



## QBE INSURANCE CORPORATION

Administrative Office  
55 Water Street  
New York, NY 10041

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### BLANKET ACCIDENT CERTIFICATE OF INSURANCE

**POLICYHOLDER:** Oceanside Union Free School District

QBE Insurance Corporation certifies that We have issued the Blanket Accident Insurance Policy to the Policyholder, to insure Eligible Persons described in the Policy and this Certificate.

This Certificate describes the benefits and provisions of the Policy and is in effect for you when you meet the conditions of eligibility described in this Certificate and the Policy under which it is issued.

This Certificate takes the place of any other Certificate previously issued to you under this Policy. It contains all of the terms and conditions applicable to this insurance. Please read it carefully and keep it in a safe place.

This is not the insurance contract. It does not waive or alter any terms of the Policy. You may examine the Policy at the office of the Policyholder.

IN WITNESS WHEREOF QBE Insurance Corporation has caused this Certificate to be executed on the Date of Issue to take effect on the Effective Date.

Russell Johnston  
President

Jose Ramon Gonzalez  
Secretary

**THIS IS ACCIDENT-ONLY INSURANCE. IT DOES NOT PROVIDE COVERAGE FOR SICKNESS. THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.**

**THIS BLANKET ACCIDENT INSURANCE CERTIFICATE PAYS BENEFITS FOR SPECIFIC LOSSES FROM ACCIDENTS ONLY. IT DOES NOT PROVIDE BASIC HOSPITAL, BASIC MEDICAL OR MAJOR MEDICAL INSURANCE AS DEFINED BY THE NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES**

## TABLE OF CONTENTS

Schedule of Benefits.....	3
Indemnity Benefits.....	4
Accidental Medical Expense Benefits .....	5
General Definitions.....	7
Eligibility, Effective Date and Termination Provisions .....	9
Common Exclusions.....	10
Claim Provisions.....	11
Administrative Provisions .....	13
General Provisions .....	14
Conditions of Coverage.....	15
Policyholder Coverage .....	15
School Coverage .....	16
Sports Coverage .....	17
Accident Indemnity Benefits.....	18
Scope of Coverage.....	20
Accident Medical Expense Benefits .....	21
Medical Evacuation and Transport Expense Benefit	
Repatriation Expense Benefit	

## SCHEDULE OF BENEFITS

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**This Policy is intended to be read in its entirety. In order to understand all the conditions, exclusions and limitations applicable to its benefits, please read all the policy provisions carefully.**

**Eligible Persons:** An Eligible Person is an individual who meets all of the requirements of one of the Covered Classes shown below:  
Class 1 All enrolled students of the Policyholder, including student-athletes

### CONDITIONS OF COVERAGE

**The benefits provided by this Policy will be paid, subject to applicable conditions, limitations and exclusions, under the following coverages.**

Policyholder Coverage – Not Applicable  
School Coverage – Applicable  
Sports Coverage – Not Applicable

### Covered Travel activities

Covered Activity Travel Limits	
Travel arranged or provided by the Policyholder	No time limit
Any other covered travel immediately before or after a Covered Activity	Limited to one hour each way

### Covered activities

Participation in Policyholder Supervised and Sponsored activities, including Interscholastic Sports.

Overnight Supervised and Sponsored Activities with duration of more than 10 days and related travel are not covered unless specifically agreed to in writing by Us.

## INDEMNITY BENEFITS

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### ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Loss due to Paralysis must occur within 365 days of the Covered Accident  
and continue for 180 consecutive days

All other Covered Losses must occur within 365 days of the Covered Accident

Covered Loss	Schedule of Covered Losses Benefit
Loss of Life	\$10,000
Loss of Two or More Hands or Feet	\$20,000
Loss of Sight of Both Eyes	\$20,000
Loss of One Hand or Foot and Sight in One Eye	\$20,000
Loss of One Hand or Foot	\$10,000
Loss of Sight in One Eye	\$10,000
Loss of Speech and Hearing in Both Ears	\$20,000
Loss of Speech	\$10,000
Loss of Hearing in Both Ears	\$10,000
Loss of Thumb and Index Finger of the Same Hand	\$5,000
Paralysis	
Lump Sum Payment	
For Quadriplegia:	\$25,000
For Paraplegia:	\$25,000
For Hemiplegia:	\$25,000
For Uniplegia:	\$25,000
<b>Aggregate Limit of Indemnity</b>	<b>\$500,000</b>
Applies to:	All Conditions of Coverage

Not more than the Aggregate Limit of Indemnity specified above will be paid for all Covered Losses suffered by all Covered Persons insured under this Accidental Death and Dismemberment Benefit as the result of any one Covered Accident that occurs under one of the Conditions of Coverage, as specified above. If this amount does not allow all Covered Persons to be paid the amounts this Policy otherwise provides, the amount paid will be the proportion of the Covered Person's loss to the total of all losses, multiplied by the Aggregate Limit of Indemnity.

## ACCIDENT MEDICAL EXPENSE BENEFITS

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Any benefit limits and Benefit Percentages for Accident Medical Expense Benefits apply, unless otherwise specified, on a per Covered Person – per Covered Accident basis. Any applicable Deductibles must be satisfied within the time periods specified before benefits are payable.

### Scope of Coverage Applicable to Accident Medical Benefits

Full Excess Medical Expense Other Health Care Plan Reduction	20%
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### Medical Expense Benefits

Total Lifetime Maximum for all Accident Medical Expense Benefits	\$50,000
First Covered Expenses must be Incurred within	90 days after a Covered Accident
Benefit Period	3 years from the date of the Covered Accident
Deductible	\$0
	applies to each Covered Accident and includes Covered Expenses paid under another Health Care Plan

### Covered Expense

### Benefit Amount, Percentage, Other Limits

<b>In-Patient Hospital Services</b>	
Daily ICU or CCU Benefit	80% of the average semi-private room rate up to \$1,000
Daily In-Patient Benefit	80% of the average semi-private room rate up to \$1,000
Miscellaneous Services	80% up to \$500
<b>Ambulatory Medical Center</b>	80%
<b>Emergency Room Treatment</b>	80% up to \$150
<b>Physician Services</b>	
Surgery Benefit	80% of Usual and Customary Charge 80% up to \$500 for dislocations, if no surgery 80% up to \$500 for arm and finger fractures, if no surgery 80% up to \$500 for leg and toe fractures, if no surgery 80% up to \$500 for complete fractures, if no surgery 80% up to \$100 for application of cast
Assistant Surgeon	80%
Physician's Surgical Facilities	80%
Second Opinion or Consultation	80% up to \$250
Physician's Assistant	80%
Anesthesia Benefit	20% of surgeon's fee
<b>Inpatient Visits</b>	80% up to \$50 for first visit 80% up to \$35 for each subsequent visit
<b>Office Visits</b>	80% up to \$50 for first visit 80% up to \$35 for each subsequent visit
<b>Outpatient X-ray, CT Scan, MRI and Laboratory Tests</b>	80% for X-Rays up to \$100

