

SERFF Tracking Number: SMIC-127103239 State: Arkansas
Filing Company: Gerber Life Insurance Company State Tracking Number: 48441
Company Tracking Number: COL-11
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student
Product Name: Blanket Student Accident
Project Name/Number: Blanket Student Accident/COL-11

Filing at a Glance

Company: Gerber Life Insurance Company

Product Name: Blanket Student Accident

TOI: H04 Health - Blanket Accident/Sickness

Sub-TOI: H04.001 Student

Filing Type: Form

SERFF Tr Num: SMIC-127103239 State: Arkansas

SERFF Status: Closed-Approved-Closed
State Tr Num: 48441

Co Tr Num: COL-11

Author: Tonia Spees

Date Submitted: 04/07/2011

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 04/13/2011

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: Blanket Student Accident

Project Number: COL-11

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Blanket

Filing Status Changed: 04/13/2011

State Status Changed: 04/13/2011

Created By: Tonia Spees

Corresponding Filing Tracking Number: COL-11

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

RE: Gerber Life Insurance Company, Inc.

Forms COL-11, COL-11-AC-R and COL-11-AP

Blanket Student Accident Policy

Requesting Approval of Forms

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Overall Rate Impact:

Deemer Date:

Submitted By: Tonia Spees

Blanket Student Accident Policy form (COL-11) provides accident only coverage for covered losses as specified under the policy. Benefits, coverages and definitions are variable to provide for different plan designs but each plan design will

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be marketed as accident coverage and every benefit is triggered by a covered accident or injury. Any language bracketed is either in or out and any numeric variable will vary only to the ranges shown and will reflect the plan design chosen by the Policyholder.

Coverage is provided to participants/members of the school, students in grades Pre-K through 12, College or University Students, Boarding Students in public, private, parochial, charter and religious affiliated schools. Coverage can include activities such as normal classroom, interscholastic/intercollegiate sports – both practice and competition, physical education, field trips and extracurricular activities (any activity as noted by the school per activities/classes the school offers). Includes travel in a school provided vehicle as well as individual travel directly to and from the student's home and school. Grade level will be stated on page 4 under Other Coverages and will 1) correspond to the grades that are enrolled at the school and; 2) for the rate provided per the plan design chosen by the Policyholder.

The Policyholder will have the option to the type of Plan they wish to choose from along with benefit maximums for each coverage. Some benefits may be removed if the Policyholder has chosen not to provide the coverage. There will be no variations to the benefit language. Benefit amounts will vary only to the ranges shown in the Schedule of Benefits. The name of the Plan ([Mandatory] [and] [Voluntary] [Silver] Plan [1] [BSC 104]) will change according to the plan design chosen from the Policyholder/Insured.

Amendatory Coverage Rider (COL-11-AC-R) is needed to amend the policy at times when we need to insure additional insureds, additional activities sponsored by the school, change the deductible amount, add an additional coverage, etc. The changes made will be within the variability of the filed forms. The Amendatory Coverage Rider is not to bring the policy into compliance.

Blanket Accident Insurance Application (COL-11-AP) will detail the benefits applicable to the Policyholder and will be signed by the Policyholder.

This policy and related forms are new and do not replace previously submitted policies or forms. Enclosed is authorization for Special Markets Insurance Consultants, Inc. to submit this filing on behalf of Gerber Life Insurance Company, Inc. All correspondence related to this filing should be directed to Special Markets Insurance Consultants, Inc.

Please let me know if you should have any questions or need additional information.

Tonia Spees
Administration Support

Company and Contact

Filing Contact Information

SERFF Tracking Number: SMIC-127103239 State: Arkansas
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Tonia Spees, tonia@specialmarkets.com
 2615 Post Road 715-344-2281 [Phone] 27 [Ext]
 Stevens Point, WI 54481

Filing Company Information

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

| | | |
|-------------------------------|-------------------------|-----------------------------|
| Gerber Life Insurance Company | CoCode: 70939 | State of Domicile: New York |
| 1311 Mamaroneck Avenue | Group Code: 4483 | Company Type: LAH |
| White Plains, NY 10605 | Group Name: | State ID Number: |
| (800) 767-0700 ext. [Phone] | FEIN Number: 13-2611847 | |

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Forms (new or corrections) Fee is \$50
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|-------------------------------|----------|----------------|---------------|
| Gerber Life Insurance Company | \$0.00 | 04/07/2011 | |
| Gerber Life Insurance Company | \$100.00 | 04/12/2011 | 46496056 |

| CHECK NUMBER | CHECK AMOUNT | CHECK DATE |
|--------------|--------------|------------|
| 8141 | \$50.00 | 03/31/2011 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|----------------|------------|----------------|
| Approved-Closed | Rosalind Minor | 04/13/2011 | 04/13/2011 |

Objection Letters and Response Letters

| Objection Letters | | | | Response Letters | | |
|---------------------------|----------------|------------|----------------|------------------|------------|----------------|
| Status | Created By | Created On | Date Submitted | Responded By | Created On | Date Submitted |
| Pending Industry Response | Rosalind Minor | 04/11/2011 | 04/11/2011 | Tonia Spees | 04/12/2011 | 04/12/2011 |

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Disposition

Disposition Date: 04/13/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

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 | PPACA Uniform Compliance Summary | Approved-Closed | Yes |
| Supporting Document | Statement of Variables | Approved-Closed | Yes |
| Supporting Document | Authorization Letter | Approved-Closed | Yes |
| Form | Blanket Student Accident Policy | Approved-Closed | Yes |
| Form | Amendatory Coverage Rider | Approved-Closed | Yes |
| Form | Blanket Accident Insurance Application | Approved-Closed | Yes |

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 04/11/2011

Submitted Date 04/11/2011

Respond By Date

Dear Tonia Spees,

This will acknowledge receipt of the captioned filing.

Objection 1

- Blanket Student Accident Policy, COL-11 (Form)
- Amendatory Coverage Rider, COL-11-AC-R (Form)
- Blanket Accident Insurance Application, COL--11-AP (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$150.00. Please submit an additional \$100.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 04/12/2011
Submitted Date 04/12/2011

Dear Rosalind Minor,

Comments:

Thank you for your letter.

Response 1

Comments: An additional \$100 was submitted via EFT.

Related Objection 1

Applies To:

- Blanket Student Accident Policy, COL-11 (Form)
- Amendatory Coverage Rider, COL-11-AC-R (Form)
- Blanket Accident Insurance Application, COL--11-AP (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$150.00. Please submit an additional \$100.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

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Please continue the review process and let me know if you have any questions. Thank you.....Tonia

Sincerely,
Tonia Spees

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Form Schedule

Lead Form Number: COL-11

| Schedule Item | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|-------------------------------|-----------------|--------------|--|---------|----------------------|-------------|--|
| Approved-Closed 04/13/2011 | COL-11 | Policy/Cont | Blanket Student ract/Fratern al Certificate | Initial | | 41.400 | COL-11 Policy.pdf |
| Approved-Closed 04/13/2011 | COL-11- AC-R | Policy/Cont | Amendatory ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider | Initial | | | COL-11-AC-R Amendatory Coverage Rider.pdf |
| Approved-Closed 04/13/2011 | COL--11- AP | Application/ | Blanket Accident Enrollment Form | Initial | | | COL-11-AP Application.pdf |

GERBER LIFE INSURANCE COMPANY
[1311 MAMARONECK AVENUE, WHITE PLAINS, NY 10605]
[1 (800) 767-0700]
(Herein called the Company)

Policy Number: [04-1234-01]

Name and Address of Policyholder: [Tri-County Schools
123 Main Street
Anytown, USA 00111]

Policy Effective Date: [6/1/05 / Football: 7/8/05]

Policy Termination Date: [1st day following school year / Football: last day football season]

This Policy is a legal contract between the Policyholder and the Company.

This Policy describes the terms and conditions of insurance. This Policy goes into effect subject to its applicable terms and conditions at 12:01 A.M. on the Policy Effective Date shown above at the Policyholder's address. It will remain in effect for the duration of the Policy Term shown above if the premium is paid according to the agreed terms. This Policy terminates at 12:00 A.M., on the day following the last day of the Policy Term unless the Policyholder and the Company agree to continue coverage under this Policy for an additional Policy Term. The laws of the State of Issue shown above govern this Policy.

The Company and the Policyholder agree to all the terms of this Policy.

Description

Except where specifically stated otherwise, this Policy covers the Insured only for Injury sustained while:

1. [Participating in or attending any Regularly Scheduled Activity of the School. The activity must be supervised by a person authorized by the School].
2. [Traveling directly (uninterruptedly) to and from a Regularly Scheduled Activity with other members as a group. The travel must be supervised by a person authorized by the School].
3. [Traveling directly (uninterruptedly) to and from the Insured's Residence and the meeting place for the purpose of participating in the Regularly Scheduled Activity.]

BLANKET STUDENT ACCIDENT POLICY
[THIS IS A LIMITED POLICY]
THIS POLICY PAYS BENEFITS FOR SPECIFIC LOSSES FROM ACCIDENT ONLY
THIS POLICY DOES NOT PAY BENEFITS FOR LOSS CAUSED BY SICKNESS
[THIS POLICY CONTAINS A DEDUCTIBLE]
THIS POLICY IS NON-RENEWABLE

PLEASE READ YOUR POLICY CAREFULLY

SIGNED FOR GERBER LIFE INSURANCE COMPANY

[]

[President and CEO]

[]

[Secretary]

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[ACCIDENT MEDICAL SCHEDULE OF BENEFITS

[Mandatory] [and] [Voluntary] [Silver] Plan [1] [BSC 104]

Hospital and Professional Services Benefits

The Injury must be treated within [30-180] days after the Accident occurs.

Services must be received within [1-3] year[s] from the date of the Accident. Expenses incurred after [1-3] year[s] from the date of the Accident are not covered even though the service is a continuing one or one that is necessarily delayed beyond [1-3] year[s] from the date of the Accident.

HOSPITAL AND PROFESSIONAL SERVICES BENEFITS

Maximums and Benefit Period (All maximums are subject to the COVERAGE and LIMITATIONS as stated below.)

Maximum Medical Expense for each Injury: [\$5,000 - \$1,000,000]

[Maximum Medical Expense for football Injuries: [\$5,000 - \$1,000,000]

Maximum Medical Expense for each Injury involving motor vehicles: [\$5,000 - \$1,000,000]

[Maximum Medical Expense Aggregate for Injuries involving motor vehicles for any one Accident: [\$500,000 - \$1,000,000]

[Accidental Death, Dismemberment, [or] Loss of Sight, [Speech] [and] [Hearing] Benefit: [\$2,500 - 100,000]

[Single Dismemberment: [\$2,500 - \$100,000]

[Double Dismemberment: [\$2,500 - \$100,000]

[Benefit Period: [1-3] Year[s]

Deductible

The Deductible is [the greater of]:

1. [\$0.00 - \$300,000]; [or]
2. [The amount paid or payable for the same Injury by any Other Plan].

EXCESS COVERAGE PROVISION APPLICABILITY

The Excess Coverage provision does [not] apply [if the total Reasonable Expenses incurred for Hospital & Professional Services are [\$100 - \$300,000] or less.]

[Other Plan Reduction Percentage [10%-50%]

COVERAGE AND LIMITATIONS (All limitations are stated per Injury.)

Hospital/Facility Services

Inpatient

1. [HOSPITAL ROOM AND BOARD: [50%-100%] of Reasonable Expenses up to the semi-private room rate [to a maximum of [\$50-\$5,000] [per day]]]
2. [HOSPITAL INTENSIVE CARE: [50%-100%] of Reasonable Expenses [to a maximum [\$50-\$20,000] [per day]]]
3. [INPATIENT HOSPITAL MISCELLANEOUS: [50%-100%] of Reasonable Expenses [to a maximum of [\$50-\$20,000] [per day]]]

Outpatient

1. [OUTPATIENT HOSPITAL MISCELLANEOUS (Except Physician's services and x-rays paid as below): [50%-100%] of Reasonable Expenses [to a maximum of [\$100 - \$5,000]]]
2. [HOSPITAL EMERGENCY ROOM: [50%-100%] of Reasonable Expenses [to a maximum of [\$50-\$5,000]]]
3. [FREE - STANDING AMBULATORY SURGICAL FACILITY: [50%-100%] of Reasonable Expenses [to a maximum of [\$50-\$5,000]]]
4. [HOSPITAL EMERGENCY ROOM PHYSICIAN: [50%-100%] of Reasonable Expenses [to a maximum of [\$50-\$5,000]]]

5. [DAY SURGERY MISCELLANEOUS: [50%-100%] of Reasonable Expenses [to a maximum of [\$500-\$20,000]]]

Physician's Services

1. [SURGICAL: [50%-100%] of Reasonable Expenses [to a maximum of [\$300-\$5,000]]]
2. [ASSISTANT SURGEON: Reasonable Expenses to [25%-100%] of surgical benefit paid only if surgeon is paid]
3. [ANESTHESIOLOGIST: Reasonable Expenses to [25%-100%] of surgical benefit paid only if surgeon is paid.]
4. [PHYSICIAN'S NON-SURGICAL TREATMENT (EXCEPT AS IN 5. BELOW): [50%-100%] of Reasonable Expenses [to a maximum of [\$20-\$5,000] [per day]]]
5. [PHYSICIAN'S OUTPATIENT TREATMENT IN CONNECTION WITH PHYSICAL THERAPY AND/OR SPINAL MANIPULATION: [50%-100%] of Reasonable Expenses [\$20-\$200] per visit] [to a maximum of [\$20-\$5,000] [and a maximum of [5-50] visits]]]

Other Services

1. [REGISTERED NURSES' SERVICES: [50%-100%] of Reasonable Expenses [to a maximum [\$50-\$5,000]]]
2. [PRESCRIPTIONS (DISPENSED BY A LICENSED PHARMACIST) - OUTPATIENT: [50%-100%] of Reasonable Expenses [to a maximum of [\$50-\$500]]]
3. [LABORATORY TESTS - OUTPATIENT: [50%-100%] of Reasonable Expenses [to a maximum of [\$50-\$2,000]]]
4. [X-RAYS (INCLUDES INTERPRETATION) - OUTPATIENT: [50%-100%] of Reasonable Expenses [to a maximum of [\$50-\$1,000]]]
5. [DIAGNOSTIC IMAGING (MRI, CAT SCAN, ETC.) - INCLUDES INTERPRETATION: [50%-100%] of Reasonable Expenses [to a maximum of [\$50-\$2,000]]]
6. [GROUND AMBULANCE: [50%-100%] of Reasonable Expenses [to a maximum of [\$200-\$5,000]]]
7. [AIR AMBULANCE: [50%-100%] of Reasonable Expenses [to a maximum of [\$200 - \$10,000]]]
8. [DURABLE MEDICAL EQUIPMENT - INCLUDES ORTHOPEDIC BRACES AND APPLIANCES: [50%-100%] of Reasonable Expenses [to a maximum of [\$50 - \$5,000]]]
9. [DENTAL TREATMENT: [50%-100%] of Reasonable Expenses [to a maximum of [\$100 - \$2,000] for the treatment, repair or replacement of injured natural teeth, includes initial braces when required for treatment of a covered injury, as well as examination, x-rays, restorative treatment, endodontics, oral surgery and treatment for gingivitis resulting from trauma]. [When the dentist certifies that treatment will continue beyond the 52 week benefit period the Company will continue to cover the incurred expenses at 100% of Reasonable Expenses; provided such expenses are incurred within 2 years from the date of first treatment for Injury.]]]
10. [REPLACEMENT OF EYEGLASSES, HEARING AIDS, CONTACT LENSES, IF MEDICAL TREATMENT IS ALSO RECEIVED FOR THE COVERED INJURY: [50%-100%] of Reasonable Expenses [to a maximum of [\$150 - \$2,000]]]
11. [HEART OR CIRCULATORY MALFUNCTION: [50%-100%] of Reasonable Expenses [to a maximum of [\$2,500 - \$1,000,000]]]

[CATASTROPHIC ACCIDENT MEDICAL SCHEDULE OF BENEFITS

Plan [2] [BSC 506]

HOSPITAL AND PROFESSIONAL SERVICES BENEFITS

The Injury must be treated within [30-180] days after the Accident occurs.

