

CATASTROPHE ACCIDENT PROGRAM



COVERAGE AVAILABLE ON A SCHOOL DISTRICT LEVEL • COUNTY LEVEL

THE MAKSIN GROUP

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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. If there are any conflicts between this document and the Policy, the Policy shall govern in all cases. Coverage may not be available in all states.

Underwritten By

National Union Fire Insurance Company of Pittsburgh, Pa., with its principal place of business in New York, NY

IMPORTANT NOTE: The plan provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical for sickness coverage.

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Eligibility: Class I includes all enrolled students of the participating organization in grades preschool through twelfth. Class II includes all interscholastic athletes, including interscholastic football and cheerleaders and participants of school-sponsored non-sport extracurricular activities of the participating organization. Class III includes all interscholastic athletes, including interscholastic football, band members, cheerleaders, majorities, participants of intramural sports, gym classes and school-sponsored non-sport extracurricular activities of the participating organization. All three classes include Coaches, Managers and Trainers. Coverage for interscholastic football, interscholastic sports and cheerleaders is available on a District and County basis.

COVERAGE

Class I covers the entire student body while on school premises while school is in session, or while involved in a school sponsored activity with adult supervision provided by the school. Or, while traveling directly from home to either school, while school is in session, or to a school sponsored activity; **Class II** covers interscholastic football, and interscholastic sports and cheerleaders and participants of school-sponsored non-sport extracurricular activities. This includes participation in school scheduled, sponsored and supervised games and practice sessions under the jurisdiction of the District, County or State, including supervised travel to and from such games and practice sessions; **Class III** covers participation in school scheduled, sponsored and supervised games and practice sessions of interscholastic sports, including interscholastic football, intramural sports, gym classes, school-sponsored non-sport extracurricular activities, band, cheerleaders, and majorities, including supervised travel to and from such games and practice sessions. All three classes include Coaches, Managers and Trainers. **Full Excess:** Benefits are payable to the applicable maximum for Covered Accident Medical Service(s) expenses that are not recoverable from another plan providing Accident Medical Expense Benefits. If the Insured is not covered by another plan providing Accident Medical Expense Benefits, the excess provision shall not apply, and benefits are payable to the applicable maximum for covered expenses above \$100,000 that are not recoverable from another plan providing Accident Medical Expense Benefits. If the Insured is not covered by another plan providing Accident Medical Expense Benefits, the excess provision shall not apply, and benefits are payable to the limits described in this brochure. (Not available in all states.)

Primary Excess Over \$100: Benefits are payable for the first \$100,000 of Covered Accident Medical Service(s) expenses. Thereafter, benefits are payable to the applicable maximum for covered expenses above \$100,000 that are not recoverable from another plan providing Accident Medical Expense Benefits. If the Insured is not covered by another plan providing Accident Medical Expense Benefits, the excess provision shall not apply, and benefits are payable to the limits described in this brochure. (Not available in all states.)

DEFINITIONS

Brain Death – means irreversible unconsciousness with total loss of brain function and complete absence of electrical activity of the brain even though the heart is still beating.

Coma – means a profound state of unconsciousness from which the Insured cannot be aroused to consciousness, even by powerful stimulation, as determined by a Physician.

Deductible – means the amount of Usual and Customary Charges for Medically Necessary Covered Accident Medical Services, otherwise payable under the program, that must be incurred by the Insured before Accident Medical Expense benefits become payable. Accident Medical Expense benefits are not payable for charges applied to the Deductible.

Durable Medical Equipment – refers to equipment of a type that is designed primarily for use, and used primarily, by people who are injured (for example, a wheelchair or a hospital bed). It does not include items commonly used by people who are not injured, even if the items can be used in the treatment of injury or can be used for rehabilitation or improvement of health (for example, a stationary bicycle or a spa).

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 caused by an accident that: (1) occurs while the Policy is in force as to the person whose injury is the basis of claim; (2) occurs while such person is participating in a Covered Activity; and (3) results directly and independently of all other causes in 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; and (3) while covered under the Policy.

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.

Paralysis/Paralyzed – means the complete loss of function in a part of the body as a result of neurological damage, as determined by 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.

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 a negotiated fee; and (4) does not include charges that would not have been made if no insurance existed.

ACCIDENT MEDICAL EXPENSE BENEFIT

UP TO \$6,000,000

If, as a result of a covered Injury, an Insured, while insured for this Accident Medical Expense Benefit under the Policy, requires care and treatment rendered by a Physician, the Company will pay the Usual and Customary Charges which are deemed Medically Necessary provided that the first expense for such Injury is incurred no later than 90 days after the date of the accident and the Deductible is incurred within 2 years after the date of the accident causing the Injury. This benefit is payable subject to the Covered Accident Medical Services provision up to the selected Accident Medical Expense Benefit Maximum Amount per Injury, Accident Deductible, and the Maximum Benefit Period shown in the Policy. No benefits will be paid for loss due to sickness or disease.

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT

If a covered 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, benefits will be paid as shown below.

