STUDENT ACCIDENT INSURANCE

Protection when you need it the most

Cover your child against medical and dental injuries,

whether at home or at school

Please keep this brochure as an outline of coverage for future reference.

Bob McCloskey Insurance
BMI BENEFITS - FULL TPA SERVICES

Program Manager & Claim Administrator
Bob McCloskey Insurance
BMI Benefits, LLC.

CHUBB®

Insurance Underwritten By:
Federal Insurance Company, a Chubb Company

www.bobmccloskey.com/K12Voluntary

Protection when your child needs it most

Student Accident Insurance is designed to help your family with the financial burdens that may arise from an accident. While in class, on a field trip, or participating in school sponsored sports your child may be exposed to many risks. Our insurance plans give you the opportunity to ensure they are covered if the unexpected occurs.

HIGHLIGHTS

- Accidental Death & Dismemberment coverage if your child is injured in a serious accident.
- Accident Medical Expense benefits help alleviate costs of injuries that may land your child in the hospital.
- School Coverage option allows for coverage while on school premise and while participating in school sponsored activities.
- 24 Hour Coverage option allows for the coverage to expand 24 hours a day, anywhere in the world.
- Sports Coverage for Interscholastic Football protects high risk sports activities.

CHOOSE THE PLAN THAT IS RIGHT FOR YOU

Coverage	Description
24-Hour Coverage (Students & Employees)	Around the clock/anywhere in the world. Before, during and after school. Weekends, vacations and all summer including summer school. School sponsored and extracurricular sports excluding High School Football. **Premium: $82.00**
24-Hour Coverage (Summer Only Coverage, Students Only)	Summer begins on the first day after the school year ends. Summer ends the first day of the next school year. **Premium: $27.00**
24-Hour Coverage (High School Football)	Around the clock/anywhere in the world. Before, during and after school. Weekends, vacations and all summer including summer school. School sponsored and extracurricular sports including High School Football. **Premium: $216.00**
School Time Coverage (Students & Employees)	During the regular school term, on school premises while school is in session, including direct and uninterrupted travel to and from home and scheduled classes. School sponsored and supervised activities and sports excluding High School Football. Travel to and from school sponsored and supervised activities and sports while in a school furnished or approved vehicle. **Premium: $26.00**
School Time Coverage (High School Football)	During the regular school term, on school premises while school is in session, including direct and uninterrupted travel to and from home and scheduled classes. School sponsored and supervised activities and sports including High School Football. Travel to and from school sponsored and supervised activities and sports while in a school furnished or approved vehicle. **Premium: $160.00**
High School Football (Full Year)	While participating in school sponsored play and practice of regularly scheduled football. **Premium: $134.00**
High School Football (Spring only Rates)	While participating in school sponsored and regularly scheduled football spring training and conditioning. **Premium: $59.00**

BENEFITS

ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS

We will pay the applicable Benefit Amount, if an Accident results in a covered Loss not otherwise excluded. The Accident must result from an insured Hazard and occur while an Insured Person is insured under this policy, while it is in force. The covered Loss must occur within one (1) year after the Accident.

If an Insured Person has multiple Losses as the result of one Accident, then We will pay only the single largest Benefit Amount applicable to the Losses suffered.

Loss of Foot
Loss of Foot means the complete severance of a foot through or above the ankle joint. We will consider such severance a Loss of Foot even if the foot is later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation.

Loss of Hand
Loss of Hand means complete severance, as determined by a Physician, of at least four (4) fingers at or above the metacarpal phalangeal joint on the same hand or at least three (3) fingers and the thumb on the same hand. We will consider such severance a Loss of Hand even if the hand, fingers or thumb are later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation.

Loss of Hearing
Loss of Hearing means permanent, irrecoverable and total deafness, as determined by a Physician, with an auditory threshold of more than 90 decibels in each ear. The deafness cannot be corrected by any aid or device, as determined by a Physician.

Loss of Life
Loss of Life means death, including clinical death, as determined by the local governing medical authority where such death occurs within 365 days after an Accident.

Loss of Sight
Loss of Sight means permanent loss of vision. Remaining vision must be no better than 20/200 using a corrective aid or device, as determined by a Physician.

Loss of Sight of One Eye
Loss of Sight of One Eye means permanent loss of vision of one eye. Remaining vision in that eye must be no better than 20/200 using a corrective aid or device, as determined by a Physician.

Loss of Speech
Loss of Speech means the permanent, irrecoverable and total loss of the capability of speech without the aid of mechanical devices, as determined by a Physician.

Loss of Thumb and Index Finger
Loss of Thumb and Index Finger means complete severance, through the metacarpal phalangeal joints, of the thumb and index finger of the same hand, as determined by a Physician. We will consider such severance a Loss of Thumb and Index Finger even if a thumb, an index finger or both are later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation.