[Services must be received within [2-10] years from the date of the Accident. Expenses incurred after [2-10] years from the date of the Accident are not covered even though the service is a continuing one or one that is necessarily delayed beyond [2-10] years from the date of the Accident.]

Maximums and Benefit Period (All maximums are subject to the COVERAGE and LIMITATIONS as stated below.)

Maximum Aggregate Limit of Liability: [\$1,000,000 - \$6,000,000]

Maximum Medical Expense Amount: [\$1,000,000 - \$6,000,000]

[Accidental Death, Dismemberment, [or] Loss of Sight, [Speech] [and] [Hearing] Benefit: [\$2,500 – 100,000]]

[Single Dismemberment: [\$2,500 - \$100,000]]

[Double Dismemberment: [\$2,500 - \$100,000]]

Benefit Period: [[2-10] years] [Lifetime] from the date of Accident

Deductible

The Deductible is: [\$25,000 - \$1,000,000]. Medical Expenses payable under any Other Plan will be used to satisfy or reduce the Deductible.

Deductible Establishment Period: [1-5] years

[Other Plan Reduction Percentage [10%-50%]]

COVERAGE AND LIMITATIONS (All limitations are stated per Injury.)

Hospital/Facility Services

Inpatient

1. [HOSPITAL ROOM AND BOARD: [50%-100%] of Reasonable Expenses up to the semi-private room rate]
2. [HOSPITAL INTENSIVE CARE: [50%-100%] of Reasonable Expenses [per day]]
3. [INPATIENT HOSPITAL MISCELLANEOUS: [50%-100%] of Reasonable Expenses [per day]]
4. [CONFINEMENT IN AN EXTENDED CARE FACILITY: [50%-100%] of Reasonable Expenses per calendar year to a maximum of \$365,000]

Outpatient

1. [OUTPATIENT HOSPITAL MISCELLANEOUS (Except Physician's services and x-rays paid as below): [50%-100%] of Reasonable Expenses]
2. [HOSPITAL EMERGENCY ROOM: [50%-100%] of Reasonable Expenses]
3. [FREE - STANDING AMBULATORY SURGICAL FACILITY: [50%-100%] of Reasonable Expenses]
4. [HOSPITAL EMERGENCY ROOM PHYSICIAN: [50%-100%] of Reasonable Expenses]

Physician's Services

1. [SURGICAL: [50%-100%] of Reasonable Expenses]
2. [ASSISTANT SURGEON: [50%-100%] of Reasonable Expenses]
3. [ANESTHESIOLOGIST: [50%-100%] of Reasonable Expenses]

4. [PHYSICIAN'S NON-SURGICAL TREATMENT (EXCEPT AS IN 5. BELOW): [50%-100%] of Reasonable Expenses]
5. [PHYSICIAN'S OUTPATIENT TREATMENT IN CONNECTION WITH PHYSICAL THERAPY AND/OR SPINAL MANIPULATION: [50%-100%] of Reasonable Expenses [to a maximum of [\$25,000 -100,000]]]

Other Services

1. [REGISTERED NURSES' SERVICES: [50%-100%] of Reasonable Expenses]
2. [PRESCRIPTIONS (DISPENSED BY A LICENSED PHARMACIST) - OUTPATIENT: [50-100%] of Reasonable Expenses]
3. [LABORATORY TESTS - OUTPATIENT: [50%-100%] of Reasonable Expenses]
4. [X-RAYS (INCLUDES INTERPRETATION) - OUTPATIENT: [50%-100%] of Reasonable Expenses]
5. [DIAGNOSTIC IMAGING (MRI, CAT SCAN, ETC.) - INCLUDES INTERPRETATION: [50%-100%] of Reasonable Expenses]
6. [GROUND AMBULANCE: [50%-100%] of Reasonable Expenses]
7. [AIR AMBULANCE: [50%-100%] of Reasonable Expenses]
8. [DURABLE MEDICAL EQUIPMENT - INCLUDES ORTHOPEDIC BRACES AND APPLIANCES: [50%-100% of Reasonable Expenses [to a maximum of [\$25,000 - \$100,000]]]
9. [DENTAL TREATMENT: [50-100%] of Reasonable Expenses for the treatment, repair or replacement of injured natural teeth, includes initial braces when required for treatment of a covered injury, as well as examination, x-rays, restorative treatment, endodontics, oral surgery and treatment for gingivitis resulting from trauma]. [When the dentist certifies that treatment will continue beyond the 52 week benefit period the Company will continue to cover the incurred expenses at 100% of Reasonable Expenses; provided such expenses are incurred within 2 years from the date of first treatment for Injury.]]]
10. [COMBINED HOME HEALTH AND CUSTODIAL CARE: [50%-100%] of Reasonable Expenses per calendar year to a maximum of \$100,000]
11. [TREATMENT OF MENTAL OR NERVOUS DISORDERS: [50%-100%] of Reasonable Expenses for Physician fees to \$50 per visit, 1 visit per day maximum, to a maximum of 50 visits per calendar year. Inpatient Hospital a maximum stay of up to 45 days.]]]
12. [PROSTHETIC DEVICES: Reasonable Expenses during the first two years after the Accident to a maximum of \$100,000. Reasonable Expenses are payable [for each consecutive 10 year period] [for the remainder of the benefit period] immediately thereafter and shall not exceed \$100,000 (\$200,000 if amputation of the leg is above the knee). The maximum benefit amount payable is [\$200,000-\$500,000] ([\$300,000-\$750,000] if amputation of the leg is above the knee).]
13. [ADJUSTMENT EXPENSE: [\$30,000 - \$50,000] maximum benefit subject to the following limitations:
 - a) Medically Necessary Family Counseling - \$70 maximum per visit with a maximum of 20 visits within 1 year of the Accident
 - b) Training - \$2,500 maximum. Services must begin within 1 year of the date of Accident.
 - c) Travel - \$2,000 maximum. Services must begin within 1 year of the date of Accident.
 - d) Lost Earnings – 75% of gross loss earnings not to exceed \$500 per week for no more than 13 weeks. Services must begin within 1 year of the date of Accident.]
14. [ANICILLARY ILLNESS OR INJURY EXPENSE: \$2,000 maximum per calendar year Deductible to a \$100,000 combined maximum for all Injuries and Illnesses.]
15. [ASSIMILATION EXPENSE: \$50,000 maximum, for up to [1-10] Immediate Family members. Services must begin within in [1-5] years of the date of Accident. The Deductible must be satisfied within 1 year of the date of Accident.]

16. [CATASTROPHIC CASH BENEFIT: [\$250,000 - \$1,000,000] maximum benefit. A lump-sum benefit of up to [\$50,000 - \$200,000] will be paid after said conditions began within [30-180] days of the Injury and continue for [3-6] consecutive months. Thereafter, a yearly benefit of [\$20,000 - \$80,000] will be paid for the lifetime of the Insured, not to exceed [5-15] years, so long as the Insured remains Paralysis, in a Coma, or has incurred irreversible Brain Death.

Paralysis must occur within [180 to 730 days] of a covered Accident and continue for [30 to 180] consecutive days. Coma must begin within [30 to 730] days of a covered Accident and continue for [7 to 180] consecutive days. Brain Death must occur within [30 to 730 days] of a covered Accident. [Percentage of Benefit for One Covered Loss [25% to 100%]

17. [CATASTROPHIC TOTAL DISABILITY BENEFIT:

[TOTAL DISABILITY EXPENSE: [\$1,500-\$2,500] maximum per month for the first 12 months; [\$1,500-\$2,500] maximum per month after the first 12 months; [with a maximum benefit period of [5-10 years.]] Total Disability must begin within 12 months from the date of the Accident.

[PARTIAL DISABILITY EXPENSE: \$1,000 maximum per month [with a maximum benefit period of [5-10] years.] Maximum Average Gross Monthly Earnings of \$2,500 for 6 months with a \$1,000 maximum after-tax monthly compensation. Partial Disability must begin within 12 months from the date of the Accident.]]

18. [COLLEGE EDUCATION EXPENSE BENEFIT: [\$100,000 - \$400,000] maximum benefit]
19. [HEART OR CIRCULATORY MALFUNCTION: [\$10,000 - \$25,000] maximum benefit for loss of life]
20. [POST-INCIDENT CRISIS MANAGEMENT EXPENSE: \$10,000 per incident maximum aggregate for all persons affected.]
21. [SPECIAL EXPENSE: [\$125,000 maximum for the first [5-10] years after the date of the Accident with a maximum of \$50,000 for each [5-10] year period thereafter.] [\$125,000 maximum.]]
22. [VOCATIONAL REHABILITATION EXPENSE: \$100 maximum per hour to a maximum of \$20,000.]

OTHER COVERAGES

[All Students School time Activities ([Boarding Students], [College], [University], [Pre-K-12]), All [Interscholastic] [Intercollegiate] Sports including Football Coverage - Coverage and Limitations stated for Hospital and Professional Services for [Mandatory Plan 3 (BSC 869)] option chosen by the School apply. All provisions in this Policy apply to this coverage.] [(Premium: \$2,500 (CPC 262)]

[All Students School time Activities ([Boarding Students], [College], [University], [Pre-K-12]), All [Interscholastic] [Intercollegiate] Sports excluding Football Coverage - Coverage and Limitations stated for Hospital and Professional Services for [Mandatory Plan 3 (BSC 869)] option chosen by the School apply. All provisions in this Policy apply to this coverage.] [(Premium: \$2,500 (CPC 251)]

[All Students School time Activities ([Boarding Students], [College], [University], [Pre-K-12]), excluding all [Interscholastic] [Intercollegiate] Sports Coverage - Coverage and Limitations stated for Hospital and Professional Services for [Mandatory Plan 3 (BSC 869)] option chosen by the School apply. All provisions in this Policy apply to this coverage.] [(Premium: \$2,500 (CPC 252)]

[All Athletics ([Boarding Students], [College], [University], [Pre-K-12]), All [Interscholastic] [Intercollegiate] Sports including Football Coverage - Coverage and Limitations stated for Hospital and Professional Services for the [Mandatory Plan 1 (BSC 104)] option chosen by the School apply. All provisions in this Policy apply to this coverage.] [(Premium: \$1,000 (CPC 558)]

[All Athletics ([Boarding Students], [College], [University], [Pre-K-12]), All [Interscholastic] [Intercollegiate] Sports excluding Football Coverage - Coverage and Limitations stated for Hospital and Professional Services for the [Mandatory Plan 1 (BSC 104)] option chosen by the School apply. All provisions in this Policy apply to this coverage.] [(Premium: \$1,000 (CPC 551)]

[Interscholastic] [Intercollegiate] Football Coverage – Coverage and Limitations stated for Hospital and Professional Services for the [Mandatory Plan 2 (BSC 108)] option chosen by the School apply. All provisions in this Policy apply to this coverage.] [(Premium: \$1,500 (CPC 451)]

[Counseling Benefit – If as a result of an Act of Violence an Insured is killed while on [College] [School] [University] Property, the Company will pay a lump sum of [\$500 - \$300,000] for Counseling Services. The lump sum benefit will be paid directly to the covered School or to the hospital or person rendering such services after the commencement of Counseling Services. The company will not pay for any expense for loss due to participation in a riot or insurrection. All provisions in this Policy apply to this coverage.]

[Field Trip Coverage - Coverage and Limitations stated for Hospital and Professional Services for [Mandatory Plan 4 (BSC 867)] apply. The maximum amount payable per covered Injury is [\$1,000 - \$1,000,000] All provisions in this Policy apply to this coverage. (CPC 631)]

[Religious Education Coverage - Coverage and Limitations stated for Hospital and Professional Services for [Mandatory Plan 4 (BSC 867)] apply. The maximum amount payable per covered Injury is [\$1,000 - \$1,000,000]. All provisions in this Policy apply to this coverage. (CPC 630)]

Other Benefits

[Optional School-Time Accident Coverage –Coverage and Limitations stated for Hospital and Professional Services selected by the Insured apply. The School-Time Coverage excludes students participating in high school interscholastic tackle football. Additional premium payment is required for this coverage. All provisions in this Policy apply to this coverage. (CPC 201)]

[Optional 24-Hour Accident Coverage –Coverage and Limitations stated for Hospital and Professional Services selected by the Insured apply. The 24-Hour Coverage excludes students participating in high school interscholastic tackle football. Additional premium payment is required for this coverage. All provisions in this Policy apply to this coverage. (CPC 301)]

[Optional 24-Hour Dental Coverage – Injury must be treated within [60] days after the Accident occurs. Benefits are payable within [12] months after the date of Injury. The maximum eligible expenses payable per covered Injury is [\$25,000]. [In addition, when the dentist certifies that treatment must be deferred until after the Benefit Period, deferred benefits will be paid to a maximum of [\$1,000.00]]. All provisions in this Policy apply to this coverage. Additional premium payment is required for this coverage. (CPC 601)]

[Optional Football Coverage – Coverage and Limitations stated for Hospital and Professional Services selected by the Insured apply. Ninth graders who play with 9th graders only are not charged for football coverage. Their School-Time or 24-Hour coverage will apply if purchased. Additional premium is required by the Insured for this coverage. All provisions in this Policy apply to this coverage. (CPC 404)]

DEFINITIONS

Key terms used in this Policy are defined below. They are capitalized wherever they appear in this Policy.

Accident means a sudden, unexpected and unforeseen, identifiable event producing at the time objective symptoms of an Injury. The Accident must occur while the Insured is covered under this Policy.

