



Notice of Limited Benefits

This coverage does not constitute comprehensive health insurance coverage (often referred to as “major medical coverage”) and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act. Even if you have this coverage, you still may be subject to the Federal tax assessed against individuals without minimum essential coverage.



AMERICAN HERITAGE LIFE INSURANCE COMPANY

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A Stock Company

CERTIFICATE OF INSURANCE

This certificate explains the policy of insurance underwritten by us. It is not the contract of insurance. The policy (called the "policy"), as issued to the policyholder by us, alone makes up the agreement under which insurance coverage is provided and benefits are determined. The policy is delivered in and is governed by the laws of the governing jurisdiction and, to the extent applicable, by the Employee Retirement Income Security Act of 1974 (ERISA) and any amendments. The policy may be inspected at the office of the policyholder during normal business hours.

The accident coverage under this policy is a benefit offered as part of the Associates' Health and Welfare Plan (Plan). The Plan is an employer-sponsored health and welfare employee benefit plan governed under ERISA.

This document, together with the current version of the Associate Benefits Book, constitutes the summary plan description (SPD) for the accident coverage portion of the Plan. The SPD, together with Walmart Inc. Associates' Health and Welfare Plan Wrap Document, are the Plan documents for the Plan.

As a summary, this SPD does not describe every provision of the controlling Plan, nor does it modify any provision of the applicable Plan documents.

CONSIDERATION

Your coverage under the policy is issued to you in consideration of your enrollment form or other form of application and the payment of the first premium. Your coverage under the policy is effective from 12:01 a.m. Standard Time on your effective date.

INSURING CLAUSE

We certify that coverage under the policy is in effect for persons who have satisfied all eligibility requirements and for whom the required premium has been paid when due. All such coverage is subject to the terms of the policy.

In this certificate the insured certificate holder (associate) will be referred to as "you", "your," or "yours".

This certificate supersedes and replaces any certificate previously issued to you under the policy.

A handwritten signature in black ink, appearing to read "Kurt Helms".

Secretary

A handwritten signature in black ink, consisting of a stylized, elongated mark.

President

**THIS IS A GROUP ACCIDENT CERTIFICATE WHICH ONLY PROVIDES BENEFITS FOR
OFF-THE-JOB ACCIDENTS AS DEFINED WITHIN THIS CERTIFICATE
AND OTHER BENEFITS SPECIFICALLY DESCRIBED HEREIN.
THIS CERTIFICATE DOES NOT PROVIDE BENEFITS FOR ANY OTHER SICKNESS OR CONDITION.**

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GENERAL PROVISIONS

COVERAGE SUBJECT TO POLICY

The coverage described in this certificate is subject in every way to the terms of the policy that is issued to the policyholder. It alone makes up the agreement by which the insurance is provided. The group policy may be amended or discontinued by agreement between us and the policyholder in accordance with the terms of the policy. Your consent is not required for this. Neither are we required to give you prior notice.

ELIGIBILITY OF DEPENDENTS

Eligible dependents are the individuals defined as "Eligible Dependents" under the policyholder's Health and Welfare Plan.

A child born to you or your spouse or domestic partner, while Associate and Child(ren) Coverage or Family Coverage is in force, will be eligible for coverage. This coverage begins at the moment of birth of such child and benefits will be the same as provided for other dependent children covered under this certificate.

If you have Associate-Only Coverage or Associate and Spouse Coverage, newborn children are automatically covered from the moment of birth for a period of 60 days. If you desire uninterrupted coverage for a newborn child, you must notify your employer within 60 days of that child's birth. Upon notification to us, we will convert your Associate-Only Coverage to Associate and Child(ren) Coverage or the Associate and Spouse Coverage to Family Coverage and provide notification of the additional premium due. If you do not notify your employer within 60 days of the birth of the child, the temporary automatic coverage ends.

If you have Associate-Only Coverage or Associate and Child(ren) Coverage, then marry and desire coverage for your spouse, your employer must be notified within 60 days of your marriage. We will convert your coverage to Associate and Spouse Coverage or Family Coverage and provide notification of the additional premium due.

If you have Associate-Only Coverage or Associate and Child(ren) Coverage and enter into a domestic partnership and desire coverage for your domestic partner, you must notify your employer within 60 days of entering into the domestic partnership. We will convert your coverage to Associate and Spouse Coverage or Family Coverage and provide notification of the additional premium due.

An adopted child or child pending adoption will be covered as follows:

- Coverage is retroactive from the moment of birth for a child with respect to whom a decree of adoption has been entered into by you within 60 days after the date of birth.
- If adoption proceedings have been instituted by you within 60 days after the date of birth and you have temporary custody, coverage is provided from the moment of birth.
- For children other than newborns, if adoption proceedings have been completed, and a decree of adoption was entered within 1 year from the institution of the proceedings, coverage will begin upon temporary custody for 1 year, unless extended by the order of the court by reasons of the special needs of the child.

Coverage must be provided as long as you have custody of the child pursuant to decree of the court and required premiums are paid.

If you have Associate-Only Coverage or Associate and Spouse Coverage, we will convert your Associate-Only Coverage to Associate and Children Coverage or the Associate and Spouse Coverage to Family Coverage and provide notification of the additional premium due.

ELIGIBILITY DATE

If you are working for the policyholder in an eligible class, the date you are eligible for coverage is the later of:

- the policy effective date; or
- the date you become eligible for coverage under the terms of the policyholder's Health and Welfare Plan.

WHEN YOU CAN ENROLL OR CHANGE YOUR COVERAGE

You may apply for or change coverage as permitted under the terms of the policyholder's Health and Welfare Plan.

GENERAL PROVISIONS (Continued)

EFFECTIVE DATE OF COVERAGE

If you enrolled for this coverage provided by us during your employer's initial enrollment period during the Fall of 2009, your coverage is effective on January 1, 2010. If you enrolled for coverage any time after your employer's initial enrollment period or anytime on or after January 1, 2010, your coverage will be effective in accordance with the terms of the policyholder's Health and Welfare Plan.

For any change in coverage, the change in coverage is effective in accordance with the terms of the policyholder's Health and Welfare Plan.

CERTIFICATE OF INSURANCE

This certificate of insurance provides a description of the insurance provided by the policy issued to your employer. It describes the essential features of the insurance coverage and to whom benefits are payable.

If there is any discrepancy between the provisions of this certificate and the provisions of the policy, the provisions of the policy govern.

TERMINATION OF COVERAGE

Your coverage under the policy ends subject to the "Portability Coverage" provision of this certificate on the earliest of:

- the date the policy is canceled by the policyholder;
- the last day of the period for which you made any required premium payments;
- the last day you are in active employment, except as provided under the "Leave of Absence" provision;
- the date you are no longer in an eligible class; or
- the date your class is no longer eligible.

We will provide coverage for a payable claim that occurs while you are covered under the policy.

If your spouse is a covered person, your spouse's coverage ends upon valid decree of divorce or your death, or when you move to an eligible class that does not provide spouse coverage.

If your domestic partner is a covered person, the domestic partner's coverage ends upon termination of the domestic partnership or your death, or when you move to an eligible class that does not provide domestic partner coverage.

Coverage for a dependent child ends on the certificate anniversary next following the date the child is no longer eligible for coverage under the terms of the policyholder's Health and Welfare Plan. Coverage does not terminate for an unmarried child who:

- is incapable of self-sustaining employment by reason of mental or physical incapacity;
- became so incapacitated prior to the attainment of the limiting age of eligibility under the policy; and
- is chiefly dependent upon you for support and maintenance.