ACCIDENTAL DEATH & SPECIFIC LOSS BENEFITS (PRINCIPAL SUM - $10,000)	
Loss of Life	100% of Principal Sum
Loss of Speech and Loss of Hearing	100% of Principal Sum
Loss of Speech and one of Loss of Hand, Loss of Foot or Loss of Sight of One Eye	100% of Principal Sum
Loss of Hearing and one of Loss of Hand, Loss of Foot or Loss of Sight of One Eye	100% of Principal Sum
Loss of Hands (Both), Loss of Feet (Both), Loss of Sight or a combination of any two of Loss of Hand, Loss of Foot or Loss of Sight of One Eye	100% of Principal Sum
Loss of Hand, Loss of Foot or Loss of Sight of One Eye (Any one of each)	75% of Principal Sum
Loss of Speech or Loss of Hearing	50% of Principal Sum
Loss of Thumb and Index Finger of the same hand	25% of Principal Sum

ACCIDENT MEDICAL EXPENSE BENEFIT

We will reimburse up to the Maximum Benefit Amount for Accident Medical Expense if Accidental Bodily Injury causes an Insured Person to first incur Medical Expenses for care and treatment of the Accidental Bodily Injury within sixty (60) days after an Accident. The Benefit Amount for Accident Medical Expense is payable only for Medical Expenses incurred within 52 weeks after the date of the Accident causing the Accidental Bodily Injury. The Benefit Amount for Accident Medical Expense is payable in addition to any other applicable Benefit Amounts under this policy.

MAXIMUM BENEFIT FOR ACCIDENT MEDICAL EXPENSES	
Maximum Benefit & Deductible	$25,000 Maximum Benefit Amount $0 deductible Co-insurance is 100% of Reasonable and Customary (R&C) Charges up to the Benefit Maximum
COVERED MEDICAL SERVICES (including but not limited to)	
Medical Care and Treatment by a Physician	100% of R&C Charges up to the Maximum Benefit Amount
Hospital Room and Board and Hospital Care (inpatient and outpatient)	100% of R&C Charges up to the Maximum Benefit Amount
Drugs and Medicines Required and Prescribed by a Physician	100% of R&C Charges up to the Maximum Benefit Amount
Diagnostic Tests and X-Rays Prescribed by a Physician	100% of R&C Charges up to the Maximum Benefit Amount
Treatment Performed by a Licensed Medical Professional when Prescribed by a Physician, if Hospitalization would have been Otherwise Required	100% of R&C Charges up to the Maximum Benefit Amount
Rental of Durable Medical Equipment	100% of R&C Charges up to the Maximum Benefit Amount

Artificial Limbs and Other Prosthetic Devices	100% of R&C Charges up to the Maximum Benefit Amount
Eyeglasses, Contact Lenses and Other Vision or Hearing Aids	100% of R&C Charges up to the Maximum Benefit Amount
Outpatient Physical Therapy	100% of R&C Charges up to $220 maximum
Outpatient Orthopedic Appliance	100% of R&C Charges up to $140 maximum
Transportation in an Emergency Trasportation Vehicle from Location of Injury to Nearest Hospital	100% of R&C Charges up to $800 maximum
Dental (from Injury)	100% of R&C Charges up to $10,000 maximum

DEFINITIONS

ACCIDENT OR ACCIDENTAL

Accident or Accidental means a sudden, unforeseen, and unexpected event which:

1) happens by chance;
2) arises from a source external to an Insured Person;
3) is independent of illness, disease or other bodily malfunction or medical or surgical treatment thereof;
4) occurs while the Insured Person is insured under this policy which is in force; and
5) is the direct cause of loss.

ACCIDENTAL BODILY INJURY

Accidental Bodily Injury means bodily injury, which:

1) is Accidental;
2) the direct cause of a loss; and
3) occurs while an Insured Person is insured under this policy, which is in force.

Accidental Bodily Injury does not include conditions caused by repetitive motion injuries or cumulative trauma not a result of an Accident, including, but not limited to:

1) Osgood-Schlatter's Disease;
2) bursitis;
3) Chondromalacia;
4) shin splints;
5) stress fractures;
6) tendinitis; and
7) Carpal Tunnel Syndrome.

MEDICAL EXPENSE

Medical Expense means the Reasonable and Customary Charges for Medical Services for the care and treatment of Accidental Bodily Injuries sustained in an Accident.

MEDICALLY NECESSARY

Medically Necessary means a medical or dental service, supply or course of treatment which:

1) is ordered or prescribed by a Physician;
2) is appropriate and consistent with the patient's diagnosis;
3) is in accord with current accepted medical or dental practice; and
4) could not be eliminated without adversely affecting the patient's condition.