[Act of Violence means an Injury inflicted by a person with malicious intent to cause bodily harm.]

[Average Gross Monthly Earnings means the Insured's rate of pay per month as reported by his employer for work performed for the employer. Average Gross Monthly Earnings also include self-employment income.]

[Counseling Services means psychiatric/psychological counseling that is under the care, supervision, or direction of a professional counselor or Physician and essential to assist the Insured in coping with the Act of Violence.

Counseling Services must be:

- a) Arranged by the covered School;
- b) Provided to a living Insured due to an Act of Violence; and
- c) Received during the Benefit Period shown on the Schedule of Benefits.]

[Custodial Care means Medically Necessary services or treatment which, regardless of where provided:

1. Could be rendered safely by a person without medical skills; and
2. Provides a routine level of maintenance care designed mainly to help the patient with daily living activities, including (but not limited to):
 - a) personal care such as help in walking and getting in and out of bed; help with bathing; help with eating by spoon, tube or gastrostomy; exercising; dressing; enema and using the toilet;
 - b) homemaking such as preparing meals or special diets;
 - c) moving the patient;
 - d) acting as companion or sitter;
 - e) supervising medication which can usually be self-administered;
 - f) oral hygiene; and
 - g) ordinary skin and nail care; or
3. In the case of a Totally Disabled Insured, cannot be self-administered.]

No benefits will be paid for Custodial Care services or treatment which is provided by a member of the Insured's Immediate Family or by an individual who resides with the Insured, unless specifically agreed to by the Company. Custodial Care does not include Home Health Care services or treatment.

[Custodial Care Expense means the Reasonable and Customary charges for Medically Necessary Custodial Care services or treatment.]

Deductible means the Reasonable Expenses that are Medically Necessary which the Insured must incur, per Injury, before the Company pays any benefits under the Hospital and Professional Services Benefits provision.

Dental Expense means the Reasonable Expense for Medically Necessary repair or replacement of sound, natural teeth.

Emergency means:

1. A situation which requires hospitalization or medical care for an Injury caused by the sudden, unexpected onset of a medical condition with acute symptoms of sufficient severity and pain to require immediate medical care; and
2. In the absence of which one could reasonably expect that one or more of the following would occur:
 - (a) The Insured's health would be placed in serious jeopardy.
 - (b) There would be serious impairment of the Insured's bodily functions.
 - (c) There would be serious dysfunction of any of the Insured's bodily organs or parts.

[Extended Care Facility means an institution operating pursuant to applicable state law which is engaged in providing, for a fee, skilled nursing care and related services and Physical Therapy services under the supervision of a Physician and registered nurses, to persons convalescing from illness or Injury. It must have facilities for ten (10) or more inpatients and maintain clerical records on all of its patients. To qualify as a Medical Expense under this Policy, the Insured's confinement in an Extended Care Facility must:

1. Start within five (5) days after the Insured has been continuously confined for at least five (5) days in a Hospital as a result of a covered Accident;
2. Be for treatment of the Injuries resulting from such covered Accident;
3. Be one during which a Physician's visits the Insured at least once every thirty (30) days;
4. Be certified to be Medically Necessary by the attending Physician; and
5. Not be for routine Custodial Care.]

[Family Counseling means psychiatric/psychological counseling of the Immediate Family rendered by a certified or licensed psychiatrist or psychologist.]

Free - Standing Ambulatory Surgical Facility means any public or private establishment which:

1. Has an organized medical staff;
2. Has permanent facilities that are equipped and operated mainly for the purpose of performing surgical procedures;
3. Provides continuous services of Physicians and registered nurses, whenever a patient is in the facility; and
4. Does not provide services or other accommodations for patients to stay overnight.

[Home Health Care means nursing care and treatment, to an Insured in their home, which is part of an overall extended treatment plan and; (a) is required for progressive and positive improvement of the Insured's medical condition; or (b) is necessary to provide care and treatment that cannot be self administered for a Totally Disabled Insured. To qualify for Home Health Care:

1. The plan must be established and approved in writing by the attending Physician, including certification in writing by the attending Physician that confinement in a Hospital or Extended Care Facility would be required in the absence of Home Health Care; and
2. Nursing care and treatment must be provided by a Hospital certified to provide Home Health Care services or by a certified Home Health Care agency; and
3. Home Health Care services must commence within seven (7) days of discharge from a Hospital or Extended Care Facility or Rehabilitation Facility and be preceded by a Hospital or Extended Care Facility or Rehabilitation Facility confinement of five (5) days or more.

Home physical, speech, and occupational therapies will be covered when initiated in conjunction with discharge placement through a Rehabilitation Facility and approved by the attending Physician.

No benefits will be paid for Home Health Care services which are provided by a member of the Insured's Immediate Family or by an individual who resides with the Insured, unless specifically agreed to by the Company. Home Health Care does not include Custodial Care Expense.]

Hospital means an institution that meets all of the following:

1. It is licensed as a Hospital pursuant to applicable law;
2. It is primarily and continuously engaged in providing medical care and treatment to sick and injured persons;
3. It is managed under the supervision of a staff of medical doctors;
4. It provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.);
5. It has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis; and
6. It charges for its services.

Hospital also means a psychiatric hospital as defined by Medicare. It must be eligible to receive payments under Medicare.

A Hospital is mainly not a place for rest, a place for the aged, a place for the treatment of drug addicts or alcoholics, or a nursing home.

Immediate Family means a person who is related to the Insured in any of the following ways: spouse, brother-in-law, sister-in-law, daughter –in-law, son-in-law, mother in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

Injury means bodily injury caused by an Accident. The Injury must occur while this Policy is in force and while the Insured is covered under this Policy. The Injury must be sustained as stated on the face page of this Policy, except where specifically stated otherwise in this Policy.

Inpatient means a person confined in a Hospital for at least one full day and charged room and board.

Insured means any person, attending a School, for whom insurance is in force under this Policy and when due, the required premium has been paid for. A person's insurance takes effect and terminates as stated in the Policy Effective Date and Policy Termination Date provision.

Loss means Medical Expense incurred as a result of a covered Injury. With the respect to the Accidental Death, Dismemberment, [or] Loss of Sight, [Speech], [and] [Hearing] provision, Loss means loss of life, loss of hand, foot [or] [sight], [speech], [and] [hearing] as described in that provision.

Medical Expense means the Reasonable Expense charged:

1. Of a professional ambulance service for Medically Necessary transportation to and from a Hospital;
2. Of a Physician for Medically Necessary care and treatment;
3. Of a Hospital for Medically Necessary inpatient services, including room and board (not exceeding the semi-private room rate for each day of confinement unless a private room is Medically Necessary);
4. For Medically Necessary hospital inpatient services and supplies, including intensive care services, and daily Hospital charges for personal Hospital services (including television, radio, telephone, barber, and beauty services to a maximum payment as shown in the Plan of Insurance);
5. For Medically Necessary out-patient and emergency room care and treatment;
6. For confinement in an Extended Care Facility;
7. For Home Health Care; and
8. For medical or surgical services, prescription drugs, and other medical supplies commonly used for therapeutic or diagnostic services, which are Medically Necessary and prescribed by a Physician operating within the scope of his or her license.

Medically Necessary means medical and dental treatment which:

1. Are essential for diagnosis, treatment or care of the Injury or Accident for which it is prescribed or performed;
2. Meets generally accepted standards of medical practice; and
3. Are ordered by a Physician and performed under his or her care, supervision or order.

Other Plan means any other valid and collectible insurance or self-funded plan such as: individual and family type insurance coverage; group, blanket or franchise insurance, group hospital, medical service, pre-payment, trustee, Union Welfare; Blue-Cross, Blue Shield, group practice or other pre-payment coverage; labor-management plans, or employee benefit organization plans; self-funded ERISA plan, Workers' Compensation Law, Occupational Disease Law or any similar legislation; Medicare; or "No-Fault" auto legislation, where applicable.

Outpatient means an Insured receiving care from a Physician, a Hospital or a Free Standing Ambulatory Surgical Facility but who is not undergoing confinement and is not charged room and board.

[Paralysis/Paralyzed means [Quadriplegia], [Paraplegia], [Hemiplegia] or [Uniplegia] that is expected to last for a continuous period of [6, 12, 18, 24, 30, 36] months or more from the earlier of the date of the Accident causing Paralysis or the date of the diagnosis. ["Quadriplegia" means the complete and irreversible Paralysis of both upper and lower limbs.] ["Paraplegia" means the complete and irreversible Paralysis of both lower limbs or both upper limbs.] ["Hemiplegia" means the complete and irreversible Paralysis of the upper and lower limbs of the same side of the body.] ["Uniplegia" means the complete and irreversible paralysis of one limb. "Limb" means entire arm or entire leg.]]

[Partial Disability or Partially Disabled means the inability of the Insured who was engaged in an occupation before he became Totally Disabled, to perform all of the material duties of that occupation and to earn more than the maximum monthly earnings shown in the Schedule of Benefits.]

Physical Therapy means any form of physical therapy, whether by machine or hand, by use of exercise, manipulation, massage, adjustment, heat or cold, air, light, water, electricity or sound.

Physician means a currently licensed practitioner of the healing arts performing within the scope of a license which is issued under the laws of the state of practice. It does not include the Insured or his/her Immediate Family.

Reasonable Expense means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided. Such services and supplies must be recommended and approved by a Physician.

[Rehabilitation Facility means a legally operating institution or part of an institution which has a transfer agreement with one or more Hospitals and which is primarily engaged in providing comprehensive multi-disciplinary physical rehabilitative services or rehabilitation inpatient care and is duly licensed by the appropriate government agency to provide such services. It does not include institutions which provide only minimal care, Custodial Care, care for the terminally ill, or part-time care services; nor an institution which primarily provides treatment for mental disorders, chemical dependency, or tuberculosis, except if such facility is licensed, certified, or approved as a Rehabilitation Facility for the treatment of medical conditions, drug addictions, or alcoholism in the jurisdiction where it is located. Such facility is required to be accredited by the Joint Commission on Accreditation of Healthcare Organizations, or the Commission on Accreditation of Rehabilitation Facilities.]

Regularly Scheduled Activity means the following School functions which are organized and scheduled solely by the School on or off School premises:

1. An activity which is under sole direct supervision of qualified School authorities; and
2. School sponsored and supervised travel to and from such an activity.

Residence means the home or land on which the Insured's home is located.

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

School means the Policyholder named on the face page of this Policy.

School Property means the physical location of the covered School or the location of an activity or event approved by the covered School.

Surgical Expense means expense incurred for (1) a Surgical Procedure; (2) preoperative Medically Necessary treatment in connection with such procedure; and (3) usual postoperative treatment.

Surgical Procedure means (1) a cutting procedure; (2) suturing a wound; (3) treatment of a fracture; (4) reduction of a dislocation; (5) electrocauterization; (6) diagnostic and therapeutic endoscopic procedures; and (7) an operation by means of laser beam.

[Total Disability or Totally Disabled means the Insured has suffered permanent loss of one or more of:

1. Speech;
2. Hearing in both ears;
3. Sight in both eyes;
4. Use of both arms;
5. Use of both legs;
6. Use of one arm and one leg; or
7. Motor or cognitive function resulting from brain stem or other neurological injury; and that permanent loss results in Insured's inability to:
 - a) Perform activities of daily living including eating, transferring, dressing, toileting, bathing, and continence without human supervision or assistance; or
 - b) Perform each and every duty of his occupation during the Initial Benefit Period; or
 - c) Perform each and every duty of any business or occupation for which he is reasonably fitted by education, training or experience, during the subsequent Benefit Period.]

POLICY EFFECTIVE DATE AND POLICY TERMINATION DATE

The insurance of each School or Insured who enrolls for insurance on or before the Policy Effective Date takes effect on the Policy Effective Date, provided the required premium has been paid. Insurance of any School or Insured enrolling for insurance after the Policy Effective Date takes effect on the date of application and the Company's receipt of the required premium.

The insurance of each School or Insured shall terminate on the earliest of: (1) the end of the period for which premium has been paid unless the renewal premium has been received by the Company or its authorized agent prior to or within 30 days of the next period of coverage; (2) the Policy Termination Date.

EXCLUSIONS

No Benefits are payable for Hospital and Professional Services for the following:

1. Injuries which are not caused by an Accident.
2. Treatment for hernia, regardless of cause, Osgood Schlatter's disease, or osteochondritis.
3. Injury sustained as a result of operating, riding in or upon, or alighting from a two-, three-, or four-wheeled recreational motor vehicle or snowmobile.
- [4. Aggravation, during a Regularly Scheduled Activity, of an Injury the Insured suffered before participating in that Regularly Scheduled Activity, unless the Company receives a written medical release from the Insured's Physician;]
5. Injury sustained as a result of practice or play in interscholastic tackle football and/or sports, unless the premium required under the Football and/or Sports Coverage provision has been paid.
6. Any expense for which benefits are payable under a Catastrophic Accident Insurance Program of the State Interscholastic Activities Association.
7. Treatment performed by a member of the Insured's Immediate Family or by a person retained by the School.
8. Injury caused by war or acts of war; suicide or intentionally self-inflicted Injury, while sane or insane (in Missouri while sane); violating or attempting to violate the law; the taking part in any illegal occupation; fighting or brawling except in self defense; being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the Injury occurs; or being under the influence of any drugs or narcotic unless administered by or on the advice of a Physician.
9. Medical expenses for which the Insured is entitled to benefits under any (a) Workers' Compensation act; or (b) mandatory no-fault automobile insurance contract; or similar legislation.
10. Expense incurred for treatment of temporomandibular joint dysfunction and associated myofascial pain.
11. Expenses incurred for experimental or investigational treatment or procedures.

EXCESS COVERAGE

The Company will pay Reasonable Expenses that are not recoverable from any Other Plan. The Company will determine the amount of benefits provided by Other Plans without reference to any coordination of benefits, non-duplication of benefits, or similar provisions. The amount from Other Plans includes any amount, to which the Insured is entitled, whether or not a claim is made for the benefits. This Blanket Student Accident Insurance is secondary to all other policies.

This provision will not apply if the total Reasonable Expenses incurred for Hospital and Professional Services Benefits are less than the amount stated in the Schedule of Benefits under Excess Coverage Applicability.

[Any covered Hospital and Professional Services Benefits payable under this provision will be reduced by the Other Plan Reduction Percentage shown under Excess Coverage Provision Applicability if:

1. The Insured has coverage under any Other Plan;
2. The Other Plan is an HMO, PPO or similar arrangement; and
3. The Insured does not use the facilities or services of the HMO, PPO or similar arrangement.

Any covered Hospital and Professional Service 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] [Catastrophic] Medical Benefits-Hospital and Professional Services Benefits provided by this Policy:

HMO or Health Maintenance Organization means any organized system of health care that provides health maintenance and treatment services for a fixed sum of money agreed and paid in advance to the provider or service.