The child's coverage continues as long as your coverage remains in force and the child remains in such condition. Proof of the incapacity and dependency of the child must be furnished to us, at our expense, when the child reaches the limiting age of eligibility. Thereafter, such proof must be furnished as frequently as may be required, but no more frequently than annually after the child's attainment of the limiting age for eligibility.

If we accept a premium for coverage extending beyond the date, age or event specified for termination as to a covered person, such premium will be refunded, coverage will terminate and claims incurred after termination will not be paid. There may be no refund due if you have Associate and Child(ren) Coverage or Family Coverage and you have other dependent children insured.

Coverage may be eligible for continuation as outlined in the "Portability Coverage" provision.

AGENCY

For purposes of the policy, the policyholder acts on its own behalf or as your agent. Under no circumstances will the policyholder be deemed our agent.

GENERAL PROVISIONS (Continued)

LEAVE OF ABSENCE

If you cease active employment because of a leave of absence while coverage is in force, you will have the opportunity to continue your coverage while you are away from active employment. Coverage will be in accordance with the terms of the policyholder's Health and Welfare Plan. This includes, but is not limited to how coverage is provided, how premiums are paid for during the absence and whether coverage is reinstated upon return to employment.

INCONTESTABILITY

After 2 years from the effective date of coverage, no misstatement of a covered person, made in writing, can be used to void coverage or deny a claim.

DISCRETIONARY AUTHORITY, IF GOVERNED BY ERISA

The following applies only when the administration of the policy is governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 et seq.:

We have the discretion and authority to construe disputed or seemingly inconsistent provisions of the policy and to make all decisions regarding eligibility and/or entitlement to coverage or benefits. Whenever we make reasonable determinations which are not arbitrary or capricious in the administration of the policy, such determinations shall be final and conclusive.

LEGAL ACTION

Prior to filing any legal action for benefits under this certificate, you or your beneficiary must appeal the denial of such benefit.

The time limit on legal actions for loss covered by this certificate is subject to applicable law in the state where the policy was issued.

CLERICAL ERROR

Clerical error on the part of the policyholder or us will not invalidate insurance otherwise in force nor continue insurance otherwise terminated. Upon discovery of any error, an adjustment will be made in the premiums and/or benefits available. Complete proof must be supplied by the policyholder documenting any clerical errors.

BENEFICIARY; CHANGE OF BENEFICIARY

If there is no named beneficiary, or the named beneficiary does not survive you, we will pay any benefits due at your death in the following order:

- to your surviving spouse or domestic partner; otherwise
- to your surviving children, in equal shares; otherwise
- to your surviving parents, in equal shares; otherwise
- to your surviving siblings, in equal shares; otherwise
- to your estate.

Any change of beneficiary must be made by going to the WIRE or WalmartOne.com to update the beneficiary information. This change will not take effect unless updated by this method. This will be true whether or not you are living on the date it is filed. There will be no prejudice to us on account of any payment we make prior to its receipt by us at our home office.

UNPAID PREMIUM; EXCESS PREMIUM

Upon the payment of a claim under this certificate, any premium owed by you in an individual capacity that is more than 60 days past due may be deducted from the benefit amount payable to you. Any excess premium will be refunded to you.

PORTABILITY COVERAGE

We will provide portability coverage, subject to these provisions.

Such coverage will be available for a covered person, if the following criteria are satisfied:

- coverage under the policy terminates as described in the General Provision entitled "Termination of Coverage"; and
- we receive a request for portability and payment of the first premium for the portability coverage not later than 60 days after such termination.

No portability coverage will be provided for any person, if his or her insurance under the policy terminated due to his or her failure to make required premium payments.

PORTABILITY COVERAGE

The benefits, terms and conditions of the portability coverage will be the same as those provided under the policy when the insurance terminated. Portability coverage may include any eligible dependents who were covered under the policy. Any change made to the policy after a covered person is insured under the portability coverage will not apply to that covered person unless it is required by law.

Portability coverage will be effective on the day after a covered person's coverage under the policy terminates.

PORTABILITY PREMIUMS

Premiums for portability coverage are due and payable in advance of each month of coverage to us at our home office. Premium due dates are the first day of each calendar month. The portability premium rate is the rate in effect under the policy for active employees who have the same coverage. Written notice will be given at least 31 days before any change is to take effect.

GRACE PERIOD

The grace period, as defined, will apply to each certificate holder of portability coverage as if such covered person is the policyholder.

TERMINATION OF PORTABILITY COVERAGE

Insurance under this portability coverage will automatically end on the earliest of the following dates:

- the date you again become eligible for insurance under the policy;
- the last day for which premiums have been paid, if the covered person fails to pay premiums when due, subject to the grace period;
- with respect to insurance for dependents:
 - the date your insurance terminates; or
 - the date your dependent ceases to be an eligible dependent as defined.

A dependent child whose portability coverage terminates when he or she reaches the age limit may apply for portability coverage in his or her own name, if he or she is otherwise eligible.

TERMINATION OF THE POLICY

If the policy terminates, you and your covered dependents will be eligible to exercise the portability privilege on the termination date of the policy. Portability coverage may continue beyond the policy's termination date, subject to the timely payment of premiums. Benefits for portability coverage will be determined as if the policy had remained in full force and effect.

LIMITATIONS AND EXCLUSIONS

The policy does not cover any loss incurred by a covered person as a result of:

- an injury that occurred as the result of an on-the-job accident;
- injury incurred prior to the covered person's effective date of coverage subject to the Incontestability provision;
- any act of war, whether or not declared, participation in a riot, insurrection, or rebellion;
- suicide, or any attempt at suicide, whether sane or insane;
- any injury sustained while the covered person is under the influence of alcohol or any narcotic, unless administered upon the advice of a physician;
- dental or plastic surgery for cosmetic purposes, except when such surgery is required to treat an injury or correct a disorder of normal bodily function that was caused by an injury; or
- committing or attempting to commit an assault or felony.

Any injury incurred while a covered person is an active member of the Military, Naval, or Air Forces of any country or combination of countries is not covered. Upon notice and proof of service in such forces, we will return the pro-rata portion of the premium paid for any period of such service.

BENEFIT INFORMATION

OFF-THE-JOB ACCIDENT ONLY BENEFITS

If, while the policy is in force, a covered person sustains an injury caused by an off-the-job accident which results in any of the losses stated in this "Benefit Information" provision, and is diagnosed by a physician, we pay the following benefits for such loss. Any loss not stated in this "Benefit Information" provision is not covered under the policy.

Ambulance: We pay \$400 for ground ambulance or \$4,000 for air ambulance if a covered person requires ambulance transportation to a hospital or emergency center as a result of a covered accident. The ambulance transportation must occur within 72 hours of the covered accident. Service must be provided by a licensed professional ambulance company.

Appliances: We pay \$200 if a covered person, as a result of a covered accident and upon the advice of a physician, requires the use of a medical appliance as an aid in personal locomotion or mobility. Covered medical appliances are: crutches; wheelchair; leg brace; back brace; walker; and CAM boot walker. This benefit is payable only once per covered person, per covered accident.

Blood, Plasma, and/or Platelets: We pay \$100 if a covered person, as a result of a covered accident, requires blood, plasma, and/or platelets. This benefit is not payable for immunoglobulins and is payable only once per covered person, per covered accident.

Brain Concussion: We pay \$50 if a covered person sustains a concussion as a result of a covered accident.

