2013-2014
STUDENT ACCIDENT INSURANCE

SCHOOL TIME ACCIDENT COVERAGE
Or
24-HOUR ACCIDENT COVERAGE

IMPORTANT NOTE:
The Plan provides accident insurance only. It does not provide basic hospital, basic medical or major medical for sickness coverage.

Enroll Online: www.studentinsuranceusa.com

Plan Underwritten By
National Union Fire Insurance Company of Pittsburgh, Pa., with its principal place of business in New York, NY (“the Company”)

Marketing Agent:
Student Insurance
10801 National Blvd., Suite 603
Los Angeles, CA 90064
(T) 310-826-5688 • (F) 310-826-1601

Claims Administrator:
Chartis Claims, Inc., an AIG Company,
Two Aquarium Drive, Suite 200, Camden, NJ 08103

Please keep this brochure as a general summary of the insurance. This is only a brief description of the accident coverage available under policy series C11695DBG-CA. The Policy may contain additional reductions, limitations, exclusions, definitions and termination provisions. Full details of the coverage are contained in the Policy on file with the District/School (“the Policyholder”).

If there is any conflict between the contents of this brochure and the Policy, the Policy shall govern in all cases.

Coverage may not be available in all states.

Insurance and services provided by member companies of American International Group, Inc. Coverage may not be available in all jurisdictions and is subject to actual policy language. For additional information, please visit our website at www.AIG.com.

CA0213MB
DEFINITIONS

Injury means bodily injury: (1) which is sustained as a direct result of an unintended, unanticipated accident that is external to the body and that occurs while the injured person’s coverage under the Policy is in force; (2) which occurs while such person is participating in a covered activity; and (3) which directly (independent of sickness, disease or any other cause) causes a covered loss.

Insured means a person: (1) who is a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Master Application in the Policy on file with the District/School (“the Policyholder”); (2) for whom premium has been paid; and (3) while covered under the Policy.

Medically Necessary means a Covered Accident Medical Service that: (1) is essential for diagnosis, treatment or care of the Injury for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a physician and performed under his or her care, supervision or order.

Physician means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) the insured; 2) an immediate family member; or 3) retained by the Policyholder/Participating Organization.

Usual and Customary Charge(s) (U&C) means a charge that: (1) is made for a Covered Accident Medical Service; (2) does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred; or (3) is a negotiated fee; and (4) does not include charges that would not have been made if no insurance existed.

Questions?

CALL THE MARKETING GENERAL AGENT:

STUDENT INSURANCE
10801 National Boulevard, Suite 603
Los Angeles, CA 90064
(T) 310-826-5688
(F) 310-826-1601

Claims Administered by:
Chartis Claims, Inc., an AIG Company
Two Aquarium Drive, Suite 200
Camden, NJ 08103
(800) 257-6250

CLAIMS PROCEDURE

In the event of an accident, notify the school immediately. Secure a claim form from the District/School, attach bill(s) to completed claim form and mail to the address indicated on the claim form. Claims for benefits must be filed within 90 days from date of accident, or as soon as reasonably possible. The Company must be notified of a loss within 20 days of occurrence or commencement of such accident or as soon as reasonably possible.

Claims Administrator:
Chartis Claims, Inc., an AIG Company
Two Aquarium Drive, Suite 200

PPO Network. In cooperation with AIG.
SCHOOL TIME ACCIDENT COVERAGE

If coverage is elected and appropriate premium is received, this accident insurance provides coverage during the following activities: while the Insured is at school; and/or while attending or participating in school sponsored and supervised activities on or off school premises (excluding tackle football [grades 9-12]).

Includes:
• Travel to and from school
• Summer activities
• Class trips

24-HOUR ACCIDENT COVERAGE

If coverage is elected and appropriate premium is received, this accident insurance provides coverage during the following activities: 24-hours per day, including while the Insured is at school; and/or while attending or participating in school sponsored and supervised activities on or off school premises (excluding tackle football [grades 9-12]).

Includes:
• Weekends
• Vacation periods, including summer vacation
• Coverage at home or while away

TACKLE FOOTBALL ACCIDENT COVERAGE (Grades 9-12)

If coverage is elected and appropriate premium is received, this accident insurance provides coverage during the following activities: while the Insured is participating in interscholastic tackle football (grades 9-12). Coverage also includes travel to and from such participation and spring/summer activities.

INSURED'S EFFECTIVE AND TERMINATION DATES

Coverage under the Policy begins at 12:01 a.m. on the latest of: (1) the Policy effective date; or (2) the date for which the first premium for the Insured's coverage is paid.

