

PARTICIPANT ACCIDENT INSURANCE PLAN EXCESS MEDICAL EXPENSE COVERAGE PRIVATE SECONDARY SCHOOLS

- Basic Medical Program not available in: New Hampshire, New Mexico, New York

Who is covered?

Students enrolled in the School (Class 1, 2 or 3) and/or Participants of approved Summer Camps and classes of the School. No list or roster form is required for mandatory coverages because all participants in each coverage option must be insured.

What is covered?

Medical expenses resulting from an Injury. We pay 100% of the covered expense above the deductible incurred within two years after the accident to the maximum limit noted below. The first expense must be incurred within 26 weeks after the accident.

When are they covered?

Persons are covered while engaged in a Covered Activity. Covered Activity is all activities conducted under the supervision of the School (including interscholastic sports) as well as Summer camp and classes activity sponsored by the School. Group or team travel to and from a covered activity conducted under the supervision of the School is also covered.



Coverage Limits:

Basic Medical Policy

(Underwritten by A.M. Best Rating: A+ (Superior) effective August 30, 2019 Insurance Carrier)

Maximum Limit: \$25,000 per injury per individual
Deductible: \$0
Benefit Period: 2 years
Reasonable & Customary: 100%

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Accidental Death & Dismemberment Benefit

Principal Sum \$10,000

If the Insured Person's Injury results in any of the losses listed in the table below within 365 days after the date of the accident, we will pay the sum shown opposite the loss. We will not pay more than the Principal Sum shown for each Insured Person for all losses due to the same accident. The Principal Sum amount is shown in the Schedule below.

LOSS	BENEFIT
Life	Principal Sum
Both Hands or Both Feet or Sight of Both Eyes	Principal Sum
One Hand and One Foot	Principal Sum
Either Hand and Sight of One Eye	Principal Sum
Either Foot and Sight of One Eye	Principal Sum
Speech and Hearing in Both Ears	Principal Sum
Either Hand or Foot	1/2 Principal Sum
Sight of One Eye	1/2 Principal Sum
Speech or Hearing in Both Ears	1/2 Principal Sum
Thumb and Index Finger on the Same Hand	1/4 Principal Sum

Loss means, with respect to:

- hand and feet, actual severance through or above wrist or ankle joints;
- sight, speech and hearing, entire and irrecoverable loss thereof;
- thumb and index finger, actual severance through or above the metacarpophalangeal joints.

What is excluded?

The Policy does not cover loss resulting from or for:

1. intentionally self-inflicted Injury, suicide, or attempted suicide, whether sane or insane;
2. war or act of war, whether declared or undeclared;
3. Injury sustained while in the armed forces (land, water or air) of any country or international authority;
4. Injury sustained while in or on, boarding or alighting from, being struck or run down by, any aircraft except as an airline passenger on an aircraft: (a) operated by a passenger airline on a regularly scheduled trip over its established route or that is chartered by that airline; or (b) any transport type aircraft operated by the Military Airlift Command (MAC) of the United States or any national government recognized by the United States;
5. repair, replacement, examination for prescriptions, or fitting of (a) eyeglasses; (b) contact lenses; or (c) hearing aids.
6. dental work or treatment on natural teeth which is not necessary for the repair or relief of Injury;
7. repair or replacement of existing dentures, partial dentures, braces, fixed or removable bridges, or other artificial dental restoration;
8. repair or replacement of artificial limbs or orthopedic braces;
9. Injury for which the Insured Person is eligible to receive Workers' Compensation benefits or similar benefits, regardless of whether he or she has applied for benefits;
10. Injury sustained while the Insured Person is voluntarily taking drugs which federal law prohibits dispensing without a prescription, including sedatives, narcotics, barbiturates, amphetamines or hallucinogens, unless the drug is taken as prescribed or administered by a licensed Physician;
11. Injury sustained by an Insured Person during or as a result of his or her commission of a felony or while incarcerated for a felony, except that this exclusion will not be applicable upon acquittal or dismissal of the felony charges;
12. Injury sustained as a result of the Insured Person's being legally intoxicated from the use of alcohol while operating a motor vehicle;
13. Expenses incurred for services, treatment, supplies or facilities rendered by: (a) the Policyholder's health service or infirmary; or (b) any Physician or nurse employed or retained by the Policyholder.
14. Expenses covered under any automobile reparations insurance (no-fault) or automobile insurance medical payments benefit.