Burns: We pay the benefit amount shown in the chart below when a covered person sustains a burn as a result of a covered accident if treated by a physician within 72 hours after a covered accident. Injuries due to sunburn are not a covered benefit.

Affected Area	Benefit Amount	
	2 nd Degree	3 rd Degree
1 through 19 square centimeters of the body surface	\$100	\$200
20 through 39 square centimeters of the body surface	\$200	\$500
40 through 64 square centimeters of the body surface	\$400	\$1,000
65 through 159 square centimeters of the body surface	\$600	\$3,000
160 through 224 square centimeters of the body surface	\$800	\$7,000
225 or more square centimeters of the body surface	\$1,000	\$10,000

If the proof of loss does not specify the size of the burn, the lowest benefit amount shown will be paid.

Skin Grafts: We pay 50% of the benefit amount paid under the Burns benefit if a covered person receives 1 or more skin grafts for a covered burn. This benefit is paid in addition to the Burns benefit.

Coma: We pay \$10,000 if a covered person is in a coma as a result of a covered accident.

Coma means a continuous state of profound unconsciousness which lasts 7 or more consecutive days as a result of a covered accident. A coma is characterized by an absence of spontaneous eye movements, response to painful stimuli and vocalization. The condition must require intubation for respiratory assistance. Medically induced comas are excluded.

Dislocation: We pay the benefit amount shown in the chart below when a covered person sustains a dislocation as a result of a covered accident. This benefit is payable for only the first dislocation of a joint. If a covered dislocation is reduced with local anesthesia or no anesthesia by a physician, we will pay 25% of the benefit amount shown in the chart below. This benefit is payable for a maximum of 2 covered dislocations per covered person, per covered accident. If more than 2 dislocations occur during a covered accident, we will pay benefits for the 2 dislocations with the largest dollar amount benefits.

Joint	Benefit Amount
Hip	\$3,750
Collar bone	\$1,500
Knee or shoulder	\$938
Ankle or foot (excluding toes)	\$938
Lower jaw	\$938
Wrist or elbow	\$750
Toe or finger	\$188

BENEFIT INFORMATION (Continued)

OFF-THE-JOB ACCIDENT ONLY BENEFITS (Continued)

Emergency Dental Services: We pay the benefit amount shown in the chart below when a covered person receives dental services as a result of a covered accident. This benefit is payable for no more than 1 dental benefit per covered person, per covered accident.

Dental Service	Benefit Amount
Broken teeth repaired with crowns	\$150
Broken teeth resulting in extractions	\$50

Eye Injury: We pay \$250 for surgical repair or \$50 for removal of a foreign body by a physician if a covered person sustains an eye injury as a result of a covered accident.

Family Lodging: We pay \$100 per night for 1 motel/hotel room for an immediate family member to accompany the covered person who requires non-local hospital confinement as a result of a covered accident. This benefit is payable for up to 30 days per covered accident, and only during the days the covered person is confined in the hospital.

Follow-Up Treatment: We pay \$50 per follow-up visit when a covered person requires additional follow-up treatment after receiving emergency treatment for which a benefit is paid under Immediate Care. Follow-up treatment must be administered by a physician in a physician's office or in a hospital on an outpatient basis. Follow-up treatment must begin within 30 days of the initial covered treatment. This benefit is payable for 1 follow-up treatment per day for a maximum of 6 treatments, per covered person, per covered accident. This benefit is not payable for treatments for which the Physical Therapy benefit is paid.

Fractures: We pay the benefit amount shown in the chart below when a covered person sustains a fracture corrected by open or closed repair as a result of a covered accident. This benefit is payable for no more than 2 fractures per covered person, per covered accident. If more than 2 fractures occur during a covered accident, we will pay benefits for the 2 fractures with the largest dollar amount benefits.

Fracture	Benefit Amount
Hip	\$3,750
Skull	
Depressed	\$2,813
Simple	\$938
Leg	\$1,875
Rib	\$1,875
Vertebrae (body of), pelvis (excluding coccyx), or sternum	\$1,875
Vertebral processes	\$1,875
Clavicle	\$1,500
Upper jaw, upper arm, or face (excluding nose)	\$1,125
Hand (excluding fingers)	\$938
Foot (excluding toes/heel)	\$938
Lower jaw	\$938
Nose, heel, or finger	\$938
Shoulder blade or forearm	\$938
Wrist, elbow, ankle, or kneecap	\$938
Coccyx	\$375
Toe	\$375

We pay 25% of the amounts shown for chip fractures or other fractures not corrected by open or closed repair.

Fracture means a break in a bone that can be seen by X-ray and can be corrected by open (surgery) or closed (manipulative) repair.

Hospital Confinement: We pay a daily benefit of \$300 for a continuous hospital confinement, up to 365 days per covered accident, when a covered person is hospital confined for at least 18 hours for treatment as a result of a covered accident. Confinement must start within 30 days of the covered accident. This benefit is not payable for days on which the Rehabilitation benefit is paid. This benefit is paid in addition to the Initial Hospitalization benefit.

BENEFIT INFORMATION (Continued)

OFF-THE-JOB ACCIDENT ONLY BENEFITS (Continued)

Immediate Care: We pay \$170 for a covered person's required medical treatment as a result of a covered accident. This benefit is payable for physician fees, X-rays, and emergency room services. Treatment must be received within 30 days of the covered accident. This benefit is payable only once for any and all treatment that occurs during any 24-hour period, per covered person, per covered accident.

Initial Hospitalization: We pay \$1,500 the first time a covered person is hospital confined for at least 24 hours for treatment as a result of a covered injury; or \$2,250 if the covered person is admitted directly to a hospital intensive care unit. Confinement must start within 30 days of the covered accident. This benefit is payable only once per continuous hospital or intensive care unit confinement, per calendar year, per covered person.

Intensive Care Unit Confinement: We pay a daily benefit of \$900, up to 15 days for any 1 accident, per covered person, when a covered person is confined in a hospital intensive care unit, as a result of a covered injury. This benefit is paid in addition to the Initial Hospitalization benefit and the Hospital Confinement benefit. Confinement must start within 30 days of the covered accident.

Lacerations: We pay the benefit amount shown in the chart below when a covered person receives treatment for lacerations within 72 hours after a covered accident.

Laceration	Benefit Amount
Laceration(s) not requiring sutures	\$25
Single laceration less than 5 centimeters	\$50
Laceration(s) at least 5 centimeters but not more than 15 centimeters (total of all lacerations)	\$200
Laceration(s) over 15 centimeters (total of all lacerations)	\$400

If the proof of loss does not specify the size of the laceration, the lowest benefit amount shown will be paid.

Major Diagnostic Exams: We pay \$400 if a covered person requires 1 of the following exams as a result of a covered accident: CT (computerized tomography) scan; MRI (magnetic resonance imaging); or EEG (electroencephalogram). The exam must be performed in a hospital, a physician's office, or an ambulatory surgical center. This benefit is limited to 1 payment per calendar year, per covered person.

Physical Therapy: We pay \$50 per day for physical therapy if a covered person receives physical therapy as a result of a covered accident. Therapy must be prescribed by a physician and begin within 30 days of the covered accident or discharge from the hospital and be received within the first 6 months after the covered accident or discharge from the hospital. This benefit is payable for 1 treatment per day for a maximum of 10 treatments per covered accident, per covered person. This benefit is not payable for treatments which the Follow-Up Treatment benefit is paid.

