

Accountholder: Southern California Volleyball Officials Association
2827 Hardwick St
Lakewood, CA 90712



LEONARD ZAHLER AGENCY
P.O. BOX 20545
BAKERSFIELD, CA 93390
(661) 588-2660

Account Number: T5MP-087428

PLAN OF INSURANCE

Term of Coverage: February 1, 2009 to February 1, 2010
Activity and Dates: February 1, 2009 to February 1, 2010 - Adult Sports Officials

Aggregate Limit: None

Eligibility: (100% Participation) All registered participants of the activities sponsored and supervised by the Accountholder

Effective Date of Individual Insurance:

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

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

Change in Coverage: None

Benefits:

Accidental Death & Specific Loss	Benefit Provision 6653M
Loss of Life Principal Sum	\$10,000
Single Dismemberment Principal Sum	\$5,000
Double Dismemberment Principal Sum	\$10,000
Loss Period	Loss within 180 Days of Injury
Accident Medical Expense: Full Excess	Benefit Provision 6425M MO/Amendment Rider 6925M
Maximum Benefit	\$25,000
Accident Medical Deductible Reducing	\$100
Loss Period	Initial treatment received within 30 days of Injury
Benefit Period	Benefits payable for 52 weeks from accident date
Dental Expense Benefit	
Maximum Benefit Amount	U&C per tooth; not to exceed \$1,000
Orthopedic Appliances	
Maximum Benefit Amount	\$500
Physical Therapy Expense Benefit	
Maximum Benefit Amount	\$500

MEMORANDUM OF COVERAGE

Insurance benefits are underwritten by Mutual of Omaha Insurance Company under Master Policy T5MP-33924 issued to the Direct Marketer's Insurance Trust. This Memorandum of Coverage describes the benefits payable under the policy.

PART A.

DEFINITIONS

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

"Injuries" means accidental bodily injuries received while the Insured is covered under the policy or certificate which result independently of sickness and all other causes, in a loss described in the Benefits Provision(s) and Insuring Provision(s) applicable to such Insured. The Plan of Insurance specifies the Benefit Provision(s) and Insuring Provision(s) applicable to the Insured. Benefits are payable for an Insured's injuries under only one Insuring Provision for any one accident.

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

"Hospital" means a place licensed (if licensing is required by law) as a hospital and operated for the care and treatment of resident inpatients with a registered graduate nurse always on duty or on call and with a laboratory and an operating room (both on the premises) where surgical operations are performed by persons legally qualified to do so. In no event shall the term "hospital" mean an institution or that part of an institution which is used principally as a clinic, convalescent home, rest home, nursing home for the aged, drug addicts or alcoholics.

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

"Loss of Eye or Eyes" means the total and irrecoverable loss of the entire sight thereof.

"Loss of Hand or Hands or Foot or Feet" means severance at or above the wrist or ankle joint, respectively.

"Loss of Speech and Hearing" means the total and irrecoverable loss thereof. Loss of hearing that can be corrected by the use of any hearing aid or device shall not be considered an irrecoverable loss.

"Loss of Thumb and Index Finger of the Same Hand" means severance of two or more entire phalanges of both the thumb and the index finger.

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

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

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

PART B

COVERAGE

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

PART C.

BENEFITS

Accidental Death and Dismemberment (Benefit Provision 6653M)

When, because of covered Injuries, the Insured sustains any of the following losses within * See Plan of Insurance * after the date of the accident, benefits will be paid as follows:

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

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

Accident Medical Expense Benefits (Benefit Provision 6425M MO)

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

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

Only covered Medical Expense incurred by the Insured within * See Plan of Insurance * from the date of the accident is covered. Benefits for any one accident shall not exceed, in the aggregate, the Medical Benefit. The Medical Benefit and Medical Deductible are specified in the Plan of Insurance.

Benefits are not payable for services and supplies provided by a U.S. military hospital or a Veterans Hospital when the expenses are connected with armed service related disabilities.

Benefits are only payable for services and supplies provided by a U.S. military hospital when expenses are:

- (a) for an armed service retiree; or
- (b) for a dependent of an armed service retiree.

