



# STUDENT ACCIDENT INSURANCE PROGRAM

Voluntary school time accident or 24-hour accident coverage  
(Excluding Interscholastic Football and Interscholastic Sports)

**IMPORTANT:** Coverage under the Policy is accident only and does not constitute comprehensive health insurance coverage (a/k/a/ "major medical insurance"). It therefore does not satisfy the "minimum essential coverage" requirements of the Patient Protection and Affordable Care Act. This brochure provides only a brief summary of the coverage available for enrollment under policy series C11695DBG. The Program provides insurance for covered accidents incurred while Insureds are participating in Covered Activities as defined in the issued Policy.



Insurance underwritten by:

**National Union Fire Insurance Company of Pittsburgh, Pa.**

with its principal place of business in New York, NY ("the Company")

For use in AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MS, MO, MT, NE, NV, NJ, NM, NC, ND, OK, PA, RI, SC, SD, TN, TX, UT, VT, VA, WV, WI and WY.

# Student Accident Insurance Program

## Eligibility

All enrolled students of the school or school district ("the Policyholder/Participating Organization") in Grades K-12 are eligible to enroll in the School Time Accident or 24-hour Accident Coverage.

## School Time Accident Coverage ("Covered Activities")<sup>1</sup>

This accident insurance provides coverage while the Insured is participating in a sponsored and supervised activity of the Policyholder/Participating Organization, excluding interscholastic football and interscholastic sports. Coverage includes direct and uninterrupted travel to and from such activities in a vehicle designated by the Policyholder/Participating Organization.

## 24-hour Accident Coverage ("Covered Activities")<sup>1</sup>

This accident insurance provides coverage 24-hours per day, including while the Insured is at school and also while the Insured is participating in school sponsored and supervised activities on or off school premises (excluding interscholastic football and interscholastic sports).

Includes:

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

## Claims Procedure

In the event of an accident, notify the school immediately. Written notice of claim must be given to the Company within 20 days\* after an Insured's loss, or as soon as reasonably possible. The Company will send claim forms to the claimant upon receipt of a written notice of claim. The school should complete Section A of the claim form. The claimant should complete the remainder of the claim form, attach any other requested information, and mail to the address listed below. Claims for benefits must be filed with the Company within 90 days from date of accident, or as soon as reasonably possible.

\*In ME and MS, notice of claim must be given to the Company within 30 days.

Accident & Health Claims Department  
P.O. Box 25987  
Shawnee Mission, KS 66225  
800-551-0824

## Definitions

Definitions may vary depending on state of issue. Please refer to the Policy on file with the Policyholder/Participating Organization.

**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, mental incapacity, bodily infirmity 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 Eligibility section; (2) for whom premium has been paid; (3) while covered under the policy; and (4) who has enrolled for coverage 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.

\*This definition is not applicable to coverage in MT.

**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) does not include charges that would not have been made if no insurance existed.

<sup>1</sup> If elected and appropriate premium is received.



## Benefits

### Accidental Death Benefit

If Injury results in death of the Insured within 365 days\* of the date of the accident causing the Injury, the Company will pay 100% of the Accidental Death \$15,000 Maximum Amount.

\*The incurral period of 365 days does not apply in PA.

### Accidental Dismemberment Benefit

If Injury to an Insured results in any one of the Losses specified below, directly and independently of all other causes, within 365 days of the date of the accident causing the Injury, the Company will pay the percentage of the Accidental Dismemberment \$30,000 Maximum Amount specified for that Loss.

| For Loss Of                         | Percentage |
|-------------------------------------|------------|
| 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 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 available in CT.) (This benefit is not payable in addition to the Accidental Death Benefit.) 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 Accidental Death Benefit \$15,000 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, within the last 2 years 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 unless the condition for which the prescribed medication is taken remains controlled without any change in the required prescription.



## Benefits (Continued)

### Accidental Medical Expense Benefit <sup>2</sup>

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 (U&C) 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. Benefits are payable on an Excess basis where applicable.

### Excess Provision \*

Benefits are payable up to the applicable maximum for covered Accident Medical Expense (AME) services that are not recoverable from another plan providing AME benefits. If the Insured is not covered by another plan providing AME benefits, the Excess Provision shall not apply. (\*This Excess Provision is not applicable in ID, OK, SD and UT, and benefits are payable to the limits described in this brochure.)

