

Student Accident Insurance

for Public & Private Schools



UNDERWRITTEN BY:

United States Fire Insurance Company



PRESENTED BY:

GENE WEBER AGENCY, INC.
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Primary Individual Voluntary Student Plan

PREMIUM SCHEDULE

| | Enrollment Options | Schooltime Coverage | 24-Hour Coverage | High School Football Coverage Grades 9–12 |
|--------------------------------------|--------------------|---------------------|------------------|---|
| Grades N–12—Per Student Rates | Low Option | \$18.00 | \$45.00 | \$ 78.00 |
| | High Option | \$28.00 | \$77.00 | \$140.00 |

Optional Extended Dental Coverage: Increases the Dental Treatment benefit under the plans to a maximum of \$1,000.00 per tooth. Coverage is effective 24 hours a day, even when selected with Schooltime Coverage and ends on the opening day of the following Fall Term. **Premium: \$16.00.**

Parents can choose from two convenient payment methods—check or money order.

SCHOOLTIME PLAN—\$25,000.00 Maximum Medical Benefit

All enrolled students for whom premium has been paid are insured . . .

1. While on the school premises during a period of regular attendance on the days and months when school is in session.
2. While traveling directly to or from the Insured's residence and school for regular sessions, for such travel time as may be necessary (one hour before school begins and one hour after dismissal; longer if school bus requires).
3. While participating in or attending activities sponsored solely by the school and directly and continuously supervised by a school official or employee, including all sports, except interscholastic tackle football played in or with grades 9–12 (unless enrolled under such coverage and the proper premium has been paid), and including supervised travel by school furnished transportation, directly to and from school activities.

Coverage is effective from the date the parent's application and premium are received by the school or the insurance company, but in no event prior to the opening day of school. Coverage terminates at the close of the regular nine-month school term, except while the insured is attending academic classroom sessions exclusively sponsored and solely supervised by the school during the summer.

24-HOUR PLAN—\$25,000.00 Maximum Medical Benefit

. . . Extends the SCHOOLTIME Plan for a full 24 hours a day, at home or at play—anytime, anywhere, whether school is in session or not. The insured has continuous protection from the date the parent's application and premium are received (or on the opening day of school, if later) to the opening day of the next fall term.

FOOTBALL COVERAGE—

Coverage for Interscholastic Tackle Football played in or with Grades 9–12 may only be purchased in conjunction with Schooltime or 24-Hour Insurance. Football coverage may NOT be purchased alone. Coverage includes travel to or from a football game or practice, as a team member, when such travel is sponsored by the school and solely supervised by school employees. Coverage begins on the first day of regularly scheduled school-sponsored practice, provided the student is enrolled for Football Coverage and premium is paid prior to commencement of practice. An enrollment list and/or enrollment envelopes showing the names of all Football players to be insured and the premium must be received by the Company's Agent within five (5) days after the first practice; otherwise coverage is effective on the date premium is paid. Coverage expires on July 1 of the year next following the policy effective date.

MEDICAL BENEFITS—Up to \$25,000.00

THE POLICY WILL PAY UP TO \$25,000 for medical expenses incurred as the result of covered injuries sustained by an Insured in any one accident which occurs on or after the effective date of coverage. Benefits will be paid for treatment, care and service performed within 52 weeks after the date of accident, not to exceed the Expense Benefit Limitations stated below, provided the first such expense is incurred within 30 days after the accident.