Full Excess Coverage (Amendment Rider 6925M)

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

PART D.

**FACILITY OF PAYMENT
(Amendment Rider 6926M)**

In consideration of the payment of the premium which is recited in the policy, it is hereby understood and agreed that all or a portion of any indemnities provided by the policy as a result of medical, surgical, dental, hospital or nursing service may, at our option, and unless we are requested otherwise in writing not later than the time of filing proof of loss, be paid directly to the hospital or person rendering such services; but it is not required that the services be rendered by a particular hospital or person.

PART F.

EXCLUSIONS AND LIMITATIONS

No coverage is provided for: (a) suicide, attempted suicide or intentionally self-inflicted injury while sane or insane (in Missouri, while sane only); (b) Injuries caused by an act of declared or undeclared war; (c) Injuries received while in the armed service (upon notice to us of entry into an armed service, the pro rata premium will be refunded); (d) Injuries received while acting as a pilot or crew member; (e) Injuries resulting from air travel, except while as a passenger for transportation only; (f) Injuries resulting from the Insured's engagement in or attempt to commit a felony or being engaged in an illegal occupation; (g) Injuries received while under the influence of any controlled substance, unless administered on the advice of a Legally Qualified Physician; (h) Injuries received while Intoxicated as specifically defined in this provision; or (i) Injuries sustained while traveling other than as specifically stated in this provision; (j) the cost of eyeglasses, contact lenses or examinations for either; (k) the cost of dental treatment, except as specifically provided for Injuries to sound, natural teeth; (l) Injuries covered by workers' compensation or employer's liability laws; or (m) prescription drugs.

PART G.

GENERAL PROVISIONS

- 1. Individual Terminations:** Unless otherwise specified in the Plan of Insurance, the insurance of any Insured will terminate on whichever of the following dates occurs first: (a) the date the Insured ceases to be within the classes of persons eligible for coverage under this policy, (b) the date that any premium for the Insured's insurance is due and unpaid or (c) the date this policy terminates.
- 2. Change in Coverage:** Any change in an Insured's coverage because of a change in classification will become effective as specified in the Plan of Insurance.
- 3. Reinstatement or Reenrollment:** If the insurance of any Insured is terminated for any reason, any insurance subsequently effected on such Insured either through reinstatement or reenrollment shall apply only to covered loss resulting from covered injuries sustained after the date of reinstatement or reenrollment, whichever the case may be.
- 4. Notice of Claim:** Written notice of claim must be given to the Company within twenty days after the occurrence or commencement of any loss covered by the policy, or as soon thereafter as reasonably possible. Notice given by or on behalf of the Insured or the beneficiary to the Company at Omaha, Nebraska, or to any authorized agent of the Company, with information sufficient to identify the Insured, shall be deemed notice to the Company.
- 5. Claim Forms:** The Company, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within fifteen days after the giving of such notice the claimant shall be deemed to have complied with the requirements of this policy as to proof of loss upon submitting, within the time fixed in the policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.
- 6. Proofs of Loss:** Written proof of loss must be furnished to the Company at its said office in case of claim for loss for which this policy provides any periodic payment contingent upon continuing loss within ninety days after the termination of the period for which the Company is liable and in case of claim for any other loss within ninety days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

7. **Time of Payment of Claims:** Periodic payment will be made in case of loss of time for which benefits accrue during a period of more than one month. Indemnities payable under this policy for any loss other than loss for which this policy provides any periodic payment will be paid immediately upon receipt of due written proof of such loss. Subject to due written proof of loss, all accrued indemnity for loss for which this policy provides periodic payment will be paid at the expiration of each month and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.

8. **Payment of Claims:** Indemnity for loss of life of the Insured will be payable in accordance with the beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such indemnity shall be payable to the estate of the Insured. Any other accrued indemnities unpaid at the Insured's death may, at the option of the Company, be paid either to such beneficiary or to such estate. All other indemnities will be payable to the Insured.