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.]

HOSPITAL AND PROFESSIONAL SERVICES BENEFITS

The Company will pay Reasonable Expenses incurred for a covered Injury. The Injury must be treated within the number of days stated in the Schedule of Benefits. Services must be given: (1) by a Physician; (2) for Medically Necessary treatment; and (3) within the time limit stated in the Schedule of Benefits. Benefits are paid to the maximum stated in the Schedule of Benefits for any one Injury for Reasonable Expenses which are in excess of the Deductible. Benefits under this provision are subject to all other provisions of this Policy, including all Coverage and Limitations stated in the Schedule of Benefits, Maximums and Exclusions.

[ACCIDENTAL DEATH, DISMEMBERMENT, [OR] LOSS OF SIGHT, [SPEECH] [AND] [HEARING] BENEFIT

When a covered Injury results in any of the Losses to the Insured which are stated in the Schedule of Benefits for Accidental Death, Dismemberment, [or] Loss of Sight, [Speech] [and] [Hearing] then the Company will pay the benefit stated in the schedule for that Loss. The Loss must be sustained within [180 - 365 days] after the date of the Accident.

The maximum benefit payable under this provision is stated in the **Schedule of Benefits** under **Maximums and Benefit Period:**

Life

[Both Hands or Both Feet or Sight of Both Eyes]

[Loss of One Hand and One Foot]

[Loss of One Hand and Entire Sight of One Eye]

[Loss of One Foot and Entire Sight of One Eye]

[Loss of One Hand or Foot]

[Loss of Sight in One Eye]

[Loss of Speech]

[Loss of Hearing [(both ears)]]

[Loss of Speech and Hearing [(both ears)]]

[Loss of Thumb and Index Finger of the Same Hand]

Half of the maximum benefit will be paid for the Loss of one Hand, one Foot or the Sight of one eye.

[Loss of Hand or Foot means the complete Severance through or above the wrist or ankle joint.] [Loss of Sight means the total, permanent Loss of Sight in One Eye. The Loss of Sight must be 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 Thumb and Index Finger 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).]

If the Insured suffers more than one of the above covered losses as a result of the same Accident the total amount the Company will pay is the maximum benefit.

Benefits paid under this provision will be paid in addition to any other benefits provided by this Policy.

Benefits under this provision are subject to all other provisions of this Policy, including all Coverage and Limitations stated in the Schedule of Benefits, Maximums and Exclusions.]

[ADJUSTMENT EXPENSE BENEFIT

The Company will pay the benefit amount, as shown in the Schedule of Benefits, incurred on behalf of the Totally Disabled Insured after the date the Deductible is satisfied.

Adjustment Expenses are the Reasonable Expenses Incurred for:

1. Medically Necessary Family Counseling for the Immediate Family of the Insured. Family Counseling will be limited to the number of visits and amount per visit as shown in the Schedule of Benefits. Such counseling must

be rendered during the period of time immediately following the date of the Accident to the Insured as shown in the Schedule of Benefits;

2. The expense for training, up to the maximum as shown in the Schedule of Benefits, of a member of the Immediate Family of the Insured to perform rehabilitative or custodial functions necessary to the care of the Insured; the training must occur during the period of time immediately following the date of the Accident to the Insured as shown in the Schedule of Benefits;
3. The expense, up to the maximum as shown in the Schedule of Benefits, per member, for travel by the Insured's Immediate Family between their Residence and the Insured's place of treatment which:
 - a. Occurs during the time period shown in the Schedule of Benefits immediately following the date of the Accident;
 - b. If by air, is on regularly scheduled commercial flights; and
4. Lost earnings by the Insured's parents, guardians or spouse, due to, and in connection with, an Accident. Loss of earnings by the Insured's spouse, or parent/guardian if the Insured is not married, will be limited to the percentage of gross lost earnings, as shown in the Schedule of Benefits, of the spouse or one parent/guardian only due to the Injury to the Insured, not to exceed an amount per week for a maximum number of weeks during the number of consecutive months following the date of the Accident as specified in the Schedule of Benefits. Gross earnings will be determined based on the Average Monthly Gross Earnings for the 12-month period immediately preceding the date of the Accident.

As provided above, family travel is limited to travel by not more than two members of the Insured's Immediate Family at one time. Family travel by personal auto is reimbursed at mileage rates used by the Internal Revenue Service. As provided above, lost earnings will be reimbursed for up to the number of weeks shown in the Schedule of Benefits up to the lesser of the amount shown in the Schedule of Benefits or the average weekly wage for the year preceding the Accident of one parent/guardian or the spouse of the Insured. Benefits under this provision are subject to all other provisions of this Policy, including all Coverage and Limitations stated in the Schedule of Benefits, Maximums and Exclusions.]

[ANCILLARY ILLNESS OR INJURY EXPENSE BENEFIT

The Company will pay the benefit amount, as shown in the Schedule of Benefits, as a result of an Injury or illness to a Totally Disabled Insured which occurs during the period he or she is receiving benefits in connection with an Injury. The expenses must result from a separate Injury unrelated to such Injury, or an illness of an Insured which first manifests itself during the period he or she is receiving benefits hereunder. Benefits under this provision are subject to all other provisions of this Policy, including all Coverage and Limitations stated in the Schedule of Benefits, Maximums and Exclusions.]

[ASSIMILATION EXPENSE BENEFIT

The Company will pay the benefit amount, as shown in the Schedule of Benefits, subject to the following conditions and Exclusions, while the Insured is receiving Total Disability Benefits and are Totally Disabled from a covered Accident.

Assimilation Expense Benefits will be payable for:

1. The Insured's participation in an Assimilation Program necessitated by a covered Accident to the spinal cord, nervous system or by a closed head injury sustained in a Accident; and
2. Travel Expenses when the Insured and Immediate Family, up to the number shown in the Schedule of Benefits, travel to and from the location at which the Insured is a participant in an Assimilation Program.

Participation in an Assimilation Program must be prescribed by a Physician and begin within the time period specified in the Schedule of Benefits. Benefits will be paid directly to:

1. The facility providing the Assimilation Program as payments are due;
2. After the Insured's participation has begun; and
3. The persons who incur expenses for travel, provided proof of the expense is submitted to the Company.

Payment of benefits will end on the earliest of:

1. The date the Insured completes the Assimilation Program;
2. The date the Insured is no longer Totally Disabled;
3. The date the Insured is no longer receiving Total Disability benefits;
4. The date the Insured dies; and
5. The date any maximum benefit limit shown on the Schedule of Benefits is reached.

Definitions For purposes of this Benefit:

Assimilation Program means a specialized, intensive rehabilitation program at an accredited medical facility specializing in research, surgery and training of persons with spinal cord, nervous system or closed head injuries.

Family Travel means travel by an Immediate Family Member's motor vehicle, regularly scheduled commercial airline, train or bus. Expenses for family travel include mileage and tolls, general coach fares, and reasonable costs of lodging, meals and car rental for the Insured's Immediate Family.

Benefits under this provision are subject to all other provisions of this Policy, including all Coverage and Limitations stated in the Schedule of Benefits, Maximums and Exclusions.】

[CATASTROPHIC CASH BENEFIT

The Company will pay the benefit amount, as shown in the Schedule of Benefits, subject to all applicable conditions and Exclusions, if the Insured suffers Paralysis, Coma or Brain Death, as described below. The Insured to whom a Catastrophic Cash Benefit is payable will be deemed Totally Disabled. If the Insured suffers more than one of these as a result of the same covered Accident, the largest available benefit will be payable.

The first Catastrophic Cash Benefit, as shown in the Schedule of Benefits, becomes payable when the Insured suffers Paralysis, Coma or Brain Death and remains alive. Each additional periodic payment becomes payable at the end of the period for which the last payment was made, as long as Paralysis continues and the Insured remains alive. The amount of each periodic payment and the period for which they are made are shown in the Schedule of Benefits. The Company will terminate benefits if a Physician certification of Paralysis is not provided when requested.

Coma means a profound state of unconsciousness from which the Insured is not likely to be aroused through powerful stimulation. This condition must be diagnosed and treated regularly by a Physician. Coma does not mean any state of unconsciousness intentionally induced during the course of treatment of a covered Accident, unless the state of unconsciousness results from administration of anesthesia in preparation for a Surgical Procedure of injuries sustained in that covered Accident.

The Insured's Coma must:

1. Begin within the period shown in the Schedule of Benefits;
2. Continue for the period shown in the Schedule of Benefits; and
3. Be expected, as certified by a Physician, to continue for an indefinite period or end, leaving the Insured expecting, as certified by a Physician, to remain Totally Disabled for the remainder of their life.

The first Catastrophic Cash Benefit, as shown in the Schedule of Benefits, becomes payable when the Insured has met each of the three conditions specified above and remains alive. Each additional periodic payment thereafter becomes payable at the end of the period for which the last payment was made, as long as the Insured remains comatose or Totally Disabled and alive. The amount of each periodic payment and the period for which they are made are shown in the Schedule of Benefits. The Company will terminate benefits if a Physician certification of Coma or Total Disability is not provided when requested.

Brain Death means irreversible unconsciousness with:

1. Total loss of brain function; and
2. Complete absence of electrical activity of the brain, even though the heart is still beating.

Brain Death must:

1. Occur within the period shown in the Schedule of Benefits; and
2. Be diagnosed by a Physician.

The first Catastrophic Cash Benefit, as shown in the Schedule of Benefits, becomes payable when the Insured has met both of the conditions specified above and remains alive. Each additional periodic payment becomes payable at the end of the period for which the last payment was made, as long as Brain Death continues and the Insured remains alive. The amount of each periodic payment and the period for which they are made are shown in the Schedule of Benefits. The Company will terminate benefits if a Physician certification of Brain Death is not provided when requested.

Benefits under this provision are subject to all other provisions of this Policy, including all Coverage and Limitations stated in the Schedule of Benefits, Maximums and Exclusions.】

[CATASTROPHIC TOTAL DISABILITY BENEFIT

The Company will pay the benefit amount, as shown in the Schedule of Benefits, when the Insured is Totally Disabled or Partially Disabled from a covered Accident, subject to all applicable conditions and exclusions.

Total Disability Benefits Total Disability Benefits will begin with the month the Company determines the Insured is Totally Disabled. The Insured's Total Disability must begin within the time period shown in the Schedule of Benefits.

Termination of Total Disability Benefits Total Disability Benefits will end on the earliest of the date:

1. The Insured is no longer Totally Disabled;
2. Monthly benefits have been paid for the benefit period shown in the Schedule of Benefits;
3. The Insured fails to provide proof of continuing Total Disability when requested;
4. The Insured is entitled to and is receiving Partial Disability Benefits;
5. The Insured dies.

Partial Disability Benefits Partial Disability Benefits will be paid to the Insured who is Partially Disabled following a period of Total Disability for which the Company paid Total Disability Benefits, if:

1. Partial Disability results from the same covered Accident which caused the immediately preceding period of Total Disability; and
2. The Insured was receiving benefits for Total Disability immediately prior to the period of Partial Disability.

Resumption of Partial Disability Benefits The Insured who recovers from Partial Disability and again becomes Partially Disabled can resume receiving Partial Disability Benefits, subject to the following conditions:

1. The Insured's Average Gross Monthly Earnings must fall below the maximum monthly earnings for each month in the benefit period shown in the Schedule of Benefits; and
2. The loss of Average Gross Monthly Earnings must result directly from the same covered Accident.

Partial Disability Benefits will be payable, during the benefit period shown in the Schedule of Benefits, for the period that the Partial Disability continues.

Termination of Partial Disability Benefits Benefits for Partial Disability will end on the earliest of the date:

1. The Insured is no longer Partially Disabled;
2. Total and Partial Disability Benefits have been paid for the benefit period shown in the Schedule of Benefits;
3. The Insured's Average Gross Monthly Earnings exceeds the Partial Disability maximum for the benefit period;
4. The Insured fails to provide proof of continuing Partial Disability when requested;
5. The Insured dies.

The Company will reduce Total Disability Benefits by the amount of any Average Gross Monthly Earnings for work the Insured performs while Totally Disabled. The Company will reduce Partial Disability Benefits by one-half of the Insured's Average Gross Monthly Earnings that exceed the monthly earnings maximum per month.

Benefits under this provision are subject to all other provisions of this Policy, including all Coverage and Limitations stated in the Schedule of Benefits, Maximums and Exclusions.]

[COLLEGE EDUCATION EXPENSE BENEFIT

The Company will pay the benefit amount as shown in the Schedule of Benefits, subject to all applicable conditions and Exclusions, for the Insured to complete his degree or course of study at the School they were attending, or in which they were enrolled to attend, at the time of the covered Accident that resulted in their Total Disability. The Insured must be receiving Total Disability Benefits provided by this Policy and must resume study within [1- 5] year[s] of the date of the covered Accident and while they continue to receive Total Disability Benefits.

College Education Expenses College Education Expenses include expenses incurred for tuition, student fees, books and on-campus or off-campus room and board. If the Insured does not reside on-campus, the Company will pay an amount based on the lesser of the actual room and board cost and typical on-campus room and board rates. Tuition, student fees, books and on-campus room and board amounts will be obtained from the School's financial aid office. Benefits paid will be reduced by any scholarship or other financial aid the Insured receives.

Payment of Benefits Benefits will be paid directly to the School or other provider as payment is due.

Termination of Payments Payments will terminate on the earliest of:

1. The date the Insured completes the requirements for any degree or certificate of completion for a course of study; and
2. The end of the Benefit Period shown in the Schedule of Benefits; and
3. The date the Insured is no longer Totally Disabled; and

4. The date the Insured is no longer receiving Total Disability or Catastrophic Cash benefits; and
5. The date the Insured dies; and
6. The date any maximum benefit limit shown in the Schedule of Benefits is reached.

Exclusions Benefits will not be payable for any cost incurred by any Insured for modification or alteration of special accommodations necessitated by the Total Disability.

Benefits under this provision are subject to all other provisions of this Policy, including all Coverage and Limitations stated in the Schedule of Benefits, Maximums and Exclusions.]

[FIELD TRIP COVERAGE

This coverage applies to students of the School who are participating in [one-day] field trips. The field trips must be sponsored and directly supervised by the School. The maximum amount payable per covered Injury is stated on page 4, **Other Coverages, Field Trip Coverage**. Benefits under this provision are subject to all other provisions of this Policy, including all Coverage and Limitations stated in the Schedule of Benefits, Maximums and Exclusions.

There is no additional premium charged for this coverage.

However, coverage for overnight field trips [and field trips of more than one day] [of 7 or more consecutive nights] require the payment of additional premium.]

