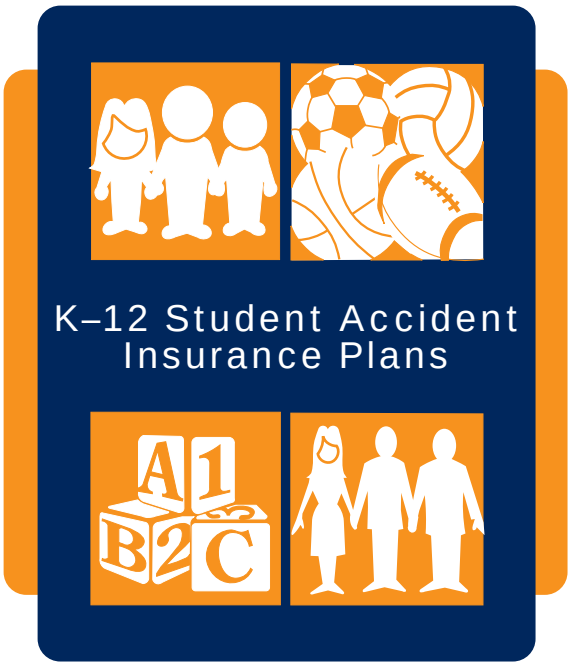
2021-2022
Student Accident Insurance Plans



Why you need Student Insurance . . .

- Your school does not provide medical insurance to cover injuries to students. Instead, your school suggests this Plan to provide affordable coverage options.
- If you don't have other insurance, this Student Accident Plan is essential.
- Even if you do have other insurance, you will probably have to pay deductibles or co-payments. This Student Accident Plan will help to fill those expensive "gaps."
- Only one yearly premium payment required!
- Don't wait until you're faced with costly medical bills to think about insurance.
- Read this information and make your selections today!

Choose from these school approved plans . . .

- **24-Hour Plan**
- **School-time Plan**

– plus –

- **Extended Dental Plan**
- **Football Plan**
  (Fall and NEW Spring Coverage Available)

UNDERWRITTEN BY:

United States Fire Insurance Company

SERVICED BY:

GENE WEBER AGENCY, INC.
P.O. Box 120997
W. Melbourne, FL 32912-0997
(321) 637-0035 office
(321) 676-8685 fax
www.geneweberagency.com
paul@geneweberagency.com

1 Choose from these School-Approved Plans:

24-Hour Plan

The student is insured for full 24-hour a day protection, for school-time accidents, and at home or away—at play—at camp—on vacation—scouting—amateur sports—youth group activities—or just playing in the neighborhood. Coverage for interscholastic tackle football played in or with grades 9–12 must be purchased separately. The 24-Hour Plan is available for a full year (annual coverage) or Summer Only.

School-time Plan

The student is insured while attending school when school is in session; 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 you purchase football coverage) as well as travel by school-furnished transportation during the school term; traveling to or from the Insured's residence and the school for regular school sessions; and attending religious classes, including travel.

Football Coverage

Covers injuries caused by accidents occurring while participating in interscholastic tackle football played in or with grades 9–12, or while traveling as a team member in a school-provided vehicle to or from football games or practice, when such travel is sponsored by the school and supervised by school employees. Fall & Spring Football Coverage may only be purchased in combination with either the
Annual 24-Hour or School-time Coverage. **Football Coverage may *not* be purchased by itself.**

Extended Dental Plan

Increases the Dental Treatment Benefit under the Plans to a maximum of $1,000.00 per tooth for accidental injury to one or more sound, natural teeth. This extended coverage is effective 24 hours a day even when selected with School-time Coverage and ends on the opening day of school for the following Fall term. Premium for the Extended Dental Benefit is $16.00 under all plans. Extended Dental Coverage may *not* be purchased by itself.

2 Additional facts about the Plans:

Effective and Expiration Dates: School-time or 24-Hour coverage goes into effect on the day following the envelope postmark date, but in no event prior to the opening day of school (or the first day of Summer break for Summer Only coverage). The expiration date of coverage under the **School-time Plan** is 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** coverage ends on the opening day of school for the following Fall term. **Football Coverage** starts the first day of regularly-scheduled school-sponsored practice, provided premium is paid prior to that date. Football Coverage expires August 1, 2022.

3 Your choice of benefits

The Policy will pay up to $25,000.00, 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. All benefits are per accident, unless otherwise specified.

