

INCORPORATED UNDER THE LAWS OF THE UNITED STATES
 PASSED BY THE ACT OF CONGRESS

COLUMBIAN FRATERNAL ASSOCIATION

HOME OFFICE



WASHINGTON, D.C.

Membership and Benefit Certificate

Maximum accident death benefit.....	\$1,000.00
Maximum natural death benefit.....	500.00
Accident benefit per week.....	10.00
Sick benefit per week.....	10.00

Member *Mrs. Rebecca L. Dorsey*

In Consideration of the monthly payment stated in the "Title Page" hereon, or such multiple of said payment as shall be called and made on this certificate, payment to be made as hereinafter provided, during the natural life of the person referred to above or in the said "Title Page" as "Member," to secure for himself or beneficiaries any of the benefits above or hereinafter provided, and also in consideration of the election, initiation and admission of the said person to membership in the Council named in the said "Title Page" according to the Constitution, Laws, and Ritual of the Columbian Fraternal Association, a fraternal beneficiary society, incorporated under an Act of Congress and domiciled in the city of Washington, District of Columbia, United States of America, and in further consideration of the statements, agreements and warranties made in his application for membership in said Association, and his acceptance of the Constitution, Laws, Rules and Regulations governing said Association, the said member is entitled to all the rights and privileges of membership under this Membership and Benefit Certificate.

PART A. SINGLE INDEMNITY, DEATH, DISMEMBERMENT AND LOSS OF SIGHT

In the event that the member shall sustain bodily injury, effected through external, violent and accidental means (suicide, whether sane or insane excepted), which shall independently and exclusively of all other causes result in the death of the member, while this Certificate is in full force as provided by the conditions of this Certificate and the laws of the Association, or if any one of the disabilities enumerated below shall, within ninety days from the date of the accident, independently and exclusively of all other causes, immediately, wholly and continuously disable and prevent the member from performing any and every kind of duty pertaining to his occupation, there shall be paid to such member the sum specified opposite such disability, or in the event of the death of the member, the sum specified shall be paid to the beneficiary named by the member, except that where the cause arises during the first year of membership not more than one-half of these benefits shall be payable:

FOR LOSS OF

Life as provided by the privileges and conditions applying to this certificate.....	\$1,000.00
Both hands by severance at or above the wrist.....	\$ 750.00
Both feet by severance at or above the ankle.....	\$ 750.00
Entire sight of both eyes if irrecoverably lost, except if caused by blasting.....	\$ 750.00
Either hand at or above the wrist and entire sight of one eye if irrecoverably lost jointly.....	\$ 500.00
One hand at or above the wrist and one foot at or above the ankle jointly.....	\$ 500.00
One foot at or above the ankle and entire sight of one eye if irrecoverably lost jointly.....	\$ 500.00
Either hand by severance at or above the wrist.....	\$ 250.00
Either foot by severance at or above the ankle.....	\$ 250.00

The payment in any such case shall end this certificate of membership at the option of the Society, but only one of the foregoing amounts shall be payable as the result of one accident. The payment of the above enumerated benefits shall be regulated according to the privileges and conditions applying to this certificate, and the constitution and laws of the Association. The Association shall have the privilege of paying the above mentioned benefits in three yearly instalments.

READ CAREFULLY ALL THE PROVISIONS AND CONDITIONS OF THIS CERTIFICATE.

TITLE PAGE
COMBINATION

Benefit Certificate of Membership

ISSUED BY THE



DUPLICATE

DUPLICATE

No.

88705

Class E

Mrs. Rebecca L. Dorsey
NAME OF MEMBER

Miami
STREET

Fla

Dallas No. *82*
COUNCIL

Mr. D. A. Dorsey
BENEFICIARY

MONTHLY RATE

\$ *1* CTS. *75*

BENEFIT PER WEEK

Sickness \$10 00

Accident \$10 00

DATE

July 2 - 1923

OFFICIAL ENDORSEMENT SIGNATURE

O. F. Lykes

Assistant Secretary

FINAL PAYMENT

Place

Date

Received of the Columbian Fraternal Association

the sum of
in full payment and discharge of all claims whatsoever under this certificate.

Dollars,

Signed

Witness

PRIVILEGES AND CONDITIONS APPLYING TO THIS CERTIFICATE

1. A monthly payment is due on this Certificate

A payment must be made each month thereafter on or before said date. Payments may be made in advance for any number of months.

2. If a payment shall not have been made on this Certificate within the stipulated time as provided in the preceding paragraph, this Certificate shall thereupon become lapsed and forfeited. When lapsed, this Certificate may be reinstated, with the consent of the Association, by the arrearages or overdue payments hereon being made, provided the member's physical condition has not been impaired since becoming a member of the Association; and provided at the time such payments are received at the Home Office of the Association, and at the expiration of fifteen days thereafter, the member is in good health and free from disease or disability. If at the expiration of fifteen days after the receipt of said payment at the Home Office, the member should not be in good health and free from disease or disability, or should the member's physical condition have become impaired in any way since this Certificate was issued, the last arrearages or overdue payments and all subsequent payments will be returned to the member on request. Should the member fail to request the return of said payments the Association shall only be liable at any time for said arrearages and any subsequent payments which may have been made. Overdue payments made to an agent, organizer, or collector shall not be considered as having been received at the Home Office until the remittance for said overdue payments has actually been received at the Home Office from said agent, organizer or collector, and the Association is not to be held liable for any delay in its transmission. In the interim of regular reports of collections a Council may send notice to Home Office of overdue payments collected, and if in good health, the members will be in benefit fifteen days after receipt of said notice.

