

SERFF Tracking Number: INCS-126302771 State: Arkansas
Filing Company: Pan-American Life Insurance Company State Tracking Number: 43834
Company Tracking Number: STAH-GL-P-K12
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student
Product Name: PALIC Student Accident
Project Name/Number: STAH-GL-P-K12/STAH-GL-P-K12-AR

Filing at a Glance

Company: Pan-American Life Insurance Company

Product Name: PALIC Student Accident SERFF Tr Num: INCS-126302771 State: Arkansas
TOI: H04 Health - Blanket Accident/Sickness SERFF Status: Closed-Approved- State Tr Num: 43834
Closed

Sub-TOI: H04.001 Student Co Tr Num: STAH-GL-P-K12 State Status: Approved-Closed
Filing Type: Form Reviewer(s): Rosalind Minor
Author: Renee Weaver Disposition Date: 10/28/2009
Date Submitted: 10/20/2009 Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: STAH-GL-P-K12
Project Number: STAH-GL-P-K12-AR
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 10/28/2009

Deemer Date:
Submitted By: Renee Weaver
Filing Description:
Submission for:
Pan-American Insurance Company
NAIC#: 67539
FEIN#: 72-0281240

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments: does not require
prior approval
Market Type: Group
Group Market Size: Small and Large
Group Market Type: Blanket
Explanation for Other Group Market Type:
State Status Changed: 10/28/2009
Created By: Renee Weaver
Corresponding Filing Tracking Number:

RE: Group Blanket Accident Only Policy

Forms:

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Policy: STAH-GL-P-K12-AR
Group Application: STAH-GL-APP-K12 0609

Innovative Compliance Solutions has been retained by Pan American Life Insurance Company to file the above mentioned filing in your state. Please address any future correspondence and/or approvals to my attention.

This product provides blanket accident insurance to eligible students. The policy will be issue directly to the Policyholder. The Policyholder will apply for coverage via the Master Application. This filing will NOT be marketed and sold through the employer based marketplace.

These forms are new and will not replace any forms that have been previously filed in your state. Because of the blanket nature of this filing, no certificate is being submitted.

To provide flexibility, all variable text is indicated by brackets. The bracketed text shows the most restrictive provision that would be offered or a range of benefits. Generally, any provision in brackets may be included in the Policy issued or may be removed in accordance with the plan options offered to groups and the election made by the groups applying. Letters and numbers (excluding form numbers) may be varied. Colons, semicolons, semicolons followed by the word "or" and semicolons followed by the words "and/or" may be omitted. If omitted, a period will be substituted, if necessary. Articles such as "a" and "an" may be substituted as grammatically necessary. Variable text will never exclude or limit provisions required by the jurisdiction in which the Policy is issued.

Please note the following information:

1. The company's state of domicile is Louisiana and does not require prior filing or approval.
2. Sale of the product will be through properly licensed agents and brokers.
3. The Policy Amendment/Amendatory Rider form STAH-GL-R approved on 11/4/08 will be used to make changes to a Policy after its effective date. Only the bracketed text areas would be changed as described above.
4. Forms are being submitted in final printed format. Printing is subject to changes in ink, paper stock, page numbers, margins, position and format. Printing standards will never be less that that required by your state. We would like to reserve the option of using the form in its submitted format electronically.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

Should you have any questions, or need additional information, please contact me by email at rweaver@innovative-compliance.com or by telephone at 763-323-8643. My fax number is 763-712-8001.

Sincerely,

Renee Weaver

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Compliance Consultant

Company and Contact

Filing Contact Information

Renee Weaver, Consultant rweaver@innovative-compliance.com
 PO Box 773 763-323-8643 [Phone]
 Anoka, MN 55303 763-712-8001 [FAX]

Filing Company Information

(This filing was made by a third party - innovativecompliancesolutions)

Pan-American Life Insurance Company	CoCode: 67539	State of Domicile: Louisiana
601 Poydras St	Group Code:	Company Type:
New Orleans, LA 70130	Group Name:	State ID Number:
(877) 569-3075 ext. [Phone]	FEIN Number: 72-0281240	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	Yes
Fee Explanation:	\$100 PER FILING
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pan-American Life Insurance Company	\$100.00	10/20/2009	31420081

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/28/2009	10/28/2009

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Disposition

Disposition Date: 10/28/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	authorization letter	Approved-Closed	Yes
Supporting Document	Fee Schedule	Approved-Closed	Yes
Form	BLANKET POLICY	Approved-Closed	Yes
Form	POLICYHOLDER APPLICATIONI	Approved-Closed	Yes

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Form Schedule

Lead Form Number: STAH-GL-P-K12-AR

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 10/28/2009	STAH-GL-P-K12-AR	Policy/Contract/Fraternal Certificate	BLANKET POLICY	Initial		45.000	STAH-GL-P-K12-AR Master Policy AR 9-10 Final.pdf
Approved-Closed 10/28/2009	STAH-GL-APP-K12 0609	Application/Enrollment Form	POLICYHOLDER APPLICATIONI	Initial			STAH-GL-APP-K12 0609 Application GM.pdf

BLANKET STUDENT ACCIDENT ONLY POLICY



Pan-American Life Insurance Company
(hereinafter "Company")
[601 Poydras Street
New Orleans, Louisiana 70130]

POLICYHOLDER [xxxxxxxxxx]
POLICY NUMBER: [xxxxxxxxxx]
[BLANKET POLICY EFFECTIVE DATE:] [Date]
[BLANKET POLICY EXPIRATION DATE:] [Date]
[VOLUNTARY POLICY EFFECTIVE DATE:] [Date]
[VOLUNTARY POLICY EXPIRATION DATE:] [Date]
POLICY TERM: [Date through Date]
STATE OF DELIVERY: [State]

The Policy takes effect at 12:01 A.M. on the Policy Effective Date shown above. It will remain in effect for the duration of the Policy Term shown above if the premium is paid according to the agreed terms. The Policy terminates at 12:00 A.M., on the last day of the Policy Term.

The Policy is governed by the laws of the state in which it is delivered.