[FOOTBALL AND/OR SPORTS COVERAGE

Each School or Insured who pays the additional premium required for Football and/or Sports Coverage is insured for Accidents occurring while participating in interscholastic football and/or sports practice or competition. Travel is also covered when going directly and uninterrupted to and from the practice and competition. Benefits under this provision are subject to all other provisions of this Policy, including all Coverage and Limitations stated in the Schedule of Benefits, Maximums and Exclusions.]

[HEART OR CIRCULATORY MALFUNCTION BENEFIT

The Company will pay the benefit amount shown in the Schedule of Benefits, subject to all applicable conditions and Exclusions, if an Insured suffers a sudden heart or circulatory malfunction, that results in death or Injury, and the first symptoms of the malfunction are medically diagnosed while the Insured is covered under this Policy and within [[24-72] hours] [[30-90] days] of a Regularly Scheduled Activity.

Exclusions The benefits will not be payable if in the past [1-5] year[s], the Insured was medically diagnosed as having treatment, [received any medication unless the condition for which the prescribed medication is taken remains controlled without any change in the required prescription] or received treatment for:

1. a heart or circulatory malfunction ;
2. hypertension, angina, cerebral vascular incident or other heart or circulatory condition

Benefits under this provision are subject to all other provisions of this Policy, including all Coverage and Limitations stated in the Schedule of Benefits, Maximums and Exclusions.]

[POST-INCIDENT CRISIS MANAGEMENT COVERAGE

The Company will pay benefits, as shown in the Schedule of Benefits, for post-incident crisis management services rendered by a person who is:

1. Trained in providing consulting and post-incident crisis management services in response to traumatic events; and
2. Employed by an organization approved by the Company for rendering such services.

This benefit will only apply when initiated in response to an incident where there is reasonable expectation, as determined by a Physician, and agreed to by the Company, that Injury to an Insured will result in death or Catastrophic Disability. First response must occur within the first forty-eight (48) hours following notification of Injury for this coverage to apply. Benefits under this provision are subject to all other provisions of this Policy, including all Coverage and Limitations stated in the Schedule of Benefits, Maximums and Exclusions.]

[RELIGIOUS EDUCATION COVERAGE

This coverage applies to students of the School while attending religious education classes on any weekday and on Sunday. It also applies while the student is traveling directly and without interruption to and from his or her Residence or School and the religious education class. It does not apply to any social or sports activities. The

maximum amount payable per covered Injury is stated page 4, **Other Coverages, Religious Education Coverage**. Benefits under this provision are subject to all other provisions of this Policy, including all Coverage and Limitations stated in the Schedule of Benefits, Maximums and Exclusions.

There is no additional premium charged for this coverage.】

[SPECIAL EXPENSE BENEFIT

The Company will pay the benefit amount, as shown on the Schedule of Benefits, for an Insured who is Totally Disabled as a result of an Accident for special items approved by the Insured's Physician to accommodate his or her physical disability, such as specialized wheelchair or other types of equipment or computer programs designed for use by someone with the type of physical disability suffered by the Insured, the adaptation or modification in design and/or equipment of the Insured's owned motor vehicle or such motor vehicle as was customarily at the disposal of or in the usual possession of the Insured, or for adaptation or modification of the Insured's housing in design and/or equipment. Such item or modification must be approved by the Physician as being appropriate and as being Medically Necessary to accommodate the physical disability of the Insured as a result of a covered Accident. Benefits are limited to the amounts shown in the Schedule of Benefits.

Payment for the purchase of a motor vehicle will be limited to those expenses reasonably necessary to provide a motor vehicle appropriate to accommodate the Insured and will be made only if the Insured's then existing motor vehicle cannot be modified to accommodate the Insured's physical disability; however, payment for purchase or modifications of a motor vehicle or housing will be limited to only such purchase and modification(s) which are appropriate to accommodate the Insured's physical disability as recommended by the Physician and approved by the Company.

Benefits under this provision are subject to all other provisions of this Policy, including all Coverage and Limitations stated in the Schedule of Benefits, Maximums and Exclusions.】

[VOCATIONAL REHABILITATION BENEFIT

The Company will pay Reasonable Expenses, as shown in the Schedule of Benefits, for incurred services rendered through a vocational rehabilitation program or for vocational rehabilitation counseling services intended to enable the Totally Disabled Insured to develop skills necessary for gainful employment and to participate in a job search and find gainful employment. The Insured must initiate treatment within 2 years following the date of Injury, and the length of continuous treatment must not exceed 5 years. Benefits are subject to the limits as shown in the Plan of Insurance.

Benefits under this provision are subject to all other provisions of this Policy, including all Coverage and Limitations stated in the Schedule of Benefits, Maximums and Exclusions.】

[OPTIONAL SCHOOL-TIME ACCIDENT COVERAGE

Each Insured who pays the additional premium required for this benefit is insured under this provision.

Coverage starts on the date of premium receipt (but not before the start of the School year). The Insured's coverage will end at the close of the regular nine-month school term, except while the Insured is attending academic classroom sessions exclusively sponsored and solely supervised by the School during the summer.

A person insured under this provision is covered as stated on the face page of this Policy. Benefits under this provision are subject to all other provisions of this Policy, including all Coverage and Limitations stated in the Schedule of Benefits, Maximums and Exclusions.】

[OPTIONAL 24-HOUR ACCIDENT COVERAGE

Each Insured who pays the additional premium required for this benefit is insured under this provision.

Coverage starts on the date of premium receipt (but not before the start of the School year). It ends when School reopens for the following School year.

A person insured under this provision is covered regardless of whether or not the Injury is sustained as stated on the face page of this Policy. Benefits under this provision are subject to all other provisions of this Policy, including all Coverage and Limitations stated in the Schedule of Benefits, Maximums and Exclusions.】

OPTIONAL FOOTBALL AND/OR SPORTS COVERAGE

Each Insured who pays the additional premium required for Football and/or Sports Coverage is insured for Accidents occurring while participating in football and/or sports practice or competition. Travel is also covered when going directly and uninterruptedly to and from the practice and competition. Coverage starts on the date of premium

receipt (but not before the start of the School year). [The Insured's coverage will end on the Policy Termination Date.] [The Insured's coverage will end on the last day of practice or competition.] Benefits under this provision are subject to all other provisions of this Policy, including all Coverage and Limitations stated in the Schedule of Benefits, Maximums and Exclusions.

[OPTIONAL 24-HOUR DENTAL COVERAGE

Each Insured who pays the additional premium required for this benefit is insured under this provision.

Coverage starts on the date of premium receipt (but not before the start of the School year). It ends when School reopens for the following School year.

This provision covers Accidents occurring anytime and anywhere. The Insured must be treated by a legally qualified dentist who is not a member of the Insured's Immediate Family for Injury to teeth. The Company will then pay the Reasonable Expenses that are Medically Necessary. Coverage is [not] limited to treatment of sound, natural teeth. The maximum benefit payable under this provision is stated on page 4, **Other Benefits, Optional 24-Hour Dental Coverage**.

Exclusions

No Benefits are payable under this provision for the following:

1. Injuries which are not caused by an Accident.
2. Re-Injury or complications of a condition which existed prior to the Accident.
- [3. Orthodontics and damage to or loss of dentures or bridges.]

These exclusions are in addition to the General Policy Exclusions with respect to this coverage].

Benefits under this provision are subject to all other provisions of this Policy, including all Coverage and Limitations stated in the Schedule of Benefits, Maximums and Exclusions.

GENERAL PROVISIONS

Premium Payment: The initial premium is due on the Policy Effective Date unless the Policyholder and the Company agree to another mode of premium payment. Premiums are paid at the Company's home office or to the Company's authorized agent. If any premium is not paid when due, this Policy will be cancelled as of the premium due date of the unpaid premium, except as provided in any applicable Grace Period section.

Grace Period: A grace period of [31-180] days will be provided for the payment of any premium due after the first. During the grace period, the Policy shall continue in force, unless the Policyholder, has given written notice of discontinuance in advance of the premium due date and in accordance with the terms of this Policy. If the required premium is not paid during the grace period, coverage will terminate on the last day of the grace period. The Policyholder will be liable for the payment of a pro rata premium for the time the Policy was in force during the grace period.

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

Cancellation: If the Company decides to cancel this Policy, written notice will be given to the Policyholder at least 60 days before the date this Policy is to be canceled. If the Company cancels, the earned premium will be computed pro rata and the unearned portion promptly returned.

If the Policyholder cancels this Policy, cancellation becomes effective on the later of the date the Company receives the written notice or the date stated on the written notice. Any unearned premium paid by the Policyholder will be returned immediately; or the Policyholder will immediately pay any earned premium that has not been paid. Earned premium will be computed pro rata.

Policy Administration: The Policyholder will furnish all information which the Company may reasonably require with regard to any matters pertaining to this Policy. All documents, books and records which may have a bearing on this Policy will be opened for inspection by the Company at all reasonable times while this Policy is in force and until the final determination of all rights and obligations under this Policy.

Clerical error (whether by the Policyholder or by the Company), in keeping any records pertaining to the insurance will not invalidate insurance otherwise validly in force, or continue insurance otherwise validly terminated. Upon discovery of such error or delay, an equitable adjustment of premiums will be made.

If any relevant facts pertaining to any Insured's insurance shall be found to have been misstated, an equitable adjustment of the premiums will be made. If such misstatement affects the existence of the amount of insurance, the facts shall be used in determining whether insurance is in force under the terms of this Policy and in what amount.

In connection with the administration of this Policy, the Policyholder shall act as not to discriminate unfairly between individuals in similar situations at the time of such action.

In connection with the administration of this Policy, The Company shall be entitled to rely upon any action of the Policyholder without being obliged to inquire into the circumstances.

Entire Contract: This Policy, and any attached papers make up the entire contract between the Policyholder and the Company. In the absence of fraud, all statements made by the Policyholder or any Insured will be considered representations and not warranties. No written statement made by an Insured will be used in any contest unless a copy of the statement is furnished to the Insured or, in the event of the death or incapacity of the Insured, to their beneficiary or personal representative.

No change in this Policy will be valid until approved by one of the Company's executive officers and endorsed on or attached to this Policy. No agent has authority to change this Policy or to waive any of its provisions. If an enrollment form for an Insured is required, it may also be made a part of this Policy at the Company's option.

PAYMENT OF BENEFITS

Time Limit of Certain Defenses: No misstatements, except fraudulent misstatements made by an Insured in the application, if any, shall be used to void this Policy or to deny a claim for loss incurred with respect to such Insured after the insurance has been in force for two years.

Statements by Insured: A copy of the application, if any, of each Insured shall be attached to this Policy when issued. No statement made by an Insured shall void the insurance or reduce benefits unless contained in a written instrument signed by the Insured. All such statements shall be considered representations and not warranties.

Notice of Claim: Written notice of claim must be given to the Company within 60 days after the occurrence or commencement of the Insured's covered Loss, or as soon thereafter as reasonably possible. Notice given by or on behalf of the claimant to the Company with information sufficient to identify the Insured, is deemed notice to the Company.

Claim Forms: The Company will send claim forms to the claimant upon receipt of a written notice of claim. If such forms are not sent within 15 days after the Company received notice of claim, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in this Policy for filing proof of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made. The notice should include the Insured name, the Policyholder's name and the Policy Number.

Proofs of Loss: Written proof of loss must be furnished to the Company within 90 days after the date of the covered Loss. If the Loss is one for which the Policy requires continuing eligibility for periodic payments, subsequent written proofs of eligibility must be furnished as such intervals as my reasonably be required. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to furnish proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required.

Time of Payment of Claims: Benefits payable under the Policy for any Loss, other than Loss for which the Policy provides any periodic payment, will be paid immediately upon receipt of written proof of such Loss. Subject to the Company's receipt of written proof of such Loss, all accrued benefits for Loss for which the Policy provides periodic payment will be paid at the expiration of each month during the continuance of the period for which the Company is liable and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of such proof.

Payment of Claims: All or a portion of any benefits provided by this Policy on account of hospital, nursing, surgical or other medical service may, and unless the Insured requests otherwise in writing not later than the time for filing proof of such Loss, be paid directly to the hospital or person rendering such services. Accidental Death, Dismemberment, Loss of Sight, Speech or Hearing Benefits (if applicable) are paid to the Insured, or if not living, to the beneficiary.

Physical Examination and Autopsy: At the Company's expense, the Company may have a claimant examined by a Physician as often as the Company deems necessary while a claim is pending. The Company also has the right to have an autopsy performed unless forbidden by law.

Legal Actions: No action at law or in equity will be brought to recover benefits under this Policy less than 60 days after satisfactory proof of loss has been furnished as required by this Policy. No such action will be brought after expiry of the applicable statute of limitations from the time proof of loss is required to be furnished under this Policy.

Subrogation: The Company has the right to recover all payments including future payments, which the Company has made, or will be obligated to pay in the future, to the Insured from anyone liable for the covered Loss. If the Insured recovers from anyone liable for the covered Loss, the Company will be reimbursed first from such recovery to the extent of the Company's payments to the Insured.

Conformity with State Statutes: Any provision in this Policy that is in conflict with the requirements of any state or federal law that apply to this Policy are automatically changed to satisfy the minimum requirements of such laws.

IN WITNESS WHEREOF, GERBER LIFE INSURANCE COMPANY, INC has caused this Policy to be signed by its President at [White Plains, New York]

GERBER LIFE INSURANCE COMPANY
[1311 MAMARONECK AVENUE, WHITE PLAINS, NY 10605]
[1 (800) 767-0700]

AMENDATORY COVERAGE RIDER

This rider is attached to and made a part of Policy No. [02-1234-11] and is subject to the provisions and conditions contained therein.

The effective date of this rider is [August 21, 2011]

The policy to which this rider is attached is hereby amended as follows:

[In consideration of the additional premium paid, the following coverage is added:

HEAD START COVERAGE (626) Coverage and Limitations stated for Hospital and Professional Services for the [Mandatory Plan 1] option apply to all students participating in the Head Start Program, which is sponsored and supervised by the school. Travel is also covered when going directly and uninterruptedly to and from such activity.]

[This coverage is effective for the period specified in this rider.]

[All other provisions of the Policy, including all Coverage and Limitations, Maximums and Exclusions, apply to Insureds covered under this provision.]

SIGNED FOR GERBER LIFE INSURANCE COMPANY

[]

[President and CEO]

GERBER LIFE INSURANCE COMPANY
 [1311 Mamaroneck Avenue, White Plains, New York 10605]

Blanket Accident Insurance Application

Name of Policyholder _____ Policy Number _____
 (as it should appear on the Policy)

Mailing Address _____
 (City) (State) (Zip Code)

Insurance Contact Name _____ Title _____

Phone _____ Fax _____ Email Address _____

Policy Effective Date* _____ Policy Expiration Date _____
 (*This will be the effective date if enrollment form and premium are received)

Covered Activities and Rates

Note to Reviewer: [Items under Covered Activities and Rates are being filed as a variable in its entirety and will be included or omitted based on plan design/benefits offered to the Policyholder. Coverages for which the Policyholder may enroll will be listed and will only be the coverages that are filed within the variability of the filed forms.]