| Covered Accident Medical Service(s)   | Plan A  | Plan B  |
|---|---|---|
| <b>Inpatient Hospital Services</b>  |   |   |
| Hospital's most common charge for semi-private room and board (or room and board in an intensive care unit)   | 70% of U&C  | 65% of U&C  |
| Hospital ancillary services (including, but not limited to, use of the operating room)  | 70% of U&C  | 65% of U&C  |
| <b>Outpatient Hospital Services</b>   |   |   |
| Hospital emergency room or ambulatory medical center  | 70% of U&C up to a max. of \$2,000  | 65% of U&C up to a max. of \$1,500  |
| Laboratory tests  | 70% of U&C  | 65% of U&C  |
| Radiological procedures   | 70% of U&C  | 65% of U&C  |
| <b>Physician Services (Inpatient or Outpatient)</b>   |   |   |
| 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.) | 70% of U&C  | 65% of U&C  |
| Anesthetics and the administration of anesthetics   | 70% of U&C  | 65% of U&C  |
| Physical therapy  | 70% of U&C, except that an office visit connected with any such service is payable up to a maximum of 5 visits  | 65% of U&C, except that an office visit connected with any such service is payable up to a maximum of 5 visits (For CA: 65% of U&C except that an office visit connected with any such service is payable up to \$50 per visit up to a maximum of 5 visits.)  |
| Occupational therapy  | 70% of U&C  | 65% of U&C  |
| <b>Additional Services</b>  |   |   |
| Blood, blood products and artificial blood products, and the transfusion thereof  | 70% of U&C  | 65% of U&C  |
| Private duty nursing by a registered nurse (R.N.) or Licensed Practical Nurse (LPN)   | 70% of U&C  | 65% of U&C  |
| Ambulance service to or from a hospital   | 70% of U&C up to a max. of \$800  | 65% of U&C up to a max. of \$500  |
| Rental of durable medical equipment   | 70% of U&C  | 65% of U&C  |
| Artificial limbs, artificial eyes or other prosthetic appliances  | 70% of U&C  | 65% of U&C  |
| Medicines or drugs administered by a physician or that can be obtained only with a physician's written prescription   | 70% of U&C  | 65% of U&C  |
| Dental treatment (repair or replacement of sound natural teeth damaged or lost as a result of Injury)   | 70% of U&C, up to a max. of \$500 per accident  | 65% of U&C, up to a max. of \$250 per accident  |
| Deferred dental treatment benefits (not subject to the overall Accident Medical Expense Maximum); sound, natural teeth only   | 70% 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. U&C charges incurred for deferred dental treatment are covered only if they are incurred on or before the Insured's 21st birthday; except that U&C charges incurred for deferred root canal therapy are covered only if they are incurred within 104 weeks after the date the Injury is sustained. | 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. U&C charges incurred for deferred dental treatment are covered only if they are incurred on or before the Insured's 21st birthday; except that U&C charges incurred for deferred root canal therapy are covered only if they are incurred within 104 weeks after the date the Injury is sustained. |
| For CT only: Home health care as provided by a home health agency and in accordance with the Connecticut State Statute  | 70% of U&C  | 65% of U&C  |
| For NM only: Treatment of craniomandibular or temporomandibular joint disorders if due to an accidental Injury  | 70% of U&C  | 65% of U&C  |



## Penalty for Non-compliance <sup>3</sup>

(This provision may vary depending on state of issue. Please refer to the Policy on file with the Policyholder/Participating Organization.) 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.

## Limitation on Multiple Benefits

If an Insured suffers one or more losses from the same accident for which amounts are payable under more than one of the following Benefits provided by the Policy, the maximum amount payable under all of the Benefits combined will not exceed the amount payable for one of those losses, the largest: Accidental Death Benefit, Accidental Dismemberment Benefit.

## Insured's Effective and Termination Dates

An Insured's coverage under the Policy begins on the latest of: (1) the Policy Effective Date; (2) the date for which the first premium for the Insured's coverage is paid; (3) the date the person becomes a member of an eligible class of persons as described in the Eligibility section; or (4) the date written enrollment is received by the Company. An Insured's coverage under the Policy ends on the earliest of: (1) the date the Policy is terminated; (2) the end of the period for which premiums have been paid; (3) the date the Insured ceases to be a member of any eligible class(es) of persons as described in the Eligibility section; or (4) the date the Insured requests, in writing, that his or her coverage be terminated. The Policy effective and termination dates are contained in the Policy on file with the Policyholder/Participating Organization.

## Exclusions

(Exclusions may vary depending on the state of issue. A list of the specific exclusions applicable to your coverage is contained in the Policy on file with the Policyholder/Participating Organization.)

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 or autoeroticism.



2. sickness, or disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these.
3. the Insured's commission of or attempt to commit a crime.
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 including but not limited to diabetes.
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.)

<sup>3</sup> This provision is not applicable in ID, ME, OK, SD and UT.