LOSS:	BENEFIT AMOUNT:
Life	\$10,000
Both Hands or Both Feet	\$20,000
Sight of Both Eyes	\$20,000
One Hand and One Foot	\$20,000
One Hand and the Sight of One Eye	\$20,000
One Foot and the Sight of One Eye	\$20,000
Speech and Hearing in Both Ears	\$20,000
One Hand or One Foot	\$10,000
The Sight of One Eye	\$10,000
Speech or Hearing in Both Ears	\$10,000
Hearing in One Ear.....	\$ 5,000
Thumb and Index Finger of Same Hand	\$ 5,000

"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 – 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 an Accidental Death Benefit of \$10,000 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 has received any medication for any myocardial infarction, angina pectoris, coronary thrombosis or a cerebral vascular incident.

Seat Belt and Air Bag Benefit – If an Insured suffers accidental death such that an Accidental Death benefit is payable under the Policy and the accident causing death occurs while the Insured is operating, or riding as a passenger in, an automobile and wearing a properly fastened, original, factory-installed seat belt, the Company will pay an additional Accidental Death Benefit of \$5,000. In addition, if a Seat Belt Benefit is payable and the Insured is positioned in a seat protected by a properly functioning, original, factory-installed Supplemental Restraint System that inflates on impact, the Company will pay an additional Accidental Death Benefit of \$5,000.

CATASTROPHE CASH BENEFIT

UP TO \$1,000,000

If a covered Injury to the Insured results in Paralysis or Coma within 180 days of the date of the accident that caused the Injury and continues for a Waiting Period of 6 consecutive months, is determined by a Physician to be permanent and irreversible at the end of the Waiting Period, and results in disability, benefits will be paid as shown below. If Injury to the Insured results in Brain Death within 365 days of the date of the accident that caused the Injury and is determined and certified by a Physician, benefits will be paid as shown below.

LOSS:	PERCENTAGE OF MAXIMUM BENEFIT AMOUNT:
Coma.....	100%
Brain Death	20%
Paralysis: Quadriplegia (Both Upper & Lower Limbs)	100%
Paraplegia (Both Lower Limbs).....	100%
Hemiplegia (One Lower Limb & One Upper Limb).....	100%
Uniplegia (One Lower Limb or One Upper Limb)	50%

Paralytic conditions not stated above will be paid in proportion with comparable severity to those described above.

Option I-\$500,000 MAXIMUM BENEFIT – A Lump-Sum benefit will be paid based on the table above up to \$100,000 after said conditions continue for 6 consecutive months. Thereafter, a monthly benefit will be paid based on the table above up to \$3,333.33 for the lifetime of the insured, not to exceed 120 months, so long as the insured remains Paralyzed, in a Coma, or has incurred Brain Death*.

Option II-\$750,000 MAXIMUM BENEFIT – A Lump-Sum benefit will be paid based on the table above up to \$150,000 after said conditions continue for 6 consecutive months. Thereafter, a monthly benefit will be paid based on the table above up to \$3,333.33 for the lifetime of the insured, not to exceed 180 months, so long as the insured remains Paralyzed, in a Coma, or has incurred Brain Death*.

Option III-\$1,000,000 MAXIMUM BENEFIT – A Lump-Sum benefit will be paid based on the table above up to \$200,000 after said conditions continue for 6 consecutive months. Thereafter, a monthly benefit will be paid based on the table above up to \$3,333.33 for the lifetime of the insured, not to exceed 240 months, so long as the insured remains Paralyzed, in a Coma, or has incurred Brain Death*.

*Lump Sum Benefit Amount Only

EXCLUSIONS

The Policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following: (Exclusions may vary depending on the state of issue.)

1. suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury.
2. sickness, disease or infections of any kind; except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning.
3. the insured's commission of or attempt to commit a felony.
4. declared or undeclared war, or any act of declared or undeclared war.
5. participation in any team sport or any other athletic activity, except participation in a Covered Activity as defined by the policy.
6. 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 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 licensed for the transportation of passengers for hire.
 - b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft.
7. any condition for which the insured is entitled to benefits under any Workers' Compensation Act or similar law.
8. the insured being under the influence of drugs or intoxicants, unless taken under the advice of a Physician.
9. 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. Applicable to Accident Medical Expense Only.
10. 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 as a result of injury up to the Dental Maximum shown in the Policy. Applicable to Accident Medical Expense Only.
11. 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 eye glasses or contact lenses unless due to a covered injury. Applicable to Accident Medical Expense Only.
12. 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. Applicable to Accident Medical Expense Only.
13. 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). Applicable to Accident Medical Expense Only.
14. any charge for medical care for which the insured is not legally obligated to pay. Applicable to Accident Medical Expense Only.
15. care, treatment or services provided by an insured or by an immediate Family Member. Applicable to Accident Medical Expense Only.
16. routine physical exam and related medical services. Applicable to Accident Medical Expense Only.
17. personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental, or guest meals while confined in a Hospital. Applicable to Accident Medical Expense Only.
18. plastic or cosmetic surgery, except for reconstructive surgery on an injured part of the body. Applicable to Accident Medical Expense Only.
19. hernia. Applicable to Accident Medical Expense Only.
20. When an insured is eligible under the policy for benefits in excess of other coverage and the insured has other coverage that is primary under an HMO, PPO, or similar health service program, a penalty will apply if he or she does not use the facilities or services of the HMO, PPO, 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 an HMO, PPO, or similar health service program.