3. Whenever this Certificate becomes a claim by death, any error in understating the age of the member will be adjusted by the payment of such an amount as the payments made would have purchased at the correct age, and any indebtedness to the Association on account of this Certificate and the payments for the balance of the Certificate year, if any, will be deducted. When a disability results in death, only the death benefit shall be due to the beneficiary.

4. It is agreed by the member holding this Certificate that the Certificate, the Constitution and Laws of the Association, and the application for membership signed by the member, with all amendments to the said Constitution and Laws of the Association, enacted subsequent to the issuance of this Certificate shall be binding upon the member and his beneficiary or beneficiaries and shall govern and control the agreement in all respects in the same manner as if such changes, additions or amendments had been made prior to and were in force at the time of the application for membership; and no agent, organizer or representative of the Association has the authority to modify the contract in any particular, except the National President or National Secretary, whose modification of any of the conditions must be entered hereon and signed by said officer. The provisions of the Constitution and Laws of the

Association shall have the same force and effect whether or not these provisions or any of them are recited at length in this Certificate. A member can secure a copy of the Constitution and Laws from the Association at any time.

5. This Certificate shall be binding only if delivered while the member is alive and in good health, and payments made in accordance with the terms hereof.

6. In the event of disability it shall be the duty of the member to notify the Home Office of the Association within ten days from the beginning of the disability. If notice is not given within this period, benefits shall only be allowed from the time such notice is received, and for a period of not less than seven days. In cases of dispute as to time notice is sent, the time shall be reckoned from the time of its receipt at Home Office.

Benefits shall be paid hereunder for disability commencing after three months from the date of this certificate, but only twenty-one weeks in any year, and only seven weeks in any consecutive three months, and not more than fourteen weeks for any one disability.

7. Benefits will not be paid in case of sickness from diseases peculiar to women, except that one week's benefit will be allowed for each confinement occurring after one year's membership. Not more than two week's benefit will be allowed in any year for malarial diseases, dengue fever, la grippe, synovitis, influenza, bronchitis, piles, or neuralgic diseases, and not more than five weeks for hernia and appendicitis. Disability benefit is not allowed for any disability resulting in death.

8. Maximum benefits not exceeding amounts named in this certificate for death from accident will be due and payable if risk is select in health, history, habits, and occupation, and classified (S); otherwise only one half the amount of the indemnity will be due and payable as provided hereon if classified (SS), or considered sub-standard; and only one-fourth if classified (H), or considered hazardous; and only one-fifth if classified (EH), or considered extra hazardous. This certificate does not cover indemnity for disappearance, self destruction, sane or insane, or for avoidable disability the result of vicious conduct or habits, intemperance, fighting, unlawful acts by self or others, carelessness or negligence, dissipation, venereal diseases, or death caused by gas or poison. The benefits provided in "Part A" on the first page of this Certificate shall be payable as follows,—full benefit if classified "S," one-half if classified "SS," one-fourth if classified "H" and one-fifth if classified "EH."

9. The initial fee for a Certificate upon this plan shall not be more than \$5.00 for each Certificate, paid at the time of making application. Quarterly dues are fixed by each Council.

10. FORM OF DISABILITY. (a) The Association allows disability benefits for all disabilities from any cause, except as otherwise provided, the form, duration and the amount to be determined solely by the Association, which recognizes total disability for full benefits as absolutely strict and necessary confinement to bed, during an acute, evident and unavoidable sickness or ailment common to both sexes, originating and commencing after issue of Certificate of Membership or as the result of serious, unavoidable, external or visible accidental injury, preventing any form of occupation.

(b) Partial disability for half benefits is a sim-

ilar condition, but not necessarily requiring strict confinement to bed, and it includes conditions the result of boils, sores, abscesses, swellings, tumors, skin diseases, minor fractures, bruises, cuts and contusions.

(c) For recurring, or incurable ailments, including tuberculosis in any form, paralysis, cancer, insanity, epilepsy, rheumatism, neuritis, varicose conditions, neurasthenia, lumbago, sciatica, sprains, or strains of any kind the disability benefit shall be only one-fourth the regular amount.

11. Organizers, agents, or officers of Councils are not authorized to make or modify this or any other contract in behalf of the Association, and cannot extend the time of any payment, nor give credits, nor waive forfeiture, nor bind this Association in any way beyond its statements herein.