Coverage under the Policy ends at 12:01 a.m. on the earliest of: (1) the date the Policy is terminated; or (2) the end of the period for which premiums for the Insured's coverage have been paid. The Policy effective and termination dates are contained in the Policy on file with the District/School (“the Policyholder”).

PENALTY FOR NON-COMPLIANCE

In the event that an Insured is eligible under the Policy for benefits in excess of other coverage and the Insured has other coverage that is primary under a health maintenance organization, preferred provider organization or similar health service program, a penalty will apply if he or she does not use the facilities or services of the health maintenance organization, preferred provider organization or similar health service program. In such case, the benefits otherwise payable under the Excess provision in the Policy will be reduced by 50%. This reduction shall not apply to emergency treatment required within 24 hours of an accident when the accident occurs outside the geographic area served by a health maintenance organization, preferred provider organization or similar health service program.

LIMITATION ON MULTIPLE COVERED ACTIVITIES

If an Insured's Injury is caused by an accident that occurs while the Insured is participating in more than one covered activity applicable to that Insured, and if the same benefit applies to that Insured with respect to more than one such covered activity, then for Policy purposes the Maximum Amount for that benefit for that Insured for that accident will be determined as though the accident occurred while the Insured was participating in only one such covered activity, the one with the largest Maximum Amount for that benefit for that person.

STUDENT INSURANCE ID CARD

2013–2014

Plan Underwritten by: National Union Fire Insurance Company of Pittsburgh, Pa., with its principal place of business in New York, NY (“the Company”)

Student’s Name ____________________________

If premium has been paid the student whose name appears above is insured under the Student Accident Insurance policy issued to:

School District: ____________________________

Coverage(s) elected:

<table>
<thead>
<tr>
<th>HIGH OPTION</th>
<th>MID OPTION</th>
<th>LOW OPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Time Accident Coverage</td>
<td>School Time Accident Coverage</td>
<td>School Time Accident Coverage</td>
</tr>
<tr>
<td>24-Hour Accident Coverage</td>
<td>24-Hour Accident Coverage</td>
<td>24-Hour Accident Coverage</td>
</tr>
<tr>
<td>Tackle Football Accident Coverage</td>
<td>Tackle Football Accident Coverage</td>
<td>Tackle Football Accident Coverage</td>
</tr>
</tbody>
</table>

Marketing Agent: Student Insurance
10801 National Blvd., Suite 603, Los Angeles, CA 90064
(T) 310-826-5688 • (F) 310-826-1601
ACCIDENT INSURANCE COVERAGE PROVIDING ACCIDENT MEDICAL EXPENSES

If an Insured suffers an Injury that, within 90 days of the date of the accident that caused the Injury, requires him or her to be treated by a physician, the Company will pay the applicable coinsurance percentage of the Usual and Customary Charges incurred for Medically Necessary Covered Accident Medical Services received due to that Injury, up to the applicable Accident Coverage Maximum Amount per Insured for all Injuries caused by the same accident. Benefits are payable for charges incurred within 52 weeks after the date of the accident causing the Injury.

BENEFIT SCHEDULE

<table>
<thead>
<tr>
<th>ACCIDENT MEDICAL EXPENSE BENEFITS</th>
<th>HIGH OPTION</th>
<th>MID OPTION</th>
<th>LOW OPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Time Accident Coverage Maximum Amount</td>
<td>$100,000</td>
<td>$50,000</td>
<td>$25,000</td>
</tr>
<tr>
<td>24-Hour Accident Coverage Maximum Amount</td>
<td>$100,000</td>
<td>$50,000</td>
<td>$25,000</td>
</tr>
<tr>
<td>Tackle Football Accident Coverage Maximum Amount</td>
<td>$100,000</td>
<td>$50,000</td>
<td>$25,000</td>
</tr>
</tbody>
</table>

Covered Accident Medical Service(s) means any of the following services:

INPATIENT HOSPITAL SERVICES

- Hospital’s most common charge for semi-private room and board (or room and board in an intensive care unit): 80% of U&C, 75% of U&C, 65% of U&C
- Hospital ancillary services (including but not limited to use of the operating room): 80% of U&C, 75% of U&C, 65% of U&C

OUTPATIENT HOSPITAL SERVICES

- Hospital emergency room or ambulatory medical center: 80% of U&C up to a maximum of $1,500, 75% of U&C up to a maximum of $800, 65% of U&C up to a maximum of $500
- Laboratory tests: 80% of U&C, 75% of U&C, 65% of U&C
- Radiological procedures: 80% of U&C, 75% of U&C, 65% of U&C