	80% for CT Scan up to \$200 80% for MRI up to \$200 80% for Lab Tests
<b>Outpatient Physiotherapy</b>	80% up to \$50 per visit; maximum 5 visits
<b>Nursing Services</b>	80%
<b>Ambulance Services</b>	80% up to \$250
<b>Medical Equipment Rental</b>	80%
<b>Medical Services and Supplies</b>	80% up to \$100 for eyeglasses and contact lenses up to \$100 for appliances up to \$100
<b>Dental Services</b>	80% up to \$2,500
<b>Prescription Drug Benefit</b>	80% of Usual and Customary Charge
<b>Home Health Care Benefit</b> Home Health Care Visit	100% up to \$30,000 commencing from the date of the Covered Accident, not to exceed the Total Lifetime Maximum for all Accident Medical Expense Benefits
<b>Maximum Visits</b>	40 per continuous 12-month period
<b>Medical Supplies, Drugs and Medications</b>	100% of the Hospital Miscellaneous Daily Benefit per Home Health Care visit

## GENERAL DEFINITIONS

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Please note that certain words used in this Policy have specific meanings. The words defined below and capitalized within the text of this Policy have the meanings set forth below.

**Aircraft** means a vehicle which has a valid certificate of airworthiness and is being flown by a pilot with a valid license to operate the Aircraft.

**Appropriate Treatment** means care, services or supplies, provided by or at the direction of a Physician that are appropriate, according to accepted standards of medical practice, for the Covered Person's injury and are provided during the course of treatment of an injury sustained in a Covered Accident. Appropriate Treatment must be provided no less frequently than monthly.

**Benefit Percentage** means the percentage of Covered Expenses We pay that are Incurred by the Covered Person after he satisfies any applicable Deductible. Benefit Percentages are shown in the *Schedule of Benefits*.

**Covered Activity** means any recurring activity that is shown in the *Schedule of Benefits* and:

1. takes place under one of the Conditions of Coverage specified in the *Schedule of Benefits*; and
2. is sponsored, organized, scheduled or otherwise provided by the Policyholder.

**Company or We, Us, Our,** means QBE Insurance Corporation (QBEIC), domiciled in Pennsylvania.

**Covered Accident** means a sudden, unforeseeable event that results, directly and independently of all other causes, in an injury or loss and meets all of the following conditions:

1. occurs while the Covered Person is insured under this Policy;
2. is not contributed to by disease, sickness, or mental or bodily infirmity; and
3. is not otherwise excluded under the terms of this Policy.

**Covered Expenses** means the lesser of the reasonable and customary charge and the maximum benefit shown, for services or supplies listed, in the *Schedule of Benefits* and described in the *Accident Medical Expense Benefits* section of this Policy. Covered Expenses must be Incurred by a Covered Person for Appropriate Treatment for injuries sustained in a Covered Accident.

**Covered Person** means an Eligible Person, as defined in the *Schedule of Benefits*, for whom required premium has been paid when due and for whom coverage under this Policy remains in force.

**Deductible** means the amount of Covered Expenses that each Covered Person must incur before benefits are paid under this Policy. The Covered Person may use Covered Expenses paid under another Health Care Plan to satisfy the Deductible under this Policy only if so indicated in the *Schedule of Benefits*.

**He, Him or His** means an individual, male or female.

**Health Care Plan** means any multiple group, group-type family health care policy covering the Covered Person at the time of the Covered Activity. A Health Care Plan may include:

1. group insurance and group or group remittance subscriber contracts;
2. uninsured arrangements of group coverage;
3. group coverage through HMOs and other prepayment, group practice and individual practice plans;
4. blanket contracts, except blanket school accident policies or such coverages issued to a substantially similar group;
5. medical benefits coverage in group and individual mandatory automobile "no-fault" and traditional "fault" – type contracts; and
6. Medicare or other governmental benefits except Medicaid or a law or plan which, by law, provides benefits in excess of any private insurance plan or non-governmental plan.

**Home Health Care** means the care and treatment of a Covered Person who is under the care of a Physician but only if hospitalization or confinement in a nursing facility as defined in subchapter XVIII of the Federal Social Security Act, 42 U.S.C. §§ 1395 et seq., would have otherwise been required if home health care was

not provided, and the plan covering the home health service is established and approved in writing by such Physician.

**Hospital** means a short-term, acute, general hospital, which:

1. is primarily engaged in providing, by or under the continuous supervision of physicians, to inpatients, diagnostic services and therapeutic services for diagnosis, treatment and care of injured or sick persons;
2. has organized departments of medicine and major surgery;
3. has a requirement that every patient must be under the care of a physician or dentist;
4. provides 24-hour nursing service by or under the supervision of a registered professional nurse (R.N.);
5. if located in New York State, has in effect a hospitalization review plan applicable to all patients which meets at least the standards set forth in section 1861(k) of United States Public Law 89-97 (42 USCA 1395x(k));
6. is duly licensed by the agency responsible for licensing such hospitals; and
7. is not, other than incidentally, a place of rest, a place primarily for the treatment of tuberculosis, a place for the aged, a place for drug addicts, alcoholics, or a place for convalescent, custodial, educational or rehabilitary care.

**Hospital Stay** means a confinement in a Hospital, ordered by a Physician, over one or more nights when room and board and general nursing care are provided at a per diem charge made by the Hospital. The Hospital Stay must result directly and independently of all other causes from a Covered Accident. Separate Hospital Stays due to the same Covered Accident will be treated as one Hospital Stay unless (a) separated by at least 90 days or (b) a Covered Person returns to Active Service for 30 or more days between Hospital Stays.

**Incurred or Incurs** means an obligation to pay for a Covered Expense for treatment, service or purchase of supplies, deemed to be the date it is provided to the Covered Person.