## Exclusions (Continued)

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; (b) performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or (c) riding as a passenger in an aircraft owned, leased or operated by the Policyholder/Participating Organization or the Insured's employer.
9. the Insured being under the influence of intoxicants.  
(Not applicable to coverage in SD and 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 MI and VT.)
11. the medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment.
12. any condition for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law.
13. the Insured riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground.
14. any loss incurred while outside the United States, its Territories or Canada.
15. 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.\*
16. 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.\*
17. 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 due to a covered Injury; or repair or replacement of existing eyeglasses or contact lenses unless due to a covered Injury.\*
18. new hearing aids or hearing examinations unless due to a covered Injury; or repair or replacement of existing hearing aids unless due to a covered Injury.\*
19. 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).\*
20. any charge for medical care for which the Insured is not legally obligated to pay.\*
21. care, treatment or services provided by an Insured or by an immediate family member.\*
22. routine physical exam and related medical services.\*
23. 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.\*
24. elective treatment or surgery.\*
25. experimental or investigational treatment or procedures.\*  
(Not applicable to coverage in CT.)
26. treatment for temporomandibular dysfunction.\*  
(Not applicable to coverage in FL.)
27. care, treatment or services provided by persons retained or employed by the Policyholder/Participating Organization or for supplies, prescriptions or medicines paid for or reimbursable by the Policyholder/Participating Organization or for which a charge is not made.\*
28. mental illness, psychological or psychiatric counseling of any kind, mental and nervous disease or disorders and rest cures.\*  
(Not applicable to coverage in VT.)
29. educational or vocational testing or training.\*
30. treatment of Osgood-Schlatter's disease.\*
31. detached retina unless due to an Injury.\*
32. diagnostic tests or treatment, except due to infection which occurs directly from an accidental cut or wound or ingestion of contaminated food\*
33. plastic or cosmetic surgery, except due to a covered Injury.\*
34. charges that are payable under motor vehicle medical benefits.\* (Not applicable to coverage in ID or UT.)
35. hernia except as a result of participation in a Covered Activity.\*

\* This exclusion is applicable to Accident Medical Expense Benefit only.

Exclusions/Definitions may vary depending on state of issue. Please refer to the Policy on file with Policyholder/Participating Organization.

# Student Accident Insurance Program

(Excluding interscholastic football and interscholastic sports)

## PROPOSED INSURED'S INFORMATION

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ M. I.: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Date of enrollment: \_\_\_\_\_ Grade: \_\_\_\_\_

Email address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Name of school: \_\_\_\_\_

Name of school district/diocese: \_\_\_\_\_

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

Signature of parent/guardian: \_\_\_\_\_

## POLICY TERM PREMIUM

1. Please check desired Covered Activity. See page 2 for Covered Activity details. Only select one option.
2. Please check desired Plan and enclose the applicable amount. See page 4 for Plan details. Only select one option.

| Grades 9-12 – EXCLUDES FOOTBALL & SPORTS   | PLAN A – 70%                      | PLAN B – 65%                      |
|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> School Time Accident Coverage (excluding interscholastic football and interscholastic sports) | <input type="checkbox"/> \$42.00  | <input type="checkbox"/> \$37.00  |
| <input type="checkbox"/> 24-Hour Accident Coverage (excluding interscholastic football and interscholastic sports)     | <input type="checkbox"/> \$157.00 | <input type="checkbox"/> \$143.00 |

### PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS. MAKE MONEY ORDER OR CHECK PAYABLE TO:

National Union Fire Insurance Company of Pittsburgh, Pa.

Total enclosed: \_\_\_\_\_ Check number: \_\_\_\_\_

### CUT ALONG DOTTED LINE AT LEFT, AND MAIL TO:

National Union Fire Insurance Company of Pittsburgh, Pa.  
Voluntary K-12  
P.O. Box 35540  
Newark, NJ 07193-5540

| COMPANY USE ONLY                         |              |
|--|--------------|
| POLICYHOLDER/PARTICIPATING ORGANIZATION: |              |
| POLICY NUMBER:                           | POLICY TERM: |



**For more information, contact your AIG Accident & Health representative.**

This brochure provides only brief descriptions of the coverages available under Policy Series C11695DBG. The issued Policy will contain reductions, limitations, exclusions, definitions and termination provisions. Full details of the coverage will be contained in the Policy on file with the District/School ("Policyholder/Participating Organization"). If there are any conflicts between this brochure and the Policy, the Policy shall govern in all cases. Coverage may not be available in all states. The Policy will include any applicable benefits, provisions or limitations required by the state in which it is delivered. Insurance is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., a Pennsylvania insurance company, with its principal place of business at 175 Water Street, New York, NY 10038. It is currently authorized to transact business in all states and the District of Columbia. NAIC No. 19445. Coverage may not be available in all jurisdictions and is subject to actual Policy language.

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