



2013-2014 STUDENT ACCIDENT INSURANCE

24-HOUR ACCIDENT COVERAGE

IMPORTANT NOTE: This Plan provides accident insurance only. It does not provide basic hospital, basic medical, or major medical for sickness coverage.

Enroll Online: www.studentinsurance.com

Plan Underwritten By: National Union Fire Insurance Company of Pittsburgh, Pa., with its principal place of business in New York, NY ("the Company")

Claims Administrator: Chartis Claims, Inc., an AIG Company, Two Aquarium Drive, Suite 200, Camden, NJ 08103

Please keep this brochure as a general summary of the insurance. This is only a brief description of the accident coverage available under policy series C11695DBG. The Policy may contain additional reductions, limitations, exclusions, definitions and termination provisions. Full details of the coverage are contained in the Policy on file with the District/School ("the Policyholder/Participating Organization"). If there is any conflict between the contents of this brochure and the Policy, the Policy shall govern in all cases. Coverage may not be available in all states.

24-HOUR ACCIDENT COVERAGE

If coverage is elected and appropriate premium is received, this accident insurance provides coverage during the following activities: 24-hours per day, including while the Insured is at school; and/or while attending or participating in school sponsored and supervised activities on or off school premises that are not covered under a compulsory plan provided by the District/School.

Includes:

- Weekends
- Vacation periods, including summer vacation
- Coverage at home or while away

INSURED'S EFFECTIVE AND TERMINATION DATES

Coverage under the Policy begins at 12:01 a.m. on the latest of: (1) the Policy effective date; or (2) the date for which the first premium for the Insured's coverage is paid. Coverage under the Policy ends at 12:01 a.m. on the earliest of: (1) the date the Policy is terminated; or (2) the end of the period for which premiums for the Insured's coverage have been paid. The Policy effective and termination dates are contained in the Policy on file with the District/School ("the Policyholder/ Participating Organization").

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

Accidental Death Benefit Maximum Amount: \$15,000 - If Injury to the Insured results in death within 365 days of the date of the accident that caused the Injury, the Company will pay 100% of the Accidental Death Maximum Amount.

Accidental Dismemberment Benefit Maximum Amount: \$30,000 - If Injury to the Insured results, within 365 days of the date of the accident that caused the Injury, in any one of the Losses specified below, the Company will pay the percentage of the Maximum Amount shown below for that Loss.

For Loss Of:	Percentage of Accidental Dismemberment Maximum Amount
Both Hands or Both Feet.....	100%
Sight of Both Eyes.....	100%
One Hand and One Foot.....	100%
One Hand and the Sight of One Eye	100%
One Foot and the Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
One Hand or One Foot	50%
The Sight of One Eye	50%
Speech or Hearing in Both Ears.....	50%
Hearing in One Ear	25%
Thumb and Index Finger of the Same Hand	25%

"Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means total and irrecoverable loss of the entire sight in that eye. "Loss" of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. "Loss" of speech means total and irrecoverable loss of the entire ability to speak. "Loss" of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.

If more than one Loss is sustained by an Insured as a result of the same accident, only one amount, the largest, will be paid.

HEART AND/OR CIRCULATORY BENEFIT*

(This benefit is not payable in addition to the Accidental Death Benefit.)

Heart and/or Circulatory Benefit Maximum Amount: \$10,000 - If an Insured suffers a heart and/or circulatory malfunction that results in death as a direct result of participating in a covered activity, the Company will pay the Heart and/or Circulatory Maximum Amount provided that: (1) the symptom(s) of such malfunction(s) is (are) first medically treated while the Policy is in force with respect to such Insured and within 48 hours after such participation, and (2) ** such Insured has not, prior to the date of such participation in the covered activity, been diagnosed with, or received any medication for any myocardial infarction, angina pectoris, coronary thrombosis or a cerebral vascular incident.

*Coverage is not available in: CT, MN, OH, RI and VT.

**Number (2) does not apply to coverage in IN.

ACCIDENT INSURANCE COVERAGE PROVIDING A MAXIMUM OF \$25,000 ACCIDENT MEDICAL EXPENSES

If an Insured suffers an Injury that, within 90 days of the date of the accident that caused the Injury, requires him or her to be treated by a physician, the Company will pay the coinsurance percentage of the Usual and Customary Charges incurred for Medically Necessary Covered Accident Medical Services received due to that Injury up to an overall maximum of \$25,000. Benefits are payable for charges incurred within 52 weeks after the date of the accident causing the Injury.

