insurance Company
Executive Offices: P. O. Box 2608, Waco, Texas 76797

Application is hereby made for Group Accidental Death and Dismemberment Insurance provided by American Income Life Insurance Company, Waco, Texas by:

Policyowner Blue Knights LEMC - Iowa I
(Please Print)

Group Abbreviation _____

Address P.O. Box 443 Bettendorf, IA 52722
Street City State Zip

Phone (563) 344-0088
Area

1. Primary Insurance Amount \$2,500.00
2. Persons Eligible All members in good standing
Total Number of Eligible Individuals 22
3. Address correspondence to Dave Eyman - President
same as above
4. No insurance is in force until a policy is issued. If issued, the policy will be effective the date of approval by American Income Life at its Executive Offices in Waco, Texas.

Dated at Bettendorf, IA this 20th day of January, Year 2011

Bonie Cliggett By Dave Eyman, President
Licensed Resident Agent Officer's Name and Title





AMERICAN INCOME LIFE INSURANCE COMPANY

Legal Reserve Stock Company

Home Office: Indianapolis, Indiana

Executive Offices: P.O. Box 2608, Waco, Texas 76797 254-761-6400 www.aillife.com

Blanket Accidental Death And Dismemberment Policy

Non-Contributory – Non-Participating

SGADD (R82)