The Plan name will correspond to the Plans being offered. The Schedule of Benefits within the Policy will reflect the Option Selected by the Policyholder. The deductible range will not be more or less than the range that is filed within the variability of the filed forms.

The Grade Level will correspond to the grades that are enrolled at the school and to the rate provided.

The Total Premium for all Insured Persons for the term of coverage is the greater of (1) \$XXX (the Minimum Premium) or (2) an amount calculated by multiplying the estimated number of students insured by a per-person rate of \$XXX (Total Premium for grade level). The rate will vary based on plan design/benefits offered and chosen by the Policyholder. The cost for coverage is paid for by the Policyholder.]

Example:

| | | | | | |
|--|---|--|--|--|--|
| [Option Selected: | <input type="checkbox"/> Plan 1 (\$100 Deductible) | <input type="checkbox"/> Plan 2 | <input type="checkbox"/> Plan 3 | <input type="checkbox"/> Plan 4 | <input type="checkbox"/> Plan 5 |
| | Estimated Number of Students | | Rate | | Total Premium for grade level |
| Grades 1 – 8 | _____ | X | _____ | = | _____ |
| Grades 9 – 12 (No Interscholastic Sports) | _____ | X | _____ | = | _____ |
| School Volunteers | _____ | X | _____ | = | _____ |
| Minimum Premium excluding Interscholastic Sports** | | X | \$XXX | = | _____ |
| | | | Total Premium for all Insured Persons: | = | _____ |

(**Minimum Premium is considered due at Policy issuance and is considered fully earned.)

Optional Coverages – Plan 4, Gold, Silver or Bronze Only (Paid for by the Student or Parent)

School Time 24Hour Dental Football

First Day School Activities: _____ TO _____ Football Effective: _____ TO _____]

We hereby enroll with Gerber Life Insurance Company for the plan(s) of insurance selected. 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. We represent that the information contained in this application is true and correct and forms the basis of the requested insurance.

Signature of Official Authorized to Contract for the Policyholder

Printed Name

Date Signed

Local/Regional Representative of Policyholder

Agency Name: _____

Representative Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email Address: _____

Signature: _____
 (Policyholder Representative)

Date: _____

Fraud Statement

For residents of Arkansas, Louisiana and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a 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.

For 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.

For residents of the 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 benefits if false information materially related to a claim was provided by the applicant.

For residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For residents of Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

For residents of Maine, Tennessee, Virginia and Washington: 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.

For residents of Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For residents 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.

For residents of New Mexico: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

For residents of New York: Any person who knowingly and with 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For residents of Ohio: Any person who, with 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 is guilty of insurance fraud.

For 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.

For residents of Pennsylvania: Any person who knowingly and with 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.

SERFF Tracking Number: SMIC-127103239 State: Arkansas
 Filing Company: Gerber Life Insurance Company State Tracking Number: 48441
 Company Tracking Number: COL-11
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student
 Product Name: Blanket Student Accident
 Project Name/Number: Blanket Student Accident/COL-11

Supporting Document Schedules

| | Item Status: | Status Date: |
|--|---------------------|---------------------|
| Satisfied - Item: Flesch Certification | Approved-Closed | 04/13/2011 |
| Comments: | | |
| The attached 829 AR Consumer Notice will be attached to all policies issued in Arkansas. | | |
| Attachments: | | |
| Certificate of Readability.pdf | | |
| 829 AR Consumer Notice.pdf | | |

| | Item Status: | Status Date: |
|--------------------------------------|---------------------|---------------------|
| Satisfied - Item: Application | Approved-Closed | 04/13/2011 |
| Comments: | | |
| Attachment: | | |
| COL-11-AP Application.pdf | | |

| | Item Status: | Status Date: |
|--|---------------------|---------------------|
| Bypassed - Item: PPACA Uniform Compliance Summary | Approved-Closed | 04/13/2011 |
| Bypass Reason: This is not a PPACA filing. | | |
| Comments: | | |

| | Item Status: | Status Date: |
|---|---------------------|---------------------|
| Satisfied - Item: Statement of Variables | Approved-Closed | 04/13/2011 |
| Comments: | | |
| Attachment: | | |
| COL-11-SOV Statement of Variables.pdf | | |

| | Item Status: | Status Date: |
|--|---------------------|---------------------|
| | | |

SERFF Tracking Number: SMIC-127103239 State: Arkansas
Filing Company: Gerber Life Insurance Company State Tracking Number: 48441
Company Tracking Number: COL-11
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student
Product Name: Blanket Student Accident
Project Name/Number: Blanket Student Accident/COL-11
Satisfied - Item: Authorization Letter Approved-Closed 04/13/2011
Comments:
Attachment:
Authorization Letter.pdf

CERTIFICATE OF READABILITY

I have reviewed or supervised the review of the policy forms contained in this filing and hereby certify that they are in compliance with ACA 23-80-206. The readability of this policy has a Flesch score of 41.4.

GERBER LIFE INSURANCE COMPANY



Signature

Robert Lodewick

Name

Vice President/General Counsel

Title

4/7/2011

Date

**Gerber Life Insurance Company
1311 Mamaroneck Ave
White Plains, New York 10605**

NOTICE

Our Gerber Life Services Representatives are always ready to answer your questions...to explain your policy provisions...and to help you at any time with any problems you may have concerning your coverage. Just call us TOLL FREE at 1-800-253-3074 or write to Gerber Life Insurance Company, Consumer Services Department at 445 State Street, Fremont, Michigan 49412.

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, Arkansas 72201-1904
Telephone: (501) 371-2640
Toll Free Number: 1-800-852-5494

GERBER LIFE INSURANCE COMPANY
 [1311 Mamaroneck Avenue, White Plains, New York 10605]

Blanket Accident Insurance Application

Name of Policyholder _____ Policy Number _____
 (as it should appear on the Policy)

Mailing Address _____
 (City) (State) (Zip Code)

Insurance Contact Name _____ Title _____

Phone _____ Fax _____ Email Address _____

Policy Effective Date* _____ Policy Expiration Date _____
 (*This will be the effective date if enrollment form and premium are received)

Covered Activities and Rates

Note to Reviewer: [Items under Covered Activities and Rates are being filed as a variable in its entirety and will be included or omitted based on plan design/benefits offered to the Policyholder. Coverages for which the Policyholder may enroll will be listed and will only be the coverages that are filed within the variability of the filed forms.]

The Plan name will correspond to the Plans being offered. The Schedule of Benefits within the Policy will reflect the Option Selected by the Policyholder. The deductible range will not be more or less than the range that is filed within the variability of the filed forms.

The Grade Level will correspond to the grades that are enrolled at the school and to the rate provided.

The Total Premium for all Insured Persons for the term of coverage is the greater of (1) \$XXX (the Minimum Premium) or (2) an amount calculated by multiplying the estimated number of students insured by a per-person rate of \$XXX (Total Premium for grade level). The rate will vary based on plan design/benefits offered and chosen by the Policyholder. The cost for coverage is paid for by the Policyholder.]

Example:

| | | | | | |
|--|---|--|--|--|--|
| [Option Selected: | <input type="checkbox"/> Plan 1 (\$100 Deductible) | <input type="checkbox"/> Plan 2 | <input type="checkbox"/> Plan 3 | <input type="checkbox"/> Plan 4 | <input type="checkbox"/> Plan 5 |
| | Estimated Number of Students | | Rate | | Total Premium for grade level |
| Grades 1 – 8 | _____ | X | _____ | = | _____ |
| Grades 9 – 12 (No Interscholastic Sports) | _____ | X | _____ | = | _____ |
| School Volunteers | _____ | X | _____ | = | _____ |
| Minimum Premium excluding Interscholastic Sports** | | X | \$XXX | = | _____ |
| | | | Total Premium for all Insured Persons: | = | _____ |

(**Minimum Premium is considered due at Policy issuance and is considered fully earned.)

Optional Coverages – Plan 4, Gold, Silver or Bronze Only (Paid for by the Student or Parent)

School Time 24Hour Dental Football

First Day School Activities: _____ TO _____ Football Effective: _____ TO _____]

We hereby enroll with Gerber Life Insurance Company for the plan(s) of insurance selected. 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. We represent that the information contained in this application is true and correct and forms the basis of the requested insurance.

Signature of Official Authorized to Contract for the Policyholder

Printed Name

Date Signed

Local/Regional Representative of Policyholder

Agency Name: _____

Representative Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email Address: _____

Signature: _____
 (Policyholder Representative)

Date: _____

Fraud Statement

For residents of Arkansas, Louisiana and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a 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.

For 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.

For residents of the 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 benefits if false information materially related to a claim was provided by the applicant.

For residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For residents of Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

For residents of Maine, Tennessee, Virginia and Washington: 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.

For residents of Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For residents 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.

For residents of New Mexico: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

For residents of New York: Any person who knowingly and with 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For residents of Ohio: Any person who, with 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 is guilty of insurance fraud.

For 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.

For residents of Pennsylvania: Any person who knowingly and with 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.

STATEMENT OF VARIABLES ON SCHEDULE OF BENEFITS

Each benefit listed may or may not be selected by the Insured or School. The name of the Plan ([Mandatory] [and] [Voluntary] [Silver] Plan [1] [BSC 104]) will change according to the plan design chosen by the Insured or School. It is an internal name (ex. Bronze, Gold, Silver, Platinum, Single Option, Double Option, Plan 1 100%, Plan 1 80%, etc.) given to the plan based on the plan design chosen from the Insured or School.

Statement of Variables of OTHER COVERAGES and Other Benefits (COL-11) and AMENDATORY COVERAGE RIDER (COL-11-AC-R)

The School may choose to add any of the OTHER COVERAGES or Other Benefits shown. If at the time of policy issue the School chooses any of the benefits below the coverage will be stated on COL-11 under OTHER COVERAGES or Other Benefits. If at a later date the School chooses to add a benefit, the added benefit would be stated on the Amendatory Coverage Rider COL-11-AC-R.

The statement [In consideration of the additional premium paid], the following coverage is added to the Policy: will only be used on the Amendatory Coverage Rider dependent on if a premium is or is not charged.

The grade level Boarding Students, College, University or Pre-K-12 is being filed as a variable and will correspond to the grades that are enrolled at the school and; 2) for the rate provided per the plan design chosen by the Policyholder The premium is based on number of participants, per grade level and per rate.

OTHER COVERAGES

1. [In consideration of the additional premium paid], the following coverage is added to the Policy:

All Students School time Activities ([Boarding Students], [College], [University], [Pre-K-12]), All [Interscholastic] [Intercollegiate] Sports including Football Coverage - Coverage and Limitations stated for Hospital and Professional Services for [Mandatory Plan 3 (BSC 869)] option chosen by the School apply. All provisions in this Policy apply to this coverage. [(Premium: \$____ (CPC 262)]

2. [In consideration of the additional premium paid], the following coverage is added to the Policy:

All Students School time Activities ([Boarding Students], [College], [University], [Pre-K-12]), All [Interscholastic] [Intercollegiate] Sports excluding Football Coverage - Coverage and Limitations stated for Hospital and Professional Services for [Mandatory Plan 3 (BSC 869)] option chosen by the School apply. All provisions in this Policy apply to this coverage. [(Premium: \$____(CPC 251)]

3. [In consideration of the additional premium paid], the following coverage is added to the Policy:

All Students School time Activities ([Boarding Students], [College], [University], [Pre-K-12]), excluding all [Interscholastic] [Intercollegiate]Sports Coverage - Coverage and Limitations stated for Hospital and Professional Services for [Mandatory Plan 3 (BSC 869)] option chosen by the School apply. All provisions in this Policy apply to this coverage. [(Premium: \$____ (CPC 252)]

4. [In consideration of the additional premium paid], the following coverage is added to the Policy:

All Athletics ([Boarding Students], [College], [University], [Pre-K-12]), All [Interscholastic] [Intercollegiate]Sports including Football Coverage - Coverage and Limitations stated for Hospital and Professional Services for the [Mandatory Plan 1 (BSC 104)] option chosen by the School apply. All provisions in this Policy apply to this coverage]. [(Premium: \$____ (CPC 558)]

5. [In consideration of the additional premium paid], the following coverage is added to the Policy:

All Students School time Activities ([Boarding Students], [College], [University], [Pre-K-12]), including All Intramural Sports carried on within the boundaries of the [College] [School] and excluding all [intercollegiate] [interscholastic] sports or extramural sports. - Coverage and Limitations stated for Hospital and Professional Services for the [Mandatory Plan 1 (BSC 104)] option chosen by the [College] [School] apply. All provisions in this Policy apply to this coverage. [(Premium: \$_____ (CPC 558))]

6. [In consideration of the additional premium paid], the following coverage is added to the Policy:

All Students School time Activities ([Boarding Students], [College], [University], [Pre-K-12]), excluding all [intercollegiate] [interscholastic sports], [extramural sports] [or] [intramural sports]. - Coverage and Limitations stated for Hospital and Professional Services for the [Mandatory Plan 1 (BSC 104)] option chosen by the [College] [School] apply. All provisions in this Policy apply to this coverage. [(Premium: \$_____ (CPC 558))]

7. [In consideration of the additional premium paid], the following coverage is added to the Policy:

All Students School time Activities ([Boarding Students], [College], [University], [Pre-K-12]), including [specific] [all] [Interscholastic] [Intercollegiate] Sports – Coverage and Limitations stated for Hospital and Professional Services for the [Mandatory Plan 1 (BSC 104)] option chosen by the School apply. All provisions in this Policy apply to this coverage. Sports included (*Note to reviewer: This is not an inclusive list. We need the opportunity to cover any sport the school participates in and it would be listed accordingly*) [Baseball], [Basketball], [Bowling], [Boxing], [Cheerleading], [Crew], [Cross Country], [Dance], [Equestrian], [Fencing], [Football [Spring] [and] [Fall]], [Golf], [Gymnastics], [Hockey [Field] [and] [Ice]], [Lacrosse], [Rifle], [Rodeo], [Rowing], [Rugby], [Skating], [Skiing], [Soccer], [Softball], [Squash], [Swimming], [Tennis], [Track [and] [Field]], [Volleyball], [Water Polo], [Weightlifting], [Wrestling]. [Includes coverage for [student trainers], [trainers], [managers], [mascots], [recruits (prospective athletes) of the [College] [University] for the purpose of future enrollment]]. [(Premium: \$_____ (CPC 560))]

8. [In consideration of the additional premium paid], the following coverage is added to the Policy:

