

SERFF Tracking Number: SLIN-128111887 State: Arkansas  
Filing Company: Sentry Life Insurance Company State Tracking Number:  
Company Tracking Number:  
TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only  
Product Name: Student Accident Only  
Project Name/Number: Student Accident Forms and Rates 2012/

## Filing at a Glance

Company: Sentry Life Insurance Company

Product Name: Student Accident Only

TOI: H02G Group Health - Accident Only

Sub-TOI: H02G.000 Health - Accident Only

Filing Type: Form

SERFF Tr Num: SLIN-128111887 State: Arkansas

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

Co Tr Num:

State Status: Approved-Closed

Authors: Linda Pawlowski , Brian  
Warner

Reviewer(s): Rosalind Minor

Disposition Date: 04/10/2012

Date Submitted: 04/05/2012

Disposition Status: Approved-  
Closed

Implementation Date Requested: 06/01/2012

Implementation Date:

State Filing Description:

## General Information

Project Name: Student Accident Forms and Rates 2012

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Filing Status Changed: 04/10/2012

State Status Changed: 04/10/2012

Created By: Brian Warner

Corresponding Filing Tracking Number:

Filing Description:

SENTRY LIFE INSURANCE COMPANY NAIC #169-68810

FORM 180-1500(STD) – BLANKET STUDENT ACCIDENT INSURANCE POLICY

FORM 180-1396(STD) – AMENDATORY RIDER

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 03/05/2012

Domicile Status Comments:

Market Type:

Overall Rate Impact:

Deemer Date:

Submitted By: Brian Warner

The above forms are being submitted for your review.

Form 180-1500(STD) is Blanket Student Accident Insurance Policy which will be marketed to K-12 schools. This form replaces policy form 180-1369(STD) that is currently on file with the department. The bracketed information is being filed as variable. With the exception of the Other Benefits under Optional Benefits, the coverages that are listed as variable

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will be selected by the school. The Other Benefits will be selected by the parents if the school has chosen Plan 4.

Form 180-1396(STD) is an amendatory rider that includes heat exhaustion in the definition of accident. This optional rider may be selected at the discretion of the school and there is currently no charge for this.

We respectfully request your approval.

State Narrative:

## Company and Contact

### Filing Contact Information

Brian Warner, Compliance/Development Analyst  
 brian.warner@sentry.com  
 1800 North Point Drive  
 Stevens Point, WI 54481  
 715-346-7187 [Phone]  
 715-346-6044 [FAX]

### Filing Company Information

Sentry Life Insurance Company  
 1800 North Point Drive  
 Stevens Point, WI 54481  
 (715) 346-6000 ext. [Phone]  
 -----  
 CoCode: 68810 State of Domicile: Wisconsin  
 Group Code: 169 Company Type: stock company  
 Group Name: Sentry Insurance State ID Number:  
 Group  
 FEIN Number: 39-6040276

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? No  
 Fee Explanation: 2 forms.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sentry Life Insurance Company	\$100.00	04/05/2012	57768223

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/10/2012	04/10/2012

*SERFF Tracking Number:* SLIN-128111887      *State:* Arkansas  
*Filing Company:* Sentry Life Insurance Company      *State Tracking Number:*  
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*TOI:* H02G Group Health - Accident Only      *Sub-TOI:* H02G.000 Health - Accident Only  
*Product Name:* Student Accident Only  
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## **Disposition**

Disposition Date: 04/10/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

*SERFF Tracking Number:* SLIN-128111887      *State:* Arkansas  
*Filing Company:* Sentry Life Insurance Company      *State Tracking Number:*  
*Company Tracking Number:*  
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*Product Name:* Student Accident Only  
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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Form</b>	Blanket Student Accident Insurance Policy	Approved-Closed	Yes
<b>Form</b>	Amendatory Rider	Approved-Closed	Yes

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## Form Schedule

### Lead Form Number: 180-1500(STD)

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 04/10/2012	180-1500(STD)	Policy/Cont ract/Fraternal Certificate	Blanket Student Accident Insurance Policy	Revised	Replaced Form #: 180-1369(STD) Previous Filing #: SELX-125304300	51.200	180-1500(STD).pdf
Approved-Closed 04/10/2012	180-1396(STD)	Policy/Cont ract/Fraternal Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Amendatory Rider	Initial		58.000	180-1396(STD).pdf

Sentry Life Insurance Company  
1800 North Point Drive  
Stevens Point, WI 54481  
1(800) 533-7827



**Policy Number:** [04-1234-01]

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

**Policy Effective Date:** [6/1/12 / Football: 7/8/12]

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

"We," "Us," "Our," "Sentry," and "Company" are used in this Policy to refer to the Sentry Life Insurance Company.