If any indemnity of this policy shall be payable to the estate of the Insured, or to an Insured or beneficiary who is a minor or otherwise not competent to give a valid release, the Company may pay such indemnity, up to an amount not exceeding \$1,000.00, to any relative by blood or connection by marriage of the Insured or beneficiary who is deemed by the Company to be equitably entitled thereto. Any payment made by the Company in good faith pursuant to this provision shall fully discharge the Company to the extent of such payment.

9. **Physical Examinations and Autopsy:** The Company at its own expense shall have the right and opportunity to examine the person of anyone covered under this policy when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death where it is not forbidden by law.

10. **Legal Actions:** No action at law or in equity shall be brought to recover on this policy prior to the expiration of sixty days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action shall be brought after the expiration of three years after the time written proof of loss is required to be furnished.

11. **Change of Beneficiary; Assignment:** Unless the Insured makes an irrevocable designation of beneficiary, the right to change of beneficiary is reserved to the Insured and the consent of the beneficiary or beneficiaries shall not be requisite to surrender or assignment of this policy or to any change of beneficiary or beneficiaries, or to any other changes in this policy.

12. **Conformity With State Statutes:** Any provision of the policy which, on its effective date, is in conflict with the statutes of the state in which the Policyholder is located on such date is hereby amended to conform to the minimum requirements of such statutes.

Underwritten by Mutual of Omaha Insurance Company • Home Office: Omaha, Nebraska

**ASSIGNMENT OF MEDICAL TRANSPORTATION BENEFITS
AMENDMENT RIDER**

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

The Rider Date is the Policy Date or Jan. 1, 1987, whichever is later.

If your policy or any attached riders provide benefits for medical transportation service, such benefits shall be payable directly to the provider of the medical transportation service. This will be done unless we receive proof that such expense has already been paid. This rider applies to such benefits payable on or after the Rider Date.

MUTUAL OF OMAHA INSURANCE COMPANY



Corporate Secretary

INDEPENDENT MEDICAL REVIEW

If an insured person's proposed covered services are denied on the basis that the treatment is investigational or experimental, he or she may request an independent medical review process. We will provide the necessary information at the time the insured person requests such independent medical review, subject to the following conditions. We will pay for the cost of such review.

Conditions

1. The independent medical review process is available only when:
 - (a) the insured person has a terminal condition that, as diagnosed by a physician, has a high probability of causing death within two years from the date of the request for such review;
 - (b) the physician determines that such condition has not improved by using standard therapies, or for which standard therapies would be inappropriate, or for which there is no other standard therapy other than as described in item (c);
 - (c) Either:
 - (1) the physician has recommended a drug, device, procedure, or other therapy that he or she has certified in writing that is likely to be more beneficial than any available standard therapies; or
 - (2) the insured person or the physician who specializes in the insured person's condition has requested a therapy that, based on two documents from the Medical and Scientific Evidence, is likely to be more beneficial than any available standard therapy; and
 - (d) services as described in item (c) are denied by us; unless specifically excluded under the policy, or would be covered except for our determination that such services are considered experimental or under investigation.
2. Benefits will be payable under the terms of the policy if the majority of the panel of experts who conduct the independent medical review recommend providing the therapy.

Definition

Medical and Scientific Evidence means the following sources:

- (a) Peer-reviewed scientific studies published in or accepted for publication by medical journals that meet nationally recognized requirements for scientific manuscripts and that submit most of their published articles for review by experts who are not part of the editorial staff;
- (b) Peer-reviewed literature, biomedical compendia and other medical literature that meet the criteria of the National Institute of Health's National Library of Medicine for indexing in Index Medicus Excerpta Medicus (EMBASE), Medline and MEDLARS database Health Services Technology Assessment Research (HSTAR);
- (c) Medical journals recognized by the Secretary of Health and Human Services, under Section 1861 (t) (2) of the Social Security Act;
- (d) The following standard reference compendia: The American Hospital Formulary Service-Drug Information, the American medical Association Drug Evaluation, the American Dental Association Accepted Dental Therapeutics and The United States Pharmacopoeia-Drug Information;
- (e) Findings, studies or research conducted by or under the auspices of federal government agencies and nationally recognize federal research institutes including the Federal Agency for Health Care Policy and Research, National Institutes of health, National Cancer Institute, National Academy of Sciences, Health Care Financing Administration, Congressional Office of Technology Assessment, and any national board recognized by the National Institutes of Health for the purpose of evaluating the medical value of health services; and
- (f) Peer-reviewed abstracts accepted for presentation at major medical association meetings.