See Page 4 for EXCLUSIONS

Premium(s) quoted in this brochure cannot be refunded or pro-rated

EXPENSE BENEFIT LIMITATIONS Benefits are paid up to the following maximums per injury, unless otherwise stated:

| | HIGH OPTION | LOW OPTION |
|--|--|--|
| Hospital Inpatient Expense Room & Board..... | \$250.00 per day..... | \$150.00 per day |
| Hospital Ancillary Charges | \$1,500.00 per accident..... | \$750.00 per accident |
| Hospital Outpatient Emergency Care Expense (within 72 hours of injury)..... | \$ 75.00 per accident..... | \$ 40.00 per accident |
| Hospital Outpatient Surgery | \$250.00 per accident..... | \$150.00 per accident |
| Physician Expenses (Non-Surgical) | \$ 30.00 per visit | \$ 20.00 per visit |
| Where treatment principally involves physio- therapy, limited to..... | 3 visits..... | 3 visits |
| Physician Expense (Surgical)..... | \$130.00 per unit allowance under the current California Relative Value Studies, up to \$800.00 per accident | \$ 90.00 per unit allowance under the current California Relative Value Studies, up to \$500.00 per accident |
| Assistant Surgeon's Expense..... | 20% of Surgeon's allowance | 20% of Surgeon's allowance |
| Anesthetist Expense..... | 25% of Surgeon's allowance | 25% of Surgeon's allowance |
| Private Duty Nurse Expense | 80% of charges..... | 80% of charges |
| Outpatient X-Ray Expense..... | \$100.00 per accident..... | \$ 50.00 per accident |
| Outpatient Laboratory Expense..... | \$ 50.00 per accident..... | \$ 25.00 per accident |
| Dental Treatment of Sound and Natural Teeth.... | \$100.00 per tooth; up to | \$100.00 per tooth; up to |
| | \$300.00 per accident | \$300.00 per accident |
| Ambulance Expense | \$100.00 per accident..... | \$100.00 per accident |
| Aggravation or Re-Injury Expense | \$500.00 per accident..... | \$500.00 per accident |
| Injury Caused by Motor Vehicle, Expense | \$500.00 per accident..... | \$500.00 per accident |
| Diagnostic Surgery Expense..... | \$500.00 per accident..... | \$500.00 per accident |
| Diagnostic Imaging Expense..... | \$200.00 per accident..... | \$100.00 per accident |

Limitations

Limitations: (1) No benefits are payable for any expense resulting from participation in activities for which benefits would be payable, in the absence of insurance hereunder, under any High School Association Catastrophe Sports Accident Policy. (2) Under surgery, the maximum payment for multiple procedures performed within the same operative field shall be limited to 150% of the amount payable for the primary procedure.

Note: Certain exclusions or limitations may be modified to meet individual state requirements.

Accidental Death & Dismemberment

Benefits are payable IN ADDITION to Medical Expense Benefits. If a covered injury causes loss within 100 days

| | | |
|---------------------------------------|---|--------------|
| of the accident, the policy will pay: | Loss of life | \$ 2,000.00 |
| | Loss of both hands, both feet or both eyes | \$ 10,000.00 |
| | Loss of one hand or one foot | \$ 2,000.00 |
| | Loss of one hand & one foot; or one hand & one eye; or one foot & eye | \$ 4,000.00 |
| | Loss of sight of one eye | \$ 1,500.00 |

This is not the Policy. Rather, it is a brief description of the benefits and other provisions of the Policy. The Policy is governed by the laws and regulations of the state in which it is issued and is subject to any necessary state approvals. Any provision of the Policy, as described herein, that may be in conflict with the laws of the state where the school is located will be administered to conform with the requirements of that state's laws, including those relating to mandated benefits.

This plan is not available in all states.

AK, DE, IA, MI, MS, SC, WI: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud.

AL: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

AZ: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

GA, NE, VT: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information may be guilty of insurance fraud.

KY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

OH: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

TN: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

DEFINITIONS

The terms shown below shall have the meaning given in this section whenever they appear in this Policy. Additional terms may be defined within the provision to which they apply.