PHYSICIAN’S SERVICES (INPATIENT OR OUTPATIENT)

- Services of a Physician: 80% of U&C, 75% of U&C, 65% of U&C
- Anesthetics and the administration or anesthetics: 80% of U&C, 75% of U&C, 65% of U&C
- Physical therapy: 80% of U&C except that an office visit connected with any such service is payable up to $40 per visit up to a maximum of 8 visits, 75% of U&C except that an office visit connected with any such service is payable up to $30 per visit up to a maximum of 7 visits, 65% of U&C except that an office visit connected with any such service is payable up to $25 per visit up to a maximum of 5 visits
- Occupational therapy: 80% of U&C except that an office visit connected with any such service is payable up to $40 per visit up to a maximum of 8 visits, 75% of U&C except that an office visit connected with any such service is payable up to $30 per visit up to a maximum of 7 visits, 65% of U&C except that an office visit connected with any such service is payable up to $25 per visit up to a maximum of 5 visits

ADDITIONAL SERVICES

- Private duty nursing by a registered nurse (R.N.) or Licensed Practical Nurse (LPN): 80% of U&C, 75% of U&C, 65% of U&C
- Ambulance service to or from a hospital: 80% of U&C, 75% of U&C, 65% of U&C
- Blood, blood products and artificial blood products and the transfusion thereof: 80% of U&C, 75% of U&C, 65% of U&C
- Rental of durable medical equipment: 80% of U&C, 75% of U&C, 65% of U&C
- Artificial eyes, artificial limbs, or other prosthetic appliances: 80% of U&C, 75% of U&C, 65% of U&C
- Medicines or drugs administered by a physician or that can be obtained only with a physician’s written prescription: 80% of U&C, 75% of U&C, 65% of U&C
- Dental treatment (repair or replacement of sound natural teeth damaged or lost as a result of Injury): 80% of U&C up to a Dental Maximum of $500 per accident, 75% of U&C up to a Dental Maximum of $300 per accident, 65% of U&C up to a Dental Maximum of $200 per accident
- Deferred dental treatment benefits: 80% of U&C up to $800*, 75% of U&C up to $700*, 65% of U&C up to $600* for required dental treatment that must be postponed to a date more than 52 weeks after the date of that Injury due to the physiological changes occurring to an insured who is a growing child. Charges incurred for deferred dental treatment are covered only if they are incurred on or before the insured’s 21st birthday; except that charges incurred for deferred root canal therapy are covered only if they are incurred within 104 weeks after the date the Injury is sustained.

*for required dental treatment that must be postponed to a date more than 52 weeks after the date of that Injury due to the physiological changes occurring to an insured who is a growing child. Charges incurred for deferred dental treatment are covered only if they are incurred on or before the insured’s 21st birthday; except that charges incurred for deferred root canal therapy are covered only if they are incurred within 104 weeks after the date the Injury is sustained.

RETAIN THIS PORTION FOR YOUR RECORDS
ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

Accidental Death Benefit Maximum Amount: $10,000 – If Injury to the Insured results in death within 365 days of the date of the accident that caused the Injury, the Company will pay 100% of the Accidental Death Maximum Amount.

Accidental Dismemberment Benefit Maximum Amount: $20,000 – If Injury to the Insured results, within 365 days of the date of the accident that caused the Injury, in any one of the Losses specified below, the Company will pay the percentage of the Maximum Amount shown below for that Loss.

For Loss Of: Percentage of Accidental

Dismemberment

Maximum Amount

Both Hands or Both Feet ............................................................ 100%
Sight of Both Eyes ........................................................................ 100%
One Hand and One Foot .............................................................. 100%
One Hand and the Sight of One Eye ........................................... 100%
One Foot and the Sight of One Eye ............................................ 100%
Speech and Hearing in Both Ears ................................................ 100%
One Hand or One Foot .............................................................. 50%
The Sight of One Eye .................................................................... 50%
Speech or Hearing in Both Ears ................................................... 50%
Hearing in One Ear ..................................................................... 25%
Thumb and Index Finger of Same Hand ...................................... 25%

“Loss” of a hand or foot means complete severance through or above the wrist or ankle joint. “Loss” of sight of an eye means total and irrecoverable loss of the entire sight in that eye. “Loss” of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. “Loss” of speech means total and irrecoverable loss of the entire ability to speak. “Loss” of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.

If more than one Loss is sustained by an Insured as a result of the same accident, only one amount, the largest, will be paid.

HEART AND/OR CIRCULATORY BENEFIT

(This benefit is not payable in addition to the Accidental Death Benefit.)