12. No suit shall be brought against the Association after twelve months from the date of occurrence of any alleged claim, and should suit be brought thereafter the lapse of time shall render it null and void as well as any benefits that may be due hereunder.

13. The Warranty and Agreement, and Forms A and B of the application for membership, are hereby made a part of this contract as specifically as if they were hereon recited.

14. Receipts for payments on this Certificate will not be valid except upon regular printed forms issued by the Association for the purpose.

15. This Certificate shall be void if there is in force on the life of the member a Certificate previously issued by this Association, unless one Certificate contains an endorsement signed by the Secretary authorizing the other to be in force.

16. In case a member is shot, cut or stabbed, whether by his own hand or not, not more than two week's benefit will be allowed, except at option of the Association. If death results, only one-fifth of amount otherwise payable shall be due.

17. No clerical error in this Certificate shall operate to deprive the member of any right or benefit, or expose the Association to any liability, but shall be construed to be corrected to conform to the laws, rate tables and regulations of the Association, and upon disclosure shall be corrected accordingly.

18. By the acceptance of this Certificate, the member waives any and all provisions of law which may require a copy of the application for this Certificate, or the laws of the Association, to be attached hereto, with the proviso that the member may procure at any time a copy of said application and laws upon request.

19. Any indebtedness of a member or the beneficiary of the Association shall be deducted from the sum due under any Certificate in case of any claim.

20. This contract shall not begin until twelve o'clock noon of the date hereof, and the liability of the Association shall not then commence unless the member has paid the first monthly payment required while he was in good health. No weekly indemnity shall be paid upon any disability contracted prior to the date of this certificate nor within three months from the date hereof.

21. The Association reserves the right to cancel this Certificate by returning to the member twice the amount of monthly payments made hereon, less benefits drawn, should the member at any time within one year of the date of this Certificate be afflicted with a chronic disease.

This certificate is in full immediate benefit for both death and disability.

D. H. Stone

National Secretary.

PART B. WEEKLY INDEMNITY FOR DISABILITY—SINGLE

In the event of the disability of the member while this certificate is in full force, as provided by the Laws of said Association, either as a result of accident or disease, thus preventing the member from performing any and every duty pertaining to any business or occupation and confining him to the house or bed and under the care of a duly licensed practicing physician who shall attend the member in a professional capacity at least twice each week, there shall be paid to such member indemnity at the rate of TEN DOLLARS per week. Should the disability from which the member is suffering not confine him to bed but still require the attendance of a physician at least twice each week, there shall be paid to such member for partial disability at one-half the rate of indemnity above provided for total disability. For the first week's disability, the benefit will be limited to one-half the regular amount.

Twenty-one weeks indemnity may be paid during any one certificate year, seven weeks during any three consecutive months (partial disability benefits shall be construed to mean total disability benefit in computing the number of weekly payments to be made during one certificate year); and provided further, that no indemnity above provided will be paid for time prior to written report to the Home Office of the Association of notice of disability, if such notice is not given or mailed within ten days from the beginning of disability; and if such notice is not filed or mailed as required, then the weekly indemnity shall be computed only from the date such notice is received at the Home Office.

PART C. NATURAL DEATH BENEFIT.

In the event of the death of the member from any cause other than hereinbefore specified, while this Certificate is in full force, there shall be paid to the beneficiary of such member the principal sum of FIVE HUNDRED DOLLARS, according to the conditions as provided in the application for membership, the privileges and conditions of this Certificate and the laws of the Association, upon receipt and approval of satisfactory proofs of the death of said member and the surrender of this Certificate, which proofs must be filed within three months of date of death upon the blanks which will be furnished by the Association for that purpose; provided, however, only one hundred dollars shall be payable if death occurs within one year; thereafter the amount will increase One Hundred Dollars for each additional completed year of membership until Five Hundred Dollars is payable. These provisions shall not apply to any death upon which the Laws of the Association direct that no benefit shall be paid. Notice of death of a member must be given to the Association within 30 days after death occurs, otherwise this Certificate will be void.

PART D. PERMANENT TOTAL PHYSICAL DISABILITY

If such member, after this certificate is in good standing for two years shall be rendered permanently totally incapacitated from following any occupation or calling whereby the insured might obtain a livelihood, there shall be paid at the option of the insured, in accordance with the laws and regulations of said society, the sum of TWO HUNDRED AND FIFTY DOLLARS less the amount of all weekly indemnity paid by reason of this Certificate and in lieu of any and all benefits or indemnity herein provided, and the certificate of membership thereupon shall terminate.

Part E. PRIVILEGES AND CONDITIONS

The privileges and conditions hereafter stated in this Certificate are hereby declared to be a part of this contract as fully as if recited at length over the signatures hereto affixed.

IN WITNESS WHEREOF the said Columbian Fraternal Association

hath hereunto affixed its seal and caused these presents to be signed by its National President and National Secretary, on the date given in the Said Title Page.



E. J. Larson
National President

D. H. Stevens
National Secretary.

ACCEPTED: _____
Member
Classified S
Registered 7/2/23
Examined _____