Accident means a sudden, unforeseeable external event which:

1. Causes Injury to one or more Covered Persons; and
2. Occurs while coverage is in effect for the Covered Person.

Covered Expenses means expenses actually incurred by or on behalf of a Covered Person for the Usual, Reasonable and Customary charges for the Medically Necessary treatment, services and supplies covered by the Policy and Certificate and which is performed or given under the direction of a Physician for treatment of an Injury. Coverage under the Policy and Certificate must remain continuously in force from the date of the Accident until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained. A Covered Expense for a an Injury cannot be in excess of the maximum benefit amount payable per service as shown in the Schedule and cannot be for medical services and supplies that are excluded under the Policy.

Covered Person means a person eligible for coverage as identified in the Application for whom proper premium payment has been made, and who is therefore insured under this Policy.

Eligible Expenses means the Usual, Reasonable and Customary charges for services or supplies which are incurred by the Covered Person for the Medically Necessary treatment of an Injury. Eligible Expenses must be incurred while this Policy is in force.

He, his, and him includes she, her and hers.

Health Care Plan means any contract, policy or other arrangement for benefits or services for medical or dental care or treatment under:

1. Group or blanket insurance, whether on an insured or self-funded basis;
2. Hospital or medical service organizations on a group basis;
3. Health Maintenance Organizations on a group basis.
4. Group labor management plans;
5. Employee benefit organization plan;
6. Professional association plans on a group basis; or
7. Any other group employee welfare benefit plan as defined in the Employee Retirement Income Security Act of 1974 as amended.

Hospital means an institution which:

1. Is operated pursuant to law;
2. Is primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis;
3. Is under the supervision of a staff of Physicians;
4. Provides 24-hour nursing service by or under the supervision of a graduate registered nurse, (R.N.);
5. Has medical, diagnostic and treatment facilities, with major surgical facilities;
 - a. On its premises; or
 - b. Available to it on a prearranged basis; and
6. Charges for its services.
7. Is a duly licensed Rehabilitation Facility.

Hospital does not include:

1. A clinic or facility for:
 - a. Convalescent, custodial, educational or nursing care;
 - b. The aged, drug addicts or alcoholics;
2. A military or veterans hospital or a hospital contracted for or operated by a national government or its agency unless:
 - a. The services are rendered on an emergency basis; and
 - b. A legal liability exists for the charges made to the individual for the services given in the absence of insurance.

Hospital Stay means a Medically Necessary overnight confinement in a Hospital when room and board and general nursing care are provided for which a per diem charge is made by the Hospital.

Injury means bodily harm which results, directly and independently of disease or bodily infirmity, from an Accident. All injuries to the same Covered Person sustained in one accident, including all related conditions and recurring symptoms of the Injuries will be considered one Injury.

Interscholastic means a sport or activity organized between schools or representatives of the schools.

Intramural means a sport or activity within a particular institution and describes sports matches, activities, or contests that take place among teams from "within the walls" of an institution or area.

Immediate Family Member means the Covered Person's parent (includes step-parent), grandparent, Spouse, Child(ren) (includes legally adopted or step or Foster Child(ren), brother, sister, step-Child(ren), grandchild(ren), or in-laws. A Member of the Immediate Family includes an individual who normally lives in the Covered Person's household.

Medically Necessary or Medical Necessity means a treatment, service or supply that is:

1. Required to treat an Injury; and
2. Prescribed or ordered by a Physician or furnished by a Hospital;
3. Performed in the least costly setting required by the condition;
4. Consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

The purchasing or renting air conditioners; air purifiers, motorized transportation equipment, escalators or elevators in private homes, swimming pools or supplies for them; and general exercise equipment are not considered Medically Necessary.

The fact that a Physician may prescribe, authorize, or direct a service does not of itself make it Medically Necessary or covered by the Group Policy.

A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may, at Our discretion, consider the cost of alternative to be the Covered Expense.

Nurse means either a professional, licensed, graduate registered nurse (R.N.) or a professional, licensed practical nurse (L.P.N.).

Physician means a person who is a qualified practitioner of medicine. A such, He or She must be acting within the scope of his/her license and under the laws in the state in which He or She practices and providing only those medical services which are within the scope of his/her license or certificate. It does not include a Covered Person, a Covered Person's Spouse, son, daughter, father, mother, brother, or sister or other relative.