**In-Patient** means a Covered Person who is confined for at least one full day's Hospital room and board. The requirement that a person be charged for room and board does not apply to confinement in a Veteran's Administration Hospital or Federal Government Hospital and in such case, the term "Inpatient" shall mean a Covered Person who is required to be confined for a period of at least a full day as determined by the Hospital.

**Nurse** means a licensed registered nurse (R. N.) or a licensed practical nurse (L. P. N.) who is not:

1. the Covered Person;
2. a parent, sibling, spouse or child of the Covered Person or the Covered Person's spouse; or
3. a person employed or retained by the Policyholder.

**Out-Patient** means a Covered Person who receives treatment, services and supplies while not an Inpatient in a Hospital.

**Physician** means a licensed health care provider practicing within the scope of his license and rendering care and treatment to a Covered Person that is appropriate for the condition and locality and who is not:

1. employed or retained by the Policyholder; or
2. a parent, sibling, spouse or child of the Covered Person.

**Usual and Customary Charge** means the normal charge, in the absence of insurance, made by the provider of any Appropriate Treatment, but not more than the prevailing charge in the area:

1. for a like service by a provider with similar training or experience; or
2. for a supply that is identical or substantially equivalent.

We will determine the Usual and Customary Charge for any Covered Expense for surgery based on the Surgical Fee Schedule, with a value for each unit of not less than the minimum value specified in that Schedule.



## **ELIGIBILITY, EFFECTIVE DATE AND TERMINATION PROVISIONS**

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### **Policy Effective Date**

We agree to provide Blanket Accident Insurance Benefits described in this Policy in consideration of the Policyholder's application and payment of the initial premium when due. Insurance coverage begins on the Policy Effective Date shown on this Policy's first page.

### **Eligibility**

An individual becomes eligible for insurance under this Policy on the date he meets all of the requirements of one of the Covered Classes and completes any Eligibility Waiting Period, as shown in the *Schedule of Benefits*. An Eligible Person may be insured under only one Covered Class, even though he may be eligible under more than one Covered Class.

### **Effective Date for Individuals**

Insurance becomes effective for an Eligible Person on the latest of the following dates:

1. the effective date of this Policy; and
2. the date the Covered Person becomes eligible.

### **Effective Date of Changes**

Any increase or decrease in the amount of insurance for the Covered Person resulting from a change in benefits provided by this Policy will take effect on the date of such change.

### **Termination of Insurance**

The insurance on a Covered Person will end on the earliest date below:

1. the date the person is no longer in an Eligible Class;
2. the end of the last period for which premium is paid;
3. the date this Policy terminates or is cancelled.

Termination will not affect a claim for a Covered Loss resulting from a Covered Accident that occurs before the termination date. However, in no instance will benefits extend beyond the earlier of:

1. the end of the Benefit Period; and
2. the date benefits equal to any applicable Benefit Limit or Maximum, as shown in the *Schedule of Benefits*, have been paid.

## **COMMON EXCLUSIONS**

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In addition to any benefit-specific exclusions, benefits will not be paid for any Covered Injury or Covered Loss which, directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the *Description of Benefits* Section:

1. suicide, attempted suicide or intentionally self-inflicted Injury;
2. participation in a felony;
3. participation in a riot or insurrection;
4. war or act of war, whether declared or undeclared;
5. air travel, except
  - a. as a fare-paying passenger on a commercial airline on a regularly scheduled route;
  - b. as a fare-paying passenger on a charter flight operated by a scheduled airline; or
  - c. as a passenger for transportation only and not as a pilot or crew member;
6. treatment of a Covered Accident while the Covered Person is outside the United States, its possessions or the countries of Canada and Mexico;
7. services or treatment rendered by a Physician, Nurse or any other person who is a parent, sibling, spouse or child of the Covered Person.

## **CLAIM PROVISIONS**

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### **Notice of Claim**

Written or authorized electronic/telephonic notice of claim must be given to Us within 90 days after a Covered Loss occurs or begins or as soon as reasonably possible. If written or authorized electronic/telephonic notice is not given in that time, the claim will not be invalidated or reduced if it is shown that such notice was given as soon as was reasonably possible. Notice can be given to Us at Our Administrative Office in New York, New York, to such other place as We may designate for the purpose, or to Our authorized agent. Notice should include the Policyholder's name and policy number and the Covered Person's name and address.

### **Claim Forms**

We will send claim forms for filing proof of loss when We receive notice of a claim. If the claimant does not receive the Proof of Loss form in fifteen (15) days after submitting the notice, he can send Us a detailed written report of the claim and the extent of the Covered Expense covering the occurrence, character and extent of the loss for which claim is made. We will accept this report as a Proof of Loss if sent within the time fixed below for filing Proof of Loss.

### **Claimant Cooperation Provision**

Failure of a claimant to cooperate with Us in the administration of the claim may result in termination of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

### **Proof of Loss**

Written or authorized electronic proof of loss satisfactory to Us must be given to Us at Our office, within 120 days of the loss for which claim is made. If written or authorized electronic notice is not given within that time, no claim will be invalidated or reduced if it is shown that such notice was given as soon as reasonably possible.

### **Time of Payment of Claims**

We will pay benefits due under this Policy immediately upon receipt of due written or authorized electronic proof of such loss.

### **Payment of Claims**

All benefits will be paid in United States currency. Benefits for loss of life will be payable in accordance with the Beneficiary provision and these Claim Provisions. All other proceeds payable under this Policy, unless otherwise stated, will be payable to the Covered Person or to his estate.

If We are to pay benefits to the estate, We may pay up to \$1,000 to the Covered Person's wife, husband, mother, father, child or children, brothers or sisters. Any payment made by Us will discharge Our obligation with respect to the amount of insurance so paid.

### **Beneficiary**

The beneficiary is the person or persons the Covered Person names or changes on a form executed by him and satisfactory to Us. This form may be in writing or by any electronic means agreed upon between Us and the Policyholder. Consent of the beneficiary is not required to affect any changes or to make any assignment of rights or benefits permitted by this Policy, unless the beneficiary has been designated as an irrevocable beneficiary.

A beneficiary designation or change will become effective on the date the Covered Person executes it. However, We will not be liable for any action taken or payment made before We record notice of the change at our Home Office.

If more than one person is named as beneficiary, the interests of each will be equal unless the Covered Person has specified otherwise. The share of any beneficiary who does not survive the Covered Person will pass equally to any surviving beneficiaries unless otherwise specified.