Signed for PAN-AMERICAN LIFE INSURANCE COMPANY at New Orleans, Louisiana

President and Chief Executive Officer

THIS IS A LEGAL CONTRACT - PLEASE READ THE POLICY CAREFULLY

ONE YEAR NON-RENEWABLE TERM

Policyholder Service Office of Company: Pan-American Life Insurance Company
Address: [601 Poydras Street, New Orleans, LA 70130]
Telephone: [1-877-939-4550]
If we at Pan-American Life Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:
Arkansas Insurance Department - Consumer Services Division
[1200 West Third Street
Little Rock, Arkansas 72201-1904
Telephone: 1(800) 852-5494 or (501) 371-2640]

BLANKET POLICY PROVIDING ACCIDENT INJURY COVERAGE

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ELIGIBILITY AND TERMINATION PROVISIONS

[VOLUNTARY SCHOOL TIME COVERAGE]

[Each Covered Person for whom the premium for Voluntary School Time Coverage has been paid will be covered for Injury which occurs:

1. On or after the later of the following dates:
 - a. The effective date of the Policy for all students that remit the enrollment form and correct premium to the Company before [September 1];
 - b. The date the enrollment form and correct premium are received by the Company for those students who remit the enrollment form and premium after [September 1].
2. On or before the last day of the regular school term, including summer school. (Must be school sponsored and supervised.)
3. During the regular school term while the Covered Person is:
 - a. On the school premises during the hours when school is in session; or during the hours when school is not in session if he is participating in or attending any School-Sponsored and Supervised Activity;
 - b. Away from the premises if he is participating in or attending any School-Sponsored and Supervised Activity;
 - c. Traveling directly and uninterruptedly to or from his Residence and the school Premises on days when he has regularly scheduled classes or work; if travel is by any mode of transportation other than the school bus, travel time will be limited to one hour before his first class or the beginning of his work period (school employees only) and one hour after he is dismissed or his work period ends; or
 - d. Traveling directly, uninterruptedly and under the direct supervision of a qualified adult school authority to or from a School-Sponsored and Supervised Activity in a vehicle furnished by the school.]

[VOLUNTARY 24-HOUR COVERAGE]

[Each Covered Person for whom the Premium for Voluntary 24-Hour Coverage has been paid will be covered for Injury which occurs:

1. On or after the later of the following dates:
 - a. The effective date of the Policy for all students that remit the enrollment form and correct premium to the Company on or before [September 1];
 - b. The date the enrollment form and correct premium are received by the Company for those students who remit the enrollment form and premium after [September 1].
2. On or before one year after the date the school year began.]

[JV/VARSITY VOLUNTARY FOOTBALL COVERAGE]

[Each Covered Person for whom the Premium for Voluntary Football Coverage has been paid will be covered for Injury while practicing for or operating in regularly scheduled high school football which occurs:

1. For voluntary or waiver coverage, on or after the first day of practice as defined by the state governing body, provided a list of football players to be insured is postmarked by the Post Office within 15 days of the first practice. Otherwise, coverage will be effective the date the list of football players and correct premium are postmarked by the Post Office.
2. For mandatory, voluntary or waiver coverage, on or before the last day of the regularly scheduled football season including play-off games and Spring Training (with contact).

Spring Football: For those Covered Persons who participate in Spring Training, the term of coverage for "Football Coverage" expiring [December 31], is hereby amended as to the expiration date to be [May 31]. For those new players who participate in Spring Training and who are not already insured under the School's blanket coverage, the additional premium charged will be [40%] of the regular premium charged for Football Coverage.

The insured School District warrants that Spring Training shall be restricted and limited to the rules promulgated by the State High School Athletic Association, and in lieu of reporting the actual dates in advance, the school authority shall maintain a register of actual days practiced which shall be available for inspection by the Company, on demand, at all reasonable times.]

[EXTENDED DENTAL COVERAGE]

[Each Covered Person enrolled in "School Time", "24-Hour", "Football", or "Interscholastic" coverage is eligible to purchase this benefit. By adding an additional premium to the base plan rates, dental benefits may be extended under the overall maximum benefit to provide payment of covered expenses to a maximum of [\$5,000.00.] The additional benefit provides payment for the usual and customary expenses incurred within 1 year from the date of Covered accident for treatment, repair or replacement of each injured, natural tooth, including examination, diagnosis, X-rays, restorative treatment, endodontics, and oral surgery, plus for the replacement of caps, crowns, dentures and orthodontic appliances. Coverage is in effect 24 hours a day even when selected with School Time coverage. If there is more than one way to treat a dental problem, the Company will pay benefits for the least expensive procedure provided that it meets acceptable dental standards.]

[BLANKET INTERSCHOLASTIC COVERAGE]

[Note: If specified as Blanket Interscholastic Coverage, all premiums will be paid by the Policyholder.

Each Covered Person for whom the premium for Blanket Interscholastic Coverage has been paid by the Insured will be covered under the specified Schedule of Benefits for Injures as outlined under the "Coverage Options" listed below.

Blanket Interscholastic Coverage does not cover normal classroom activities, intramural activities or Physical Education classes and is restricted to interscholastic athletics and activities as defined and sanctioned by the state interscholastic governing body. Spring Training, off-season workouts and play-off games as defined by the state interscholastic governing body are included under the Blanket Interscholastic Coverage Options.

Coverage becomes effective on the date specified by the state interscholastic governing body as the first official day of practice for each interscholastic sport and/or associated activity.

All coverage options expire the last day of the spring term with the exception of the state interscholastic governing body sanctioned competitions that extend beyond the last day of the regular school term, including summer school.

Blanket Coverage Options may include one of the following options, extending to applicable grade levels:

[1. JV/Varsity Football Only - Benefits will be paid for Injuries sustained by a Covered Person while:

- a) Actually engaged, as an official representative of the Policyholder, in the play or practice of Football under the supervision of a regularly employed coach or trainer of the Policyholder, including managers and trainers; and
- b) Actually being transported in a school furnished vehicle as a member of a group under the direct supervision of a duly delegated representative of the Policyholder for the purpose of participating in the scheduled play or practice of Football.]

[2. Interscholastic Sports Only - Benefits will be paid for Injuries sustained by a Covered Person while:

- a) Actually engaged, as an official representative of the Policyholder, in the play or practice of Interscholastic Athletics under the supervision of a regularly employed coach or trainer of the Policyholder. Interscholastic Athletics must be School sponsored and supervised.
- b) Actually being transported in a school furnished vehicle as a member of a group under the direct supervision of a duly delegated representative of the Policyholder for the purpose of participating in the Interscholastic Athletic competitions.]

[3. Interscholastic Sports and Activities - Benefits will be paid for Injuries sustained by a Covered Person:

- a) Actually engaged, as an official representative of the Policyholder, in the play or practice of Interscholastic Sports and Activities under the supervision of a qualified adult school authority. Interscholastic Sports and Activities must be School sponsored and supervised.
- b) Actually being transported in a school furnished vehicle as a member of a group under the direct supervision of a duly delegated representative of the Policyholder for the purpose of participating in the designated interscholastic sport or activity; travel time will be limited to one hour before the interscholastic activity begins and one hour after the activity ends.]

[4. All School Plan – Benefits will be paid for injuries sustained by a covered person while school is in session:

- a) While attending or participating in a school sponsored and supervised activity on or off the school premises.
- b) Participation in interscholastic sports and football (where applicable).
- c) Actually being transported in a school furnished vehicle as a member of a group under the direct supervision of a duly delegated representative of the Policyholder for the purpose of participating in the designated interscholastic sport or activity; travel time will be limited to one hour before the interscholastic activity begins and one hour after the activity ends.]]