Post-Traumatic Stress Disorder (PTSD): We pay \$100 for each day a covered person receives counseling for PTSD, as defined, subject to all of the following:

- the covered person has been diagnosed with PTSD by a physician or a licensed mental health professional; and
- the covered person is receiving counseling by group and/or individual therapy. This benefit is payable only once per day per covered person, and is limited to 6 days per calendar year.

Post-Traumatic Stress Disorder (PTSD) means a mental health condition that is triggered by a covered accident. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the covered accident.

Positive Diagnosis of PTSD means a diagnosis by a physician based on a psychological evaluation and generally accepted criteria of signs and symptoms. Diagnosis of PTSD is also based on the following:

- the covered person experienced a covered accident that involved death or serious injury, or the threat of death or serious injury;
- the covered person's response to the covered accident involved intense fear, horror or a sense of helplessness;
- the covered person relives experiences of the covered accident;
- the covered person tries to avoid situations or things that remind them of the covered accident;
- symptoms last longer than one month; and
- symptoms cause significant distress in the covered person's life or interferes with their ability to go about their normal daily tasks.

BENEFIT INFORMATION (Continued)

OFF-THE-JOB ACCIDENT ONLY BENEFITS (Continued)

Prosthesis: We pay \$1,000 if a covered person requires a prosthetic device as a result of a covered accident. This benefit is not payable for hearing aids, wigs, or any dental aids including false teeth. This benefit is payable only once per covered person, per covered accident.

Rehabilitation: We pay \$100 per day if a covered person is confined to a rehabilitation unit as a result of a covered accident, provided that the covered person has been confined to a hospital immediately prior to being transferred to the rehabilitation unit. This benefit is paid for each day a room charge is incurred, up to 30 days for each covered person per continuous period of rehabilitation unit confinement, for a maximum of 60 days per calendar year. This benefit is not payable for days in which the Hospital Confinement benefit is paid.

Rehabilitation unit means a hospital area providing coordinated multi-disciplinary physical restorative services to inpatients under the direction of a physician who is knowledgeable and experienced in rehabilitative medicine. Beds must be set up and staffed in a unit specifically designated for this service.

Step-down Intensive Care Unit Confinement: We pay a daily benefit of \$200 for an off-the-job accident when a covered person is confined to a step-down intensive care unit for at least 18 hours as a result of an injury sustained from a covered accident. This benefit is payable in addition to any Hospital Confinement benefit payable for a covered accident. This benefit is payable for up to 15 days per covered person, per covered accident.

Step-down intensive care unit means a hospital area of special care, which provides a level of medical care below the highest level of acute medical care available at the hospital, but above the level of medical care in a regular private or semiprivate room or ward. The facility is separate and apart from the surgical recovery room, other rooms, beds, or wards normally used for patient confinement. In addition, the unit must provide 24-hour continuous nursing care attended by nurses assigned to the unit on a full-time basis.

Surgical Procedures: We pay the benefit amount shown in the chart below if a covered person requires a surgical procedure as a result of a covered accident. Two or more surgical procedures performed through the same incision or entry point are considered 1 operation; we pay the amount for the procedure with the largest dollar amount benefit. Surgery must be performed within 1 year of a covered accident. Miscellaneous surgery is surgery that requires general anesthesia and is not covered by any other specific surgery benefit listed below. The miscellaneous surgery benefit is payable only once per 24-hour period even though more than 1 surgery or procedure may be performed.

Surgery	Benefit Amount
Open abdominal (including exploratory laparotomy), cranial, hernia, or thoracic surgery	\$1,400
Ruptured discs	\$700
Tendons and/or ligaments	\$700
Torn knee cartilages	\$700
Torn rotator cuffs	\$700
Arthroscopy without surgical repair	\$350
Miscellaneous surgery	\$350

Transportation: We pay \$400 per round trip for treatment at a non-local hospital as the result of a covered accident. This benefit is payable for only the covered person for whom the treatment is prescribed, except that if the treatment is for a covered dependent child and travel by common carrier is necessary, we pay an additional \$400 per round trip for 1 of the dependent child's parents or legal guardians to travel with the child. A physician must prescribe the treatment. This benefit is payable for up to 3 round trips per calendar year, per covered person. This benefit is not payable for transportation by ambulance or air ambulance to the hospital.

CLAIM INFORMATION

NOTICE OF CLAIM

We encourage covered persons to notify us of a claim as soon as possible so that a claim decision can be made in a timely manner. Notice of claim must be given to us within 60 days after the occurrence or commencement of any loss covered by the policy, or as soon as reasonably possible. Notice given by, or on behalf of, a covered person or the beneficiary, to us at PO Box 41488, Jacksonville FL 32203-1488, with the covered person's name and certificate number, is notice to us.

A claim form can be requested from us. If it is not received within 15 days of the request, notice of the claim may be sent to us by providing us a statement of the nature and extent of the loss.

FILING A CLAIM

If a covered person's claim is denied, a notice will be sent within a reasonable time period, but not longer than 90 days from receipt of the claim. If we determine that an extension is necessary due to special circumstances, this time may be extended for an additional 90 days. The covered person will receive notice before the extension that indicates the special circumstances requiring the extension and the date by which we expect to render a determination.

If the claim is in part or wholly denied, the covered person will receive notice of an adverse benefit determination that will:

- state the specific reason(s) for the adverse benefit determination;
- reference the specific policy provisions on which the determination is based;
- describe additional material or information, if any, needed to perfect the claim and the reasons such material or information is necessary; and
- describe the policy's claims review procedures and the time limits applicable to such procedures, including a statement of the covered person's right to bring a civil action under section 502(a) of ERISA following an adverse benefit determination on review.

PROOF OF CLAIM

Written proof must be given to us within 90 days of each loss. If it is not possible to give us written proof in the time required, we will not reduce or deny any claim for this reason, as long as the proof is filed as soon as reasonably possible. In any event, the proof required must be given to us no later than 15 months from the time specified unless the covered person is legally incapacitated.

COOPERATION OF BENEFICIARY

The beneficiary must reasonably cooperate during any investigation and/or adjudication of a claim. This includes the authorization for the release of medical records and other information.

PHYSICAL EXAMINATION AND AUTOPSY

We have the right, at our own expense, to have any covered person examined by a physician of our choosing, as often as may be reasonably required while a claim is pending. We may have an autopsy performed during the period of contestability, where it is not forbidden by law.

PAYMENT OF CLAIMS

After receiving written proof of claim, we will pay all benefits then due under the policy and will make payment to you, unless you have assigned the benefit to someone else. Any amounts unpaid at your death may, at our option, be paid either to the named beneficiary or as described in the "Beneficiary; Change of Beneficiary" provision.

CLAIM INFORMATION (Continued)

ASSIGNMENT

An assignment of the coverage under the policy is not binding on us, unless:

- it is a written request; and
- it is received and recorded by us at our home office.

We are not responsible for the validity of any assignment. An assignment is subject to any payment we make or other action we take before we record the assignment. An assignment may not change the owner or beneficiary.

OVERPAID CLAIM

We have the right to recover any overpayments due to:

- fraud; or
- any error we make in processing a claim.

You must reimburse us in full. We will work with you to develop a reasonable method of repayment if you are financially unable to repay us in a lump sum.

We will not recover more money than the amount we overpaid.

CLAIM REVIEW

A covered person will have 60 days from the receipt of an adverse benefit determination to file an appeal. Requests for appeals should be sent to American Heritage Life Insurance Company, PO Box 41488, Jacksonville FL 32203-1488.