All Athletics ([Boarding Students], [College], [University], [Pre-K-12]) All [Interscholastic] [Intercollegiate] Sports excluding Football Coverage - Coverage and Limitations stated for Hospital and Professional Services for the [Mandatory Plan 1 (BSC 104)] option chosen by the School apply. All provisions in this Policy apply to this coverage. [(Premium: \$_____ (CPC 551))]

9. [In consideration of the additional premium paid], the following coverage is added to the Policy:

All [Interscholastic] [Intercollegiate] Athletics Coverage ([Boarding Students], [College], [University], [Pre-K-12]) Coverage – Coverage and Limitations stated for Hospital and Professional Services for the [Mandatory Plan 1 (BSC 104)] option chosen by the School apply. All provisions in this Policy apply to this coverage. Sports included (*This is not an inclusive list. We need the opportunity to cover any sport the school participates in and it would be listed accordingly*) [Baseball], [Basketball], [Bowling], [Boxing], [Cheerleading], [Crew], [Cross Country], [Dance], [Equestrian], [Fencing], [Football [Spring] [and] [Fall]], [Golf], [Gymnastics], [Hockey [Field] [and] [Ice]], [Lacrosse], [Rifle], [Rodeo], [Rowing], [Rugby], [Skating], [Skiing], [Soccer], [Softball], [Squash], [Swimming], [Tennis], [Track [and] [Field]], [Volleyball], [Water Polo], [Weightlifting], [Wrestling]. [Includes coverage for [student trainers], [trainers], [managers], [mascots], [recruits (prospective athletes) of the [College] [University] for the purpose of future enrollment]]. [(Premium: \$_____ (CPC 560))]

10. [In consideration of the additional premium paid], the following coverage is added to the Policy:

All students (**[Boarding Students], [College], [University] [Pre-K-12]**) including [interscholastic] [intercollegiate] athletes, intramural sports participants [(except tackle football)], student coaches, student managers and student trainers while: (a) on school premises during the hours and days when school is in session; (b) participating in interscholastic sports practice and games or while conditioning on school premises for interscholastic sports; (c) acting as a student coach, student manager or student trainer during an interscholastic sports practice or game; (d) participating in cheerleading practice for an interscholastic sport or while cheerleading at an interscholastic game; (e) participating in band or majorette practice and while performing as a band member or majorette at a school sponsored event; (f) participating in a school sponsored intramural sports game [(except tackle football)]; (g) participating in a school sponsored gym class activity or (h) participating in a school sponsored non-sport extracurricular activity on or off school premises such as Drama Club, Chess Club, and Field Trips (as stated under the Field Trip Coverage provision). Coverage and Limitations stated for Hospital and Professional Services for the [Mandatory Plan 1

(BSC 510)] option chosen by the School apply. All provisions in this Policy apply to this coverage. [(Premium: \$_____ (CPC 101)]

11. [In consideration of the additional premium paid], the following coverage is added to the Policy:

All ([Boarding Students], [College], [University], [Pre-K-12]) [interscholastic] [intercollegiate] athletes, cheerleaders, band members, majorettes, student coaches, student managers and student trainers while: (a) participating in interscholastic sports practice and games or while conditioning on school premises for interscholastic sports; (b) acting as a student coach, student manager or student trainer during an interscholastic sports practice or game; (c) participating in cheerleading practice for an interscholastic sport or while cheerleading at an interscholastic game; (d) participating in band or majorette practice or while performing as a band member or majorette at a school sponsored event. Coverage and Limitations stated for Hospital and Professional Services for the [Mandatory Plan 1 (BSC 510)] option chosen by the School apply. All provisions in this Policy apply to this coverage. [(Premium: \$_____ (CPC 101)]

12. [In consideration of the additional premium paid], the following coverage is added to the Policy:

All ([Boarding Students], [College], [University], [Pre-K-12]) [interscholastic] [intercollegiate] athletes, cheerleaders, band members, majorettes, intramural sports participants [(except tackle football)], gym class participants, student coaches, student managers, student trainers and student participants of school sponsored non-sport extracurricular activities while: (a) participating in interscholastic sports practice and games or while conditioning on school premises for interscholastic sports; (b) acting as a student coach, student manager or student trainer during an interscholastic sports practice or game; (c) participating in cheerleading practice for an interscholastic sport or while cheerleading at an interscholastic game; (d) participating in band or majorette practice or while performing as a band member or majorette at a school sponsored event; (e) participating in a school sponsored intramural sports game [(except tackle football)]; f) while participating in a school sponsored gym class activity or (g) while participating in any school sponsored non-sport extracurricular activity on or off school premises such as Drama Club, Chess Club, and Field Trips (as stated under the Field Trip Coverage provision). Coverage and Limitations stated for Hospital and Professional Services for the [Mandatory Plan 1 (BSC 510)] option chosen by the School apply. All provisions in this Policy apply to this coverage. [(Premium: \$_____ (CPC 101)]

13. [In consideration of the additional premium paid], the following coverage is added to the Policy:

All students ([Boarding Students], [College], [University], [Pre-K-12]) and intramural sports participants [(except tackle football)], excluding coverage for interscholastic athletes while: (a) on school premises during the hours and days when school is in session; (b) participating in a school sponsored intramural sports game [(except tackle football)]; (c) participating in a school sponsored gym class activity and (d) participating in any school sponsored non-sport extracurricular activity on or off school premises such as Drama Club, Chess Club, and Field Trips (as stated under the Field Trip Coverage provision). Coverage and Limitations stated for Hospital and Professional Services for the [Mandatory Plan 1 (BSC 510)] option chosen by the School apply. All provisions in this Policy apply to this coverage. [(Premium: \$_____ (CPC 101)]

14. [In consideration of the additional premium paid], the following coverage is added to the Policy:

HEAD START COVERAGE [(626)] - Coverage and Limitations stated for Hospital and Professional Services for the [Mandatory Plan 1] option apply to all students participating in the Head Start Program, which is sponsored and supervised by the school. Travel is also covered when going directly and uninterruptedly to and from such activity. All provisions in this Policy apply to this coverage. [No additional premium is required for this coverage.]

15. [In consideration of the additional premium paid], the following coverage is added to the Policy:

VOLUNTEER WORKERS COVERAGE [(626)] - Coverage and Limitations stated for Hospital and Professional Services for the [Mandatory Plan 1] option apply to all Volunteer Workers participating in activities that are sponsored and supervised by the school. Travel is also covered when going directly and uninterruptedly to and from such activity. All provisions in this Policy apply to this coverage. [No additional premium is required for this coverage.]

16 [In consideration of the additional premium paid], the following coverage is added to the Policy:

OVERNIGHT FIELD TRIP COVERAGE [(626)] - Coverage and Limitations stated for Hospital and Professional Services for the [Mandatory Plan 1] option apply to all students participating in Overnight Field Trips, which are sponsored and supervised by the school. Travel is also covered when going directly and uninterruptedly to and from such activity. All provisions in this Policy apply to this coverage. [No additional premium is required for this coverage.]

17. [In consideration of the additional premium paid], the following coverage is added to the Policy:

JTPA COVERAGE [(626)] - Coverage and Limitations stated for Hospital and Professional Services for the [Mandatory Plan 1] option apply to all students participating in the JTPA Program, which is sponsored and supervised by the school. Travel is also covered when going directly and uninterruptedly to and from such activity. All provisions in this Policy apply to this coverage. [No additional premium is required for this coverage.]

18. [In consideration of the additional premium paid], the following coverage is added to the Policy:

JROTC COVERAGE [(626)] - Coverage and Limitations stated for Hospital and Professional Services for the [Mandatory Plan 1] option apply to all students participating in the JROTC Program, which is sponsored and supervised by the school. Travel is also covered when going directly and uninterruptedly to and from such activity. All provisions in this Policy apply to this coverage. [No additional premium is required for this coverage.]

19. [In consideration of the additional premium paid], the following coverage is added to the Policy:

BAND COVERAGE [(626)] - Coverage and Limitations stated for Hospital and Professional Services for the [Mandatory Plan 1] option apply to all students participating in Band, which is sponsored and supervised by the school. Travel is also covered when going directly and uninterruptedly to and from such activity. All provisions in this Policy apply to this coverage. [No additional premium is required for this coverage.]

20. [In consideration of the additional premium paid], the following coverage is added to the Policy:

BEFORE AND AFTER SCHOOL DAY CARE COVERAGE [(626)] - Coverage and Limitations stated for Hospital and Professional Services for the [Mandatory Plan 1] option apply to all students participating in the Before and After School Day Care Program, which is sponsored and supervised by the school. Travel is also covered when going directly and uninterruptedly to and from such activity. All provisions in this Policy apply to this coverage. [No additional premium is required for this coverage.]

21. [In consideration of the additional premium paid], the following coverage is added to the Policy:

CLUB TEAMS COVERAGE [(626)] - Coverage and Limitations stated for Hospital and Professional Services for the [Mandatory Plan 1] option apply to all students participating in the Club Teams Program, which is sponsored and supervised by the school. Travel is also covered when going directly and uninterruptedly to and from such activity. All provisions in this Policy apply to this coverage. [No additional premium is required for this coverage.]

22. [In consideration of the additional premium paid], the following coverage is added to the Policy:

FACULTY MEMBERS COVERAGE [(626)] - Coverage and Limitations stated for Hospital and Professional Services for the [Mandatory Plan 1] option apply to Faculty Members participating in activities that are sponsored and supervised by the school. Travel is also covered when going directly and uninterruptedly to and from such activity. All provisions in this Policy apply to this coverage. [No additional premium is required for this coverage.]

23. [In consideration of the additional premium paid], the following coverage is added to the Policy:

PHYSICAL EDUCATION CLASS COVERAGE [(626)] - Coverage and Limitations stated for Hospital and Professional Services for the [Mandatory Plan 1] option apply to all students participating in Physical Education Classes, which are sponsored and supervised by the school. Travel is also covered when going directly and uninterruptedly to and from such activity. All provisions in this Policy apply to this coverage. [No additional premium is required for this coverage.]

24. [In consideration of the additional premium paid], the following coverage is added to the Policy:

SUMMER SCHOOL ACTIVITIES COVERAGE [(626)] - Coverage and Limitations stated for Hospital and Professional Services for the [Mandatory Plan 1] option apply to all students participating in Summer School Activities, which are sponsored and supervised by the school. Travel is also covered when going directly and uninterruptedly to and from such activity. All provisions in this Policy apply to this coverage. [No additional premium is required for this coverage.]

25. [In consideration of the additional premium paid], the following coverage is added to the Policy:

SHARE STUDY/CARE DEVELOPMENT & WORK STUDY COVERAGE [(626)] - Coverage and Limitations stated for Hospital and Professional Services for the [Mandatory Plan 1] option apply to all students participating in the Share Study/Care Development & Work Study Program, which is sponsored and supervised by the school. Travel is also covered when going directly and uninterruptedly to and from such activity. All provisions in this Policy apply to this coverage. [No additional premium is required for this coverage.]

26. [In consideration of the additional premium paid], the following coverage is added to the Policy:

INTRAMURAL SPORTS COVERAGE [(626)] - Coverage and Limitations stated for Hospital and Professional Services for the [Mandatory Plan 1] option apply to all students participating in Intramural Sports, which are sponsored and supervised by the school. Travel is also covered when going directly and uninterruptedly to and from such activity. All provisions in this Policy apply to this coverage. [No additional premium is required for this coverage.]

27. [In consideration of the additional premium paid], the following coverage is added to the Policy:

EXPANDED MEDICAL COVERAGE [(626)] - The definition of Injury is expanded to include stress fractures, shin splints, heat strokes, strains/sprains, tendonitis, bursitis, and injury to joints and surrounding muscle & tissue, hernia & tennis elbow, or other injuries that result from repetitive motion caused by practice or participation in a covered activity. All provisions in this Policy apply to this coverage. [No additional premium is required for this coverage.]

28. [In consideration of the additional premium paid], the following coverage is added to the Policy:

TEACHERS HELPERS COVERAGE [(626)] - Coverage and Limitations stated for Hospital and Professional Services for the [Mandatory Plan 1] option apply to Teachers Helpers participating in activities that are sponsored and supervised by the school. Travel is also covered when going directly and uninterruptedly to and from such activity. All provisions in this Policy apply to this coverage. [No additional premium is required for this coverage.]

29. [In consideration of the additional premium paid], the following coverage is added to the Policy:

TEAM PARENTS AND COACHES COVERAGE [(626)] - Coverage and Limitations stated for Hospital and Professional Services for the [Mandatory Plan 1] option apply to Team Parents and Coaches participating in activities that are sponsored and supervised by the school. Travel is also covered when going directly and uninterruptedly to and from such activity. All provisions in this Policy apply to this coverage. [No additional premium is required for this coverage.]

30. [In consideration of the additional premium paid], the following coverage is added to the Policy:

COUNSELORS IN TRAINING COVERAGE [(626)] - Coverage and Limitations stated for Hospital and Professional Services for the [Mandatory Plan 1] option apply to Counselors in Training participating in activities that are sponsored and supervised by the school. Travel is also covered when going directly and uninterruptedly to and from such activity. All provisions in this Policy apply to this coverage. [No additional premium is required for this coverage.]

31. [In consideration of the additional premium paid], the following coverage is added to the Policy:

CROSSING GUARD COVERAGE [(626)] - Coverage and Limitations stated for Hospital and Professional Services for the [Mandatory Plan 1] option apply to Crossing Guards participating in activities that are sponsored and supervised by the school. Travel is also covered when going directly and uninterruptedly to and from such activity. All provisions in this Policy apply to this coverage. [No additional premium is required for this coverage.]

32. [In consideration of the additional premium paid], the following coverage is added to the Policy:

STUDENT INTERNSHIPS COVERAGE [(626)] - Coverage and Limitations stated for Hospital and Professional Services for the [Mandatory Plan 1] option apply to Student Internships participating in activities that are sponsored and supervised by the school. Travel is also covered when going directly and uninterruptedly to and from such activity. All provisions in this Policy apply to this coverage. [No additional premium is required for this coverage.]

33. [In consideration of the additional premium paid], the following coverage is added to the Policy:

CAFETERIA WORKERS COVERAGE [(626)] - Coverage and Limitations stated for Hospital and Professional Services for the [Mandatory Plan 1] option apply to Cafeteria Workers participating in activities that are sponsored and supervised by the school. Travel is also covered when going directly and uninterruptedly to and from such activity. All provisions in this Policy apply to this coverage. [No additional premium is required for this coverage.]

34. [In consideration of the additional premium paid], the following coverage is added to the Policy:

SHOP AND LAB CLASS COVERAGE [(626)] - Coverage and Limitations stated for Hospital and Professional Services for the [Mandatory Plan 1] option apply to all students participating in Shop and Lab Classes, which are sponsored and supervised by the school. Travel is also covered when going directly and uninterruptedly to and from such activity. All provisions in this Policy apply to this coverage. [No additional premium is required for this coverage.]