GENERAL PROVISIONS

ENTIRE CONTRACT; CHANGES The entire contract is made up of: (a) this Policy, including Your application; and (b) the individual applications, if any, of Covered Persons. Statements made by the Policyholder or a Covered Person, in the absence of fraud, shall be deemed to be representations and not warranties. No such statement may be used in any contest of this insurance unless the statement: (1) is contained in writing and signed by the applicant; and (2) a copy has been given to such person or to his/her beneficiary. The Insured, his beneficiary or assignee has the right to make a written request to the Company for a copy of the application and the Company shall, within 15 days after the receipt of a request at its home office or any authorized agent's office, deliver or mail to the person making the request a copy of the application. If a copy is not delivered or mailed, the Company is precluded from introducing the application as evidence in any action based upon or involving any statements contained therein.

No change in this Policy shall be valid unless approved by an officer of Ours. It must be evidence by endorsement on this Policy signed by the Policyholder and Us. No agent has authority to change this Policy or to waive any of its provisions.

INCONTESTABILITY The validity of this Policy will not be contested after it has been in force for two year(s) from the Policy Effective Date, except as to nonpayment of premiums.

CLERICAL ERROR If a clerical error is made, it will not affect the insurance of any Covered Person. No error will continue the insurance of a Covered Person beyond the date it should end under the terms and conditions of the Policy.

MISSTATEMENT OF AGE If premiums for the Covered Person are based on age and the Covered Person has misstated his or her age, there will be a fair adjustment of premiums based on his or her true age. If the benefits for which the Covered Person is insured are based on age and the Insured has misstated his or her age, there will be an adjustment of said benefit based on his or her true age. The Company may require satisfactory proof of age before paying any claim.

NOTICE OF CLAIM Written notice of claim must be given to Us within 20 days after the occurrence or commencement of any Covered Loss covered by this Policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the claimant or the beneficiary to Us or to any authorized agent with information sufficient to identify the Covered Person shall be deemed notice to Us.

CLAIM FORMS Upon receipt of a written notice of claim, We will give the claimant such forms as are usually given by Us for filing proof of loss. If such forms are not given within 15 days after receipt of such notice, he or she can fulfill the terms of this Policy as to proof of loss by giving written proof of: (a) the occurrence of the Covered Loss; (b) the nature of the Covered Loss; and (c) the extent of the Covered Loss.

PROOF OF LOSS Written proof of loss must be given to Us or to any authorized agent within 90 days after the date of such Covered Loss. Failure to give such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time. However, proof must be given as soon as reasonably possible and in no event later than one year.

TIME PAYMENT OF CLAIMS Benefits payable under this Policy will be paid as they accrue and within 60 days that due written proof of such loss has been received by Us.

PAYMENT OF CLAIMS All benefits other than death will be paid to the Covered Person. All or a portion of the benefits, if any, provided by this Policy may be paid directly to the Hospital or person rendering such services. We must receive the request no later than the time for filing proof of loss. Death benefits, if any, will be paid to the beneficiary chosen by the Insured.

Failure of a claimant to cooperate with Us in the administration of a claim may result in the termination of a 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.

If the Covered Person dies, any death benefits or other benefits unpaid at the time of the Covered Person's death will be paid to the beneficiary. If no beneficiary is on record with Us or Our authorized agent, payment will be made to the first surviving class of the following to the Covered Person's:

1. spouse;
2. children, in equal shares (If a child is a minor, benefits will be paid to the legal guardian);
mother or father;
3. estate.

All other benefits due and not assigned will be paid to the Covered Person, if living.

Otherwise, the benefits may, at our option, be paid:

1. according to the beneficiary designation; or
2. to the Covered Person's estate.

If a benefit due is payable to:

1. the Covered Person's estate; or
2. the Covered Person or a beneficiary who is either a minor or is not competent to give a valid release for the payment;

We may pay any amount due to some other person. The other person will be one who we believe is entitled to the payment and who is related to the Covered Person or the beneficiary by blood or marriage. We will be relieved of further responsibility to the extent of any payment made in good faith.

The Covered Person may designate a beneficiary. The Insured has the right to change the beneficiary at any time by written (or electronic and telephonic) notice. If the Insured is a minor, his or her parent or guardian may exercise this right for him or her. The change will be effective when We or Our authorized agent receive it. When received, the effective date is the date the notice was signed. We are not liable for any payments made before the change was received. We cannot attest to the validity of a change. The Insured is the beneficiary for any covered Dependent.

APPEALS PROCEDURE If a claim is wholly or partially denied, a written notice will be sent to the Covered Person containing the reason for the denial. The notice will include a description of any additional information which might be necessary for reconsideration of the claim. The notice will also describe the right to appeal. A written appeal along with any additional information or comments may be sent within 6 months after notice of denial. In preparing the appeal, the Covered Person, or his/her representative, may review all documents related to the claim and submit written comments and issues related to the denial. After the written notice is filed and all relevant information is presented, the claim will be reviewed and a final decision sent within 60 days after receipt of the notice of the appeal. Under special circumstances, an extension for further review will be granted, but not for longer than 60 additional days.

PHYSICAL EXAMINATION At Our own expense, We have the right to have a Physician examine a Covered Person when and so often as We deem reasonably necessary while there is a claim pending under this Policy. We have the right to conduct an autopsy in case of death where it is not prohibited by law.

In the event the Company, for final determination of benefits or care, requires an independent evaluation of the medical or chiropractic care of any Covered Person, only a Physician or chiropractor who is certified to practice in the same field of practice may conduct the independent evaluation. The independent evaluation must include a physical examination of the Covered Person and a personal review of all X-rays and reports prepared by the primary treating physician or chiropractor. A certified copy of the findings must be sent to the primary treating physician or chiropractor and the Covered Person within 10 working days after the evaluation. If the Covered Person disagrees with the finding of the evaluation, he must submit an appeal to the Company pursuant to the procedure for binding arbitration within 30 days after he receives the finding of the evaluation. The procedure for binding arbitration to resolve disputes concerning independent medical examinations shall follow the rules of the American Arbitration Association.

LEGAL ACTIONS No one may sue Us for payment of claim: (a) less than 60 days after due proof of claim is furnished; or (b) more than three years after the date proof of claim is required by this Policy.

RECORDS MAINTAINED You shall maintain records of each person insured. The records shall show all data that is needed to administer this Policy.

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

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

EXAMINATION AND AUDIT We shall be allowed to examine and audit Your books and records which pertain to this Policy at reasonable times. We may also be allowed to do this within 3 years after the later of: (a) the date this Policy terminates; or (b) until final settlement of all claims hereunder.

SUBROGATION AND RECOVERY RIGHTS If, after payments have been made under this Policy, any person has the right to recover damages from a responsible third party, Our right will be subrogated to that person's right to recover. The Covered Person will do whatever is necessary to enable Us to exercise Our right and will do nothing after to prejudice it. If We are precluded from exercising Our right to subrogation, We may exercise Our right to reimbursement.

If benefits are paid under this Policy and any person recovers from a responsible third party by settlement, judgment or otherwise, We have the right to recover from that person an amount equal to that amount We paid. However, We will reimburse the Covered Person for any charges on a pro-rata basis for any expense incurred in securing the settlement, judgment or otherwise.

