



STUDENT INSURANCE®

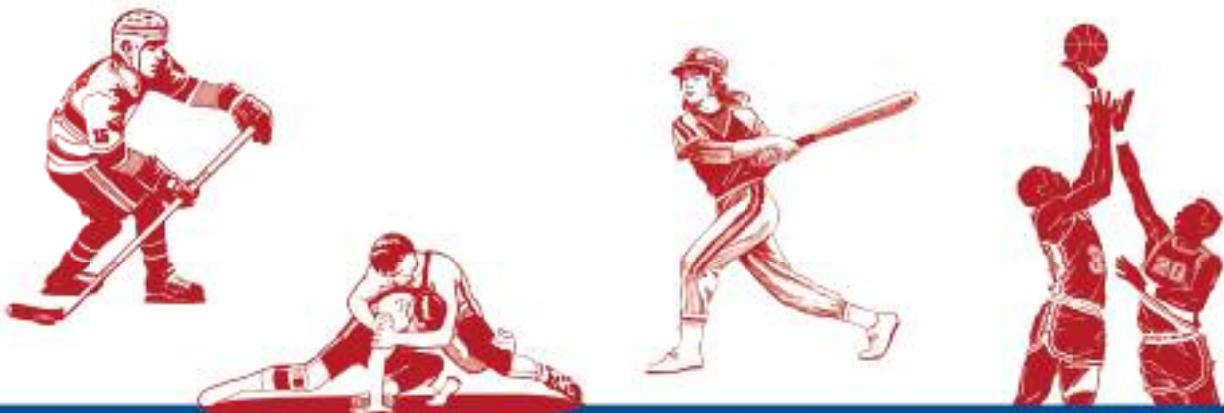


STUDENT AND ATHLETIC ACCIDENT INSURANCE PROGRAMS 2013-2014

Underwritten by:

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

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



AVAILABLE VOLUNTARY COVERAGES

SCHOOL TIME ACCIDENT COVERAGE

If coverage is elected and appropriate premium is received, this accident insurance provides coverage during the following activities: while the Insured is at school and/or while attending or participating in school sponsored and supervised activities on or off school premises, excluding interscholastic tackle football (grades 9-12). Coverage also includes travel to and from school, summer activities and class trips.

Your School District has the option to purchase School Time Accident Coverage under a blanket compulsory plan covering all enrolled students. A list of names is not required. Contact Student Insurance for a quote.

24-HOUR ACCIDENT COVERAGE

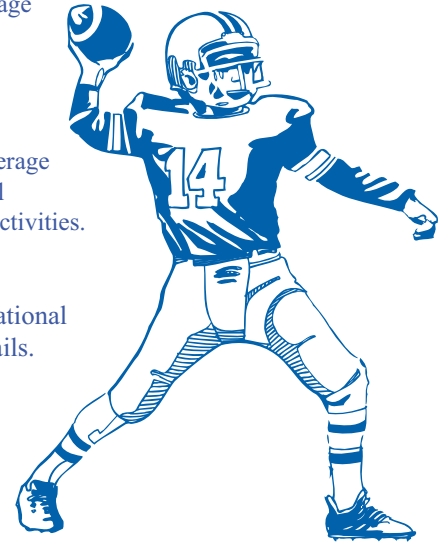
If coverage is elected and appropriate premium is received, this accident insurance provides coverage during the following activities: 24-hours per day, including while the Insured is at school and/or while attending or participating in school sponsored and supervised activities on or off school premises, excluding interscholastic tackle football (grades 9-12). Coverage also includes weekends, vacation periods (including summer vacation) and while the Insured is at home or while away.

TACKLE FOOTBALL ACCIDENT COVERAGE (Grades 9-12)

If coverage is elected and appropriate premium is received, this accident insurance provides coverage during the following activities: while the Insured is participating in interscholastic tackle football (grades 9-12). Coverage also includes travel to and from such participation and spring/summer activities.

OPTIONAL STUDENT SICKNESS COVERAGE

An optional sickness plan is also available under a different company (not affiliated with National Union Fire Insurance Company of Pittsburgh, Pa.). Contact Student Insurance for more details.



DEFINITIONS

Hospital - means a facility that: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.s); and (4) is supervised by one or more physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces, except if there is a legal obligation to pay.

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.

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.

Usual and Customary Charges (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, service or supplies in the locality where the expense is incurred; (3) is the negotiated fee; and (4) does not include charges that would not have been made if no insurance existed.

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 in the Policy on file with the District/School ("the Policyholder"); (2) for whom premium has been paid; and (3) while covered under the Policy.

BENEFIT SCHEDULE

ACCIDENT INSURANCE COVERAGE PROVIDING 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 applicable coinsurance percentage of the Usual and Customary Charges incurred for Medically Necessary Covered Accident Medical Services received due to that Injury. Benefits are payable for charges incurred within 52 weeks after the date of the accident causing the Injury.