Principal Sum means the largest amount payable under the benefit for all losses resulting from any one Accident.

School means the participating School or School District where the Covered Person is enrolled or employed. The School must be a duly accredited (state certified or accredited) primary, elementary, secondary, or collegiate School.

Supervised or Sponsored Activity means a Policyholder or School authorized function:

1. In which the Covered Person participates;
2. Which is organized by or under its auspices; which is within the scope of customary activities for such entity and is shown on the Schedule of Benefits.

Usual, Reasonable and Customary means:

1. With respect to fees or charges, fees for medical services or supplies which are:
 - a. Usually charged by the provider for the service or supply given; and
 - b. The average charged for the service or supply in the locality in which the service or supply is received; or
2. With respect to treatment or medical services, treatment which is reasonable in relationship to the service or supply given and the severity of the condition.

EXCLUSIONS:

This Policy does not cover any loss resulting in whole or part from, or contributed to by, or as a natural or probable consequence of any of the following unless otherwise covered under this Policy by Additional Benefits:

1. Suicide, self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane.
2. War or any act of war, declared or undeclared.
3. An Accident which occurs while the Covered Person is on Active Duty in any Armed Forces, National Guard, military, naval or air service or organized reserve corps:
4. Injury sustained while in the service of the armed forces of any country. When the Covered Person enters the armed forces of any country, We will refund the unearned pro-rata premium upon request;
5. Participation in a riot or insurrection.
6. Any Injury requiring treatment which arises out of, or in the course of fighting, brawling, assault or battery.
7. Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural foreseeable result of an Accidental external bodily injury or accidental food poisoning.
8. Disease or disorder of the body or mind.
9. Mental or nervous disorders.
10. Asphyxiation from voluntarily or involuntarily inhaling gas and not the result of the Covered Person's job.
11. Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Physician and not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
12. Intoxication or being under the influence of any drug or narcotic.
13. Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
14. Driving under the influence of a controlled substance unless administered on the advice of a Physician.
15. Driving while Intoxicated. Intoxicated will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs.
16. Violation or in violation or attempt to violate any duly-enacted law or regulation, or commission or attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation.
17. Conditions that are not caused by a Covered Accident.
18. Covered Expenses for which the Covered Person would not be responsible in the absence of this Policy.
19. Any treatment, service or supply not specifically covered by this Policy.
20. Loss resulting from participation in any activity not specifically covered by this Policy.
21. Charges which Are in excess of Usual, Reasonable and Customary charges.
22. Expenses incurred for an Accident after the Benefit Period shown in the Schedule of Benefits;
23. Regular health check ups.
24. Services or treatment rendered by a Physician, Nurse, or any other person who is employed or retained by the Policyholder.
25. Services or treatment rendered by an Immediate Family member of the Covered Person;
26. Injuries paid under Workers' Compensation, Employers liability laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
27. That part of the medical expense payable by any automobile insurance policy without regard to fault.(Does not apply in any state where prohibited).
28. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay.
29. Travel or activity outside the United States.
30. Participation in any motorized race or speed contest.
31. Aggravation or re-injury of a prior injury that the Covered Person suffered prior to his or her coverage Effective Date, unless We receive a written medical release from the Covered Person's Physician.
32. Heart attack, stroke or other circulatory disease or disorder, whether or not known or diagnosed, unless the immediate cause of Loss is external trauma.
33. Treatment of a hernia whether or not caused by a Covered Accident.
34. Treatment of a detached retina unless caused by an Injury suffered from a Covered Accident.
35. Damage or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in this Policy.
36. Expense incurred for treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy; or craniomandibular joint dysfunction and associated myofascial pain, except as specifically provided in this Policy.
37. Dental care or treatment other than care of sound , natural teeth and gums required on account of Injury resulting from an Accident while the Covered Person is covered under this Policy, and rendered within 6 months of the Accident. .
38. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore.
39. Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license.
40. Travel in or upon:
 - a. A snowmobile;
 - b. A water jet ski;
 - c. Any two or three wheeled motor vehicle, other than a motorcycle registered for on-road travel;
 - d. Any off-road motorized vehicle not requiring licensing as a motor vehicle; when used for recreation competition .
41. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
 - a. While riding as a passenger in any Aircraft not intended or licensed for the transportation of passengers; or
 - b. While being used for any test or experimental purpose; or
 - c. While piloting, operation, learning to operate or serving as a member of the crew thereof; or
 - d. While traveling in any such Aircraft or device which is owned or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the Covered Person or any member of his household.
 - e. A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
 - f. an ultralight hang-gliding, parachuting, or bungi-cord jumping
Except as a fare paying passenger on a regularly scheduled commercial airline or as a passenger in a non-scheduled, private aircraft used for business or pleasure purposes.