We may exercise Our right to subrogation against responsible third parties unless We are precluded from enforcing such right where a responsible third party has extinguished its liability or has been relieved of liability by

contract or operation of law. If We are precluded from exercising Our right of subrogation, We may exercise our right to reimbursement.

We, in exercising Our right of subrogation, will not seek to recover more than We paid under the Policy. We, in exercising our right of reimbursement, will not see to recover more than the amount recovered from a responsible third party.

[ASSIGNMENT At the request of the Covered Person or his or her parent or guardian, if the Covered Person is a minor, medical benefit may be paid to the provider of service. Any payment made in good faith will end our liability to the extent of the payment.]

CERTIFICATES OF INSURANCE Where required by law, a certificate of insurance will be delivered to the Policyholder for delivery to each Covered Person. The certificate will list the benefits, conditions and limits of the Policy and will state to whom benefits will be paid.

CONFORMITY WITH STATE STATUES Any provision of this Policy which, on the Policy Effective Date, is in conflict with the statutes of the state in which the Covered Person resides on such date, is hereby amended to conform to the minimum requirements of such statutes.

ILLEGAL OCCUPATION The Company shall not be liable for any loss to which a contributing cause was the Covered Person's commission of or attempt to commit a felony or to which a contributing cause was the Covered Person's being engaged in an illegal occupation.

NARCOTICS The Company shall not be liable for any loss sustained or contracted in consequence of the Covered Person's being under the influence of any narcotic unless administered on the advice of a Physician.

POLICY TERMINATION We may terminate coverage any time after the First Policy Term provided at least 31 days written notice is given.

The Policyholder may terminate its coverage any time after the First Policy Term provided at least 31 days prior written notice is given. Failure by the Policyholder to pay premiums when due or within the grace period shall be deemed notice to us to terminate coverage at the end of the period for which premium was paid.

Termination will not affect a claim for covered loss due to an Accident which occurred while coverage was in effect.

PREMIUM PROVISIONS

PREMIUMS The premiums for the Policy will be based on the rates currently in force, the coverage and amount of insurance in effect.

CHANGES IN PREMIUM RATES We may change the premium rates from time to time with at least 60 days advanced written or authorized electronic or telephonic notice. 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 if any of the following events take place.

1. The terms of the Policy change.
2. A division, subsidiary, affiliated organization or eligible class is added or deleted from the Policy.
3. There is a change in the factors bearing on the risk assumed.
4. There is a misrepresentation in the information We relied on in establishing the rate.
5. Any federal or state law or regulation is amended to the extent it affects Our benefit obligation.

If an increase or decrease in rates takes place on a date that is not a Premium Due Date, a pro rata adjustment will apply from the date of the change to the next Premium Due Date.

PAYMENT OF PREMIUM The first premium is due on the Policy Effective Date. After that, premiums will be due monthly unless We agree with the Policyholder on some other method of premium payment.

If any premium is not paid when due, the Policy will be canceled as of the Premium Due Date, except as provided in the Policy Grace Period section.

POLICY GRACE PERIOD A Policy Grace Period of 31 days will be granted for the payment of the required premiums. The Policy will remain in force during the Grace Period. If the required premiums are not paid during

the Policy Grace Period, insurance will end on the last Premium Due Date on which required premiums were paid. The Policyholder will be liable to Us for any unpaid premium for the time the Policy was in force.

DEFINITIONS

Covered Medical Expenses means reasonable charges which are: 1) not in excess of Usual and Customary charges; 2) not in excess of the maximum benefit amount payable per service as specified in the Schedule of Benefits; 3) made for services and supplies not excluded under the policy; 4) made for services and supplies which are Medically Necessary; 5) made for services included in the Schedule of Benefits; and 6) in excess of the amount stated as a Deductible, if any.

Covered Person is any registered student or employee of the Policyholder for whom the appropriate premium has been paid.

Insurance coverage for a Covered Person is non-cancelable. A Covered Person insured under the 24-Hour Coverage provision remains protected under the Policy even though his schooling or employment may be discontinued with the Policyholder. A Covered Person insured under the School Time coverage provision may transfer to any school in the United States and Canada and still be covered, but in either case, subject to the Policy provisions and limitations herein applicable to all Covered Persons under this Policy.

Deductible means if an amount is stated in the Schedule of Benefits or any endorsement to this Policy as a deductible, it shall mean an amount to be subtracted from the amount(s) otherwise payable as Covered Medical Expenses before payment of any benefit is made. The deductible will apply per policy year or per occurrence (for each Injury) as specified in the Schedule of Benefits.

Dentist means a Doctor of Medical Dentistry (D.M.D.) or a Doctor of Dental Surgery (D.D.S.) (other than a member of the Covered Person's family or any person employed or retained by the Policyholder.)

Diagnostic Imaging means those forms of radiographs that are not plain film radiography (x-rays). It includes but is not limited to: computerized axial tomography (CAT); magnetic resonance imaging (MRI); radionuclid imaging (nuclear medicine) and ultrasound (US). These examinations may be performed with or without contrast materials.

Durable Medical Equipment means equipment which can be rented, leased or purchased and which is designed to provide treatment and/or support for an extended period of time. It includes but is not limited to: CPM machines, drug pumps; and H2O pumps.

[Excess Provision means no benefits are payable under this coverage for any expense incurred for Injury which is paid or payable by: 1) other valid and collectible insurance; or 2) under an automobile insurance policy. (This limitation will not be applied to the first [\$150] of medical expenses incurred). Covered Medical Expenses exclude amounts not covered by the primary carrier due to penalties imposed on the Covered Person failing to comply with policy provisions or requirements.]

Hospital means an institution operated pursuant to law for the care and treatment of sick or injured persons, with organized facilities for diagnosis and surgery within the confines of the institution and having 24 hour nursing service. Hospital does not include (1) a convalescent unit within or affiliated with the hospital, (2) a clinic, (3) a nursing, rest or convalescent home or (4) an institution operated primarily for care of the aged or treatment of mental disease, drug addiction or alcoholism.

Hospital Confined/Hospital Confinement means confined in a Hospital for at least [18] hours by reason of an Injury for which benefits are payable.

Injury means bodily injury which is: 1) directly and independently caused by specific accidental contact with another body or object; 2) unrelated to any pathological, functional or structural disorder; 3) a source of loss; and sustained while the Covered Person is covered under this policy. All injuries sustained in one accident, including all related conditions and recurrent symptoms of these injuries will be considered one injury.

The term Injury also means a re-injury sustained while the Insured is covered under this Policy for which the Insured has remained treatment free for a period of 180 days prior to the Policy Effective Date. If benefits have been paid under this Policy for any Injury, a re-injury will be considered new if:

- a) the re-injury occurs while the Insured is covered under this Policy; and

- b) the Insured remains treatment free for a period of 180 days between the date of the last treatment for the original Injury and the date of the new Injury.