BENEFIT SCHEDULE

ACCIDENT MEDICAL EXPENSE BENEFITS Covered Accident Medical Service(s) means any of the following services:	
INPATIENT HOSPITAL SERVICES Hospital's most common charge for semi-private room and board (or room and board in an intensive care unit) Hospital ancillary services (including, but not limited to, use of the operating room)	65% of U&C 65% of U&C
OUTPATIENT HOSPITAL SERVICES Hospital emergency room or ambulatory medical center Laboratory tests Radiological procedures	65% of U&C up to a maximum of \$1,500 65% of U&C 65% of U&C
PHYSICIAN SERVICES (INPATIENT OR OUTPATIENT) Services of a Physician (Physician means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) the Insured; 2) an immediate family member; or 3) retained by the Policyholder/Participating Organization.) Anesthetics and the administration of anesthetics Physical therapy	65% of U&C 65% of U&C 65% of U&C except that an office visit connected with any such service is payable up to \$35 per visit up to a maximum of 5 visits
ADDITIONAL SERVICES Private duty nursing by a registered nurse (R.N.) or Licensed Practical Nurse (LPN) Ambulance service to or from a hospital Rental of durable medical equipment Artificial eyes or other prosthetic appliances Medicines or drugs administered by a physician or that can be obtained only with a physician's written prescription Dental treatment (repair or replacement of sound natural teeth damaged or lost as a result of Injury) Deferred dental treatment benefits	65% of U&C 65% of U&C up to a maximum of \$500 65% of U&C 65% of U&C 65% of U&C 65% of U&C up to a maximum of \$250 65% of U&C up to \$600 for required dental treatment that must be postponed to a date more than 52 weeks after the date of that Injury due to the physiological changes occurring to an Insured who is a growing child. Charges incurred for deferred dental treatment are covered only if they are incurred on or before the Insured's 21st birthday; except that charges incurred for deferred root canal therapy are covered only if they are incurred within 104 weeks after the date the Injury is sustained.

DEFINITIONS

(Definitions may vary depending on state of issue. The actual definitions are contained in the Policy on file with the District/School.)

Injury means bodily injury: (1) which is sustained as a direct result of an unintended, unanticipated accident that is external to the body and that occurs while the injured person's coverage under the Policy is in force; (2) which occurs while such person is participating in a covered activity; and (3) which directly (independent of sickness, disease or any other cause) causes a covered loss.

Insured - means a person: (1) who is a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Master Application in the Policy on file with the District/School ("the Policyholder/Participating Organization"); (2) for whom premium has been paid; and (3) while covered under the Policy.

Medically Necessary means a Covered Accident Medical Service that: (1) is essential for diagnosis, treatment or care of the Injury for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a physician and performed under his or her care, supervision or order.

Usual and Customary Charge(s) (U&C) means a charge that: (1) is made for a Covered Accident Medical Service; (2) does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred; or (3) is a negotiated fee; and (4) does not include charges that would not have been made if no insurance existed.

CLAIMS PROCEDURE

In the event of an accident, notify the school immediately. Secure a claim form from the District/School, attach bill(s) to completed claim form and mail to the address indicated on the claim form. Claims for benefits must be filed within 90 days from date of accident, or as soon as reasonably possible. The Company must be notified of a loss within 20 days of such accident.

EXCESS COVERAGE

This plan is secondary and provides benefits in accordance with all of its provisions only to the extent that benefits are not provided by any other plan providing accident medical expense benefits. If the Insured

is covered by another plan providing accident medical expense benefits, all benefits payable by such other insurance will be determined before benefits will be paid by this plan. If the Insured is not covered by another plan providing accident medical expense benefits, this excess provision shall not apply and benefits are payable to the limits described in this brochure. (For CT, IL, OH and OK, this excess provision shall not apply, and benefits are payable to the limits described in this brochure.)

EXCLUSIONS AND LIMITATIONS

(Exclusions may vary depending on state of issue. The actual exclusions are contained in the Policy on file with the District/School.)