***NOTE: This coverage may vary in your state.
Please refer to the master policy for exact limitations and/or benefits.***

Underwritten by Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. This brochure explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this brochure and the policy, the terms of the policy apply. Complete details are in the Master Policy as issued to the policyholder. Benefits are subject to state availability. Blanket Accident Form Series includes SRP-1400, or state equivalent.

How to apply

1. Complete the Request for Coverage form. Select Class 1, 2 and/or Class 3 options on the Basic Coverage. Class 3 is only available if Class 1 and/or 2 is purchased. For Class 3, only count those participants that are not currently enrolled as a Student under Class 1 and/or 2. Complete the premium calculation. *Basic Medical coverage has a minimum premium of \$310.00.*
2. Return the completed form with the premium you calculated to K&K Insurance Group, Inc.
3. Coverage becomes effective on the date requested or the date premium is received – whichever is later.
4. For questions about the program, please contact Serena McMullen at K&K Insurance at 800.441.3994 x 5042 (Direct 260.459.5042) and/or Clifford Allen Associates at 888.342.2224.

Premium

Basic Medical Coverage, the rate is \$20.00 per student for Class 1 and \$43.50 per student for Class 2. An additional \$6.00 per non-enrolled student participating in Summer Camps and classes.

Policy Administration and Claims Handling

K&K Insurance Group, Inc. is assigned as the third party administrator for all claims for this program. K&K has been involved with insuring interscholastic students for over 20 years.

Termination – Coverage of each Insured Person ceases on the first to occur of:

- (a) the date the Policy terminates; or
- (b) the date he or she ceases to qualify as an Insured Person.

Definitions:

Injury means bodily injury of an Insured Person that results directly and independently of all other causes from an accident which occurs while he or she is participating in a Covered Activity.

Reasonable Expenses means fees and prices which do not exceed those generally charged for similar Medical Care in the local area where received by the Insured Person. An expense is considered to be incurred on the date the Medical Care is rendered.

Medical Care means necessary: a) medical or surgical treatment, services and supplies; and b) hospital, nursing and ambulance services, prescribed by a Physician for the sole purpose of treating the Injury.



PARTICIPANT ACCIDENT INSURANCE PLAN EXCESS MEDICAL EXPENSE COVERAGE PRIVATE SECONDARY SCHOOLS ENROLLMENT FORM

General Information

Name of School (group's name): _____

Permanent mailing address: _____ P.O. Box: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Email Address: _____

Desired Effective Date*: _____ Desired Expiration Date: _____

**Please Note - effective dates should be for full 12 months if you are including Class 3 participants (i.e. Summer Camps & classes).*

BASIC MEDICAL COVERAGE

Covered Activities - All activities conducted under the supervision of the School named above (including interscholastic sports) as well as Summer camp and classes activity sponsored by the School only if selected below and the indicated premium is included. Group or team travel to and from a covered activity conducted under the supervision of the School is a covered activity.

MEDICAL EXPENSE	
Overall Maximum	\$25,000 per injury per individual
Deductible	\$0
AD&D	\$10,000

Class	Eligible Persons	Premium per Person		Number of Students	=	Premium
		Policy Year Rate	X			
1	All PK-5 students enrolled with School during policy year	\$20.00				
2	All 6-12 students enrolled with School during policy year	\$43.50				
3	All participants of approved Summer Camps & Classes of the School who are not enrolled Students of the School.	\$6.00				

Policy Minimum premium is \$310.00 Basic Medical Coverage Premium: \$ _____

Rates and/or benefits may be changed on a class basis

Premium Calculation

BASIC MEDICAL COVERAGE

Class 1 \$ _____

Class 2 \$ _____

Class 3 \$ _____

TOTAL PREMIUM DUE = \$ _____

(Basic Medical Coverage)