42. Treatment for an Injury that is caused by or results from a nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 180 days of the initial incident and:
- a. The loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy and
 - b. The Covered Person was within a 25-mile radius of the site of release either:
 - i. At the time of the release; or
 - ii. Within 24 hours of the start of the release
43. Practice or play in any amateur, club sport, intercollegiate or professional sports contest or competition.
44. The repair or replacement of existing artificial limbs, orthopedic braces or orthotic devices.
45. Rest cures or custodial care.
46. Prescription medicines unless specifically provided for under this Policy.
47. Elective or Cosmetic surgery, except for reconstructive surgery on an injured part of the body.
48. Massage Therapy . Physical Therapy or Acupuncture/Acupressure Services , unless otherwise specifically allowed for in the Schedule of Benefits.

Enrollment Request

| | | | |
|---|--------------|----------------------|-----------|
| Name of School or Center _____ | | | |
| Street Address _____ | | | |
| Mailing Address _____ | | | |
| City _____ | County _____ | State _____ | Zip _____ |
| Telephone No. () _____ | | Fax No. () _____ | |
| <input type="checkbox"/> New Client <input type="checkbox"/> Renewal Client | | e-mail address _____ | |

| | |
|--|-------------------|
| 1. What is the Effective Date of School Term (first day of school)? ____/____/____ Last Day? ____/____/____ | |
| 2. What is the Termination Date (first day of next school year)? ____/____/____ | |
| 3. What is the Effective Date of Football Coverage (first day of practice)? ____/____/____ No. of Football Players? _____ | |
| 4. What is the Effective Date of Sports other than Football (first day of practice)? ____/____/____ | |
| 5. It is agreed and understood that (a) student insurance becomes effective on the opening day of school; (b) Football and other sports coverage becomes effective the first day of authorized practice; or (c) on the date this application or individual enrollment is received, whichever is later. Please check one : | |
| 6. STUDENT ENROLLMENT: Grades N-8 _____ Grades 9-12 _____ Total _____ | |
| PRIMARY INDIVIDUAL VOLUNTARY STUDENT PLAN | |
| Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. | |
| Requested by: _____ | _____ |
| Signature of School Official | Title |
| _____ | _____/_____/_____ |
| Name of School Official—Print or Type | Date |

**Complete and mail or fax to: Gene Weber Agency, Inc. • PO Box 120997 • W. Melbourne, FL 32912-0997
FAX (321) 676-8685 • IF YOU HAVE ANY QUESTIONS CALL (321) 637-0035**

| | | |
|-----------------------------|-----------------------|----------------------|
| FOR COMPANY USE ONLY | | App. Rec'd: _____ |
| Policy No.: _____ | Forms attached: _____ | Env. No.: _____ |
| Effective Date: _____ | _____ | Amount Sent: _____ |
| Expiration Date: _____ | _____ | Supplies Sent: _____ |
| Sub Agent: _____ | _____ | Policy Sent: _____ |