

Optional Coverages

Field Trips:

Provides coverage for accidental injuries occurring while participating in school sponsored and supervised field trips, including transportation which is approved by the school. Benefits will be paid under the low option plan.

Individual Rates Per Student:

- \$.35 per student per day trip
- \$2.00 per student for entire duration for 5 nights and under
- \$1.00 per student per day for more than 5 nights

Blanket Rates:

- \$350.00 per Elementary School
- \$450.00 per Middle/Junior High School
- \$650.00 per High School

Head Start/Before and After School Care:

Provides coverage for accidental injuries occurring while participating in Head Start before and after school programs.

Rate:

1. If the school system has an All School Plan, Head Start/Before and After School Care will be included at no additional cost.
2. If the school system has Grades 7-12 or 9-12 athletics/activities, the rate will be \$2 per student.
3. If the school system just wants to cover Head Start/Before and After School Care, the rate will be \$5 per student.

Benefits will be paid as follows:

- If the school system has mandatory coverage as described in 1 or 2 above, the benefits will be paid according to the mandatory coverage schedule of benefits.
- If the school system just wants to cover Head Start/Before and After School Care, benefits will be paid under the low option plan.

School Band:

Provides coverage for accidental injuries occurring while participating in the school sponsored and supervised band.

Rates per student:

- High Option \$5.00
- Low Option \$3.00

Work-Based Learning Programs (Non-Paid):

Provides coverage for accidental injuries occurring while participating in school sponsored and supervised Work-Based Learning Programs for which students receive no monetary compensation, including transportation which is approved by the school. Benefits will be paid under the low option plan.

Rate per student:

\$1.50

JROTC Program:

Provides coverage for accidental injuries occurring while participating in a school sponsored and supervised JROTC Program. Benefits will be paid under the low option plan.

Rate per student for entire program:

\$3.00

Ski School:

Provides coverage for accidental injuries occurring while participating in a school sponsored and supervised Ski School. Benefits will be paid under the low option plan.

Rate per student for entire program:

\$3.50

Adult School Volunteers/Teacher Assistants:

Provides coverage for accidental injuries occurring while participating as an Adult School Volunteer/Teacher Assistant. Benefits will be paid under the low option plan.

Rate per adult:

\$3.00

Voluntary Student Accident Plan Premium Rates

Premium Rates for 2017/2018

This Policy Plan provides coverage up to \$25,000 for each Injury and is designed to pay Covered Medical Expenses incurred as a result of accidental Injury. Certain specific benefits are limited. See Schedule of Benefits and Exclusions and Limitation pages for additional information.

Premium Rates include Extended Dental

24 Hour Coverage

Provides coverage for injuries sustained all year long; 24-hours a day until one year after the date the school year begins. Covers all interscholastic athletics except High School Football.

	<u>LOW</u>	<u>HIGH</u>
24 Hour All Year	\$105	\$154
24 Hour Summer Only	\$36	\$48

At School Coverage:

Provides coverage for injuries sustained at school or during school-sponsored activities until the end of the regular school term. Covers all interscholastic athletics except High School Football.

	<u>LOW</u>	<u>HIGH</u>
At School Coverage	\$29	\$37

High School Football Coverage:

Provides coverage for Injuries sustained while practicing or participating in High School Football.

	<u>LOW</u>	<u>HIGH</u>
Football	\$171	\$284
Spring Football	\$74	\$120

Policy Exclusions and Limitations

Accidental Death & Dismemberment Benefits:

Loss of Life	\$10,000
Loss of Both Hands, Both Feet, or Sight of Both Eyes	\$10,000
Loss of One Hand and One Foot	\$10,000
Loss of Either One Hand or One Foot and Sight of One Eye	\$10,000
Loss of One Hand or One Foot or Sight of One Eye	\$5,000

General Exclusions:

The following exclusions apply to any and all Benefits and any applicable Riders, unless otherwise specifically referenced.

We will not pay Benefits for:

1. An Injury or Loss that is:
 - a. caused by war or acts of war, declared or undeclared, when serving in the military or an auxiliary unit thereto;
 - b. caused while the Insured is serving full-time active duty (more than 31 days) in any Armed Forces;
 - c. caused by participating in a riot or violent disorder;
 - d. the result of an Insured's taking part in committing or attempting to commit a felony, or engaging in any unlawful act or illegal occupation, or committing or provoking an unlawful act;
 - e. the result of the Insured being under the influence of any drug, narcotic, intoxicant or chemical (unless prescribed by a Physician and taken according to the Physician's instructions) as defined by the law of the jurisdiction in which the Accidental Injury occurred. Conviction is not necessary for determination of being "under the influence."; or
 - f. intentionally self-inflicted, including suicide or attempt thereof, while sane or insane.
2. An Injury or Loss that is the result of travel or flight (including getting in or out, on or off) in any aircraft except solely as a fare-paying passenger in a commercial aircraft, or as a passenger in a Policyholder chartered aircraft, provided such aircraft has a valid and current airworthiness certificate and is operated by a duly licensed or certified pilot, and while such aircraft is being used for the sole purpose of transportation and such travel is listed as a Covered Activity in the Schedule of Benefits.
3. Any Accident where the Insured is the operator and does not possess a current and valid motor vehicle operator's license (except in a Driver's Education Program).
4. An Accident that occurs while:
 - a. participating in any hazardous activities, including the sports of snowmobile, ATV (all terrain or similar type wheeled vehicle), personal watercraft, sky diving, scuba diving, skin diving, hang gliding, cave exploration, bungee jumping, parachute jumping or mountain climbing;
 - b. riding, driving, or testing a motorized vehicle used in a race or speed contest, sport, exhibition work or test driving. Motorized Vehicle for purposes of this provision means any self-propelled vehicle or conveyance, including but not limited to- automobiles, trucks, motorcycles, ATV's, snow mobiles, tractors, golf carts, motorized scooters, lawn mowers, heavy equipment used for excavating, boats, and personal watercraft. Motorized Vehicle does not include a Medically Necessary motorized wheelchair, unless such activity is specifically listed as a Covered Activity in the Schedule of Benefits.
5. Medical or surgical treatment, diagnostic or preventative care of any Sickness, except for treatment of pyogenic infection that results from an Accidental Injury or a bacterial infection that results from the Accidental ingestion of contaminated substances.
6. Any Heart or Circulatory Malfunction, whether or not known or diagnosed, except as may be otherwise covered under the Policy or unless the immediate cause of such malfunction is external trauma.