A re-injury that is incurred within 180 days of the original Injury will be considered a continuation of the original Injury.

Medically Necessary means those services or supplies provided or prescribed by a Hospital or Physician, which are: 1) Essential for the symptoms and diagnosis or treatment of the injury; and 2) Provided for the diagnosis, or the direct care and treatment of the injury.

Nurse means a registered graduated professional nurse (R.N.), (other than a member of the Covered Person's family or any person employed or retained by the Policyholder).

Physician shall mean only a legally qualified Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.) or Doctor of Podiatry (D.P.) or Doctor of Chiropractic (D.C.) or Doctor of Optometry (O.D.) other than a relative of the Covered Person by blood or marriage who is duly licensed as such by the proper state authorities and who is acting within the scope of such license.

Physical Therapy means physical or mechanical therapy, diathermy, ultrasonic therapy, heat treatment in any form, manipulation or massage administered by a Physician or physiotherapist acting within the scope of their license.

Prescription Drug means a drug which has been determined to be safe and effective by the Food and Drug Administration and which can, under federal or state law, only be dispensed when ordered by a Physician who is duly licensed to prescribe such medication.

Residence means the premises on which the dwelling place of the Covered Person is located.

School-Sponsored Activity means any school function which is scheduled by the school and which is under the direct supervision of a qualified adult school authority.

Sound, Natural Teeth means natural teeth, the major portion of the individual tooth, which is present, regardless of fillings or caps; and is not carious, abscessed, or defective.

Usual and Customary means the fee(s) for medical services or supplies which is (are): (1) the usual fee(s) charged by the provider for the service or supply given, (2) the average fee charged for the service or supply in the locality in which the service or supply is received, and (3) reasonable in relationship to the service or supply given and the severity of the condition. No payment will be made under this policy for any expenses incurred which in the judgment of the Company are in excess of usual and customary.

COVERED LOSS – TIME LIMITS

Covered Medical Expenses will be paid under the Schedule of Benefits for loss due to Injury to a Covered Person provided treatment by a Physician: a) begins within [90-180] days after the date of Injury; and b) is received within [52-104] weeks after the date of Injury.

MEDICAL EXPENSE BENEFITS – ACCIDENT ONLY

Benefits are payable for Covered Medical Expenses (see "Definitions") less any Deductible incurred by or for a Covered Person for loss due to Injury subject to: a) the Maximum Benefit for all services; b) the maximum amount for specific services; both as set forth in the Schedule of Benefits; and c) if any, the coinsurance amount set forth in the Schedule of Benefits or any endorsement hereto. The total payable for all Covered Medical Expenses shall never exceed the Maximum Benefit stated in the Schedule of Benefits. Read the "Definitions" section and the "Exclusions and Limitations" section carefully. No benefits will be paid for services designated as "No Benefits" in the Schedule of Benefits or for any matter described in "Exclusions and Limitations". If a benefit is designated, Covered Medical Expenses include:

1. **[Room and Board Expense:** 1) daily semi-private room rate when Hospital Confined; and 2) general nursing care provided and charged for by the Hospital.]
2. **[Hospital Miscellaneous Expenses:** 1) while Hospital confined; or 2) as a precondition for being Hospital confined. Benefits will be paid for services and supplies such as: the cost of the operating room; laboratory tests; X-ray examinations; anesthesia; drugs (excluding take-home drugs) or medicines; therapeutic

services; and supplies. If a specific benefit is designated in the Schedule of Benefits for any of these miscellaneous services, no benefits will be paid in excess of the maximum specified therein. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.]

3. **[Surgery:** Physician's fees for inpatient surgery. Payment will be made based upon the surgical schedule as specified in the Schedule of Benefits. Covered Medical Expenses will be paid under this inpatient surgery benefit; or under the outpatient surgery benefit, but not both. If two or more procedures are performed through the same incision at the same operative session, the maximum amount paid will not exceed the benefit for the one of such procedures for which the largest benefit is payable.]
4. **[Assistant Surgeon's fees.]**
5. **[Anesthetist Services:** in connection with inpatient surgery. Benefits will be paid for the Physician who performs the actual administration of the anesthesia. No benefits will be paid for supervision of an anesthetist.]
6. **[Registered Nurse's Services:** 1) private duty nursing care only; 2) while Hospital confined; and 3) ordered by a licensed Physician. General nursing care provided by the Hospital is not covered under this benefit.]
7. **[Physician's Visits:** when hospital confined. Benefits are limited to one visit per day. Benefits do not apply when related to surgery.]
8. **[Surgery (Outpatient); Physician's fees for outpatient surgery.** Payment will be made based upon the surgical the surgical schedule as specified in the Schedule of Benefits. Covered Medical Expenses will be paid under this outpatient surgery benefit; or under the inpatient surgery benefit, but not both. If two or more procedures are performed through the same incision at the same operative session, the maximum amount paid will not exceed the benefit for the one of such procedures for which the largest benefit is payable.]
9. **[Day Surgery Miscellaneous (Outpatient);** in connection with outpatient day surgery; excluding non-scheduled surgery; and surgery performed in a Hospital emergency room; trauma center; Physician's office; or clinic. Benefits will be paid for services and supplies such as: the cost of the operating room; laboratory tests; x-ray examinations; anesthesia; drugs or medicines; therapeutic services and supplies.]
10. **[Anesthetist (Outpatient):** in connection with outpatient surgery. Benefits will be paid for the Physician who performs the actual administration of anesthesia. No benefits will be paid for supervision of an anesthetist.]
11. **[Physician's Visits (Outpatient):** benefits are limited to one visit per day. Benefits do not apply when related to surgery or Physical Therapy.]
12. **[Physical Therapy (Outpatient):** benefits are limited to one visit per day.]
13. **[Emergency Room (Outpatient):** use of the room, supplies, and all other charges with the exception to MRI, X-rays/Diagnostic Testing, and Lab for which an additional benefit is provided. Treatment must be rendered within 72 hours.]
14. **[Injections (Outpatient):** 1) when administered in the Physician's office; and 2) charged on the Physician's statement.]
15. **[Orthopedic Braces and Appliances:** 1) when prescribed by a Physician; and 2) a written Prescription accompanies the claim when submitted. Replacement orthopedic braces and appliances are not covered. Orthopedic braces and appliances include durable, medical equipment which is equipment that: 1) is primarily and customarily used to serve a medical purpose; 2) can withstand repeated use; and 3) generally is not useful to a person in the absence of Injury. No benefits will be paid for rental charges in excess of purchase price.]
16. **[Dental Treatment:** 1) performed by a Physician practicing within the scope of his license; and 2) made necessary by Injury to sound, natural teeth.]
17. **[Consultant Physician Fees:** when requested and approved by the attending Physician.]

18. [Re-injury will be covered if the insured has been treatment free for a period of 180 days (6 months) prior to the effective date of the policy.]

[ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT]

[If such injury shall independently of all other causes and within [180-365] days from the date of accident solely result in any one of the following specific losses, THIS BENEFIT IS PAID IN ADDITION TO THE MEDICAL EXPENSE BENEFITS. **For loss of:**

[Life	[\$0-\$5,000]
Both hands or both feet or the sight of both eyes	[\$0-\$5,000]
One hand and one foot	[\$0-\$5,000]
One hand and the sight of one eye	[\$0-\$5,000]
One foot and the sight of one eye	[\$0-\$5,000]
One hand or one foot or the sight of one eye	[\$0-\$5,000]

Loss means [with regard to hands and feet, actual severance through or above the wrist or ankle joint; with reference to the eye, the irrecoverable loss of its entire sight]. If more than one loss results from any one accident, only one amount, the largest, will be paid.

Severance means the complete separation and dismemberment of the part from the body. If more than one loss results from any one accident, only one amount, the largest, will be paid.]

[HOME HEALTH CARE BENEFIT]

[We will pay the Eligible Expenses incurred for the services and supplies shown below which are furnished to a Covered Person at home by the Home Health Care Agency for care in keeping with a Home Health Care Plan. Benefits will be limited to the Maximum Benefit Amount as shown on the Schedule of Benefits under the Accident Medical Expense Benefit.

Eligible Expenses include:

- 1) skilled nursing by a registered Nurse or licensed vocational Nurse under the supervision of at least one registered nurse and at least one Physician ;
- 2) physical, occupational, speech or respiratory therapy;
- 3) the service of a Home Health Aide under the supervision of a registered Nurse; and;
- 4) the furnishing of medical equipment and medial supplies other than drugs and medicines.

Coverage is provided for a maximum of [10] Home Health Care visits per policy period.

Each visit by a Home Health Care Agency employee constitutes a Home Health Care visit and each four hours of Home Health Aide services constitutes a Home Health Care visit. If service extends beyond four hours, each four hours or portion of that period is considered as one Home Health Care visit.

Benefits are subject to the Deductible Amount and Coinsurance Percentage, if any.

Home Health Care Expenses will not include:

- 1) Charges for services by a person who usually resides in the Covered Person's home or is a member of the Covered Person's family.
- 2) Charges incurred while the Covered Person is not under the care of a Physician.
- 3) Charges in excess of the Usual and Customary charges or charges for unnecessary care or treatment. Also, no payment will be made for expenses incurred for or in connection with custodial care.
- 4) Charges for services or supplies not specified in the Home Health Care Plan.

Definitions

- 1) "Home Health Service" means the provision of a health service for payment or other consideration in a patient's residence under a plan of care established, approved in writing, and reviewed at least once every two months by the attending physician and certified by the attending Physician as necessary for medical purposes.
- 2) "Home Health Aide" means a person who provides care of a medical or therapeutic nature and who reports to, and is under the direct supervision of a Home Health Care Agency.

- 3) "Home Health Care Agency" means a business that provides Home Health Services and is licensed by the appropriate state licensing authority.]

EXCLUSIONS AND LIMITATIONS

No benefits will be paid for loss or expense caused by, contributed to, or resulting from:

- [
1. Services or treatment rendered by a Physician, nurse or any other person who is: 1) employed or retained by you; or 2) who is the insured or a member of his/her immediate family.
 2. Charges which: 1) the insured would not have to pay if he/she did not have insurance; or 2) are in excess of Usual and Customary expenses.
 3. Any Injury that is: 1) intentionally self-inflicted, suicide or attempt thereat; or 2) caused by war or any act of war; or 3) is caused while the insured is serving full-time active duty (more than 31 days) in any Armed Forces; or 4) caused by taking part in a riot or insurrection.
 4. Any injury that is caused by air travel except while as a fare-paying passenger on a regularly scheduled commercial air carrier; travel in or upon, sitting in or upon, alighting to or from, or working on or around any motorcycle, recreational vehicle or any motorized or engine driven vehicle not designed primarily for use on public streets and highways including but not limited to: two-or-three-wheeled motor vehicle; four-wheeled all terrain vehicle (ATV); jet ski; ski cycle; or snowmobile.
 5. Any accident where the insured is the operator and does not possess a current and valid motor vehicle operator's license (except in a Driver's Education Program).
 6. An Injury for which the insured is covered under state or federal worker's compensation or employer's liability or occupational disease laws or any other party liability coverage.
 7. That part of medical expenses payable by any automobile insurance policy without regard to fault (does not apply in any state that prohibits such limitation).
 8. An Injury that is: 1) the result of the insured being intoxicated (Intoxicated shall be determined according to the laws of the jurisdiction in which the injury occurred.); 2) caused by any narcotic, drug, poison, gas or fumes voluntarily taken, administered, absorbed or inhaled, unless prescribed by a physician; or 3) insured's taking part in committing or attempting to commit a felony.
 9. A sickness or disease or diagnostic test or treatment, (except infection which occurs directly from an accidental cut or wound, or ingestion of contaminated food), aggravation of a congenital condition, blisters, headaches, hernia of any kind, mental or physical infirmity, Osgood-Schlatter disease, osteochondritis, osteochondritis dissecans, osteomyelitis, spondylolysis, slipped femoral capital epiphysis, orthodontics, injuries involving bone cysts or dental implants.
 10. Play or practice of junior varsity or varsity interscholastic high school football (in which 10th, 11th or 12th grade students participate) or college football; except where a specific additional premium is paid.
 11. No benefits will be paid for services not listed in the Schedule of Benefits, or for any service described in the Exclusions and Limitations section of this policy.

]

SCHEDULE OF BENEFITS
[ACCIDENT] or [VOLUNTARY] ONLY
MAXIMUM BENEFIT [\$25,000] (For Each Injury)
[52-104] Week Benefit Period, Full Excess

K-12 Schedule of Benefits

Deductible [\$0 - \$1,000]
 [\$0-\$25,000] each Injury
 [52-104] Week Benefit Period
 Full Excess

In-Patient

[Room & Board]

[50%-100%] Usual and Customary
 Usual and Customary
 Semi-Private Room Charge [\$0-1500]
 [\$0-\$1500/day]
 [50%-100%] Usual and Customary [\$0-\$5000] maximum

[Hospital Miscellaneous]

[50%-100%] Usual and Customary
 [50%-100%] Usual and Customary [\$0-\$5,000] maximum
 Usual and Customary
 [\$0-\$10,000] maximum
 Up to [\$0-\$1,000] first day, [\$0-\$1,000] thereafter,
 maximum [\$0-\$1,000]

[X-Rays]

[\$0-\$1,000] maximum
 [50%-100%] Usual and Customary
 [50%-100%] Usual and Customary up to a maximum [\$0-\$1,000]

[Physical Therapy]

[0-15] treatments, [\$0-2,000] aggregate
 [0-15] visits, [\$0-100] maximum
 [\$0-\$2,000] maximum
 [50%-100%] Usual and Customary
 [Included in Hospital Miscellaneous]
 [\$0-\$100] per visit [\$0-\$500] maximum

[Surgery]