The covered person will have the opportunity to submit written comments, documents, or other information in support of the appeal, and the covered person will have access to all documents that are relevant to the claim.

The covered person will be notified of our benefit determination on review within a reasonable time, but not later than 60 days from receipt of the request for review. If we determine that an extension is necessary due to special circumstances, this time may be extended for an additional 60 days. The covered person will receive notice before the extension that indicates the special circumstances requiring the extension and the date by which we expect to render a determination.

If the claim is in part or wholly denied, the covered person will receive notice of an adverse benefit determination that will:

- state specific reason(s) of the adverse determination;
- reference specific policy provision(s) on which the benefit determination is based;
- state that the covered person is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claim for benefits;
- describe any voluntary appeal procedures offered by the policy and the covered person's right to obtain information about such procedures; and
- include a statement regarding the covered person's right to bring an action under section 502(a) of ERISA.

GLOSSARY

Active employment means you are working for the employer for earnings that are paid regularly and are performing the material and substantial duties as assigned by your employer. You will be deemed to be in active employment on a day which is not one of the employer's scheduled work days only if actively employed on the preceding scheduled work day. Temporary and seasonal workers are excluded from coverage.

The location at which you perform work must be:

- your employer's usual place of business;
- an alternative work site at the direction of your employer; or
- a location to which your job requires you to travel.

Normal vacation is considered active employment. However, if vacation days are used to cover disability, sickness or injury, those days are not considered active employment.

Associate means a person who is:

- a citizen, expatriate, or resident of the United States or one of its territories; and
- in active employment with the employer named as the policyholder.

Associate and Child(ren) Coverage means coverage that includes only you, as defined, and eligible children.

Associate and Spouse Coverage means coverage that includes only you, as defined, and your spouse or domestic partner.

Associate-Only Coverage means coverage that includes only you, as defined.

Calendar year means a consecutive 12-month period beginning on January 1st of each year and ending on December 31st of the same year.

Common carrier means only the following: commercial airlines; passenger trains; inter-city buslines; trolleys; or boats. It does not include taxis; intra-city buslines; or private charter planes.

Continuous hospital confinement means 1 continuous confinement or 2 or more hospital confinements not separated by more than 30 days. If there are more than 30 days between confinements, they are considered separate confinements.

Covered accident means a sudden, unforeseen and unexpected event which occurs without the covered person's intent which results in an injury to the covered person and for which benefits are payable.

Covered person means any of the following:

- any eligible family member (including you) named in the enrollment or evidence of insurability form and acceptable for coverage by us;
- any eligible dependent added after the effective date; or
- a newborn child or adopted child subject to the "Eligibility of Dependents" provision.

Day means a 24-hour period.

Domestic partner means your same-sex or opposite-sex partner who is eligible for coverage provided that:

- both you and your same-sex or opposite-sex partner must be considered as domestic partners according to the law of your state of residence; or
- if your state of residence has no domestic partnership law, you must satisfy the definition of domestic partner as defined by the policyholder.

GLOSSARY (Continued)

Eligibility waiting period means the continuous period of time that you must be in active employment in an eligible class before you are eligible for coverage.

Employer means the individual, company, or corporation where you are in active employment, and includes any division, subsidiary, or affiliated company named in the policy.

Family coverage means coverage that includes you, as defined, and your eligible dependents.

Grace period means a period of 60 days following the premium due date during which premium payment may be made. While you are employed with the policyholder, the premiums will be paid by the policyholder through payroll deductions. The grace period only applies to you during any portability period, when you will be required to pay the premiums directly to us.

Hospital means a legally operated institution with established facilities (either on its premises or available to the hospital on a contractual, pre-arranged basis and under the supervision of a staff of one or more duly licensed physicians), for the care and treatment of sick and injured persons for diagnosis, surgery, and 24-hour nursing service. Hospital does not include:

- any institution which is mainly a rest home, nursing home, convalescent home, or home for the aged; or
- any institution which is mainly for the care and treatment of alcoholics or drug addicts, or mental or nervous disorders.

Hospital confined or **confinement** means confinement as an inpatient in a hospital for which a room and board charge is made by the hospital. It does not include confinement for an observation room or a fractional part of a day.

Hospital intensive care unit means a hospital area of special care, which at the time of admission is separate and apart from the surgical recovery room, other rooms, beds, or wards normally used for patient confinement. In addition, the unit must provide the following:

- 24-hour continuous nursing care attended by nurses assigned to the unit on a full-time basis;
- direction and/or supervision by a full-time physician director or a standing "intensive care" committee of the medical staff; and
- special medical apparatus used to treat the critically ill.

Hospital intensive care unit confinement. Means 1 continuous confinement or 2 or more hospital intensive care unit confinements not separated by more than 30 days. If there are more than 30 days between confinements, they are considered separate confinements.

Immediate family member means a spouse or domestic partner, mother, father, child, step-child, or adopted child.

Injury means a bodily injury caused directly by an accident, occurring on or after the effective date of coverage and while coverage is in force. See the Limitations and Exclusions section for injuries not covered by the policy.

Inpatient means a covered person who is a resident patient using the room and board facilities of a hospital.

Insured associate means an associate who has:

- fulfilled all eligibility requirements set forth in the policy and the policyholder's Health and Welfare Plan; and
- properly completed and signed the enrollment, provided that the enrollment has been received by us.

Leave of absence means you are absent from active employment for a period of time that has been agreed to in advance in writing by your current employer. Normal vacation time or any period of disability is not considered a leave of absence.

GLOSSARY (Continued)

Non-local means more than 100 miles from the covered person's home or site of the accident.

Nurse means any one of the following who is not a member of the covered person's immediate family or employed by the hospital where the covered person is confined:

- licensed practical nurse (LPN);
- licensed vocational nurse (LVN); or
- graduate registered nurse (RN).

Off-the-job accident means an accident that occurs while a covered person is not working at any job for pay or benefits.

On-the-job accident means an accident that occurs while a covered person is working at any job for pay or benefits.

Payable claim means a claim for which we are liable under the terms of the policy.

Physician means:

- a person performing tasks that are within the limits of his or her medical license; and
- a person who is licensed to practice medicine and prescribe and administer drugs or to perform surgery; or
- a person who is a legally qualified medical practitioner according to the laws and regulations of the state he or she practices in.

We will not recognize you, your spouse or domestic partner, children, parents, or siblings as a physician for a claim.

Policyholder means the legal entity to whom the policy is issued.

Under the influence means a condition as determined by the laws of the state in which the loss occurred.

We, us and **our** means American Heritage Life Insurance Company.

You, your, or yours means the insured associate, as defined, who meets the eligibility requirements.

STATEMENT OF ERISA RIGHTS

As a participant in the Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all Plan participants shall be entitled to:

Receive Information about Your Plan and Benefits

Examine, without charge, at the Plan Administrator's office and at other specified locations, such as division offices, all documents governing the Plan, including insurance contracts, and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Pension and Welfare Benefit Administration.

Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts and copies of latest annual report (Form 5500 Series) and updated summary plan description. The Plan Administrator may make a reasonable charge for the copies.

Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to annually furnish each participant with a copy of the summary annual report.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for Plan Participants, ERISA imposes duties upon the people who are responsible for the operation of the Plan. These people who operate your Plan, called "fiduciaries" of the plan, have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries. No one, including the Employer or any other person, may fire or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance:

- If you request materials for the Plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator.
- If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court. Generally, you must complete the appeals process before filing a law suit against the Plan. However, you should consult with your own legal counsel in determining when it is proper to file a law suit against the Plan.
- If you disagree with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in Federal court.
- If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court.