This Policy is a contract between Us and the Policyholder and is issued in consideration of the statements made in the application and the payment of premium. We promise to pay benefits for loss covered by this Policy in accordance with its provisions.

### **Description**

Except where specifically stated otherwise, this Policy covers the Insured only for Injury, caused by an Accident, 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 to and from the Insured's residence and the meeting place for the purpose of participating in the Regularly Scheduled Activity.]

This Policy takes effect and terminates on the dates stated on the face page of this Policy. Coverage is provided to the School for the Insureds for the term or terms stated in this Policy. All periods of insurance shall begin and end at 12:01 A.M. Standard Time at the address of the Policyholder.

**BLANKET STUDENT ACCIDENT INSURANCE  
THIS IS ACCIDENT ONLY COVERAGE AND  
DOES NOT PROVIDE COVERAGE FOR SICKNESS**

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**SCHEDULE OF BENEFITS**  
**[MANDATORY PLAN 1 (BSC 104)]**

**Hospital and Professional Services**

Injury must be treated within **[60]** days after the Accident occurs.

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

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

Maximum Medical Expense for each Injury: **[\$25,000]**

**[Maximum Medical Expense for football Injuries: \$25,000]**

Maximum Medical Expense for Injuries involving motor vehicles: **[\$10,000]**

Death Benefit: **[\$20,000]**

Single Dismemberment Benefit: **[\$10,000]**

Double Dismemberment Benefit: **[\$20,000]**

Benefit Period: **[1 Year]**

**Deductible**

The Deductible is the greater of:

1. **[\$0.00]**; or
2. **[The amount paid or payable for the same Injury by all other insurance sources].**

**EXCESS COVERAGE PROVISION APPLICABILITY**

The Excess Coverage provision does **[not]** apply.

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

***Hospital/Facility Services***

**Inpatient**

1. **[HOSPITAL ROOM AND BOARD: 100% of Reasonable Expenses up to the semi-private room rate]**
2. **[HOSPITAL INTENSIVE CARE: 100% of Reasonable Expenses]**
3. **[INPATIENT HOSPITAL MISCELLANEOUS: 100% of Reasonable Expenses with a maximum of \$5,000 including Radiology and Diagnostic Imaging as provided for in 4. and 5. under *Other Services*]**

**Outpatient**

1. **[OUTPATIENT HOSPITAL MISCELLANEOUS (Except Physician's services and x-rays paid as below): 100% of Reasonable Expenses to a maximum of \$1,000 for outpatient hospital care and service treatment at a hospital emergency room or outpatient department, including lab]**
2. **[HOSPITAL EMERGENCY ROOM: 100% of Reasonable Expenses up to a maximum of \$1,000]**

3. [FREE - STANDING AMBULATORY SURGICAL FACILITY: Reasonable Expenses to a maximum of \$5,000]

### **Physician's Services**

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

### **Other Services**

1. [REGISTERED NURSES' SERVICES: 100% of Reasonable Expenses]
2. [PRESCRIPTIONS (DISPENSED BY A LICENSED PHARMACIST) - OUTPATIENT: 100% of Reasonable Expenses]
3. [LABORATORY TESTS - OUTPATIENT: 100% of Reasonable Expenses]
4. [X-RAYS (INCLUDES INTERPRETATION) - OUTPATIENT: 100% of Reasonable Expenses]
5. [DIAGNOSTIC IMAGING (MRI, CAT SCAN, ETC.) - INCLUDES INTERPRETATION: 100% of Reasonable Expenses]
6. [GROUND AMBULANCE: 100% of Reasonable Expenses]
7. [AIR AMBULANCE: 100% of Reasonable Expenses to a maximum of \$1,000]
6. [DURABLE MEDICAL EQUIPMENT - INCLUDES ORTHOPEDIC BRACES AND APPLIANCES: 100% of Reasonable Expenses to a maximum of \$1,000]
7. [DENTAL TREATMENT: 100% of Reasonable Expenses to a maximum of \$2,500 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]
8. [REPLACEMENT OF EYEGLASSES, HEARING AIDS, CONTACT LENSES, IF MEDICAL TREATMENT IS ALSO RECEIVED FOR THE COVERED INJURY: 100% of Reasonable Expenses to a maximum of \$500]

**SCHEDULE OF BENEFITS**  
**[MANDATORY PLAN 2 (BSC 108)]**

**Hospital and Professional Services**

Injury must be treated within **[60]** days after the Accident occurs.

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

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

Maximum Medical Expense for each Injury: **[\$25,000]**

**[Maximum Medical Expense for football Injuries: \$25,000]**

Maximum Medical Expense for Injuries involving motor vehicles: **[\$5,000]**

Death Benefit: **[\$10,000]**

Single Dismemberment Benefit: **[\$5,000]**

Double Dismemberment Benefit: **[\$10,000]**

Benefit Period: **[1 Year]**

**Deductible**

The Deductible is the greater of:

1. **[\$0.00]**; or
2. **[The amount paid or payable for the same Injury by all other insurance sources].**

**EXCESS COVERAGE PROVISION APPLICABILITY**

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

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

***Hospital/Facility Services***

**Inpatient**

1. **[HOSPITAL ROOM AND BOARD: 100% of Reasonable Expenses for hospital semi-private room rate]**
2. **[HOSPITAL INTENSIVE CARE: 100% of Reasonable Expenses]**
3. **[INPATIENT HOSPITAL MISCELLANEOUS: Reasonable Expenses to \$800 for the 1<sup>st</sup> day, \$400 each day thereafter with a maximum of \$5,000 including Radiology and Diagnostic Imaging as provided for in 3. and 4. under *Other Services*]**

**Outpatient**

1. **[OUTPATIENT HOSPITAL MISCELLANEOUS (Except Physician's services and x-rays paid as below): Reasonable Expenses to a maximum of \$300 for outpatient hospital care and service treatment at a hospital emergency room or outpatient department, including lab]**

2. [HOSPITAL EMERGENCY ROOM PHYSICIAN: Reasonable Expenses to a maximum of \$200 for outpatient emergency room physician]
3. [FREE - STANDING AMBULATORY SURGICAL FACILITY (OTHER THAN EMERGENCY ROOM): Reasonable Expenses to a maximum of \$3,000]

### **Physician's Services**

1. [SURGICAL: 80% of Reasonable Expenses to a maximum of \$4,000. Only one surgery covered per incision]
2. [ASSISTANT SURGEON: Reasonable Expenses to 25% of surgery benefit paid only if surgeon is paid]
3. [ANESTHESIOLOGIST: Reasonable Expenses to 25% of surgery benefit paid only if surgeon is paid]
4. [PHYSICIAN'S NON-SURGICAL TREATMENT (EXCEPT AS IN 5. BELOW): Other than a Surgeon: Reasonable Expenses to a maximum of \$50 per visit]
5. [PHYSICIAN'S OUTPATIENT TREATMENT IN CONNECTION WITH PHYSICAL THERAPY AND/OR SPINAL MANIPULATION:  
Inpatient or outpatient chiropractic treatment by a licensed physician – Reasonable Expenses to a maximum of \$50 per visit and a per Injury maximum of \$700]

### **Other Services**

1. [REGISTERED NURSES' SERVICES: 100% of Reasonable Expenses not including anesthesiology]
2. [PRESCRIPTIONS (DISPENSED BY A LICENSED PHARMACIST) - OUTPATIENT: 100% of Reasonable Expenses]
3. [X-RAYS (INCLUDES INTERPRETATION) - OUTPATIENT: Reasonable Expenses to a maximum of \$250]
4. [DIAGNOSTIC IMAGING (MRI, CAT SCAN) - INCLUDES INTERPRETATION - OUTPATIENT: 100% of Reasonable Expenses to a maximum of \$1,000]
5. [GROUND AMBULANCE: Reasonable Expenses to a maximum of \$500 for one trip per Injury from accident scene to hospital]
6. [DURABLE MEDICAL EQUIPMENT - INCLUDES ORTHOPEDIC APPLIANCES: Reasonable Expenses to a maximum of \$500 when ordered by attending physician]
7. [DENTAL TREATMENT: Reasonable Expenses to a maximum of \$500 per tooth; injury to sound natural teeth only. Treatment must be received within 60 days of Injury]
8. [REPLACEMENT OF EYEGASSES, HEARING AIDS, CONTACT LENSES, IF MEDICAL TREATMENT IS ALSO RECEIVED FOR THE COVERED INJURY: Reasonable Expenses to a maximum of \$400]

**SCHEDULE OF BENEFITS**  
**[MANDATORY PLAN 3 (BSC 869)]**

**Hospital and Professional Services**

Injury must be treated within **[60]** days after the Accident occurs.

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

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

Maximum Medical Expense for each Injury: **[\$25,000]**

**[Maximum Medical Expense for football Injuries: \$25,000]**

Maximum Medical Expense for Injuries involving motor vehicles: **[\$5,000]**

Death Benefit: **[\$10,000]**

Single Dismemberment Benefit: **[\$5,000]**

Double Dismemberment Benefit: **[\$10,000]**

Benefit Period: **[1 Year]**

**Deductible**

The Deductible is the greater of:

1. **[\$0.00]**; or
2. **[The amount paid or payable for the same Injury by all other insurance sources].**

**EXCESS COVERAGE PROVISION APPLICABILITY**

The Excess Coverage provision does **[not]** apply.

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

***Hospital/Facility Services***

**Inpatient**

1. **[HOSPITAL ROOM AND BOARD: 100% of Reasonable Expenses for hospital semi-private room rate]**
2. **[HOSPITAL INTENSIVE CARE: 100% of Reasonable Expenses]**
3. **[INPATIENT HOSPITAL MISCELLANEOUS: Reasonable Expenses to \$600 for the 1<sup>st</sup> day, \$350 each day thereafter with a maximum of \$5,000 including Radiology and Diagnostic Imaging as provided for in 3. and 4. under *Other Services*]**

**Outpatient**

1. **[OUTPATIENT HOSPITAL MISCELLANEOUS (Except Physician's services and x-rays paid as below): Reasonable Expenses to a maximum of \$200 for outpatient hospital care and service treatment at a hospital emergency room or outpatient department, including lab]**
2. **[HOSPITAL EMERGENCY ROOM PHYSICIAN: Reasonable Expenses to a maximum of \$100 for outpatient emergency room physician]**

3. [FREE - STANDING AMBULATORY SURGICAL FACILITY (OTHER THAN EMERGENCY ROOM): Reasonable Expenses to a maximum of \$2,000]

### **Physician's Services**

1. [SURGICAL: 80% of Reasonable Expenses to a maximum of \$3,000. Only one surgery covered per incision]
2. [ASSISTANT SURGEON: Reasonable Expenses to 25% of surgery benefit paid only if surgeon is paid]
3. [ANESTHESIOLOGIST: Reasonable Expenses to 25% of surgery benefit paid only if surgeon is paid]
4. [PHYSICIAN'S NON-SURGICAL TREATMENT (EXCEPT AS IN 5. BELOW): Other than a Surgeon: Reasonable Expenses to a maximum of \$40 per visit]
5. [PHYSICIAN'S OUTPATIENT TREATMENT IN CONNECTION WITH PHYSICAL THERAPY AND/OR SPINAL MANIPULATION:

Inpatient or outpatient chiropractic treatment by a licensed physician – Reasonable Expenses to a maximum of \$40 per visit and a per Injury maximum of \$500]

### **Other Services**

1. [REGISTERED NURSES' SERVICES: 100% of Reasonable Expenses not including anesthesiology]
2. [PRESCRIPTIONS (DISPENSED BY A LICENSED PHARMACIST) - OUTPATIENT: 100% of Reasonable Expenses]
3. [X-RAYS (INCLUDES INTERPRETATION) - OUTPATIENT: Reasonable Expenses to a maximum of \$250]
4. [DIAGNOSTIC IMAGING (MRI, CAT SCAN) - INCLUDES INTERPRETATION - OUTPATIENT: 100% of Reasonable Expenses to a maximum of \$800]
5. [GROUND AMBULANCE: Reasonable Expenses to a maximum of \$400 for one trip per Injury from accident scene to hospital]
6. [DURABLE MEDICAL EQUIPMENT - INCLUDES ORTHOPEDIC APPLIANCES: Reasonable Expenses to a maximum of \$400 when ordered by attending physician]
7. [DENTAL TREATMENT: Reasonable Expenses to a maximum of \$250 per tooth; injury to sound natural teeth only. Treatment must be received within 60 days of Injury]
8. [REPLACEMENT OF EYEGLASSES, HEARING AIDS, CONTACT LENSES, IF MEDICAL TREATMENT IS ALSO RECEIVED FOR THE COVERED INJURY: Reasonable Expenses to a maximum of \$300]

**SCHEDULE OF BENEFITS**  
**[MANDATORY OR VOLUNTARY PLAN 4 (BSC 867)]**

**Hospital and Professional Services**

Injury must be treated within **[60]** days after the Accident occurs.

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

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

Maximum Medical Expense for each Injury: **[\$25,000]**

**[Maximum Medical Expense for football Injuries: \$25,000]**

**[Maximum Medical Expense for Extended Dental (Voluntary Only): \$25,000]**

Maximum Medical Expense for Injuries involving motor vehicles: **[\$5,000]**

Death Benefit: **[\$10,000]**

Single Dismemberment Benefit: **[\$5,000]**

Double Dismemberment Benefit: **[\$10,000]**

Benefit Period: **[1 Year]**

**Deductible**

The Deductible is the greater of:

1. **[\$0.00]**; or
2. **[The amount paid or payable for the same Injury by all other insurance sources].**

**EXCESS COVERAGE PROVISION APPLICABILITY**

The Excess Coverage provision does **[not]** apply.

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

***Hospital/Facility Services***

**Inpatient**

1. **[HOSPITAL ROOM AND BOARD: 100% of Reasonable Expenses for hospital semi-private room rate]**
2. **[HOSPITAL INTENSIVE CARE: 100% of Reasonable Expenses]**
3. **[INPATIENT HOSPITAL MISCELLANEOUS: Reasonable Expenses to \$400 for the 1<sup>st</sup> day, \$350 each day thereafter with a maximum of \$5,000 including Radiology and Diagnostic Imaging as provided for in 3. and 4. under *Other Services*]**

**Outpatient**

1. **[OUTPATIENT HOSPITAL MISCELLANEOUS (Except Physician's services and x-rays paid as below): Reasonable Expenses to a maximum of \$150 for outpatient hospital care and service treatment at a hospital emergency room or outpatient department, including lab]**
2. **[HOSPITAL EMERGENCY ROOM PHYSICIAN: Reasonable Expenses to a maximum of \$60 for outpatient emergency room physician]**

3. [FREE - STANDING AMBULATORY SURGICAL FACILITY (OTHER THAN EMERGENCY ROOM): Reasonable Expenses to a maximum of \$1,500]

### **Physician's Services**

1. [SURGICAL: 80% of Reasonable Expenses to a maximum of \$2,000. Only one surgery covered per incision]
2. [ASSISTANT SURGEON: Reasonable Expenses to 25% of surgery benefit paid only if surgeon is paid]
3. [ANESTHESIOLOGIST: Reasonable Expenses to 25% of surgery benefit paid only if surgeon is paid]
4. [PHYSICIAN'S NON-SURGICAL TREATMENT (EXCEPT AS IN 5. BELOW): Other than a Surgeon: Reasonable Expenses to a maximum of \$25 per visit]
5. [PHYSICIAN'S OUTPATIENT TREATMENT IN CONNECTION WITH PHYSICAL THERAPY AND/OR SPINAL MANIPULATION:

Inpatient or outpatient chiropractic treatment by a licensed physician – Reasonable Expenses to a maximum of \$25 per visit and a per Injury maximum of \$350]

### **Other Services**

1. [REGISTERED NURSES' SERVICES: 100% of Reasonable Expenses not including anesthesiology]
2. [PRESCRIPTIONS (DISPENSED BY A LICENSED PHARMACIST) - OUTPATIENT: 100% of Reasonable Expenses]
3. [X-RAYS (INCLUDES INTERPRETATION) - OUTPATIENT: Reasonable Expenses to a maximum of \$250]
4. [DIAGNOSTIC IMAGING (MRI, CAT SCAN) - INCLUDES INTERPRETATION - OUTPATIENT: 100% of Reasonable Expenses to a maximum of \$500]
5. [GROUND AMBULANCE: Reasonable Expenses to a maximum of \$300 for one trip per Injury from accident scene to hospital]
6. [DURABLE MEDICAL EQUIPMENT - INCLUDES ORTHOPEDIC APPLIANCES: Reasonable Expenses to a maximum of \$250 when ordered by attending physician]
7. [DENTAL TREATMENT: Reasonable Expenses to a maximum of \$200 per tooth; injury to sound natural teeth only. Treatment must be received within 60 days of Injury]
8. [REPLACEMENT OF EYEGLASSES, HEARING AIDS, CONTACT LENSES, IF MEDICAL TREATMENT IS ALSO RECEIVED FOR THE COVERED INJURY: Reasonable Expenses to a maximum of \$200]

## OTHER COVERAGES

**[All Students School time Activities (K-12, College or University Students), All Interscholastic 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 (K-12, College or University Students), All Interscholastic 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 (K-12, College or University Students), excluding all Interscholastic 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 (K-12, College or University Students), All Interscholastic 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 (K-12, College or University Students), All Interscholastic 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 Sports Coverage (K-12, College or University Students), excluding Football and Basketball 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. Interscholastic Sports include baseball, softball, cross country, track, tennis, bowling, volleyball, dance (cheerleading), golf and rifle.]

**[Interscholastic 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))]

**[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 [\$5,000]. All provisions in this Policy apply to this coverage. (CPC 630)]

**[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 [\$5,000]. All provisions in this Policy apply to this coverage. (CPC 631)]

### 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 9<sup>th</sup> 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.

**Copayment** means the percentage of Reasonable Expenses for Necessary Treatment which We do not pay and which the Insured is responsible for paying. The percentage which We pay is stated in the Schedule of Benefits.

**Deductible** means the Reasonable Expenses for Necessary Treatment which the Insured must incur, per Accident, before We pay any benefits under the Hospital and Professional Services Benefits provision.

**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.

**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.

**Hospital** means a place that meets all of the following requirements:

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.

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 the spouse, parents, siblings, or children of the Insured.

**Injury** means bodily injury caused by an Accident. Injury does not include conditions that are related to or caused by a hereditary, functional or structural disease or disorder. 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. A person's insurance takes effect and terminates as stated in the Policy Effective Date and Policy Termination of Insurance provision.

**Loss** means medical expense incurred as a result of a covered Injury. With the respect to the Death, Dismemberment, and Loss of Sight provision, Loss means loss of life or loss of hand, foot or sight, as described in that provision.

**Necessary Treatment** means medical and dental treatment which is:

1. Consistent with "approved and generally accepted medical, surgical or dental practice" for the covered Injury of the Insured, as determined by Us;
2. Accepted as safe, effective and reliable by a medical specialty or board recognized by the American Board of Medical Specialties; and
3. Not "experimental or investigational treatment," as determined by Us.

Determination of "approved and generally accepted medical, surgical or dental practice" in 1. above is Our prerogative. We may consult with appropriate authoritative medical, surgical or dental practitioners.

The fact that a Physician may prescribe, order, recommend or approve a service or supply does not, of itself, make the service or supply a Necessary Treatment.

If services do not meet the criteria above or are not consistent with professionally recognized standards of care with respect to quality, frequency or duration, such services will not be deemed Necessary Treatment.

"Experimental or investigational treatment" means:

1. Medical devices;
2. Drugs and/or pharmaceutical agents; and
3. Procedures or treatments;

as defined below:

(a) Medical device if any of the following applies:

1. It does not have approval from the United States Food and Drug Administration (FDA) to be marketed; or
2. It has a 510K number, and its use is other than for the purpose or in the manner for which the original FDA approval was received (Final determination of the similarity of use per the original approval will be made by Us.); or
3. It has FDA approval to be marketed or has a 510K number, and its use is not in accordance with the FDA approval guidelines/instructions; or
4. The device, alone or in combination with any drug, pharmaceutical agent, other medical device, procedure or treatment performed by a Physician or under a Physician's supervision, is not currently reported by one of the "authorities" listed to be safe and effective for the treatment of the disease or condition for which the device is being used.

(b) Drug and pharmaceutical agent if any of the following applies:

1. It does not have FDA approval to be marketed; or

2. Its use does not conform to FDA licensing; or
  3. The drug or pharmaceutical agent, alone or in combination with any drug, pharmaceutical agent, other medical device, procedure or treatment performed by a Physician or under a Physician's supervision, is not currently reported by one of the "authorities" listed to be safe and effective or the treatment of the disease or condition for which such drug or pharmaceutical agent is being used.
- (c) Procedure or treatment performed or rendered by a Physician or under a Physician's supervision if any of the following applies:
1. It requires the use of a medical device, drug or pharmaceutical agent which would be considered experimental/investigational under this Policy; or
  2. It is not currently reported to be safe and effective by one of the "authorities" listed; or
  3. The use of such procedure or treatment, alone or in combination with any drug, pharmaceutical agent, other medical device, procedure or treatment performed or rendered by a Physician or under a Physician's supervision, is not currently reported by one of the "authorities" listed to be safe and effective for the treatment of the disease or condition for which the procedure or treatment is performed or rendered.

"Authorities" mean the following:

(a) Textbooks:

- (i) *Cecil Textbook of Medicine*, (Newest edition, W. B. Saunders Company, Publisher);
- (ii) *Scientific American Medicine*, (Newest update, Scientific American, Inc., Publisher);
- (iii) *Conn's Current Therapy*, (Newest edition, W. B. Saunders Company, Publisher);
- (iv) *Schwartz Principles of Surgery*, (Newest edition, McGraw-Hill, Publisher);
- (v) *Nelson's Textbook of Pediatrics*, (Newest edition, W. B. Saunders Company, Publisher);
- (vii) *Sabiston's Textbook of Surgery*, (Newest edition, W. B. Saunders Company, Publisher).

(b) Periodicals:

- (i) Medical Letter;
- (ii) Journal of American Medical Association;
- (iii) New England Journal of Medicine;
- (iv) Disease-a-Month, (Mosby-Yearbook, Inc., Chicago, IL).

**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.

**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 usual, reasonable and customary fee or charge for the services rendered and the supplies furnished in the area where and at the time such services are rendered or supplies furnished, as determined by Us. Such services and supplies must be recommended and approved by a Physician. [This Policy may base its determination of Reasonable Expense on the 80<sup>th</sup> percentile of charges under the prevailing healthcare charge system.]

**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.

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

**Surgical Expense** means expense incurred for (1) a Surgical Procedure; (2) preoperative 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** means a disability or medical status which results in the Insured's inability to perform the normal activities of a person of like age and sex in good health.

## **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 enrollment and Our 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. Re-Injury or complications of a condition for which medical advice or treatment was recommended by a Physician or received from a Physician within a 6 month period preceding the Policy Effective Date.
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.

### **EXCESS COVERAGE**

Benefits will be paid only for such expense that is not recoverable from any Other Plan. We 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. The Student Accident plan is secondary to all other policies.

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

### **HOSPITAL AND PROFESSIONAL SERVICES**

#### **Benefit**

We 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 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 and any Copayment. Benefits are subject to the Coverage and Limitations stated in the Schedule of Benefits, the Exclusions stated above and the other provisions of this Policy.

#### **[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 uninterruptedly to and from the practice and competition. Benefits are subject to the Coverage and Limitations stated in the Schedule of Benefits, the Exclusions stated above and the other provisions of this Policy.]

#### **[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 in the Schedule of Benefits under Field Trip Coverage. Benefits are subject to the Coverage and Limitations stated in the Schedule of Benefits, the Exclusions stated above and the other provisions of this Policy.

There is no additional premium charged for this coverage.

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

### **[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 in the Schedule of Benefits under Religious Education Coverage. Benefits are subject to the Coverage and Limitations stated in the Schedule of Benefits, the Exclusions stated above and the other provisions of this Policy.

There is no additional premium charged for this coverage.]

### **[Needle Stick Coverage**

**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.]

### **[OPTIONAL 24-HOUR DENTAL COVERAGE**

#### **Benefit**

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. We will then pay the Reasonable Expenses for Necessary Treatment. 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].

### **[OPTIONAL 24-HOUR ACCIDENT COVERAGE**

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

No coverage is provided for participation in Interscholastic Sports, including interscholastic tackle football, and/or school sponsored/supervised activities covered under the Student Accident Insurance Program purchased by the school.

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

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

### **[OPTIONAL COUNSELING BENEFIT COVERAGE BENEFITS**

If, as a result of an Act of Violence, an Insured is killed while on School Property by a person other than an Insured, We will pay a lump sum of [\$1,000 – 10,000] for Counseling Services. The lump sum benefit will be paid to the covered School or to the provider after the commencement of Counseling Services. The Insured receiving the Counseling Service must be in attendance at the time the Act of Violence occurs.

Counseling Services must be:

1. Arranged by the covered School;
2. Provided to a living Insured due to an Act of Violence; and
3. Received during the Benefit Period shown on the Schedule of Benefits.

The first treatment must be received within the 60 days immediately following the Act of Violence.

### **DEFINITIONS**

For purposes of this section:

**Act of Violence** means an injury inflicted by a person with malicious intent to cause bodily harm.

**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.

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

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

### **DEATH, DISMEMBERMENT, AND LOSS OF SIGHT**

When a covered Injury results in any of the Losses to the Insured which are stated in the Schedule of Benefits for Death, Dismemberment, and Loss of Sight, then We will pay the benefit stated in the schedule for that Loss. The Loss must be sustained within [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:**

1. Life;
2. Both Hands or Both Feet or the Sight of Both Eyes;
3. One Hand and One Foot

4. One Hand and the Sight of One Eye; or
5. One Foot and the Sight of One Eye

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 actual and complete severance through or above the wrist or ankle. Loss of sight means irrecoverable loss of sight. These Losses will be considered total and irrecoverable if such loss cannot be restored or corrected by medical or surgical treatment.

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

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

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

## GENERAL PROVISIONS

### PREMIUM AND POLICY CONTINUANCE

**Payment:** The Policyholder's premium payment will be paid in advance for the term of this Policy. The payment will be made to the Company at Our Home Office in Stevens Point, Wisconsin, or to its authorized agent.

**Grace Period:** If We have not delivered to the Policyholder written notice of cancellation, not less than 60 days prior to the premium due date, a grace period of 31 days will be granted. The grace period will apply to premium payments due after the first premium payment. During the grace period this Policy will continue in force subject to Our right to cancel this Policy.

**Renewal:** This Policy may be renewed from term to term. The renewal is subject to Our approval and the Policyholder's payment of the premium.

**Cancellation:** If We decide 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 We cancel, the earned premium will be computed pro rata and the unearned portion promptly returned.

The Policyholder may also cancel this Policy. To do so the Policyholder must notify Us in writing at least 30 days before the date this Policy is to be canceled. If the Policyholder cancels, the earned premium will be computed according to the short-rate table last filed with the state official having insurance supervision in the state of Policy issue. Cancellation will be without prejudice to any claim arising before the date this Policy ends.

**Policy Administration:** The Policyholder will furnish all information which We 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 Us 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 Us), 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, We shall be entitled to rely upon any action of the Policyholder without being obliged to inquire into the circumstances.

**Entire Contract:** This Policy, including endorsements and attached papers, if any, constitutes the entire contract of insurance. This Policy may be changed from time to time by written agreement between Us and the Policyholder without consent of any Insured or other person.

No changes in this Policy shall be valid unless approved by one of Our officers and unless approval be endorsed and attached to this Policy. No agent has authority to change this Policy or to waive any of its provisions.

The waiver by Us of any provision of this Policy on an occasion shall not be construed as authority, or as a precedent, for the waiver by Us of any provision on another occasion.

## 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.

No claim for loss incurred commencing after two years from the Insured's effective date shall be reduced or denied on the grounds that a disease or physical condition, not excluded from coverage on the date of loss, had existed prior to the Insured's effective date.

**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 deemed representations and not warranties.

**Notice of Claim:** Written notice of claim must be given to Us within 20 days after the covered loss occurs or begins, or as soon as is reasonably possible. Notice given by or on behalf of the Insured to Us or to any authorized agent of Us shall be deemed notice to Us. The notice should include information sufficient to identify the Insured.

**Claim Forms:** After We receive notice of claim, forms will be sent for filing proof of loss. If the forms are not sent within 15 days, the proof of loss requirements shall be met if, within 90 days after the loss, We are provided with a written statement indicating the nature and the extent of the loss.

**Proofs of Loss:** Written proof of loss must be furnished to the Us within 90 days after the date of Injury. Failure to furnish such proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within such time. In any event, We must receive proof within one year after it is due unless the Insured is legally incapable of doing so.

**Time of Payment of Claims:** We will pay benefits promptly upon receipt of written proof of such loss.

**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, at the Company's option, 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 and Dismemberment Benefits are paid to the Insured, or if not living, to the beneficiary.

**Code Review:** As determined by Sentry, claims will be reviewed for billing errors such as incorrect or inappropriately billed charges, excessive billing or overbilling, incomplete or undocumented charges, duplicate billing, unbundling of services or billing with generic or temporary codes. Charges may be adjusted should billing errors be detected on a claim.

**Physical Examination and Autopsy:** At Our expense, We may have a claimant examined by a Physician as often as We deem necessary while a case is pending. We also have the right to have an autopsy performed unless forbidden by law.

**Legal Actions:** No action at law or in equity shall be brought to recover on this Policy prior to the expiration of 60 days after written proof of Loss has been furnished in accordance with the requirements of this Policy. No action shall be brought after the expiration of three years after the written proof of Loss is required to be furnished.

**Right of Subrogation.** We shall be fully and completely subrogated to the rights of the Insured against parties who may be liable to provide indemnity or make a contribution for any claim under this Policy. This right does not apply if the Insured is a temporary resident in a state where this is contrary to that state's law.

**Conformity with State Statutes:** On the date this Policy becomes effective, any provisions which do not conform to the statutes of the state in which this Policy is issued, are amended to meet the state's minimum requirements.

**IN WITNESS WHEREOF, SENTRY LIFE INSURANCE COMPANY** has caused this Policy to be signed by its President at [Stevens Point, Wisconsin]



**President**

Countersigned by \_\_\_\_\_  
Licensed Resident Agent (where required by law)

## HEAT EXHAUSTION/HEAT STROKE BENEFIT AMENDATORY RIDER

This rider is attached to and made a part of Policy No. [02-1234-05] and is subject to the provisions and conditions of the Policy.

The effective date of this rider is [August 21, 2007]

The policy to which this rider is attached is amended to include the following:

### DEFINITIONS

The definition of Injury is deleted in its entirety and replaced with the following:

**Injury** means bodily injury caused by an Accident. Injury does not include conditions that are related to or caused by a hereditary, functional or structural disease or disorder. 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. Injury also includes Heat Exhaustion/Heat Stroke.

Heat Exhaustion/Heat Stroke means a condition caused by exposure to heat, resulting in the depletion of body fluids and causing weakness, dizziness, nausea and often collapse.

SENTRY LIFE INSURANCE COMPANY

A handwritten signature in black ink, appearing to read "Mark R. Hurl". The signature is written in a cursive, flowing style.

**President**

SERFF Tracking Number: SLIN-128111887 State: Arkansas  
Filing Company: Sentry Life Insurance Company State Tracking Number:  
Company Tracking Number:  
TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only  
Product Name: Student Accident Only  
Project Name/Number: Student Accident Forms and Rates 2012/

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> Flesch Certification for STD with only Policy and Heat Exhaustion.pdf	Approved-Closed	04/10/2012

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Application <b>Comments:</b> 180-1368(STD-AR) Approved 10/5/2007	Approved-Closed	04/10/2012

Sentry Life Insurance Company  
1800 North Point Drive  
P.O. Box 8020  
Stevens Point, WI 54481-8020

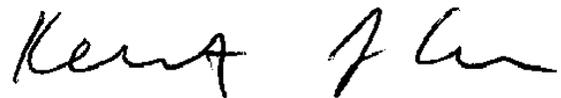


March 2, 2012

I hereby certify that the following forms rate Flesch Readability scores that meet the objective standards of the applicable readability laws.

<u>Form</u>	<u>Form Number</u>	<u>Score</u>
Blanket Student Accident Insurance Policy	180-1500(STD)	51.2
Amendatory Rider	180-1396(STD)	58.0

SENTRY LIFE INSURANCE COMPANY



Secretary