If the beneficiary is a minor, such benefits may be made payable to his parent, guardian, or other person actually supporting him, or to a person or persons chiefly dependent upon him for support and maintenance.

If there is no named beneficiary or surviving beneficiary, or if the Covered Person dies while benefits are payable to him, We may make direct payment to the first surviving class of the following classes of persons:

1. Spouse;
2. Child or Children;
3. mother or father;
4. sisters or brothers;
5. estate of the Covered Person.

**Physical Examination and Autopsy**

We, at Our own expense, have the right and opportunity to examine the Covered Person when and as often as We may reasonably require while a claim is pending and to make an autopsy in case of death where it is not forbidden by law.

**Legal Actions**

No action at law or in equity may be brought to recover under this Policy less than 60 days after written or authorized electronic proof of loss has been furnished as required by this Policy. No such action will be brought more than three years after the time such written proof of loss must be furnished.

**Recovery of Overpayment**

If benefits are overpaid, We have the right to recover the amount overpaid by either of the following methods.

1. A request for lump sum payment of the overpaid amount.
2. A reduction of any amounts payable under this Policy.

If there is an overpayment due when the Covered Person dies, We may recover the overpayment from the Covered Person's estate.

## **ADMINISTRATIVE PROVISIONS**

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### **Grace Period**

An Individual Grace Period of 31 days, applicable when You remain eligible for coverage under the *Continuation Provisions*, will be granted for payment of required premiums. Your insurance under this Policy will remain in force during the Grace Period. We will reduce any benefits payable for any claims incurred during the grace period by the amount of premium due. If no such claims are incurred and premium is not paid during the grace period, insurance will end on the last day of the period for which premiums were paid.

### **Premiums**

All premium rates are expressed in, and all premiums are payable in, United States currency. The premiums for this Certificate will be based on the rates, as set forth in the *Schedule of Benefits* or subsequently changed, the plan and amounts of insurance in effect and the premium mode applicable to the Policy, as shown in the *Schedule of Benefits*. We will provide notifications of premiums due or premium changes, by mail to the most current address in our files, to the Policyholder, or to you if your coverage is being continued under a *Continuation Provision*.

### **Premium Payment**

Premiums are paid by the Policyholder, from its funds. If any premium is not paid when due, this Policy will be cancelled as of the Premium Due Date of the unpaid premiums, except as provided in the Grace Period provision.

### **Changes in Premium Rates**

We may change the premium rates from time to time with at least 45 days advance written notice to the Policyholder. No change in rates will be made until 12 months after the Policy Effective Date. An increase in rates will not be made more often than once in a 12-month period. However, We reserve the right to change rates at any time with at least 45 days advance written notice to the Policyholder if any of the following events take place:

1. the terms of the Policy change;
2. coverage is reinstated following failure to pay premium during the Grace Period;
3. a change in any federal or state law or regulation is enacted, adopted or amended to the extent that it affects Our benefit obligations under this Policy; or
4. the Policyholder fails to provide sufficient information, as required by Us, to confirm adequacy of premiums and rates currently being paid.

Any increase or decrease in rate will take effect on the date of the applicable change specified above. A pro-rata adjustment will apply from the date of the change to the end of any period for which premium has been paid.

### **Reinstatement**

This Certificate may be reinstated if it lapsed for nonpayment of premium. Requirements for reinstatement are Your written application satisfactory to Us and payment of all overdue premiums. Any premium accepted in connection with a reinstatement will be applied to the earliest period for which premium was not previously paid.

## **GENERAL PROVISIONS**

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### **Entire Contract; Changes**

The Policy, including the Policyholder application, endorsements, amendments and any attached papers, constitutes the entire contract of insurance. No change in the Policy will be valid until approved by one of Our executive officers and evidenced by endorsement on the Policy, or by amendment to the Policy signed by the Policyholder and by Us. No agent has authority to change the Policy or to waive any of its provisions.

### **Misstatement of Fact**

If a Covered Person has misstated any fact, all amounts payable under the Policy will be such as the premium paid would have purchased had such fact been correctly stated.

### **Assignment**

The rights and benefits under the Policy may not be assigned and any attempt to assign will be void.

### **Certificates**

We will provide a certificate of insurance for delivery to the Covered Person as required by the state of New York. Each certificate will list the benefits, conditions and limits of the Policy. It will state to whom benefits will be paid.

### **Incontestability**

#### **1. Of The Policy**

All statements made by the Policyholder to obtain the Policy are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, or to deny the validity of this Policy unless a copy of the signed written instrument containing the statement is, or has been, furnished to the Policyholder. After two years from the Policy Effective Date, no such statement will cause this Policy to be contested except for fraud.

#### **2. Of A Covered Person's Insurance**

All statements made by a Covered Person are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, unless a copy of the signed written instrument containing the statement is, or has been, furnished to the claimant. In the event of a claimant's death or incapacity, his applicable representative shall be given a copy.

After two years from the Covered Person's effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for fraud or lack of eligibility for insurance due to a material misrepresentation in writing signed by the Covered Person.

### **Reporting Requirements**

The Policyholder or its authorized agent must report all of the following to Us by the premium due date:

1. the number of persons insured on the Policy Effective Date;
2. the number of persons who are insured after the Policy Effective Date;
3. the number of persons whose insurance has terminated;
4. any additional information required by Us.

### **Clerical Error**

A Covered Person's insurance will not be affected by error or delay in keeping records of insurance under the Policy. If such error or delay is found, We will adjust the premium fairly.

### **Conformity with Statutes**

Any provisions in conflict with the requirements of any state or federal law that applies to the Policy are automatically changed to satisfy the minimum requirements of such laws.

### **Compensation Insurance**

The Policy is not in place of and does not affect any requirements for coverage under any Workers' Compensation law.

**CONDITIONS OF COVERAGE** *(The Schedule will set forth the Conditions of Coverage applicable to the Policy.)*

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This section describes the Conditions of Coverage under which benefits provided by this Policy become payable. Any benefits are payable only once, even though more than one Condition of Coverage may apply. Please read these and the *Common Exclusions* sections in order to understand all of the terms, conditions and limitations of coverage.

**POLICYHOLDER COVERAGE**

*Provisions, exclusions and other conditions concerning travel apply only if indicated on the Schedule of Benefits.*

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We will pay benefits provided by this Policy, subject to all applicable conditions and exclusions, when a Covered Person suffers a Covered Loss or Incurs Covered Expenses resulting, directly and independently of all other causes, from a Covered Accident that occurs during one of the Covered Activities shown in the *Schedule of Benefits*.