[50%-100%] Usual and Customary, maximum [\$0-\$5,000]
 Maximum [\$0-\$5,000]
 Usual and Customary
 [50%-100%] Usual and Customary
 Computed from the Medical Data Review File, Number of Units
 Multiplied by Unit Value of [\$0-500]

*(Only one [1] procedure through
 the same incision allowed*

SCHEDULE OF BENEFITS (Continued)
[ACCIDENT] or [VOLUNTARY] ONLY
MAXIMUM BENEFIT [\$25,000] (For Each Injury)
[52] Week Benefit Period, Full Excess

<p>[Physician's Visit]</p> <p><i>(Limited to one [1] visit per day and do not apply when related to surgery or Physical Therapy)</i></p>	<p>[50%-100%] Usual and Customary [\$0-1200] first visit , [\$0-\$1200] additional visit [\$0-\$100] visit [0-15] maximum visits</p>
<p>Outpatient [Surgery] <i>(Only one [1] procedure through the same incision allowed)</i></p>	<p>[50%-100%] Usual and Customary [50%-100%] Usual and Customary [\$0-\$5,000] maximum Usual and Customary Maximum [\$0-\$5,000] Computed from the Medical Data Review File, Number of Units Multiplied by Unit Value of [\$0-500]</p>
<p>[Day Surgery Miscellaneous] (Facility Charge)</p>	<p>[50%-100%] Usual and Customary [\$0-\$5,000] maximum [50%-100%] Usual and Customary Usual and Customary Maximum [\$0-\$5,000]</p>
<p>[X-Rays], [Diagnostic Testing], Lab <i>(Limited to one [1] visit per day and do not apply when related to surgery Or Physical Therapy)</i></p>	<p>[50%-100%] Usual and Customary Maximum [\$0-\$5,000] Usual and Customary</p>
<p>[Physician Visit] <i>(Benefits are limited to once visit per day and do not apply when related to surgery or physical therapy)</i></p>	<p>[\$0-\$500] per visit [\$0-\$500] thereafter [50%-100%] Usual and Customary [\$0-1200] first visit , [\$0-\$500] additional visit [\$0-\$100] visit [50%-100%] Usual and Customary, [\$0-\$500] visit</p>
<p>[Physical Therapy]</p>	<p>[50%-100%] Usual and Customary [1-20] treatments [\$0-\$1,000] maximum [\$0-\$100] visit [\$0-\$1,000] maximum [\$0-\$100] visit maximum visits [1-25] Up to [\$0-\$500] visit</p>
<p>[Emergency Room] <i>(Use of Room and Supplies, Treatment must be rendered within 72 hours from time of injury)</i></p>	<p>[50%-100%] Usual and Customary Maximum [\$0-\$5,000] Usual and Customary [50%-100%] Usual and Customary [\$0-\$2500] maximum Usual and Customary up to [\$0-\$500] maximum</p>

SCHEDULE OF BENEFITS (Continued)
[ACCIDENT] or [VOLUNTARY] ONLY
MAXIMUM BENEFIT [\$25,000] (For Each Injury)
[52] Week Benefit Period, Full Excess

[X-Rays], [Diagnostic Testing], [Lab]	[50%-100%] Usual and Customary Maximum [\$0-\$5,000] Usual and Customary [50%-100%] Usual and Customary [\$0-\$2500] maximum
[Ambulance]	[50%-100%] Usual and Customary Maximum [\$0-\$5,000] Usual and Customary [50%-100%] Usual and Customary [\$0-\$2500] maximum
[Anesthetist]	[20%-100%] Usual and Customary Maximum [\$0-\$5,000] [20%-100%] Surgery Benefit [50%-100%] Usual and Customary up to a maximum [\$0-\$5,000]
[Assistant Surgeon]	[20%-100%] Usual and Customary Maximum [\$0-\$5,000] [20%-100%] Surgery Benefit [50%-100%] Usual and Customary up to a maximum [\$0-\$5,000]
[Dental]	[50%-100%] Usual and Customary [\$0-\$1,000] per tooth
[Extended Dental]	Maximum [\$0-\$5,000] Usual and Customary up to [\$0-\$5,000]
[Eyeglasses] [Contact Lens] [Hearing Aids]	[20%-100%] Usual and Customary Maximum [\$0-\$5,000] Usual and Customary up to [\$0-\$1500]
[Home Health Care]	[20%-100%] Usual and Customary [1-15] visits and [\$0-500] maximum
[Injections]	[\$0-\$100] visit and [\$0-\$500] maximum Usual and Customary
[MRI/CAT Scan]	[50%-100%] Usual and Customary Maximum [\$0-\$5,000] [50%-100%] Usual and Customary up to [\$0-5,000]
[MVA]	[\$100-\$10,000] maximum
[Neurological Consultant]	[50%-100%] Usual and Customary [\$0-\$500] per visit

SCHEDULE OF BENEFITS (Continued)
[ACCIDENT] or [VOLUNTARY] ONLY
MAXIMUM BENEFIT [\$25,000] (For Each Injury)
[52] Week Benefit Period, Full Excess

[Orthopedic Braces & Appliances]	[50%-100%] Usual and Customary Maximum [\$0-\$5,000] [\$0-\$100] visit and [\$0-\$1,000] maximum [50%-100%] Usual and Customary [\$0-1,000] maximum
[Cast]	[\$0-\$1,000] maximum
[Prescriptions]	[50%-100%] Usual and Customary Maximum [\$0-\$5,000] Usual and Customary
[Durable Medical Equipment]	[50%-100%] Usual and Customary Maximum [\$0-\$5,000] [\$0-\$100] visit and [\$0-\$500] maximum
[2nd Opinion]	Maximum [\$0-\$5,000]
[Heat Stroke/Exhaustion]	Same as any other injury what percentage Usual and Customary
[Field Trip Coverage]	Same as any other injury [\$0-\$5,000]
[Private RN]	Up to [\$0-\$1,000] Usual and Customary [50%-100%] Usual and Customary
[Physician Surgeon Charges]	[20%-100%] of Allowable Usual and Customary [50%-100%] Usual and Customary
[Outpatient X-Ray]	[\$0-\$500] Usual and Customary [50%-100%] Usual and Customary
[Emergency Medical Evacuation]	[\$0-\$5,000]

Application For Student Accident Insurance Policy

Underwritten By:

Pan American Life Insurance Company

Policy Number _____

School or District _____ District UIL Class _____

Mailing Address _____ City _____ State _____ Zip _____

Contact Person _____ Title _____

Phone # _____ Fax # _____ E-Mail _____

Date of First Scheduled Sport/Activity _____ Date School begins _____

Plan Selected _____ Deductible \$ _____

OPTION 1: Blanket Athletic/Activities Coverage (premium paid by School)

A. JV / Varsity Football Only: \$ _____

B. Interscholastic Sports Only: \$ _____ Grades _____

C. Interscholastic Sports and Activities \$ _____ Grades _____

OPTION 2: All School Plan (premium paid by School)

\$ _____ # of students _____

OPTION 3: JV/Varsity Football

\$ _____ per player

Voluntary Accident Medical Coverage (premium paid by parent/guardian)

	Plan	[Dental (optional)]
24 – Hour	[\$125.00]	[\$8.00]
School Time	[\$ 65.00]	[\$8.00]
24 – Hour (Upgrade)	[\$ 75.00]	[\$8.00]

Date supplies needed _____ (Attach instructions if requesting shipment to more than one address/location)

Shipping Address _____ City _____ State _____ Zip _____

We hereby apply to Pan American Life for a Student Accident Policy. We understand that insurance will be in force if this Application is accepted by the Company, and the required premium is received by the Company when due. **Make check payable to Pan American Life.**

Signature of School Official _____ Date Signed _____

Print Name and Title _____ Phone _____

Agent Signature _____

PLAN ADMINISTRATOR

[Admin.]