No coverage shall be provided under the Policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks:

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury. (Not applicable to coverage in MN.)
2. sickness, or disease whether the loss results directly or indirectly from either of these.
3. the Insured's commission of or attempt to commit a felony.
4. infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition.
5. declared or undeclared war, or any act of declared or undeclared war, except if specifically provided by the Policy.
6. participation in any team sport or any other athletic activity, except participation in a covered activity.
7. full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded).
8. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured is:

- a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
- b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft.
9. the Insured being under the influence of intoxicants. (Not applicable to coverage in VT.)
10. the Insured being under the influence of drugs unless taken under the advice of and as specified by a physician. (Not applicable to coverage in VT.)
11. any condition for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law.
12. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing durable medical equipment unless due to a covered Injury.*
13. new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement of sound natural teeth damaged or lost as a result of Injury up to the Dental Maximum shown in the Benefit Schedule.*
14. new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless Injury has caused impairment of sight; or repair or replacement of existing eyeglasses or contact lenses unless due to a covered Injury.*
15. new hearing aids or hearing examinations unless Injury has caused impairment of hearing; or repair or replacement of existing hearing aids unless due to a covered Injury.*
16. rental of durable medical equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company's sole judgment, accident medical expense benefits for rental of durable medical equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary covered accident medical expense in lieu of such rental expense).*
17. any charge for medical care for which the Insured is not legally obligated to pay.*
18. care, treatment or services provided by an Insured or by an immediate family member.*

19. routine physical exam and related medical services.*
20. personal comfort or convenience items, such as but not limited to, hospital telephone charges, television rental, or guest meals while confined in a hospital or for items taken away or home from the hospital, except durable medical equipment.*
21. plastic or cosmetic surgery, except for reconstructive surgery on an injured part of the body.*
22. hernia.*

*Applicable to Accident Medical Expense Benefit only.

LIMITATION ON MULTIPLE COVERED ACTIVITIES

If an Insured person's Injury is caused by an accident that occurs while the Insured is participating in more than one covered activity applicable to that Insured, and if the same benefit applies to that Insured with respect to more than one such covered activity, then for Policy purposes the Maximum Amount for that benefit for that Insured for that accident will be determined as though the accident occurred while the Insured was participating in only one such covered activity, the one with the largest Maximum Amount for that benefit for that person.

PENALTY FOR NON-COMPLIANCE*

In the event that an Insured is eligible under the Policy for benefits in excess of other coverage and the Insured has other coverage that is primary under a health maintenance organization, preferred provider organization or similar health service program, a penalty will apply if he or she does not use the facilities or services of the health maintenance organization, preferred provider organization or similar health service program. In such case, the benefits otherwise payable under the Excess provision in the Policy will be reduced by 50%. This reduction shall not apply to emergency treatment required within 24 hours of an accident when the accident occurs outside the geographic area served by a health maintenance organization, preferred provider organization or similar health service program.

*This limitation is not applicable in: CO, CT, ME or OK.

2013-2014 ENROLLMENT FOR STUDENT ACCIDENT INSURANCE (Excluding School Sponsored and Supervised Activities that are not covered under a compulsory plan provided by the District/School) Underwritten by National Union Fire Insurance Company of Pittsburgh, Pa.

PLEASE PRINT
CLEARLY

Person to be Insured

HOME ADDRESS

[illegible]

LAST NAME

FIRST NAME

MI

DATE OF BIRTH

[illegible]

STREET ADDRESS

CITY OR TOWN

[illegible]

STATE

ZIP CODE

DATE OF APPLICATION (MM/DD/YYYY)

GRADE

STUDENT'S SOCIAL SECURITY NUMBER

[illegible]

NAME OF SCHOOL _____

TELEPHONE NUMBER

																							I acknowledge that I have read, understand and agree to the terms and conditions of this coverage as detailed in this brochure. There is no obligation
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NAME OF SCHOOL DISTRICT/DIOCESE

I acknowledge that I have read, understand and agree to the terms and conditions of this coverage as detailed in this brochure. There is no obligation to purchase this insurance plan.

COV CD	K-12 **	PLAN B (COMPANY USE ONLY)	SIGNATURE OF PARENT OR GUARDIAN
	24-Hour Accident Coverage	<input type="checkbox"/> \$82.00*	
* Annual Premium ** Includes Faculty & Administrative Personnel Please check applicable coverage(s) above and enclose the correct amount.		TOTAL ENCLOSED: _____ CHECK # _____	Please make money order or check payable to: National Union Fire Insurance Company of Pittsburgh, Pa. <div style="text-align: right;">AS-24-Hour</div>

FROM _____

CITY STATE ZIP

Return to: National Union Fire Insurance Company
Voluntary K-12
P.O. Box 071330
Philadelphia, PA 19176-1330