The Covered Activity must take place:

1. under one of the Conditions of Coverage shown in the *Schedule of Benefits*; and
2. on the premises of the Policyholder during normal hours of operation or during another scheduled time; or
3. at another site designated by the Policyholder where the Covered Activity is scheduled.

This Coverage also includes travel only within the United States, its possessions or the countries of Canada or Mexico and only directly and without interruption;

1. between the Covered Person's home or another meeting place designated by the Policyholder and the site of the Covered Activity; and
2. by common carrier providing transportation to the site of the Covered Activity or by a private passenger automobile driven by an adult with a valid drivers' license.

**Exclusions** This coverage will not be in effect during travel to any Covered Activity that takes place outside the United States, its possessions or the countries of Canada or Mexico unless We have agreed to provide it in advance.

Other exclusions that apply to this coverage are in the *Common Exclusions* section.

## SCHOOL COVERAGE

*Provisions, exclusions and other conditions concerning travel apply only if indicated on the Schedule of Benefits.*

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We will pay benefits provided by this Policy, subject to all applicable conditions and exclusions, when a Covered Person suffers a Covered Loss or Incurs Covered Expenses resulting directly and independently of all other causes from a Covered Accident that occurs while he is participating in or attending one of the following School Covered Activities:

1. regularly-scheduled classroom instruction;
2. regularly-scheduled and supervised recess or lunch period;
3. a study period or special instruction period supervised by a member of the school's faculty;
4. a Supervised and Sponsored School Activity or
5. Covered School Travel.

Covered School Travel includes travel, only within the United States, its possessions or the countries of Canada or Mexico and only directly and without interruption:

1. between home and school;
2. between home and another meeting place designated by the school;
3. between home and another school or site designated by the School, where a Supervised and Sponsored School Activity is scheduled;
4. between the school or other meeting place designated by the school, and another school or site designated by the school, where a Supervised and Sponsored School Activity is scheduled.

**School Travel Coverage for Overnight Supervised and Sponsored School Activities** Covered School Travel also includes travel to a Supervised and Sponsored School Activity, within or outside the United States, its possessions or the countries of Canada or Mexico when a Covered Person's participation in or attendance at it requires him to be away from his normal residence for a stay of one or more nights. Coverage for travel to any Covered Activity that takes place outside the United States, its possessions or the countries of Canada or Mexico will be covered only if We have agreed to it in writing.

**Definitions** For purposes of this coverage:

**Supervised and Sponsored School Activity** means a Covered Activity that:

1. takes place:
  - a. on school premises during, before or after normal school hours; or
  - b. at another school or site at which the Covered Activity is scheduled;
2. is sponsored, organized or otherwise provided, or at which student attendance is required, by the school; and
3. is supervised by a member of the faculty or staff of the school, or by another adult specifically assigned supervisory duties and authority for that Covered Activity by the school; or
4. is a regularly-scheduled sports tryout, practice, workout or training session, team meeting, game, exhibition play or competition of a varsity, junior varsity, intramural or intercollegiate sport in which a Covered Person is participating.

*(Item 4 – Applicable per Covered Activities in the Schedule of Benefits.)*

**Supervised and Sponsored School Activities** does not include participating in tryouts, practice or any competitions or games for any interscholastic, intercollegiate or any sports activity not specifically shown in the *Schedule of Benefits*.

**Exclusions** This coverage will not be in effect during travel to any Covered Activity that takes place outside the United States, its possessions or the countries of Canada or Mexico unless We have agreed in advance to provide it.



## SPORTS COVERAGE

*Provisions, exclusions and other conditions concerning travel apply only if indicated on the Schedule of Benefits.*

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We will pay benefits provided by this Policy, subject to all applicable conditions and exclusions, when the Covered Person suffers a Covered Loss or Incurs Covered Expenses resulting directly and independently of all other causes from a Covered Accident that occurs while he is participating in one of the following Sports Covered Activities:

1. regularly-scheduled practice or training;
2. regularly-scheduled competition or exhibition game;
3. a scheduled tryout, workout session or team meeting;
4. a Supervised and Sponsored Sports Activity or
5. Covered Sports Travel.

Covered Sports Travel includes travel, only within the United States, its possessions or the countries of Canada or Mexico and only directly and without interruption:

1. between home and the premises of the Sports Organization;
2. between home and another meeting place designated by the Sports Organization;
3. between home and another site designated by the Sports Organization, where a Supervised and Sponsored Sports Activity is scheduled;
4. between the premises of the Sports Organization or other meeting place it designates and another site where a Supervised and Sponsored Sports Activity is scheduled.

**Travel Coverage for Overnight Supervised and Sponsored Sports Activities** Covered Sports Travel also includes travel to a Supervised and Sponsored Sports Activity, within or outside the United States, its possessions or the countries of Canada or Mexico when the Covered Person's participation in or attendance at it requires him to be away from his normal residence for a stay of one or more nights. Coverage for travel to any Covered Activity that takes place outside the United States, its possessions or the countries of Canada or Mexico will be covered only if We have agreed to it in writing.

### Definitions

For purposes of this coverage:

**Sports Organization** means a School, college or university, team, league or other organization, as named in the Schedule of Benefits, that organizes, sponsors, supervises, schedules or otherwise provides Sports Covered Activities.

**Supervised and Sponsored Sports Activity** means a Covered Activity that:

1. takes place:
  - a. on a Sports Organization's premises during scheduled hours;
  - b. at another site at which the Covered Activity is scheduled; and
2. is sponsored, organized or otherwise provided by the Sports Organization; and
3. is supervised by a coach, referee, or by another adult specifically assigned supervisory duties and authority for that Covered Activity by the Sports Organization.

**Supervised and Sponsored Sports Activity** does not include participating in any activity, including tryouts, practice or any competitions or games for any sports activity not specifically shown in the *Schedule of Benefits*.

### Exclusions

1. This coverage will not be in effect during any sports activity unless it is sponsored, organized, supervised scheduled or otherwise provided by the Sports Organization named in the *Schedule of Benefits*.
2. This coverage will not be in effect during travel to any Covered Activity that takes place outside the United States, its possessions or the countries of Canada or Mexico unless We have agreed in advance to provide it.

