

Return to:

FROM

CITY

STATE

ZIP

EXCLUSIONS AND LIMITATIONS CONTINUED

21. any charge for medical care for which the Insured is not legally obligated to pay.*
22. care, treatment or services provided by an Insured or by an immediate family member.*
23. routine physical exam and related medical services.*
24. 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.*
25. elective treatment or surgery.*
26. experimental or investigational treatment or procedures.* (Not applicable to coverage in CT.)
27. treatment for temporomandibular dysfunction.* (Not applicable to coverage in FL.)
28. 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.*
29. mental illness, psychological or psychiatric counseling of any kind, mental and nervous disease or disorders and rest cures.* (Not applicable to coverage in VT.)
30. educational or vocational testing or training.*
31. treatment of Osgood-Schlatter’s disease.*
32. detached retina unless due to an Injury.*
33. diagnostic tests or treatment, except due to infection which occurs directly from an accidental cut or wound or ingestion of contaminated food.*
34. plastic or cosmetic surgery, due to a covered Injury.*
35. charges that are payable under motor vehicle medical benefits.* (Not applicable to coverage in ID.)
36. hernia except as a result of participation in a covered activity.*
37. any condition for which the Insured is entitled to benefits under any Workers’ Compensation Act or similar law.* (Not applicable to coverage in VT.)

*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.

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 listed below. 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.

AIG Benefit Solutions

STUDENT ACCIDENT INSURANCE PLAN
(the “Plan”)

OPTIONAL INTERSCHOLASTIC FOOTBALL
ACCIDENT COVERAGE

IMPORTANT NOTE: Coverage under the Policy 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. The Program provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical for sickness coverage.

ENROLL ONLINE at
www.studentinsurance.com

Insurance 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:

This brochure is for use in the following states: 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. *Specific provisions, definitions, exclusions and coverages applicable to the Policy issued in your state are contained in the Policy on file with the District/School.

If the total student enrollment does not meet our minimum premium, we may not be able to renew coverage.

This brochure provides only brief descriptions of the coverages available under Policy Series C11695DBG. The Policy contains 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/the 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 and services provided by member companies of American International Group, Inc. Coverage may not be available in all jurisdictions and is subject to actual Policy language. For additional information, please visit our website at www.AIG.com.

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EXCLUSIONS AND LIMITATIONS 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. (Not applicable to coverage in CO.)
9. the Insured being under the influence of intoxicants while operating any vehicle or means of transportation or conveyance. (Not applicable to coverage in CO, MI, 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. (Not applicable to coverage in CO.)
12. stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm. (Not applicable to coverage in CO.)
13. any condition for which the Insured is entitled to benefits under any Workers’ Compensation Act or similar law.
14. 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. (Not applicable to coverage in CO.)
15. any loss incurred while outside the United States, its Territories or Canada. (Not applicable to coverage in CO.)
16. 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.*
17. 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.*
18. 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.*
19. 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.*
20. 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).*

DEFINITIONS

(Definitions may vary depending on state of issue. Please refer to the Policy on file with Policyholder.)

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; (2) for whom premium has been paid; (3) while covered under this Policy; and (4) who has enrolled for coverage under this Policy, if required.

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.

EXCLUSIONS AND LIMITATIONS

Exclusions may vary depending on the state of issue. A list of the specific exclusions applicable to your Policy is 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 or autoeroticism.
2. sickness, or disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from either 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. (Not applicable to coverage in CO.)
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.)



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 (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.		
BENEFIT SCHEDULE*		
ACCIDENT MEDICAL EXPENSE BENEFITS Covered Accident Medical Service(s) means any of the following services:	PLAN A	PLAN B
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)	70% of U&C 70% of U&C	65% of U&C 65% of U&C
OUTPATIENT HOSPITAL SERVICES Hospital emergency room or ambulatory medical center Laboratory tests Radiological procedures	70% of U&C up to a maximum of \$2,000 70% of U&C 70% of U&C	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/ the Participating Organization.) Anesthetics and the administration of anesthetics Physical therapy	70% of U&C 70% of U&C 70% 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	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 (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.)
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 (not subject to the overall Accident Medical Expense Maximum)	70% of U&C 70% of U&C up to a maximum of \$800 70% of U&C 70% of U&C 70% of U&C 70% of U&C up to a maximum of \$500 per accident	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 per accident
	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. 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	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 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.