REASONABLE AND CUSTOMARY CHARGE

Reasonable and Customary Charge means the lesser of:

1) the usual charge made by Physicians or other health care providers for a given service or supply; or
2) the charge We reasonably determine to be the prevailing charge made by Physicians or other health care providers for a given service or supply in the geographical area where it is furnished

IMPORTANT FACTS

1) The accident policy on file with the school is a non-renewable, one- year term policy.
2) **EFFECTIVE DATE OF COVERAGE**: Insurance is effective on the latest of the following dates:
    - the Policy Effective Date;
    - the date the Insured Person is first eligible;
    - the date We receive the completed enrollment form; or
    - the date the required premium is paid.
3) **EVIDENCE OF COVERAGE**: Verification of online payment and a copy of this brochure is your evidence of coverage under the School Sponsored Accident Policy.
4) **STUDENT TRANSFER:** Coverage under the Policy continues in force anywhere in the world if the Covered Person should relocate prior to the expiration of coverage.
5) **CANCELLATION:** Coverage under the Policy will not be cancelled, and accordingly, premiums may not be refunded after acceptance by the Company. However, a pro-rata refund of premium shall be made in the event a Covered Person enters the Military Service.
6) **LATE ENROLLMENT:** There is no premium reduction for any individual who enrolls late in the year.

PAYMENT CLAUSES & EXCLUSIONS

The Benefit Amount for covered Loss of Life will be paid to the beneficiary designated by an Insured Person. Any Benefit Amount payable due to the Loss of Life of a Dependent Child will be paid to the Primary Insured Person, absent any beneficiary designation by the Dependent Child.

If an Insured Person has not chosen a beneficiary or if there is no beneficiary alive when the Insured Person dies, then We will pay the Benefit Amount for Loss of Life to the first surviving party in the following order:

1) the Insured Person's Spouse;
2) in equal shares to the Insured Person's surviving children;
3) in equal shares to the Insured Person's surviving parents;
4) in equal shares to the Insured Person's surviving brothers and sisters;
5) the Insured Person's estate.

All other Benefit Amounts are paid to the Insured Person, unless otherwise directed by an Insured Person or an Insured Person's designee, or unless otherwise noted in this policy.

If any beneficiary has not reached the legal age of majority, then We will pay such beneficiary's legal guardian.

The Benefit Amount for Accident Medical Expense is payable on an excess basis. The Reasonable and Customary Charge for a covered Medical Expense will be reduced by amounts paid or payable by other insurance. In no event will payment exceed the Maximum Benefit Amount.

PLAN EXCLUSIONS

This insurance does not apply to any Accident, Accidental Bodily Injury or Loss caused by or resulting from, directly or indirectly:

- an Insured Person being in, entering, or exiting any aircraft:
    1) owned, leased or operated by the Policyholder or on the Policyholder's behalf; or
    2) operated by an employee of the Policyholder on the Policyholder's behalf.
- an Insured Person riding as a passenger in, entering, or exiting any aircraft while acting or training as a pilot or crew member. This exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life-threatening emergency.
- an Insured Person's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection, bodily malfunctions or medical or surgical treatment thereof. This exclusion does not apply to an Insured Person's bacterial infection caused by an Accident or by Accidental consumption of a substance contaminated by bacteria.
- any occurrence while an Insured Person is incarcerated after conviction.
- an Insured Person being intoxicated, at the time of an Accident. Intoxication is defined by the laws of the jurisdiction where such Accident occurs.
- an Insured Person being under the influence of any narcotic or other controlled substance at the time of an Accident. This exclusion does not apply if any narcotic or other controlled substance is taken and used as prescribed by a Physician.
- an Insured Person participating in military action while in active military service with the armed forces of any country or established international authority. However, this exclusion does not apply to the first sixty (60) consecutive days of active military service with the armed forces of any country or established international authority.
- an Insured Person's suicide, attempted suicide or intentionally self-inflicted injury.
- a declared or undeclared War.

The Benefit Amount for Accident Medical Expense does not apply to charges and services:

1) for which an Insured Person has no obligation to pay;
2) for any injury where worker's compensation benefits or occupational injury benefits are payable;
3) for treatment that is educational, experimental or investigational in nature or that does not constitute accepted medical practice;
4) for treatment by a person employed or retained by the Policyholder;
5) for treatment involving conditions caused by repetitive motion injuries, or cumulative trauma and not as the result of an Accidental Bodily Injury.

This insurance applies only to Medically Necessary charges and services.

CLAIMS

How to File a Claim:

1. Obtain a claim form from your school office or BMI Benefits, and answer all questions in detail on the front of the claim form.
2. The claim form should identify the student's name, school name or district, and the date of accident.
3. Make sure the claim form is signed and submitted to BMI within 90 days from the date of accident.
4. Attach all itemized bills to the completed claim form and mail to Bob McCloskey Insurance at the address provided on the claim form.
5. Bills that cannot be attached to the initial form must be submitted within 90 days of the date of service.

BMI Benefits
FULL TPA SERVICES

P.O. Box 511
Matawan, NJ 07747
Phone: 800.445.3126
Fax: 732.583.9610
E-mail: BMI@bobmccloskey.com
www.bobmccloskey.com

This information is a brief description of the important features of the insurance plan underwritten by Federal Insurance Company. It is not a contract of insurance and may be subject to change based on the underwriting requirements of the company. Coverage may not be available in all states or certain terms may be different where required by state law.

Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. For a list of these subsidiaries, please visit our website at www.chubb.com. Insurance provided by U.S. based Chubb underwriting companies.