Other exclusions that apply to this coverage are in the *Common Exclusions* Section.

## ACCIDENT INDEMNITY BENEFITS

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This Section describes the Accident Indemnity Benefits provided by this Policy. Benefit amounts and any applicable time requirements and limitations are shown in the *Schedule of Benefits*. Please read this and the *Common Exclusions* section in order to understand all of the terms, conditions and limitations applicable to these benefits.

### ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

#### Covered Loss

We will pay the benefit for any one of the Covered Losses listed in the *Schedule of Benefits*, if the Covered Person suffers a Covered Loss resulting directly and independently of all other causes from a Covered Accident within the applicable time period specified in the *Schedule of Benefits*. A Covered Loss includes death resulting from a condition that first manifests itself during a Covered Activity and causes the death of the Covered Person.

If the Covered Person sustains more than one Covered Loss as a result of the same Covered Accident, benefits will be paid for the Covered Loss for which the largest available benefit is payable.

If a Covered Accident causes the Covered Person's death, the total of all Benefits We will pay for Accidental Death and any other Covered Losses will not exceed the largest Benefit payable for a Covered Loss.

#### Definitions

(The Schedule will set forth Accidental Death and Dismemberment Benefits provided. Please note that the type of losses have specific meanings, will be in bold face text in this Policy, and have the meanings set forth below.)

**Loss of a Hand or Foot** means complete Severance through or above the wrist or ankle joint.

**Loss of Sight** means the total, permanent loss of all vision in one eye which is irrecoverable by natural, surgical or artificial means.

**Loss of Speech** means total and permanent loss of audible communication which is irrecoverable by natural, surgical or artificial means.

**Loss of Hearing** means total and permanent loss of ability to hear any sound in both ears which is irrecoverable by natural, surgical or artificial means.

**Loss of a Thumb and Index Finger of the Same Hand or Four Fingers of the Same Hand** means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand).

**Severance** means the complete and permanent separation and dismemberment of the part from the body.

#### Paralysis

**Paralysis** means:

1. for hemiplegia, Total Paralysis of the upper and lower limb on one side of the body;
2. for paraplegia, Total Paralysis of both lower limbs or both upper limbs;
3. for quadriplegia, Total Paralysis of both upper and lower limbs;
4. for uniplegia, Total Paralysis of one upper or one lower limb.

**Total Paralysis** means complete loss of function and sensation of limbs.

**Paralysis** must:

1. occur within the period shown in the *Schedule of Benefits*; and
2. continue for the period of time shown in the *Schedule of Benefits* and;
3. be diagnosed by a Physician as being complete and not reversible.

The Lump Sum payment for Paralysis, as shown in the Schedule of Benefits, becomes payable when the Covered Person has met each of the three conditions specified above and remains alive.

**Exclusions** The exclusions that apply to this benefit are in the *Common Exclusions* Section.

## SCOPE OF COVERAGE APPLICABLE TO MEDICAL EXPENSE BENEFITS

(The Schedule will set forth whether your Coverage applicable to Accident Medical Benefits shall be Primary Medical Expense or Full Excess Medical Expense coverage. Please note that the terms Primary Medical Expense or Full Excess Medical Expense have specific meanings, will be in bold face text in this Policy, and have the meanings set forth below.)

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Covered Expenses and any applicable Deductibles are shown in the *Schedule of Benefits*.

### **Other Health Care Plan Benefits**

When another Health Care Plan provides benefits in the form of services rather than cash payments, We will consider the reasonable cash value of such service in determining whether any Deductible has been satisfied, or any amount by which any benefit provided by this Policy will be reduced.

Benefits paid for intercollegiate sports injuries will always be paid as primary expenses when coordinating with a student accident and health insurance policy as defined by New York Law.

### **Primary Medical Expense**

We will pay Covered Expenses without regard to any Health Care Plan the Covered Person may have, after any applicable Deductible has been satisfied.

### **Full Excess Medical Expense**

Covered Expenses for this benefit are payable in excess of any other Health Care Plan. In the event and only in the event of the reduction or exhaustion of the limit of insurance of the other Health Care Plan solely as the result of actual payment of benefits covered thereunder, this Policy shall pay excess of the reduced limit of insurance of the other Health Care Plan. This Policy shall only pay pursuant to the terms and conditions of this Policy and no other policy.

Any Covered Expenses payable under this provision will be reduced by the Other Health Care Plan Reduction Percentage shown in the *Schedule of Benefits* if:

1. the Covered Person has coverage under another Health Care Plan;
2. the Other Health Care Plan is an HMO, PPO or similar arrangement; and
3. the Covered Person does not use the facilities or services of the HMO, PPO or similar arrangement.

Covered Expenses will not be reduced for emergency treatment within 24 hours after a Covered Accident which occurred outside the geographic service area of the HMO, PPO or similar arrangement.

**Definitions** For purposes of the Accident Medical Expense Benefits provided by this Policy:

**HMO** or Health Maintenance Organization means any person, natural or corporate, or any groups of such persons who enter into an arrangement, agreement or plan or any combination of arrangements or plans which propose to provide or offer, or which do provide or offer, a comprehensive health services plan.

**PPO** or Preferred Provider Organization means an organization offering health care services through designated health care providers who agree to perform those services at rates lower than non-Preferred Providers.

## ACCIDENT MEDICAL EXPENSE BENEFITS

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We will pay benefits shown in the *Schedule of Benefits* for Covered Expenses Incurred by a Covered Person, subject to all applicable conditions and exclusions, for treatment of an injury that resulted directly and independently of all other causes from a Covered Accident. Appropriate Treatment of injuries sustained in a Covered Accident will include all medically necessary benefits mandated by New York Insurance Law.

Benefits will be paid:

1. when Covered Expenses Incurred exceed any applicable Deductible within the number of days from the date of the Covered Accident specified in the *Schedule of Benefits*; and
2. as long as the first expense has been Incurred within the number of days specified in the *Schedule of Benefits*; and
3. until any applicable Benefit Period shown in the *Schedule of Benefits* has expired; and
4. until the total of Covered Expenses paid equals any applicable Benefit Limit or maximum Benefit shown in the *Schedule of Benefits*; and
5. until benefits paid equal the Maximum for Accident Medical Expense Benefits shown in the *Schedule of Benefits*.

A Covered Person has the right to appeal an adverse determination rendered by a utilization review agent pursuant to New York Insurance Law, Article 49.