	HIGH OPTION	MID OPTION	LOW OPTION
Maximum Medical Benefits per Accident			
School Time Accident Coverage Maximum Amount	\$100,000	\$ 50,000	\$ 25,000
24-Hour Accident Coverage Maximum Amount	\$100,000	\$ 50,000	\$ 25,000
Tackle Football Accident Coverage Maximum Amount	\$ 25,000	\$ 25,000	\$ 25,000
Accidental Death benefit	\$ 10,000	\$ 10,000	\$ 10,000
Accidental Dismemberment benefit -single/double	\$ 10,000/\$20,000	\$ 10,000/\$20,000	\$ 10,000/\$20,000
Covered Accident Medical Service(s) means any of the following services:			
INPATIENT HOSPITAL SERVICES			
Hospital's most common charge for semi-private room and board (or room and board in an intensive care unit)	80% of U&C	75% of U&C	65% of U&C
Hospital ancillary services (including, but not limited to, use of the operating room)	80% of U&C	75% of U&C	65% of U&C
OUTPATIENT HOSPITAL SERVICES			
Hospital emergency room or ambulatory medical center	80% of U&C up to a max of \$1,500	75% of U&C up to a max of \$800	65% of U&C up to a max of \$500
Laboratory tests	80% of U&C	75% of U&C	65% of U&C
Radiological procedure	80% of U&C	75% 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.)	80% of U&C	75% of U&C	65% of U&C
Anesthetics and the administration of anesthetics	80% of U&C	75% of U&C	65% of U&C
Physical therapy	80% of U&C up to \$40 per visit up to a max of 8 visits	75% of U&C up to \$30 per visit up to a max of 7 visits	65% of U&C up to \$25 per visit up to a max of 5 visits
ADDITIONAL SERVICES			
Private duty nursing by a registered nurse (R.N.) or Licensed Practical Nurse	80% of U&C	75% of U&C	65% of U&C
Ambulance service to or from a hospital	80% of U&C	75% of U&C	65% of U&C
Rental of durable medical equipment	80% of U&C	75% of U&C	65% of U&C
Artificial eyes or other prosthetic appliances	80% of U&C	75% 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	80% of U&C	75% of U&C	65% of U&C
Dental treatment (repair or replacement of sound natural teeth damaged or lost as a result of Injury)	80% of U&C up to a max of \$500 per accident	75% of U&C up to a max of \$300 per accident	65% of U&C up to a max of \$200 per accident

ANNUAL RATE SCHEDULE (per person) - ALL PLANS - ALL GRADES

	HIGH OPTION	MID OPTION	LOW OPTION
24-HOUR ACCIDENT COVERAGE	\$210.00	\$108.00	\$83.00
SCHOOL TIME ACCIDENT COVERAGE	\$ 43.00	\$ 28.00	\$15.00
TACKLE FOOTBALL ACCIDENT COVERAGE (Grades 9-12)	\$215.00	\$115.00	\$88.00

ADDITIONAL FACTS ABOUT THE PROGRAM

1. WHO MAY BE INSURED

A) STUDENTS

Any student who is enrolled in any public, private or parochial school at any grade level through the 12th grade, including Pre-Schools, Kindergartens and Nursery Schools.

B) EMPLOYEES

All teachers and employees in the school system, while performing actions incident to extracurricular activities such as tours and excursions.

2. STUDENT TRANSFER

The coverage continues in force anywhere in the United States and Canada if the Insured should relocate prior to expiration of coverage.

3. CANCELLATION

Coverage under the policy is non-cancelable and premiums may not be refunded after acceptance by the Company. However, a pro-rata refund of premiums shall be made in the event an Insured enters the Military Service.



ENROLLMENT

Enrollment and premium collection may be handled in either of the following options:

OPTION 1 RETURN TO SCHOOL

Enrollment applications will be delivered to the school for distribution to each student. If coverage is elected, parents will return the completed enrollment application and premium to the school. The school should return the completed enrollment applications and premium to Student Insurance in the postage paid envelopes provided. It is suggested each school compile a list of students enrolling for comparison and verification with the list later provided by the Company.

The enrollment application contains a brochure which outlines the policy benefits, the premium requirements and the procedure for filing a claim. This brochure should be retained by the parent for their record keeping and future reference.

OPTION 2 DIRECT MAIL BACK

Printable enrollment applications will be made available online at www.studentinsuranceusa.com. If coverage is elected, parents will return the completed enrollment application and premium to Student Insurance at the address provided.

EFFECTIVE AND TERMINATION DATES

Coverage under the Policy begins at 12:01 a.m. on the latest of: (1) the Policy effective date; or (2) the date for which the first premium for the Insured's coverage is paid. Coverage under the Policy ends at 12:01 a.m. on the earliest of: (1) the date the Policy is terminated; or (2) the end of the period for which premiums for the Insured's coverage have been paid. The Policy effective and termination dates are contained in the Policy on file with the District/School ("the Policyholder").