Expense Benefit Limitations—Benefits are paid up to the following maximums:

	High Option	Low Option
Hospital Inpatient Expense Room and Board	**$250.00 per day**	**$150.00 per day**
Hospital Ancillary Charges	**$1,500.00 per accident**	**$750 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 physiotherapy, limited to	**3 visits**	**3 visits**
Physician Expenses (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 Nursing 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 $300.00 per accident**	**$100.00 per tooth; up to $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**

AD&D Benefits

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 and one foot; or one hand and one eye; or one foot and one eye	**4,000.00**
Loss of sight of one eye	**1,500.00**

4 How to apply

- Choose the plan best suited to your needs.
- Complete and sign the attached enrollment form.
- Enclose check or money order payable to **Gene Weber Agency** for the **required yearly premium.**
- Mail to: **Gene Weber Agency** • P.O. Box 120997 • W. Melbourne, FL 32912-0997

IMPORTANT Keep this information as a Summary of Benefits. Complete provisions are contained in the Master Policy on file at the school. It is subject to Insurance Department approval and will conform to the laws of the state where your school is located. Individual policies will not be sent to you.

LATE ENROLLMENT Coverage may be purchased at any time during the school year, but there is no premium reduction for late enrollment.

CANCELLATION Coverage is non-cancellable and premiums will not be pro-rated or refunded.

RETURN OF CHECK BY BANK Coverage will be immediately invalidated if check is returned by bank for any reason.

CUT AND MAIL

Enrollment Form

Yearly Student Rates—2021–2022—Check Your Selections

COVERAGE PLANS	BENEFIT OPTIONS ☐ High Option	☐ Low Option
Annual 24-Hour (Includes School-time coverage)	☐ $ 77.00	☐ $45.00
School-time	☐ $ 28.00	☐ $18.00
Summer Only 24-Hour	☐ $ 43.00	☐ $22.00
*Extended Dental	☐ $ 16.00	☐ $16.00
*Football—Fall & Spring (Grades 9–12 only)	☐ $140.00	☐ $78.00
*Football—Spring Only (Grades 8–11 only)	☐ $ 54.00	☐ $33.00
Total Payment Enclosed (includes $10 Service Fee)	$	$

***Note: Football Coverage is available only in combination with *Annual* 24-Hour or School-time Coverage. Extended Dental Coverage is available in combination with 24-Hour or Schooltime Coverage.**

Make Check or Money Order Payable to **"GENE WEBER AGENCY"** ***DO NOT SEND CASH***

Please print child's name clearly—1 letter to a box—ALL CAPITALS

STUDENT'S LAST NAME ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ STUDENT'S FIRST NAME ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ MIDDLE INITIAL ☐

GRADE ☐☐ BIRTHDATE (Mo/Day/Yr) ☐☐ ☐☐ ☐☐

PARENT'S NAME _____

HOME ADDRESS _____
No. & Street Apt. # City State Zip

NAME OF SCHOOL _____

SCHOOL DISTRICT OR ADDRESS (CITY) _____
City State

I acknowledge that I have read the fraud warning on page 6.

SIGNATURE _____ (Parent or Guardian) **DATE RECEIVED BY SCHOOL OFFICAL:** _____ **NAME OF SCHOOL OFFICAL:** _____ Date Signed

GWA PIV 21-22

IMPORTANT! THIS IS YOUR INSURANCE CARD. IF COVERAGE IS PURCHASED CLIP, FOLD AND CARRY AS YOUR VERIFICATION OF COVERAGE.

This card verifies student accident coverage during the 2021-2022 School Year

Name of student _____

Name of school _____

Plan Number GW-PIV

Fully Insured & Underwritten by
United States Fire Insurance Company
Possession of this card does not guarantee eligibility. The student must be enrolled in the plan. Eligibility is subject to Verification by Plan Administrator.

FOLD

List Medical Conditions:

_____

_____

Family Physician:

_____ Phone ( ) _____

Coverage Purchased:

❒ Accident Only Coverage
- ❒ 24-Hour
- ❒ School-time
- ❒ Dental
- ❒ Football

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.

How to file a claim

In case of an accident, simplified claim forms are available at the school. Accidents must be reported and bills submitted within 90 days. If the student is insured under the "24-Hour Plan" and school is not in session, a claim form can be obtained from the Gene Weber Agency 321-637-0035.

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 activitywithin 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 sate 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 devises.
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.