P.O. Box 4000

Frisco, Texas 75034

Fax – (972) 377-2469 (800) 381-4517

www.admin.com

(Office Use Only) Date Master Policy Issued _____

IMPORTANT FRAUD NOTICE[S Please review the notice that applies in your state]

[FRAUD STATEMENT APPLICABLE TO RESIDENTS OF FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.]

[FRAUD STATEMENT: Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.]

[FRAUD STATEMENT APPLICABLE TO RESIDENTS OF ARKANSAS, LOUISIANA AND WEST VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.]

[FRAUD STATEMENT APPLICABLE TO RESIDENTS OF COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.]

[FRAUD STATEMENT APPLICABLE TO RESIDENTS OF DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefit if false information materially related to a claim was provided by the applicant.]

[FRAUD STATEMENT APPLICABLE TO APPLICATIONS TAKEN IN THE STATE OF NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.]

[FRAUD STATEMENT APPLICABLE TO RESIDENTS OF NEW MEXICO: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OR LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.]

[FRAUD STATEMENT APPLICABLE TO RESIDENTS OF OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.]

[FRAUD STATEMENT APPLICABLE TO RESIDENTS OF MARYLAND, AND OREGON: Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of fraud.]

[FRAUD STATEMENT APPLICABLE TO RESIDENTS OF IDAHO AND TENNESSEE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.]

[FRAUD STATEMENT APPLICABLE TO RESIDENTS OF VIRGINIA: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.]

[FRAUD STATEMENT APPLICABLE TO RESIDENTS OF KANSAS: Any person who knowingly provides false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company may be guilty of fraud as determined by a court of law.]

[FRAUD STATEMENT APPLICABLE TO RESIDENTS OF WASHINGTON: Any person who knowingly presents false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.]

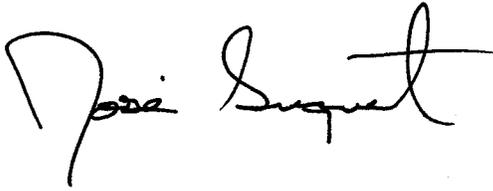
SERFF Tracking Number: INCS-126302771 State: Arkansas
 Filing Company: Pan-American Life Insurance Company State Tracking Number: 43834
 Company Tracking Number: STAH-GL-P-K12
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student
 Product Name: PALIC Student Accident
 Project Name/Number: STAH-GL-P-K12/STAH-GL-P-K12-AR

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Consumer Info Notice is on the Policy face page Attachments: Certification.pdf Readability k12.pdf	Approved-Closed	10/28/2009
Bypassed - Item: Application Bypass Reason: NA - Application is being filed under Form Schedule Comments:	Approved-Closed	10/28/2009
Satisfied - Item: authorization letter Comments: Attachment: ICS Authorization 09 PALIC.pdf	Approved-Closed	10/28/2009
Satisfied - Item: Fee Schedule Comments: Attachment: AR Fee Schedule.pdf	Approved-Closed	10/28/2009

**ARKANSAS
CERTIFICATE OF COMPLIANCE**

PanAmerican Life Insurance Company hereby certifies that the policy forms listed below are in compliance with all of the requirements of Arkansas Insurance Department Rule and Regulation 19. The benefits/coverage provided by the forms listed below are available to, and will be administered, in a non-discriminatory manner.



(Signature)

President and Chief Executive Officer

(Title)

8/23/09

(Date)

Policy Form Numbers:

STAH-GL-P-K-12-AR; STAH-GL-APP-K-12 0609

**CERTIFICATION OF COMPLIANCE
FOR READABILITY**

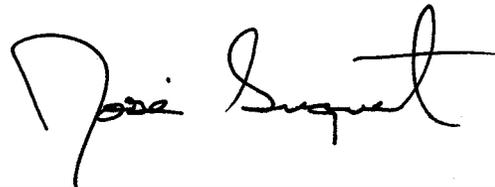
Form Number(s)

STAH-GL-P-K12-AR

Flesch Readability Score

45

I hereby certify on behalf of Pan-American Life Insurance Company that the Flesch Scale Analysis Readability Score is accurate, based on the computer program used to calculate the scores.



President and Chief Executive Officer

Dated: 8/23/09

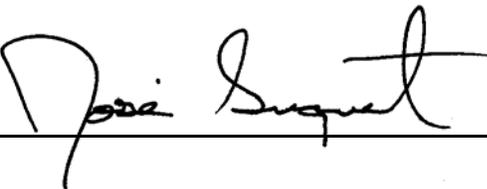
Authorization Letter

December 2008

COMPANY: Pan-American Life Insurance Company
NAIC Number: 67539
FEIN Number: 720281240

Please accept this letter as authorization for Innovative Compliance Solutions to act as our agent for submission of policy forms and rate information and to perform each and every act necessary in connection with such submission on behalf of Pan-American Life Insurance Company.

BY:



TITLE:

President and Chief Executive Officer

Pan-American Life Insurance Company



ARKANSAS INSURANCE DEPARTMENT

1200 West Third Street
Little Rock Arkansas 72201-1904
501-371-2600

Mike Pickens
Insurance Commissioner

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: PanAmerican Life Insurance Company
Company NAIC Code: 67539
Company Contact Person & Telephone # Renee Weaver 763-323-8643
Form Number(s):

* INSURANCE DEPARTMENT USE ONLY *
* ANALYST: AMOUNT: ROUTE SLIP: *

ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT LINE OF BUSINESS, UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Table with 2 columns: Description of filing type and Fee calculation. Includes rows for Life and/or Disability policy form filing, Life and/or Disability - Filing and review of each rate filing, Life and/or Disability Policy, Contract or Annuity Forms, Policy and contract forms, and Life and/or Disability: Filing and review of Insurer's advertisements.

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to
amend an Insurer's Certificate of Authority.

*0 x \$400 = 0

Filing to amend Certificate of Authority.

***0 x \$100 = 0

*THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER RULE
AND REGULATION 57.

**THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK.
CODE ANN. 23-63-102, RETALIATORY TAX.

***THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN. 23-61-401.