The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance with Your Questions

If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest regional office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory, or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the Employee Benefits Security Administration publications hotline at (866) 444-3272 or by logging on to the Internet at www.dol.gov/ebsa.

ADMINISTRATIVE INFORMATION

Plan Year: January 1 through December 31

Plan Number: 501

Type of Plan: Welfare benefit plan

Type of Administration: The Plan allocates discretionary authority among Committees (or their delegates) concerning the administration, interpretation, and application of the Plan. The Plan also provides that discretionary authority over claims for benefits and appeals may be allocated to, among others, an insurance carrier of an insured benefit.

Plan Sponsor:

Walmart Inc.
702 SW 8th Street
Bentonville, AR 72716

Plan Administrator/Named Fiduciary:

The Administrative Committee
Associates' Health and Welfare Plan
922 West Walnut, Ste. A
Rogers, AR 72756-3540
(479) 621-2058

Agent for Service of Legal Process:

Corporation Trust Company
1209 Orange Street
Corporation Trust Center
Wilmington, DE 19801
Legal process may also be served on the Plan Administrator
or Trustee.

Plan Sponsor's EIN: 71-0415188

Funding: Contributions to the Plan may be made by Walmart Inc. out of its general assets or through the Associates' Health and Welfare Plan Master Trust. Contributions also may be required by employees, in an amount determined by Walmart Inc. in its discretion. All assets of the Plan, including Associate contributions and any dividends or earnings thereon, shall be available to pay any benefits provided under the Plan or expenses of the Plan, including insurance premiums.

Plan Trustee: JP Morgan Chase Bank, N.A.

Plan Documents: This document, together with the current version of the Associate Benefits Book, constitutes the summary plan description (SPD) for the critical illness coverage portion of the Plan. The SPD, together with the Walmart Inc. Associates' Health and Welfare Plan Wrap Document, are the Plan documents for the Plan.

Plan Amendment or Termination: Walmart Inc. reserves the right to amend or terminate at any time and to any extent the SPD, including the Associate Benefits Book, and the Associates' Health and Welfare Plan Wrap Document. None of the benefits described in this Document can be orally amended. All oral statements and representations shall be without force or effect even if such statements and representations are made by the Plan Administrator, by a management Associate of the Company, or by any member of the applicable committees of the Plan. Only written statements by the applicable committee of the Plan shall bind the Plan.

AMERICAN HERITAGE LIFE INSURANCE COMPANY

1776 American Heritage Life Drive, Jacksonville, Florida 32224-6687

CERTIFICATE ENDORSEMENT

This endorsement is attached to and made a part of the certificate as of July 1, 2022, or the effective date, whichever is later. All definitions, exclusions, limitations, terms, conditions, and provisions of the group policy and certificate apply to this endorsement. If there is a conflict between this endorsement and the group policy or certificate, this endorsement will control.

The certificate is changed as follows:

- The TERMINATION OF COVERAGE provision under the GENERAL PROVISIONS section is deleted in its entirety and replaced with the following:

TERMINATION OF COVERAGE

Your coverage under the policy ends, subject to the "Portability Coverage" provision of this certificate, on the earliest of:

- the date the policy is canceled by the policyholder;
- the last day of coverage for which premiums were paid, if you fail to pay your premiums within 30 days of the date your premium is due;
- the last day you are in active employment, except as provided under the "Leave of Absence" provision;
- the date you are no longer in an eligible class; or
- the date your class is no longer eligible.

We will provide coverage for a payable claim that occurs while you are covered under the policy.

If your spouse is a covered person, your spouse's coverage ends upon valid decree of divorce or your death, or when you move to an eligible class that does not provide spouse coverage.

If your domestic partner is a covered person, the domestic partner's coverage ends upon termination of the domestic partnership or your death, or when you move to an eligible class that does not provide domestic partner coverage.

Coverage for a dependent child ends on the date the child is no longer eligible for coverage under the terms of the policyholder's Health and Welfare Plan. Coverage does not terminate for an unmarried child who:

- is incapable of self-sustaining employment by reason of mental or physical incapacity;
- became so incapacitated prior to the attainment of the limiting age of eligibility under the policy; and
- is chiefly dependent upon you for support and maintenance.

The child's coverage continues as long as your coverage remains in force and the child remains in such condition. Proof of the incapacity and dependency of the child must be furnished to us, at our expense, when the child reaches the limiting age of eligibility. Thereafter, such proof must be furnished as frequently as may be required, but no more frequently than annually after the child's attainment of the limiting age for eligibility.

If we accept a premium for coverage extending beyond the date, age or event specified for termination as to a covered person, such premium will be refunded, coverage will terminate and claims incurred after termination will not be paid. There may be no refund due if you have Associate and Child(ren) Coverage or Family Coverage and you have other dependent children insured.

Coverage may be eligible for continuation as outlined in the "Portability Coverage" provision.

All other requirements of the policy and certificate not specifically stated within this endorsement still apply.

Signed for American Heritage Life Insurance Company at its home office in Jacksonville, Florida.



Secretary

GACWMEND5



AMERICAN HERITAGE LIFE INSURANCE COMPANY

HOME OFFICE:
1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE, FLORIDA 32224-6687
(904) 992-1776

A Stock Company

**THIS IS A GROUP ACCIDENT CERTIFICATE WHICH ONLY PROVIDES BENEFITS FOR
OFF-THE-JOB ACCIDENTS AS DEFINED WITHIN THIS CERTIFICATE
AND OTHER BENEFITS SPECIFICALLY DESCRIBED HEREIN.
THIS CERTIFICATE DOES NOT PROVIDE BENEFITS FOR ANY OTHER SICKNESS OR CONDITION.**



Important Privacy Policy Notice

At Allstate Benefits ("AB"), we value you as a customer. We also share your concerns about privacy. We are sending this notice to explain how we treat personal information ("customer information") that is not public. This is information that we obtain from you or other sources when we provide you with products and services.

We want you to know that: we respect your privacy; and we protect your information.

- We do not sell customer information.
- We do not share your information with: persons; companies; or organizations outside of AB that would use that information to contact you about their products and services.
- We expect persons or organizations that provide services on our behalf to keep your information confidential. We also expect them to use your information only to provide the services we've asked them to perform.
- We communicate to our employees about the need to protect your information. We have established safeguards (these are physical, electronic and procedural) to protect this information.

Below are answers to questions that you might have about privacy. You may be wondering...

What do we do with your information?

AB does not sell your customer or medical information to anyone. We do not share it with companies or organizations outside of AB that would use that information to contact you about their own products and services. If this were to change, we would offer you the option to opt out of this type of information sharing. Also, we would obtain your consent before we share medical information for marketing purposes.

Your agent or broker may use your information to help you with your insurance needs. We may also communicate with you about products, features, and options in which you have expressed an interest. Without your consent, we may provide your information to persons or organizations in and out of AB. This would be done as permitted or required by law. We may do this to:

- Fulfill a transaction you have requested.
- Service your policy.
- Market our products to you.
- Investigate or handle claims.
- Detect or prevent fraud.
- Participate in insurance support organizations (Information from a report by an insurance support organization may be retained by that organization and distributed to other persons.).
- Comply with lawful requests from regulatory and law enforcement authorities.