### Covered Expenses

#### Inpatient Hospital Services

Room and Board Expenses – We will pay for

1. confinement in an intensive or coronary care unit, up to the maximum daily benefit shown in the *Schedule of Benefits* for each day of such confinement; and
2. any other confinement, up to the maximum daily benefit shown in the *Schedule of Benefits* for each day of the Hospital Stay.

Miscellaneous Expenses – We will pay the Miscellaneous Expenses charged by a Hospital or ambulatory surgical center for outpatient surgery. Miscellaneous Expenses include, but are not limited to, X-ray, laboratory, in-Hospital physiotherapy, nurse services, orthopedic appliances, pre-admission tests and all necessary charges other than room and board, for services received during a Hospital Stay.

#### Ambulatory Medical Center

We will pay Covered Expenses Incurred for medical or surgical treatment provided in a licensed facility that provides ambulatory surgical or medical treatment and is not a Hospital or Physician's office.

#### Emergency Room Treatment

We will pay Covered Expenses Incurred for outpatient emergency room treatment performed in a Hospital, up to the Maximum Benefit shown in the *Schedule of Benefits*. When emergency room treatment is immediately followed by admission to a Hospital, such treatment will be a Hospital Covered Expense.

**Physician Services** – We will pay Covered Expenses for Covered Expenses listed below.

Surgery

1. Covered Expenses charged for performing a surgical procedure. Two or more surgical procedures through the same incision will be considered as one procedure. We will pay up to 150% of the benefit for a surgical procedure when more than one surgical procedure through different operating fields is performed during the same surgical session; and
2. Covered Expenses charged by an assistant surgeon assisting a Physician performing a surgical procedure;
3. Covered Expenses charged for treatment of fractured and dislocated bones, operations that involve cutting or incision and/or suturing of wounds or any other surgical procedure,

including aftercare, which is given in the outpatient department of a Hospital or an ambulatory surgical center;

4. Any braces, splints or other devices required after surgery to ensure proper healing.

**Use of Physician's Surgical Facilities – Covered Expenses** charged for the use of a Physician's surgical facilities.

**Second Opinion or Consultation – Covered Expenses** charged by a qualified Physician for a second surgical opinion or consultation on the need for surgery.

**Physician's Assistant – Covered Expenses** charged by a Physician's Assistant for other than pre-or post-operative care, second opinion or consultation:

1. for in-Hospital visits; and
2. for office visits.

**Anesthesia and its administration – Covered Expenses** charged by a Physician for anesthesia and its administration.

**In-Hospital or Office Visits – Covered Expenses** charged by a Physician for other than pre-or post-operative care, second opinion or consultation;

1. for in-Hospital visits; and
2. for office visits.

#### **Outpatient X-ray, CT Scan, MRI and Laboratory tests**

We will pay Covered Expenses Incurred for X-rays except dental X-rays, CT Scans, MRI's and laboratory tests.

#### **Outpatient Physiotherapy**

We will pay Covered Expenses Incurred for outpatient physiotherapy, which includes (a) acupuncture, (b) microthermy, (c) chiropractic adjustment, (d) manipulation, (e) diathermy, (f) massage therapy, (g) heat treatment, and (h) ultrasound treatment.

#### **Nursing Services**

We will pay Covered Expenses Incurred for services other than routine Hospital care, rendered by a Nurse.

#### **Ambulance Services**

We will pay Covered Expenses Incurred for ground or air ambulance service to transport a Covered Person from the place where a Covered Accident occurred to the nearest medically appropriate facility. We will pay Covered Expenses Incurred for ground ambulance transportation from the nearest medical facility to another appropriate medical facility if a Physician specifies in writing that specialized care not available in the first facility to which the Covered Person was transported is necessary to treat his injury.

Covered Expenses will also include prehospital emergency medical services for the treatment of an emergency condition when such services are provided by an ambulance service issued a certificate to operate pursuant to Section 3005 of the Public Health Law.

With respect to the payment of benefits for such services:

"Prehospital emergency medical services" means the prompt evaluation and treatment of an emergency medical condition, and/or non-air-borne transportation of the patient to a hospital, provided however, where the patient utilizes non-air-borne emergency transportation pursuant to this paragraph, reimbursement will be based on whether a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect the absence of such transportation to result in:

1. placing the health of the person affected with such condition in serious jeopardy;
2. serious impairment to such person's bodily functions;
3. serious dysfunction of any bodily organ or part of such person; or

4. serious disfigurement of such person.

"Emergency condition" means a medical condition, the onset of which is sudden, that manifests itself by symptoms of sufficient severity, including severe pain, that a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect the absence of immediate medical attention to result in:

1. placing the health of the person afflicted with such condition in serious jeopardy;
2. serious impairment to such person's bodily functions;
3. serious dysfunction of any bodily organ or part of such person; or
4. serious disfigurement of such person.

#### **Medical Equipment Rental**

We will pay Covered Expenses Incurred for rental or, if less, for purchase of:

1. a wheelchair or hospital bed; or
2. other medical equipment that has permanent or temporary therapeutic value for the Covered Person and that can only be used by him. Examples of items that are not covered include but are not limited to computers, motor vehicles and modifications thereof, and ramps and installation costs.

#### **Medical Services and Supplies**

We will pay Covered Expenses Incurred for:

1. blood and blood transfusions, including processing and administration; and
2. cost and administration of oxygen and other gasses.

We will not pay for storage of blood for any reason.

#### **Dental Services**

We will pay Covered Expense Incurred for dental treatment, including X-rays, for injury to a tooth:

1. with no fillings or cavities or only fillings or cavities that do not undermine the tooth cusps; and
2. for which pulpal tissues are healthy and intact; and
3. for which periodontal tissue shows little or no signs of active or chronic inflammation. For insurance review purposes, each tooth unit is evaluated under these criteria rather than a blanket rating of the whole mouth.

Covered Expenses include examinations, X-rays, restorative treatment, endodontics, oral surgery, initial braces required for treatment of an injury and treatment of gingivitis resulting from trauma.

Covered Expenses must be Incurred within the Benefit Period shown in the *Schedule of Benefits*. If there is more than one way to treat a dental problem, We will pay based on the least expensive procedure if that procedure meets commonly accepted standards of the American Dental Association.

#### **Prescription Drugs**

We will pay Covered Expenses Incurred for drugs that

1. can only be obtained through a Physician's written prescription; and
2. are approved for such prescription use by the Federal Drug Administration (FDA).

