

Accidents aren't supposed to happen... *but they do.*

WHO IS COVERED AND WHEN

Who is Covered:

All enrolled Volunteers while providing services to schools (public, parochial and private schools) and/or their students are eligible and premium is paid by the school.

When Covered:

Insurance coverage is provided for covered Injuries incurred during the hours and days when the Program is in session and while attending or participating in Program sponsored and supervised activities on or off school premises. Coverage is provided for traveling directly to and from a Regularly Scheduled Activity with other members as a group in transportation. The travel and activity must be supervised by a person authorized by the school. Coverage also provided for traveling directly to and from the Insured's residence and the meeting place for the purpose of participating in the Regularly Scheduled Activity

SCHEDULE OF BENEFITS

Coverage for Injuries due to Accident Only

Accident Medical Maximum:..... \$25,000
 Accident Medical Deductible:.....None
 Loss Period: 60 days after accident date
 Benefit Period: 52 weeks from accident date

Accidental Death Benefit:..... \$10,000
 Single Dismemberment Benefit: \$ 5,000
 Double Dismemberment Benefit:..... \$10,000
 Loss Period: Loss within 365 days of Injury

RATE PER PERSON: \$2.50

PRODUCT AVAILABILITY

Coverage may not be available in Hawaii, New Hampshire, Oklahoma, South Dakota, Utah and Washington. Please contact the Marketing Agent for details and availability.

DEFINITIONS

“**Injury**” means bodily injury caused by an Accident. The Injury must occur while the Policy is in force and while the Insured is covered under the Policy. The Injury must be sustained as stated on the face page of the Policy, except where specifically stated otherwise in the Policy.

“**Hospital**” means a place that meets all of the following requirements: 1) has an organized medical staff; 2) has permanent facilities that are equipped and operated mainly for the purpose of performing surgical procedures; 3) provides continuous services of Physicians and registered nurses, whenever a patient is in the facility.

Hospital also means a psychiatric hospital as defined by Medicare. It must be eligible to receive payments under Medicare. A Hospital is mainly not a place for rest, a place for the aged, a place for the treatment of drug addicts or alcoholics, or a nursing home.

“**Reasonable Expenses**” means the usual, reasonable and customary fee or charge for the services rendered and the supplies furnished in the area where and at the time such services are rendered or supplies furnished, as determined by Us. Such services and supplies must be recommended and approved by a Physician.

BENEFITS

Medical Benefits: When a covered Injury to a student results in treatment by a legally qualified physician or surgeon (other than a member of the family) or is hospital confined, and treatment begins within 60 days from the date of Injury, the Company will pay benefit as shown in the Schedule of Benefits, subject to the full excess coverage provision below. Only eligible medical expenses incurred by the Insured within 52 weeks from the date of the Accident are covered. Benefits for any one Accident shall not exceed in the aggregate the maximum stated in the Medical Benefit plan purchased. Expenses incurred after one year from the date of Injury are not covered, even though the service is a continuing one, or one that is necessarily delayed beyond one year from the date of Injury.

Excess Provision: Benefits will be paid only for such expense that is not recoverable from any Other Plan. We will determine the Amount of benefits provided by Other Plans without reference to any Coordination of Benefits, non-duplication of benefits, or similar provisions. The Amount from Other Plans includes any amount, to which the Insured is entitled, whether or not a claim is made for the benefits. The Student Accident plan is secondary to all other policies. This provision will not apply if the total Reasonable Expenses incurred for Hospital and Professional Services are less than the amount stated in the Schedule of Benefits under Excess Coverage Applicability.

ACCIDENTAL DEATH, DISMEMBERMENT AND LOSS OF SIGHT

When a covered Injury results in any of the Losses to the student, We will pay the benefit stated in the schedule. The Loss must be sustained within 365 days from date of Injury. The maximum benefit payable under this provision is stated in the schedule: 1) Life; 2) Both Hands or Both Feet or the Sight of Both Eyes; 3) One Hand and One Foot; 4) One Hand and the Sight of One Eye; or 5) One Foot and the Sight of One Eye.

Half of the Double Dismemberment benefit, in the schedule will be paid for the Loss of One Hand, One Foot or the Sight of one eye.

Loss of hand or foot means the actual and complete severance through or above the wrist or ankle. Loss of sight means irrecoverable loss of sight. These Losses will be considered total and irrecoverable if such loss cannot be restored or corrected by medical or surgical treatment. If the Insured suffers more than one of the above covered losses as a result of the same Accident the total amount We will pay is the maximum benefit.

EXCLUSIONS

No Benefits are payable for Hospital and Professional Services for the following: 1) Injuries which are not caused by an Accident; 2) Treatment for hernia, regardless of cause, Osgood Schlatter's disease, or osteochondritis; 3) Injury sustained as a result of operating, riding in or upon, or alighting from a two-, three-, or four-wheeled recreational motor vehicle or snowmobile; 4) Re-Injury or complications of a condition for which medical advice or treatment was recommended by a Physician or received from a Physician within a 6 month period preceding the Policy Effective Date; 5) Injury sustained as a result of practice or play in interscholastic tackle football and/or sports, unless the premium required under the Football and/or Sports Coverage provision has been paid; 6) Any expense for which benefits are payable under a Catastrophic Accident Insurance Program of the State Interscholastic Activities Association; 7) Treatment performed by a member of the Insured's Immediate Family or by a person retained by the School; 8) Injury caused by war or acts of war; suicide or intentionally self-inflicted Injury, while sane or insane (in Missouri while sane); violating or attempting to violate the law; the taking part in any illegal occupation; fighting or brawling except in self defense; being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the Injury occurs; or being under the influence of any drugs or narcotic unless administered by or on the advice of a Physician; 9) Medical expenses for which the Insured is entitled to benefits under any (a) Workers' Compensation act; or (b) mandatory no-fault automobile insurance contract; or similar legislation; 10) Expense incurred for treatment of temporomandibular joint dysfunction and associated myofascial pain.

IMPORTANT NOTICE – THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

This brochure has been designed to illustrate the highlights of this insurance. A full explanation of benefits, exceptions and limitations is contained in the insurance policy. If there is any conflict between this brochure and the Policy, the Policy will prevail.

National Servicing Agent
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Stevens Point, WI