These persons or organizations may include:

- Our affiliated companies.
- Companies that perform services, including marketing, on our behalf.
- Other financial institutions with which we have an agreement for the sale of financial products.
- Other insurance companies to perform their role in an insurance transaction involving you.
- Businesses that conduct actuarial or research studies.
- Persons requesting information pursuant to a subpoena or court order.
- Your agent or broker.
- An employer, if your premiums are payroll deducted.
- The creditor who sold you insurance, if your policy is credit insurance.

What kind of customer information do we have, and where did we get it?

Much of the information that we have about you comes from you. When you perform certain transactions, you may give us information such as your name, address, and Social Security number. These transactions include when you submit: an application for insurance; a request for insurance; a request for products and services we offer; or a request for an insurance quote. We may have contacted you by telephone or mail for additional information. We keep information about the types of services you purchase from us and our affiliates. Examples of this include premiums, fund values, and payment history. We may collect information from outside sources such as consumer reporting agencies and health care providers. The information we collect may include the following:

- Motor vehicle reports.
- Credit reports.
- Medical information.

How do we protect your customer information?

We expect any company with whom we share your information to use it only to provide the service we have asked them to perform. Information about you is also available within AB to those individuals who may need to use it to fulfill and service the needs of our customers. We communicate the need to protect your information to all employees and agents. We especially communicate this need to individuals who have access to it. Plus, we have established physical, electronic, and procedural safeguards to protect your information. Note that if your relationship with us ends, your information will remain protected. This protection will be provided according to our privacy practices outlined in this Important Notice.

How can you find out what information we have about you?

You may request to see, or obtain by mail, the information about you in our records. If you believe that our information is incomplete or inaccurate, you may request that we correct, add to, or delete from the disputed information. In order to fulfill your request, we may make arrangements to copy and disclose your information to you on our behalf. This may be done with an insurance support organization or a consumer reporting agency. You may also request a more complete description of the entities to which we disclose your information, or the conditions that might warrant such disclosures. Please send any of the requests listed above in writing to:

AB
Policyholder Services (Privacy Section)
1776 American Heritage Life Drive
Jacksonville, FL 32224-6687

If you are an Internet user ...

Our website, www.allstatebenefits.com, provides information about AB, our products, and the agencies and brokers that represent us. You may also perform certain transactions on the website. When accessing www.allstatebenefits.com, please be sure to read the Privacy Statement that appears there. To learn more, the www.allstatebenefits.com Privacy Statement provides information relating to your use of the website. This includes, for example:

- 1) our use of online collecting devices known as "cookies";
- 2) how we collect information such as IP address (the number assigned to your computer when you use the Internet), browser and platform types, domain names, access times, referral data, and your activity while using our site;
- 3) who should use our website;
- 4) the security of information over the Internet;
- 5) links and co-branded sites.

We hope you have found this notice helpful. If you have any questions or would like more information, please don't hesitate to contact your agent or write us at:

AB
Policyholder Services (Privacy Section)
1776 American Heritage Life Drive
Jacksonville, FL 32224-6687

This notice is being provided on behalf of the following companies:

American Heritage Life Insurance Company	Holiday Life Insurance Company
Bluegrass Life Insurance Company	Kentucky Home Mutual
Acme United Insurance Company	Keystone State Life
SMA Life Assurance Company	National Guardian Life



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

EFFECTIVE APRIL 14, 2003

We are required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") to maintain the privacy of our Plan's customers' Protected Health Information, to provide those customers with notice of our legal duties and privacy practices with respect to Protected Health Information, and to send notification to affected customers if there is a breach of unsecured Protected Health Information. If your state provides privacy protections that are more stringent than those provided by HIPAA, we will maintain your Protected Health Information in accordance with the more stringent state standard.

This Notice applies to "Protected Health Information" associated with "Health Plans" issued by American Heritage Life Insurance Company.

This Notice describes how we may use and disclose Protected Health Information to perform claims handling, payment, general insurance operations, and for other purposes that are permitted or required by law. Use or disclosure of your Protected Health Information for the purposes described in this Notice may be made in writing, orally, or by electronic means.

We are required to abide by the terms of this Notice. However, we may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all of your Protected Health Information that we maintain, including any information we created or received prior to issuing the new notice. If we make a material revision to our Privacy Notice, copies will be sent to you if you are then currently insured under our Plan.

Protected Health Information means information about you that is created or received by us and during the administration of coverage under the Plan, which identifies you or for which there is a reasonable basis to believe the information can be used to identify you and that relates to:

- 1) the past, present or future physical or mental health condition of the individual; or
- 2) the provision of health care to the individual; or
- 3) the past, present or future payment for the provision of health care to the individual.

Uses and Disclosures of Protected Health Information With Your Written Authorization

Except as described in the next section of this Notice, we will not use or disclose your Protected Health Information for any purpose unless you have signed a form authorizing the use or disclosure. For example, most uses and disclosures of psychotherapy notes, uses and disclosures of Protected Health Information for marketing purposes, and disclosures that constitute a sale of Protected Health Information will be made only with your authorization. You have the right to revoke that authorization in writing at any time, except to the extent that we have already taken action in reliance on the authorization; or the authorization was obtained as a condition of obtaining coverage, to the extent that other law allows the insurer to contest a claim under the policy or the policy itself.

Uses and Disclosures of Protected Health Information Without Your Written Authorization

For Payment. We may make use of and disclose your Protected Health Information without your written authorization as may be necessary for payment purposes. For example, we may use information regarding your medical procedures and treatment to process and pay claims or certify these services are covered under your Plan.

For Plan Administrative Operations. We may make use of and disclose your Protected Health Information without your written authorization as necessary for our Plan administrative operations. Plan administrative operations include our usual business activities, examples of which are management, licensing, peer review, quality improvement and assurance, enrollment, underwriting, reinsurance, compliance, auditing, rating, claims handling, complaint handling and other functions related to your Plan. We are prohibited from using or disclosing genetic information for underwriting purposes.

To Individuals Involved In Your Care. We may, without your written authorization, for the purposes of treatment, payment or Plan administrative operations, disclose the fact that you are covered under a Plan or that payment has been processed to a family member, other relative, your close personal friend or any other person you may identify. In these circumstances, we would not disclose any Protected Health Information which is not directly relevant to that person's involvement with your care or with payment for your care.

If you have designated a person to receive information regarding payment of the premium or pay premium via credit card, we may inform that person or credit card facility when your premium has not been paid or received by us.

We may also disclose limited Protected Health Information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

To Our Business Associates. Certain aspects and components of our services are performed through contracts with outside persons or organizations. Examples of these may include, but are not limited to our duly appointed insurance agents, financial auditors, reinsurers, legal services, enrollment and billing services, claim payment and medical management services. We may provide access to your Protected Health Information without your written authorization to one or more of these outside persons or organizations who assist us with payment or Plan administrative operations. We require these business associates to appropriately safeguard the privacy of your information.

To Plan Sponsors. If you are enrolled in a group health plan, we may share summary health information with your employer, union, or other employee organization that sponsors and maintains the group health plan, for purposes of obtaining premium bids; or modifying, amending, or terminating the group health plan; or enrollment and disenrollment information. Summary health information excludes genetic information.

For Other Products and Services. We may contact you without your written authorization to provide information regarding Plan upgrades or additional benefits that may be of interest to you. For example, we may use the fact that you currently are insured under a Plan for the purpose of communicating to you about changes to our Plan or products that could enhance or add value to existing coverage.

For Disclosure With Authorization. Unless otherwise excluded in this notice, we will not disclose any other Protected Health Information to any person or entity not specifically mentioned elsewhere in this Notice without your express written authorization.