We will also pay Covered Expenses Incurred for drugs that meet (1) above and are prescribed by a Physician for therapeutic use not specifically approved by the FDA. The Covered Expense for a prescription drug is limited to the cost of a generic drug unless substitution of a generic drug is prohibited by law, no generic drug is available, or the Covered Person's Physician specifically request that a non-generic drug be dispensed.

#### **Home Health Care**

We will pay Covered Expenses Incurred for care and treatment rendered to a Covered Person by an agency possessing a valid certificate of approval or license issued pursuant to article thirty-six of the public health law, for the maximum number of visits shown in the *Schedule of Benefits* for:

1. part-time nursing or intermittent home nursing care by or under the supervision of a registered graduate nurse (R.N.);
2. part-time or intermittent home health aide services which consist primarily of caring for the patient;
3. physical, speech and occupational therapy if provided by the home health service or agency;
4. medical supplies, drugs and medications prescribed by a Physician, and laboratory services by or on behalf of a certified home health agency or licensed home health care services agency to the extent such items would have been covered if the Covered Person had been hospitalized or confined in a nursing facility as defined under subchapter XVIII of the Federal Social Security Act, 42 U.S.C. §§ 1395, et seq.

For the purpose of determining the number of Home Health Care visits payable, each visit by a member of a home health care team shall be considered as one Home Health Care Visit. Four hours of home health aide service shall also be considered as one Home Health Care visit.

### **Excluded Expenses**

None of the following will be considered Covered Expenses unless coverage is specifically provided.

1. Rest care or rehabilitative care and treatment, custodial care and transportation.
2. Cosmetic surgery or care, or treatment solely for cosmetic purposes, or complications therefrom.  
This exclusion does not apply to:
  - a. cosmetic surgery resulting from an accident, if initial treatment of the Covered Person is begun within 12 months of the date of the Accident;
  - b. reconstruction incidental to or following surgery resulting from a Covered Accident.
3. Any elective or routine treatment, surgery, health treatment or examinations that are not related to the treatment of a Covered Accident.
4. Routine eye examinations or the fitting of eyeglasses or contact lenses.
5. Hearing examinations or the fitting of hearing aids.
6. Dental examinations or dental care unless resulting from a Covered Accident.

Other Exclusions that apply to this Benefit are in the *Common Exclusions* Section.





## ADDITIONAL BENEFIT RIDER

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This Rider is attached to and made part of this Policy or Certificate. It is subject to all of the Policy or Certificate provisions that do not conflict with its provisions.

Policy Number: Refer to page 1 of the Policy or Certificate  
Rider Effective Date: Refer to page 1 of the Policy or Certificate

The following sections are added to the *Schedule of Benefits* as additional *Accident Medical Expense Benefit* Covered Expenses.

### Medical Evacuation and Transport Expense Benefit

Benefit Limit	\$25,000
Medical Evacuation Deductible	\$0
Benefit Percentage	100%
Covered Accident must occur	100 or more miles from the Covered Person's Principal Residence
Specified Distance between Principal Residence and nearest medical facility	100 miles

### Repatriation Expense Benefit

Benefit Limit	\$25,000
Repatriation Deductible	\$0
Benefit Percentage	100%
Death most occur	100 or more miles from the Covered Person's Principal Residence

The following sections are added as additional Covered Expenses under the *Description of Accident Medical Expense Benefits*.

## MEDICAL EVACUATION AND TRANSPORT EXPENSE BENEFIT

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We will reimburse Covered Expenses a Covered Person Incurs, as described below, subject to all applicable conditions and exclusions, because he requires emergency medical evacuation or transportation necessitated, directly and independently of all other causes, by a Covered Accident. The Covered Accident must occur and Covered Expenses in excess of the Medical Evacuation Deductible must be Incurred:

1. while the Covered Person is away from his home, as specified in the *Schedule of Benefits*; and
2. because adequate medical treatment is not locally available, as determined by the Covered Person's Physician, or because the Covered Person cannot return to his Principal Residence or to a Hospital or other appropriate medical facility within a specified distance of his Principal Residence, using the means of transportation he would have used had the Covered Accident not occurred, as determined by the Covered Person's Physician.

### Covered Expenses

Benefits will be payable for:

1. expenses for medical service required for evacuation to the nearest medical facility;
2. expenses for medical service required during transportation to the Covered Person's Principal Residence or to a Hospital;

3. expenses for escort services if the Covered Person is disabled, when a Physician recommends the escort in writing; or expenses for a parent, spouse, sibling or adult child, to escort the Covered Person when a Physician recommends the escort in writing;
4. expenses for ambulance service to the nearest airport and air ambulance upon departure;
5. special costs Incurred while transporting the Covered Person to the nearest adequate medical facility, such as a stretcher, oxygen or other special medical arrangements that a Physician has recommended in writing;
6. expenses for transportation above the cost of a return airfare ticket held by the Covered Person or in the absence of a ticket, the cost of an economy airfare ticket.

If services are covered under any workers' compensation law, the Covered Person must assign to Us the rights to those benefits.

**Definition** – For purposes of this Benefit:

**Principal Residence** means the place to which the Covered Person intended to return when he began the trip during which the Covered Accident occurred.

**Exclusions** Any expenses that would not have been payable as Covered Expenses under the *Accident Medical Expense Benefit* will not be payable under this *Medical Evacuation Expense Benefit*.

Other exclusions and limitations that apply to this Benefit are specified in the *Common Exclusions* section.

#### **REPATRIATION EXPENSE BENEFIT**

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We will reimburse Covered Expenses Incurred to return a Covered Person's remains to his place of residence in his state, subject to all applicable conditions and exclusions, if a Covered Person's death results, directly and independently of all other causes, from a Covered Accident which occurs away from the Covered Person's home, as specified in the *Schedule of Benefits*.

Repatriation Expense Benefits will be subject to any Repatriation Deductible, Benefit Percentage, Repatriation Expense Benefit Limit and Benefit Period shown in the *Schedule of Benefits*.

#### **Covered Expenses**

Covered Expenses mean reasonable costs pre-approved by Us and Incurred for transportation of the body or remains.

**Exclusions** Other Exclusions that apply to this Benefit are specified in the *Common Exclusions* Section.

All other benefits and provisions of the Policy or Certificate remain the same.

QBE Insurance Corporation



Russell Johnston, President