Heart and/or Circulatory Benefit Maximum Amount: $10,000 – If an Insured suffers a heart and/or circulatory malfunction that results in death as a direct result of participating in a covered activity, the Company will pay the Heart and/or Circulatory Maximum Amount provided that: (1) the symptom(s) of such malfunction(s) is (are) first medically treated while the Policy is in force with respect to such Insured and within 48 hours after such participation, and (2) such Insured has not, prior to the date of such participation in the covered activity, been diagnosed with, or received any medication for any myocardial infarction, angina pectoris, coronary thrombosis or a cerebral vascular incident.

EXCESS PROVISION

This plan is secondary and provides benefits in accordance with all of its provisions only to the extent that benefits are not provided by any other plan providing accident medical expense benefits. If the Insured is covered by another plan providing accident medical expense benefits, all benefits payable by such other insurance will be determined before benefits will be paid by this plan. If the Insured is not covered by another plan providing accident medical expense benefits, this excess provision shall not apply and benefits are payable to the limits described in this brochure.

EXCLUSIONS AND LIMITATIONS

No coverage shall be provided under the Policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of, any of the following excluded risks:

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury.
2. sickness, or disease whether the loss results directly or indirectly from either of these.
3. the Insured’s commission of or attempt to commit a felony.
4. infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition.
5. declared or undeclared war, or any act of declared or undeclared war, except if specifically provided by the Policy.
6. participation in any team sport or any other athletic activity, except participation in a covered activity.
7. full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded).
8. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured is: a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft.
9. the Insured being under the influence of intoxicants.
10. the Insured being under the influence of any narcotics unless administered on the advice of and as specified by a physician.
11. any condition for which the Insured is entitled to benefits under any Workers’ Compensation Act or similar law.
12. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing durable medical equipment unless due to a covered Injury.*
13. new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement of sound natural teeth damaged or lost as a result of Injury up to the Dental Maximum shown in the Benefit Schedule.*
14. new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless Injury has caused impairment of sight, or repair or replacement of existing eyeglasses or contact lenses unless due to a covered Injury.*
15. new hearing aids or hearing examinations unless Injury has caused impairment of hearing; or repair or replacement of existing hearing aids unless due to a covered Injury.*
16. rental of durable medical equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred; or repair or replacement of existing eyeglasses or contact lenses unless due to a covered Injury.*
17. any charge for medical care for which the Insured is not legally obligated to pay,*
18. care, treatment or services provided by an Insured or by an immediate family member.*
19. routine physical exam and related medical services.*
20. personal comfort or convenience items, such as but not limited to, hospital telephone charges, television rental, or guest meals while confined in a hospital or for items taken away or home from the hospital, except durable medical equipment.*
21. plastic or cosmetic surgery, except for reconstructive surgery on an injured part of the body.*
22. hernia.*

*Applicable to Accident Medical Expense Benefit only.

Underwritten by:
National Union Fire Insurance Company of Pittsburgh, Pa.,
with its principal place of business in New York, NY.
Take advantage of this valuable insurance coverage. Enroll your child today.

Follow the three easy steps below.

1. Check boxes on the enrollment form for benefit plans that best meet your needs.

2. Fill out the enrollment envelope completely and enclose check or money order payable to National Union Fire Insurance Company of Pittsburgh, Pa., for the total amount. **DO NOT SEND CASH.** Return of check by bank for any reason will invalidate insurance.

3. Return envelope as indicated. Your canceled check or money order stub will be your receipt and confirmation of payment. (Please write student's name and school name on your check.)

**NOTE:** No requests for refunds considered unless written request received prior to effective date. Premium is considered fully earned when received.

---

### 2013-2014 Policy Period Premiums*

<table>
<thead>
<tr>
<th>Coverage Plans</th>
<th>High Option</th>
<th>Mid Option</th>
<th>Low Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Time Accident Coverage</td>
<td>$43.00</td>
<td>$28.00</td>
<td>$15.00</td>
</tr>
<tr>
<td>24-Hour Accident Coverage</td>
<td>$210.00</td>
<td>$108.00</td>
<td>$83.00</td>
</tr>
<tr>
<td>Tackle Football Accident Coverage</td>
<td>$215.00</td>
<td>$115.00</td>
<td>$88.00</td>
</tr>
</tbody>
</table>

Please make check payable to National Union Fire Insurance Company of Pittsburgh, Pa.

Total Payment Enclosed: $ __________

*No prorata premium

Check # __________

- [ ] I have adequate insurance and do not want this insurance.

---

Print Name of Parent or Guardian

underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., with its principal place of business in New York, NY