For Other Uses and Disclosures. We are permitted or required by law to make some other uses and disclosures of your Protected Health Information without your authorization. We may release your Protected Health Information:

- if required by law to a government authorized health oversight agency or company conducting audits, investigations, or civil or criminal proceedings.

- if required to do so by a court or administrative ordered subpoena or discovery request. In most cases you will have notice of such a release.
- for public health activities, such as required reporting of disease, injury, birth and death and for required public health investigations.
- as required by law if we suspect child abuse or neglect or if we believe you to be a victim of abuse, neglect or domestic violence.
- to the Food and Drug Administration if necessary to report adverse events, product defects or to participate in product recalls.
- to law enforcement officials as required by law to report wounds, injuries or crimes.
- to coroners, medical examiners and/or funeral directors consistent with law.
- for a national security or intelligence activity or, if you are a member of the military, as required by the armed forces.
- to workers' compensation agencies or similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

Your Rights

Right to Inspect and Copy Your Protected Health Information. You may have access to our records that contain your Protected Health Information in order to inspect and obtain copies of the records. Under limited circumstances, we may deny you access to a portion of your records. If you desire access to your records, please obtain a record request form from our Privacy Officer and submit the completed form to our Privacy Office. If you request copies, we may charge you copying and mailing costs. If you request a copy of your Protected Health Information in electronic form, we will provide it to you electronically only if the record is readily producible in electronic form.

Right to Amend Your Protected Health Information. You have the right to request that we amend your Protected Health Information maintained in our enrollment, payment, claims adjudication and case or medical management records, or other records we use to make decisions about you. If you desire to amend these records, please obtain an amendment request form from our Privacy Officer and submit the completed form to our Privacy Office. We will comply with your request unless special circumstances apply. If your physician or other health care provider created the information that you desire to amend, you should contact the provider to amend the information.

Right to an Accounting of the Disclosures of Your Protected Health Information. Upon request, you may obtain an accounting of certain disclosures of your Protected Health Information made by us on or after April 14, 2003, excluding disclosures made earlier than six years before the date of your request. If you request an accounting more than once during any 12 month period, we will charge you a reasonable fee for the subsequent accounting statements.

Right to Request Confidential Communications. We will accommodate your reasonable request to receive communications of your Protected Health Information from us by alternative means of communication or at alternative locations if the request clearly states that disclosure of that information could endanger you.

Right to Request Restrictions on Use and Disclosure of Your Protected Health Information. You have the right to request restrictions on some of our uses and disclosures of your Protected Health Information to family members and others involved in your care or payment for care; or some of our uses and disclosures used to carry out treatment, payment, or Plan administrative operations, by notifying us of your request for a restriction in writing mailed to the contact identified at the end of this Notice. Your request must describe in detail the restriction you are requesting. We are not required to agree to your restriction request but will attempt to accommodate your requests. We retain the right to terminate an agreed-to restriction. In the event of a termination of an agreed-to restriction by us, we will notify you of such termination, but the termination will only be effective for Protected Health Information we receive after we have notified you of the termination. You also have the right to terminate any agreed-to restriction by contacting us using the “Contact Information” provided at the end of this Notice.

Personal Representatives. You may exercise your rights through a personal representative who will be required to produce evidence of his or her authority to act on your behalf. Proof of authority may be made by a notarized power of attorney, a court order of appointment of the person as your legal guardian or conservator, or if you are the parent of a minor child. We reserve the right to deny access to your personal representative.

Right to Receive Paper Copy of this Notice. You may obtain a copy of this Notice. You may obtain a paper copy of this Notice even if you agreed to receive such notice electronically. Please contact us and we will mail it to you.

Complaints

If you believe your privacy rights have been violated, you can file a complaint with the Plan or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the Plan, send it in writing to the “Contact Information” at the address listed at the end of this Notice. There will be no retaliation for filing a complaint.

You may obtain a copy of this Notice by writing to us at the contact address below.

Contact Information

If you have questions or need further assistance regarding this Notice, you may contact:

Allstate Benefits
Attn: HIPAA Privacy Officer
1776 American Heritage Life Drive
Jacksonville, Florida 32224

Or, you may telephone the Customer Care Center at 1-800-521-3535.

IMPORTANT NOTICE

To obtain information or to make a complaint:

You may call or write us at:

**American Heritage Life Insurance Company
1776 American Heritage Life Drive
Jacksonville, Florida 32224**

1-800-514-9525

You may also contact your agent by calling or writing:

**Wal-Mart Benefits Customer Service
1-800-421-1362**

Policyholders have the right to file a complaint with the Arkansas Insurance Department (AID). You may call AID to request a complaint form at (800) 852-5494 or (501) 371-2640 or write the Department at:

**Arkansas Insurance Department
1 Commerce Way, Suite 102
Little Rock, Arkansas 72202**

ATTACH THIS NOTICE TO YOUR CERTIFICATE:

This notice is for information only and does not become a part of the certificate.

**LIMITATIONS AND EXCLUSIONS UNDER THE
ARKANSAS LIFE AND HEALTH INSURANCE
GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy and contract owners who live in this state and, in some cases, to keep coverage in force. Please note that the valuable extra protection provided by the member insurers through the Guaranty Association is limited. This protection is not a substitute for a consumers' careful consideration in selecting insurance companies that are well managed and financially stable.

DISCLAIMER

Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") provides coverage of claims some types of policies or contracts if the insurer or health maintenance organization becomes impaired or insolvent. **COVERAGE MAY NOT BE AVAILABLE FOR YOUR POLICY.** Even if coverage is provided, there are significant limits and exclusions. Coverage is always conditioned on residence in the state of Arkansas. Other conditions may also preclude coverage.

The Guaranty Association will respond to any questions you may have which are not answered by this document. Your insurer or health maintenance organization and agent are prohibited by law from using the existence of the association or its coverage to sell you an insurance policy or health maintenance organization coverage.

You should not rely on availability of coverage under the Guaranty Association when selecting an insurer or health maintenance organization.

The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol Avenue
Little Rock, Arkansas 72201

Arkansas Insurance Department
1 Commerce Way, Suite 102
Little Rock, Arkansas 72202

The state law that provides for this safety net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"), which is codified at Ark. Code Ann. §§ 23-96-101, *et seq.* Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act, nor does it in any way change any person's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state; or
- Their policy or contract was issued by a hospital or medical service organization, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends, voting rights, and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contract holders, not individuals);
- Unallocated annuity contracts issued to or in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC"), regardless of whether the FPBC is yet liable;
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution;
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by state or federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, claims for policy misrepresentation, and extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustee(s).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover. The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 in life insurance death benefits without regard to the number of policies and contracts there were with the same company, even if they provided different types of coverages. The Guaranty Association will pay a maximum of \$500,000 in health benefits, provided that coverage for disability insurance benefits and long-term care insurance benefits shall not exceed \$300,000. The Guaranty Association will pay \$300,000 in present value of annuity benefits, including net cash surrender and net cash withdrawal values. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits. These are limitations under which the Guaranty Association is obligated to operate prior to considering either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

Consumer Complaint Notice

If you are a resident of New Mexico, your coverage will be administered in accordance with the minimum applicable standards of New Mexico law. If you have concerns regarding a claim, premium, or other matters relating to this coverage, you may file a complaint with the New Mexico Office of Superintendent of Insurance (OSI) using the complaint form available on the OSI website and found at:

<https://www.osi.state.nm.us/ConsumerAssistance/index.aspx>

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