35. [In consideration of the additional premium paid], the following coverage is added to the Policy:

SUMMER WEIGHT TRAINING COVERAGE [(626)] - Coverage and Limitations stated for Hospital and Professional Services for the [Mandatory Plan 1] option apply to all students participating in the Summer Weight Training Program, which is sponsored and supervised by the school. Travel is also covered when going directly and uninterruptedly to and from such activity. All provisions in this Policy apply to this coverage. [No additional premium is required for this coverage.]

36. [In consideration of the additional premium paid], the following coverage is added to the Policy:

WORK STUDY COVERAGE [(626)] - Coverage and Limitations stated for Hospital and Professional Services for the [Mandatory Plan 1] option apply to all students participating in the Work Study Program, which is sponsored and supervised by the school. Travel is also covered when going directly and uninterruptedly to and from such activity. All provisions in this Policy apply to this coverage. [No additional premium is required for this coverage.]

37. [In consideration of the additional premium paid], the following coverage is added to the Policy:

SUMMER CAMPER COVERAGE [(626)] - Coverage and Limitations stated for Hospital and Professional Services for the [Mandatory Plan 1] option apply to Summer Campers participating in activities which are sponsored and supervised by the school. Travel is also covered when going directly and uninterruptedly to and from such activity. All provisions in this Policy apply to this coverage. [No additional premium is required for this coverage.]

38. [In consideration of the additional premium paid], the following coverage is added to the Policy:

VOCATIONAL STUDENTS COVERAGE [(626)] - Coverage and Limitations stated for Hospital and Professional Services for the [Mandatory Plan 1] option apply to Vocational Students participating in activities which are sponsored and supervised by the school. Travel is also covered when going directly and uninterruptedly to and from such activity. All provisions in this Policy apply to this coverage. [No additional premium is required for this coverage.]

39. [In consideration of the additional premium paid], the following coverage is added to the Policy:

DISCOVERY PROGRAM COVERAGE [(626)] - Coverage and Limitations stated for Hospital and Professional Services for the [Mandatory Plan 1] option apply to all students participating in the Discovery Program, which is sponsored and supervised by the school. Travel is also covered when going directly and uninterruptedly to and from such activity. All provisions in this Policy apply to this coverage. [No additional premium is required for this coverage.]

40. [In consideration of the additional premium paid], the following coverage is added to the Policy:

DAY CARE COVERAGE [(626)] - Coverage and Limitations stated for Hospital and Professional Services for the [Mandatory Plan 1] option apply to all students participating in the Head Start Program, which is sponsored and supervised by the school. Travel is also covered when going directly and uninterruptedly to and from such activity. All provisions in this Policy apply to this coverage. [No additional premium is required for this coverage.]

41. [In consideration of the additional premium paid], the following coverage is added to the Policy:

EARLY CHILDHOOD DEVELOPMENT COVERAGE [(626)] - Coverage and Limitations stated for Hospital and Professional Services for the [Mandatory Plan 1] option apply to all students participating in the Head Start Program, which is sponsored and supervised by the school. Travel is also covered when going directly and uninterruptedly to and from such activity. All provisions in this Policy apply to this coverage. [No additional premium is required for this coverage.]

42. [In consideration of the additional premium paid], the following coverage is added to the Policy:

Needle Sticks - If a covered Insured accidentally sticks his or herself with a needle in the course of training that is under the direct supervision of the school, it will be considered an accidental injury and will be covered under this Policy. Sickness, except for a bacterial infection that results in death, resulting from the needle stick is not covered under this Policy. Coverage and Limitations stated for Hospital and Professional Services for the [Mandatory Plan 1] option apply. All provisions in this Policy apply to this coverage. [No additional premium is required for this coverage.]

43. **Religious Education Coverage** - Coverage and Limitations stated for Hospital and Professional Services for [Mandatory Plan 4 (BSC 867)] apply. The maximum amount payable per covered Injury is [the Maximum Medical Expense for each Injury as stated on the Schedule of Benefits or \$1,000 – 1,000,000]. All provisions in this Policy apply to this coverage. [(CPC 630)]

44. **[One Day] Field Trip Coverage** - Coverage and Limitations stated for Hospital and Professional Services for [Mandatory Plan 4 (BSC 867)] apply. The maximum amount payable per covered Injury is [the Maximum Medical Expense for each Injury as stated on the Schedule of Benefits or \$1,000 – 1,000,000]. All provisions in this Policy apply to this coverage. [(CPC 631)]

45. [In consideration of the additional premium paid], the following coverage is added to the Policy:

Invited Guests Coverage [(626)]- Coverage and Limitations stated for Hospital and Professional Services for the [Mandatory Plan 1] option apply to all guests of the [College] [University] who are acting on behalf of or at the invitation of, the enrolled institution. [Guests are defined to be [College] [University] [Presidents and their spouses], [donors and their spouses], [spouses of the athletes] [student trainers], [trainers], [managers], [mascots], [recruits (prospective athletes) of the [College] [University] for the purpose of future enrollment] All provisions in this Policy apply to this coverage. [No additional premium is required for this coverage.]

46. [In consideration of the additional premium paid], the following coverage is added to the Policy:

RE-INJURY OF PRIOR INJURY COVERAGE [(626)] - The definition of Injury is expanded to include the re-injury and/or aggravation of an injury which: 1) occurred prior to the effective date of the Insured's coverage under the Policy; or 2) occurred during the policy term and such Injury was not fully rehabilitated at the time of the re-injury. Such re-injuries will be eligible only if the re-injury and/or aggravation occurs under circumstances which would have otherwise been covered under the Policy. [No additional premium is required for this coverage.]

47. [In consideration of the additional premium paid], the following coverage is added to the Policy:

CONTINUING EDUCATION CLASSES COVERAGE [(626)] - Coverage and Limitations stated for Hospital and Professional Services for the [Mandatory Plan 1] option apply to all students participating in Continuing Education Classes [for 3 credits or less a semester]. Coverage excludes [intercollegiate] [interscholastic] sports, [extramural sports] [or] [intramural sports]. Travel is also covered when going directly and uninterruptedly to and from such activity. All provisions in this Policy apply to this coverage. [No additional premium is required for this coverage.]

The School or the Insured or Insured's parent may choose to add any of the Other Benefits listed below. These benefits are experience rated.

Other Benefits

1. [In consideration of the additional premium paid], the following coverage is added to the Policy:

Optional School-Time Accident Coverage –Coverage and Limitations stated for Hospital and Professional Services selected by the Insured apply. The School-Time Coverage includes students participating in interscholastic sports except football. Additional premium payment is required for this coverage. All provisions in this Policy apply to this coverage. [(CPC 201)]

2. [In consideration of the additional premium paid], the following coverage is added to the Policy:

Optional School-Time Accident Coverage –Coverage and Limitations stated for Hospital and Professional Services selected by the Insured apply. The School-Time Coverage excludes students participating in interscholastic sports. Additional premium payment is required for this coverage. All provisions in this Policy apply to this coverage. [(CPC 202)]

3. [In consideration of the additional premium paid], the following coverage is added to the Policy:

Optional School-Time Accident Coverage –Coverage and Limitations stated for Hospital and Professional Services selected by the Insured apply. The School-Time Coverage includes students participating in interscholastic sports except for school sponsored/supervised activities covered under the Student Accident Insurance Policy purchased by the school. Additional premium payment is required for this coverage. All provisions in this Policy apply to this coverage. [(CPC 207)]

4. [In consideration of the additional premium paid], the following coverage is added to the Policy:

Optional Sports Coverage – Coverage and Limitations stated for Hospital and Professional Services selected by the Insured apply. The Sports Coverage covers students while participating in intercollegiate sports practice or competition for the sport the Insured has paid premium for and received by the Company. Additional premium payment is required for this coverage. All provisions in this Policy apply to this coverage. [(CPC 560)]

5. [In consideration of the additional premium paid], the following coverage is added to the Policy:

Optional 24-Hour Accident Coverage –Coverage and Limitations stated for Hospital and Professional Services selected by the Insured apply. The 24-Hour Coverage excludes students participating in interscholastic sports except football. Additional premium payment is required for this coverage. All provisions in this Policy apply to this coverage. [(CPC 301)]

6. [In consideration of the additional premium paid], the following coverage is added to the Policy:

Optional 24-Hour Accident Coverage –Coverage and Limitations stated for Hospital and Professional Services selected by the Insured apply. The 24-Hour Coverage excludes students participating in interscholastic sports. Additional premium payment is required for this coverage. All provisions in this Policy apply to this coverage. [(CPC 305)]

7. [In consideration of the additional premium paid], the following coverage is added to the Policy:

Optional 24-Hour Accident Coverage –Coverage and Limitations stated for Hospital and Professional Services selected by the Insured apply. The 24-Hour Coverage includes students participating in interscholastic sports except for school sponsored/supervised activities covered under the Student Accident Insurance Policy purchased by the school. Additional premium payment is required for this coverage. All provisions in this Policy apply to this coverage. [(CPC 307)]

8. [In consideration of the additional premium paid], the following coverage is added to the Policy:

Optional 24-Hour Extended Accident Coverage – Coverage and Limitations stated for Hospital and Professional Services selected by the Insured apply. No coverage is provided while students are attending or participating in school sponsored and supervised activities on or off school premises. Additional premium payment is required for this coverage. All provisions in this Policy apply to this coverage. [(CPC 304)]

9. [In consideration of the additional premium paid], the following coverage is added to the Policy:

Optional 24-Hour Dental Coverage – Injury must be treated within [60-90] days after the Accident occurs. Benefits are payable within [12-36] months after the date of Injury. The maximum eligible expenses payable per covered Injury is [5,000-50,000]. [In addition, when the dentist certifies that treatment must be deferred until after the Benefit Period, deferred benefits will be paid to a maximum of [200-2,500]]. All provisions in this Policy apply to this coverage. Additional premium payment is required for this coverage. [(CPC 601)]

10. [In consideration of the additional premium paid], the following coverage is added to the Policy:

Optional Fall Football Coverage – Coverage and Limitations stated for Hospital and Professional Services selected by the Insured apply. Ninth graders who play with 9th graders only are not charged for football coverage. Their School-Time or 24-Hour coverage will apply if purchased. Additional premium is required by the Insured for this coverage. All provisions in this Policy apply to this coverage. [(CPC 404)]

11. [In consideration of the additional premium paid], the following coverage is added to the Policy:

Optional Spring/Summer Football Coverage – Coverage and Limitations stated for Hospital and Professional Services selected by the Insured apply. Ninth graders who play with 9th graders only are not charged for football coverage. Their School-Time or 24-Hour coverage will apply if purchased. Additional premium is required by the Insured for this coverage. All provisions in this Policy apply to this coverage. [(CPC 404)]

12. [In consideration of the additional premium paid], the following coverage is added to the Policy:

Optional Fall and Spring/Summer Football Coverage – Coverage and Limitations stated for Hospital and Professional Services selected by the Insured apply. Ninth graders who play with 9th graders only are not charged for football coverage. Their School-Time or 24-Hour coverage will apply if purchased. Additional premium is required by the Insured for this coverage. All provisions in this Policy apply to this coverage. [(CPC 404)]

Amendatory Coverage Rider COL-11-AC-R

This amendment form is being filed as a variable in its entirety, but only for the purpose of amending or renewing the policy within the parameters of filed variables, which also includes:

1. The policy to which this rider is attached is hereby amended as follows:

The Policy Number will now read: []]

2. The policy to which this rider is attached is hereby amended as follows:

The Name and Address of Policyholder will now read: []]

3. The policy to which this rider is attached is hereby amended as follows:

The Policy Effective Date will now read: []]

4. The policy to which this rider is attached is hereby amended as follows:

The Policy Termination Date will now read: []]

5. The policy to which this rider is attached is hereby amended as follows:

[The policy is cancelled per request of the Policyholder. Effective Date of cancellation is [July 15, 2007]. [No premium refund is due: Premium, in the amount of \$ will be refunded.]]

6. The policy to which this rider is attached is hereby amended as follows:

[The policy is cancelled for non-payment of premium. Effective Date of cancellation is [July 15, 2007]. [No premium refund is due:]]

7. The policy to which this rider is attached is hereby amended as follows:

[The Excess Provision and all references to the Excess Provision are removed from this Policy.]



Special Markets Insurance Consultants, Inc.

March 29, 2011

Juliet E. Gordon, FLMI
Insurance Policy Analyst
Georgia Insurance Commissioner
Life & Health Division
2 Martin Luther King Jr. Drive
Suite 902 West Tower
Atlanta, GA 30334

RE: Gerber Life Insurance Company, Inc.
Forms COL-11, COL-11-AC-R and COL-AP-11
Blanket Student Accident Policy

Blanket Student Accident Policy form (COL-11) provides accident only coverage for covered losses as specified under the policy. Benefits, coverages and definitions are variable to provide for different plan designs but each plan design will be marketed as accident coverage and every benefit is triggered by a covered accident or injury. Any language bracketed is either in or out and any numeric variable will vary only to the ranges shown and will reflect the plan design chosen by the Policyholder.

Coverage is provided to participants/members of the school, students in grades Pre-K through 12, College or University Students, Boarding Students in public, private, parochial, charter and religious affiliated schools. Coverage can include activities such as normal classroom, interscholastic/intercollegiate sports – both practice and competition, physical education, field trips and extracurricular activities (any activity as noted by the school per activities/classes the school offers). Includes travel in a school provided vehicle as well as individual travel directly to and from the student's home and school. Grade level will be stated on page 4 under Other Coverages and will 1) correspond to the grades that are enrolled at the school and; 2) for the rate provided per the plan design chosen by the Policyholder.

The Policyholder will have the option to the type of Plan they wish to choose from along with benefit maximums for each coverage. Some benefits may be removed if the Policyholder has chosen not to provide the coverage. There will be no variations to the benefit language. Benefit amounts will vary only to the ranges shown in the Schedule of Benefits. The name of the Plan ([Mandatory] [and] [Voluntary] [Silver] Plan [1] [BSC 104]) will change according to the plan design chosen from the Policyholder/Insured.

Amendatory Coverage Rider (COL-11-AC-R) is needed to amend the policy at times when we need to insure additional insureds, additional activities sponsored by the school, change the deductible amount, add an additional coverage, etc. The changes made will be within the variability of the filed forms. The Amendatory Coverage Rider is not to bring the policy into compliance.

Blanket Accident Insurance Application (COL-AP-11) will detail the benefits applicable to the Policyholder and will be signed by the Policyholder.

This policy and related forms are new and do not replace previously submitted policies or forms. Enclosed is authorization for Special Markets Insurance Consultants, Inc. to submit this filing on behalf of Gerber Life Insurance Company, Inc. All correspondence related to this filing should be directed to Special Markets Insurance Consultants, Inc.

Please let me know if you should have any questions or need additional information.

Tonia Spees
Administration Support

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