BENEFICIARY DESIGNATION AMENDMENT RIDER

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

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

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

Part A. Definitions

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

Part B. Amendment

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

Payment of Claims: Indemnity for loss of life will be payable in accord with the beneficiary designation made in writing by the Insured and on file with the Company. In the absence of such beneficiary designation, or in the event the designated beneficiary predeceases the Insured, indemnity for loss of life will be paid to the first of the following surviving beneficiaries: the Insured's:

(a) lawful spouse; (b) child or children, jointly; (c) parents, jointly if both are living, or the surviving parent if only one survives; (d) brothers and sisters, jointly; (e) estate. Any other accrued indemnities unpaid at the Insured's death may, at Our option, be paid either to the Insured's beneficiary or to his or her estate. All other indemnities will be payable to the Insured.

Part C. Exclusions and Limitations

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

MUTUAL OF OMAHA INSURANCE COMPANY


Corporate Secretary



BENEFICIARY DESIGNATION AMENDMENT RIDER

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

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(a) lawful spouse; (b) child or children, jointly; (c) parents, jointly if both are living, or the surviving parent if only one survives; (d) brothers and sisters, jointly; (e) estate. Any other accrued indemnities unpaid at the Insured's death may, at Our option, be paid either to the Insured's beneficiary or to his or her estate. All other indemnities will be payable to the Insured.

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MUTUAL OF OMAHA INSURANCE COMPANY


Corporate Secretary

MUTUAL OF OMAHA

PRIVACY NOTICE - PERSONAL INFORMATION

This Privacy Notice applies to the Personal Information of customers of the Mutual of Omaha companies. The companies include:

- Mutual of Omaha Insurance Company
- Mutual of Omaha Investor Services, Inc.
- Mutual of Omaha Marketing Corporation
- United of Omaha Life Insurance Company
- United World Life Insurance Company
- Companion Life Insurance Company
- Omaha Property and Casualty Insurance Company

This Notice applies to our current as well as former customers.

Why You Are Receiving This Notice

The federal Financial Services Modernization Act and state privacy laws require us to send you an annual Notice. This Notice describes how we collect, use, and protect the Personal Information you entrust to us.

If you have a policy that is covered by the HIPAA Privacy regulations, you received a privacy notice that relates to the privacy of your medical information. To obtain an additional copy of the privacy notice related to your medical information you can log onto our company's website:

<http://www.mutualofomaha.com/hipaa.html>

or you can contact us at:

Mutual of Omaha Insurance Company
Attn: Privacy Office
Mutual of Omaha Plaza
Omaha, NE 68175-1029

Personal Information

Personal Information means information that we collect about you, such as name, address, Social Security number, income, marital status, employment and similar personal information.

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Information We Collect

In the normal course of business we may collect Personal Information about you from:

- Applications or other forms we receive from you.
- Your transactions with us, such as your payment history.
- Your transactions with other companies.
- Other sources (such as motor vehicle reports, government agencies and medical information bureaus).
- Consumer-reporting agencies.

Information We Share

In the normal course of business we may share your Personal Information among the Mutual of Omaha companies. Depending on the products you have with us, the type of information we share could include:

- Your name.
- Your income.
- Your Social Security number.
- Other identifying information you give us.
- Your transactions with us, such as your payment history.

We do not share Personal Information with third parties outside of the Mutual of Omaha companies except as required or permitted by law.

How We Protect Your Information

We restrict access to your Personal Information. It is given only to the employees of Mutual of Omaha and others who need to know the information to provide our insurance or financial services to you.

We have physical, electronic and procedural safeguards in place to make sure your Personal Information is protected. These safeguards follow legal standards and established security standards and procedures.