It is suggested each school compile an Insured List from the information on the outside of the enrollment/application envelope and retain for comparison and verification with Insured List provided by the Company. (Applicable to Option 1 only)

Termination Dates: Once effective, coverage continues until the school's policy terminates.

EXCESS PROVISION

This plan is secondary and provides benefits in accordance with all of its provisions only to the extent that benefits are not provided by any other plan providing accident medical expense benefits. If the Insured is covered by another plan providing accident medical expense benefits, all benefits payable by such

other insurance will be determined before benefits will be paid by this plan. If the Insured is not covered by another plan providing accident medical expense benefits, this excess provision shall not apply and benefits are payable to the limits described in this brochure.

* SPANISH LANGUAGE ENVELOPES AND BI-LINGUAL REPRESENTATIVES AVAILABLE.

OPTIONAL TO YOUR DISTRICT

EXTENDED OVERNIGHT 24-HOUR TRAVEL COVERAGE

Per trip coverage: For district-sponsored trips involving overnight travel, or interscholastic sports (except tackle football) you may wish to consider this endorsement. "High Option" benefits are used with a \$10,000 maximum per accident.

The rate is \$3.00 per student per day for snow-skiing trips and \$1.00 per student per day for all other trips.

All students participating must be covered. Adult chaperones may be added on an optional basis.

Minimum Premium Per Trip is \$25.00

Other options: Your district may wish to purchase a blanket policy for all students participating in extended overnight 24-hours trips. Please contact our sales office for a description of the plans available.



ELEMENTARY COMPETITOR'S TEAM COVERAGE

This endorsement covers all of your students who are members of elementary level after-school sports teams while participating in school-sponsored and school-supervised athletics (except tackle football). Coverage is provided for after-school sports practice, sports contests, and travel in school-provided vehicles to and from sports practice and contests. "Low Option" benefits are used with a \$1,500 maximum per accident.

The rate is \$1.50 per individual, based on estimated number of participants.

Grades K-8 only.

Minimum Premium Required Per District is \$100.00

INTERSCHOLASTIC TACKLE FOOTBALL "TRY-OUT" ACCIDENT INSURANCE PLAN

Covers Injuries caused by accidents during try-out practice for high school interscholastic football. Also covers Injuries caused by accidents occurring while traveling in a school-provided vehicle to and from try-out practice. Coverage commences the first official day of try-out practice, terminating fourteen (14) days later. Benefits are provided under the "Low Option" benefits are used with a \$1,500 maximum per accident. **Minimum Premium Required Per District is \$50.00**

The rate is \$5.00 per player

Please see Application Request for enrollment. **All players must be covered.**

CATASTROPHIC INJURY COVERAGES

Coverage provided for all athletes and/or students. Contact Student Insurance for a quote.



ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

Accidental Death Benefit Maximum Amount: \$10,000 - 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: \$20,000 - 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 Maximum Amount shown below for that Loss.

For Loss Of:	Percentage of Accidental Dismemberment Maximum Amount
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 payable in addition to the Accidental Death Benefit.)

Heart and/or Circulatory Benefit Maximum Amount: \$10,000 - 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 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, 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.

EXCLUSIONS AND LIMITATIONS

The Policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury.
2. sickness, or disease whether the loss results directly or indirectly from either of these.
3. the Insured's commission of or attempt to commit a felony.
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.
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).
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; or
 - b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft.
9. the Insured being under the influence of intoxicants.
10. the Insured being under the influence of any narcotics unless administered on the advice of and as specified by a physician.
11. any condition for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law.
12. 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.*

13. 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.*
14. 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 Injury has caused impairment of sight; or repair or replacement of existing eyeglasses or contact lenses unless due to a covered Injury.*
15. new hearing aids or hearing examinations unless Injury has caused impairment of hearing; or repair or replacement of existing hearing aids unless due to a covered Injury.*
16. 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).*
17. any charge for medical care for which the Insured is not legally obligated to pay.*
18. care, treatment or services provided by an Insured or by an immediate family member.*
19. routine physical exam and related medical services.*
20. 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.*
21. plastic or cosmetic surgery, except for

reconstructive surgery on an injured part of the body.*

22. hernia.*

*Applicable to Accident Medical Expense Benefit only.

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.

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.

Underwritten by:

National Union Fire Insurance Company of Pittsburgh, Pa.
with its principle place of business in New York, NY ("the Company")

Available through and Administered by



STUDENT INSURANCE

Since 1950

WILLIAM F. HOOPER, *Founder*

Home Office: 10801 National Boulevard, Suite 603, Los Angeles, California 90064
PHONE (310) 826-5688 (800) 367-5830 FAX (310) 826-1601 (License Number 0386216)

Claims Administered by:
Chartis Claims, Inc., an AIG Company
Two Aquarium Drive, Suite 200
Camden, NJ 08103

This is only a brief description of the coverages available. The Policy contains reductions, limitations, exclusions, definitions and termination provisions. Full details of the coverage are contained in the Policy.

If there are any conflicts between this document and the Policy, the Policy shall govern in all cases.