*The amount of benefits provided depends upon the plan selected. Premium will vary with the plan selected. Premium will vary with the plan selected. Sub-limits/coinsurance not applicable to coverage in CO; plan A rates will apply.

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 provision is not applicable in CO, CT, ID, IL, ME, NC, OK and SD.

INTERSCHOLASTIC FOOTBALL ACCIDENT COVERAGE

If coverage is elected and appropriate premium is received, this accident insurance provides coverage while the Insured is participating in school sponsored and supervised interscholastic football activities on or off school premises. Coverage also includes travel to and from such participation.

INSURED'S EFFECTIVE AND TERMINATION DATES

An Insured's coverage under this 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 Classification of Eligible Persons section of the Master Application; or (4) if individual enrollment is required, the date written enrollment is received by the Policyholder. An Insured's coverage under this Policy ends on the earliest of: (1) the date this 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 Classification of Eligible Persons section of the Master Application; 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 District/School ("the Policyholder/ the Participating Organization").

EXCESS COVERAGE*

The Excess Benefits Rider applies when the Insured has Accident Medical Expense coverage (herein called This Plan) under the Policy and health care coverage under one or more other Plans. When there is a basis for a claim under This Plan and another Plan, This Plan is an excess plan which has its benefits determined in excess of the benefits of the other Plan as described below, unless both: (1) the other Plan has coordination or excess benefits rules that require its benefits to be determined in excess of the benefits of This Plan; and (2) This Plan has covered the Insured longer than the other Plan has. When This Plan is an excess plan, the benefits of this Plan for any Allowable Expenses will be reduce when the sum of: 1. the benefits that would be payable for those Allowable Expenses under This Plan in the absence of this Rider; and 2. the benefits that would be payable for those Allowable Expenses under the other Plans in the absence of provisions with a purpose like that of a coordination or excess benefits provision, whether or not claim is made; exceeds the amount of those Allowable Expenses. In that case, This Plan's benefits will be reduced so that they and the other Plans' benefits do not total more than the amount of those Allowable Expenses. *This Excess provision is not applicable in CT, ID, IL, NC, OK and SD, and benefits are payable to the limits described in this brochure.

ACCIDENTAL DEATH AND ACCIDENTAL DISMEMBERMENT BENEFITS

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 Accidental Dismemberment \$30,000 Maximum Amount shown below for that Loss.

For Loss Of: Percentage of Maximum Amount Accidental Dismemberment
Both Hands or Both Feet100%
Sight of Both Eyes100%
One Hand and One Foot100%
One Hand and the Sight of One Eye.....100%
One Foot and the Sight of One Eye100%
Speech and Hearing in Both Ears.....100%
One Hand or One Foot50%
The Sight of One Eye50%
Speech or Hearing in Both Ears50%
Hearing in One Ear25%
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 payable in addition to the Accidental Death Benefit.)
Heart and/or Circulatory Benefit Maximum Amount: \$15,000 (This benefit is not available in CT.) 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 \$15,000 Maximum Amount provided that 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.

ENROLLMENT FOR STUDENT ACCIDENT INSURANCE PLAN (Interscholastic Football)

Insurance Underwritten by National Union Fire Insurance Company of Pittsburgh, Pa.

PLEASE PRINT CLEARLY

Person to be Insured

HOME ADDRESS

LAST NAME

FIRST NAME

MI

DATE OF BIRTH

STREET ADDRESS

CITY OR TOWN

STATE

ZIP CODE

DATE OF APPLICATION (MM/DD/YYYY)

GRADE

TELEPHONE NUMBER

NAME OF SCHOOL

NAME OF SCHOOL DISTRICT/DIOCESE

COMPANY USE ONLY

HOLDER NUMBER

POLICY NUMBER

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 Plan brochure. There is no obligation to purchase this insurance plan.

SIGNATURE OF PARENT OR GUARDIAN

COV CD	Senior (Grade 10, 11, 12)	PLAN A	PLAN B	Freshman (Grade 9)	PLAN A	PLAN B
	Interscholastic Football Accident Coverage	<input type="checkbox"/>	<input type="checkbox"/>	Interscholastic Football Accident Coverage	<input type="checkbox"/>	<input type="checkbox"/>
* Annual Premium		TOTAL ENCLOSED: _____		Please make money order or check payable to:		AS-F
Sub-limits/coinsurance not applicable to coverage in CO; Plan A rates will apply. Please check applicable coverage(s) above and enclose the correct amount.		CHECK # _____				

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS)