

POLICY FORM GH 159-NS-KS(95) & GHR-181(95)
STUDENT ACCIDENT INSURANCE
 (Provides benefits for accidental bodily injury while the policy is in force)

ANNUAL PREMIUMS	
FULL TIME COVERAGE	\$ 80
EXTENDED DENTAL ACCIDENT COVERAGE	\$ 6

FULL TIME COVERAGE

Allows you the peace of mind knowing your child is covered in case of an accident 24 hours a day until school starts next year. Covers the student while at home, on vacation or anywhere. Does not cover participation in interscholastic sports for students in the 7th grade or above. See Benefits, Limitations and Exclusions below.

EXTENDED DENTAL ACCIDENT COVERAGE

Provides up to \$5,000 in benefits for any dental accident and covers the student 24 hours a day until school starts next year. Treatment must begin 60 days from the date of injury. Benefits are limited to expenses actually incurred within one year from the date of accident. However, if within the one year period following the date of accident the insured's attending dentist certifies that dental treatment and/or replacement must be deferred beyond one year, the plan will pay the estimated cost of such deferred treatment, but not to exceed \$200 for each tooth. No benefits will be allowed for orthodontics or dental disease and benefits for prosthesis are limited to \$500 per injury including procedures performed to install them. Dental prosthesis includes, but is not limited to: crowns, caps, bridges, and implants.

MEDICAL BENEFITS AND LIMITATIONS

When injury covered by this policy results in treatment by a Licensed Physician within 60 days from the date of accident, the Company will pay the Usual and Customary Charges incurred for necessary Services and Supplies as listed below, for charges actually incurred within one year from the date of injury up to the specified Maximum Medical Benefit of \$25,000 per injury.

This policy will pay benefits regardless of Other Valid Coverage, if the covered claim expense is less than \$200. If the covered claim expense exceeds \$200, and if there be Other Valid Coverage not with this insurer, providing benefits for the same loss on a provision of service basis or on an expense incurred basis, benefits shall be paid first by the company or service contract whose policy or service contract has been in effect, with respect to the insured, for the longer period of time at the date of such loss. This plan does not cover penalties imposed for failure to use providers preferred or designated by your primary coverage.

PHYSICIAN'S SERVICES -

- a) for surgical operations (fractures, dislocations or repair of lacerations) - 100% of the charges incurred not to exceed \$3,500 per injury.
- b) for nonsurgical care (other than physical therapy treatments) - up to \$60 for each treatment not to exceed 10 treatments per injury.

PHYSICAL THERAPY TREATMENTS - shall include any form of diathermy, ultrasonic, whirlpool or heat treatments, EMS, adjustments, manipulation or massage - benefits will be limited to \$60 for each treatment and/or office visit connected therewith, not exceed five visits per injury.

HOSPITAL CARE -

- a) Inpatient Care - the usual daily charge for the hospital's semi-private room not to exceed \$500 per day, plus 100% of the miscellaneous charges incurred not to exceed \$5,000 per injury. Benefits for miscellaneous charges are limited to services not scheduled elsewhere under Medical Benefits and Limitations.
- b) Outpatient Care - 80% of the miscellaneous charges incurred not to exceed \$3,500 per injury. Benefits for miscellaneous charges are limited to services not scheduled elsewhere under Medical Benefits and Limitations.

RADIOLOGY SERVICES (including charges for reading) - 100% of the charges incurred, not to exceed \$750 per injury.

DENTAL TREATMENT (in lieu of all other medical benefits) - benefits are limited to \$250 for repair and/or replacement of each sound and natural tooth.

AMBULANCE SERVICES - 100% of the charges incurred not to exceed \$500 per injury.

ORTHOPEDIC APPLIANCES - up to \$100 per injury.

PRESCRIPTION DRUGS (take home) - up to \$100.

EYEGLASSES AND HEARING AIDS (replacement when broken as the result of a covered injury when medical treatment is required) - up to \$150.

MOTOR VEHICLE INJURY EXPENSES - up to \$1,000 per injury as scheduled above.

ACCIDENTAL DEATH AND DISMEMBERMENT

When injury covered by this policy results in Accidental Death or Dismemberment within 180 days from the date of accident, the following benefits will be payable.

Loss of Life	\$ 2,000
Loss of an Eye	\$ 2,000
Double Dismemberment	\$10,000
Single Dismemberment	\$ 2,000

EXCLUSIONS

- The practice or play of interscholastic sports, including travel to or from such practice or play for students in the 7th grade or above.
- Any sickness, disease, infection (unless caused by an open cut or wound) aggravation of a congenital condition, blisters, headaches, hernia of any kind, mental or physical infirmity, Osgood-Schlatter disease, osteochondritis, osteochondritis dissecans, osteomyelitis, spondylolysis, slipped femoral capital epiphysis, or orthodontics.
- Injuries for which benefits are payable under Workmen's Compensation or Employer's Liability Laws.
- Replacement of contact lenses.
- The services of a second or subsequent Licensed Physician when not requested in writing by the attending Licensed Physician.
- Any injury involving a two or three wheeled motor vehicle or snowmobile.
- Accidental injury as a result of a motor vehicle accident where benefits may be payable under any medical expense provision of any automobile insurance policy under which the insured may be covered, to the extent payable under the automobile policy.

IT IS NOT THE INTENT OF THIS POLICY TO PROVIDE BENEFITS FOR AN EXISTING MEDICAL PROBLEM. A re-injury will be covered if the insured has been treatment free for a period of 180 days prior to the effective date of the policy.

THIS BROCHURE IS A SUMMARY OF THE MASTER INSURANCE POLICY ISSUED TO AN EDUCATIONAL INSTITUTION. IF THERE IS A DISCREPANCY BETWEEN THIS BROCHURE AND THE MASTER POLICY, THE MASTER POLICY LANGUAGE WILL GOVERN.

EFFECTIVE DATE--is the later of (a) the date on which the premium is received by the School, the Company or its authorized agent, or (b) the policy effective date.

EXPIRATION DATE--is the earlier of (a) the date at the close of the period for which the premium is paid or (b) the policy expiration date.

TO FILE A CLAIM--Notify the school officials immediately. Obtain a claim form

from the school. Submit the claim along with all bills to the Company.

HOW TO ENROLL--Determine the coverage you want. Complete the enrollment form below, detach the enrollment form and retain the explanation of coverage for future reference. Your cancelled check will be your record of payment. Enclose the proper premium with the enrollment form. Make checks payable to STUDENT ASSURANCE SERVICES, INC.

THIS IS AN ILLUSTRATION -- NOT A CONTRACT. SEE MASTER POLICY ON FILE AT YOUR SCHOOL DISTRICT OFFICE FOR DETAILS.

Underwritten by  SECURITY LIFE INSURANCE COMPANY OF AMERICA MINNETONKA, MINNESOTA	Administered by  STUDENT ASSURANCE SERVICES INCORPORATED P.O. BOX 196 STILLWATER, MN 55082 PHONE: 1-800-328-2739
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Form Q-4623(vol)-14

ENROLLMENT FORM FOR STUDENT ACCIDENT INSURANCE

- 24-HOUR COVERAGE \$80 EXTENDED DENTAL COVERAGE \$6
 24-HOUR AND DENTAL COVERAGE \$86

Name of Student _____ Age _____ Grade _____
Please Print

Address _____ Phone _____

City _____ State _____

Name of School _____ Name of District _____

Signature of Parent or Guardian _____ Date _____

Form Q-4623(vol)-14

Attach Premium Check --- No Refunds