Additional exclusions for the Accident Medical Expense Benefit and any applicable Riders:

We will not pay Benefits for:

1. Expenses Incurred for services or treatment rendered by a Physician, Nurse or any other Provider who is:
 - a. employed or retained by the Policyholder, or its subsidiaries or affiliates;
 - b. the Insured, or the Insured's Family Member.
2. Expenses Incurred for charges which the Insured would not have to pay if he/she did not have insurance or for which no charge is made.
3. Expenses Incurred for charges which are in excess of Reasonable Charges.
4. Expenses Incurred for any condition covered by any Workers' Compensation Act, Occupational Disease law or similar law.
5. That part of medical expenses payable by any automobile insurance Policy without regard to fault.
6. Expenses Incurred for any treatment that is considered to be experimental by the American Medical Association (AMA) or the American Dental Association (ADA).
7. Expenses Incurred for the examination, prescription, purchase, or fitting of eyeglasses, contact lenses, or hearing aids, unless Injury has caused impairment of sight or hearing or unless repair or replacement of existing eye glasses, contact lenses or hearing aids is necessary as a result of a covered injury.
8. Expenses Incurred for 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 as a result of Injury up to the Dental Maximum shown in the Schedule of Benefits, if applicable.
9. Expenses Incurred for personal comfort or convenience items including, but not limited to, Hospital telephone charges, television rentals, or guest meals.
10. Expenses Incurred for or in connection with Custodial Care, unless otherwise specified in the Schedule of Benefits.
11. Expenses Incurred for supervision of an anesthetist.
12. Expenses Incurred for Durable Medical Equipment rental in excess of the purchase price.
13. Expenses Incurred for subsequent repairs and replacement of prosthetic devices and orthopedic braces and appliances.

Injury or Injuries

A bodily injury which is:

1. directly and independently caused by specific Accidental contact with another body or object;
2. a source of loss that is sustained while the Insured Person is covered under this Policy and while he or she is taking part in a Covered Activity.

For all Benefits, Injury includes Heart and Circulatory Malfunction, subject to the following conditions:

1. Malfunction must occur while the Insured is taking part in a Covered Activity; and
2. The symptom(s) of such malfunction(s) is (are) first medically treated while the Policy is in force with respect to the Insured and within 48 hours of having taken part in a Covered Activity; and

3. Such Insured has not, within one year prior to the date of participation in the Covered Activity, been medically diagnosed with, or received any medication for, any myocardial infarction, angina pectoris, coronary thrombosis, hypertension, heart attack, or a cerebral vascular incident.

For the Accident Medical Expense Benefit, Injury also includes repetitive motion injuries or aggravation of such injuries resulting from participation in a Covered Activity. Repetitive motion injuries are injuries such as, but not limited to, strains, sprains, hernias, tennis elbow, tendonitis, bursitis, and muscle tears. The repetitive motion injury must be diagnosed by a Physician and occur within 30 days of participation in a Covered Activity.

Voluntary Coverage - High Option

Student Accident Plan Schedule of Benefits

2017/2018

The Policy provides benefits for loss due to a covered Injury up to the Maximum Benefit of \$25,000 for each Injury. Provided that the treatment begins within 60 days from the date of the Injury, benefits will be payable for covered Medical Expenses incurred within one year from the date of the Injury up to the maximum benefit per service as scheduled below. Covered Expenses means the Medically Necessary and Reasonable Charges for services, supplies, and treatment provided or prescribed by a Physician for which an Insured Person is required to pay. Benefits are subject to all applicable conditions, exclusions and limitations and any deductible and coinsurance provisions shown. Benefits are limited to the amounts shown for specific services or supplies.

Maximum Benefit: \$25,000 (For Each Injury)

Deductible: None

Inpatient

Room & Board:	80% of Reasonable Charges
Hospital Miscellaneous:	\$1,200 per day
Registered Nurse:	100% of Reasonable Charges
Physician's Visits:	\$60 first day/\$40 each subsequent day

Outpatient

Day Surgery Miscellaneous:	\$1,200 maximum
Physician's Visits: <i>(Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)</i>	\$60 first day/\$40 each subsequent day
Physiotherapy: <i>(Benefits are limited to one visit per day)</i>	\$60 first day/\$40 each subsequent day/5 days maximum
Emergency Room: <i>(Use of room and supplies; treatment must be rendered within 72 hours from time of injury)</i>	\$300 maximum
X-Rays:	\$600 maximum
CAT Scan/MRI:	\$600 maximum
Laboratory:	\$300 maximum-
Prescription Drugs:	\$200 maximum/30 day supply per prescription
Orthopedic Braces & Appliances:	\$140 maximum

Inpatient and/or Outpatient

Surgeon's Fees: <i>(Limited to primary procedure per injury)</i>	\$1,200 maximum
Anesthetist/Assistant Surgeon:	25% of surgery allowance
Ambulance:	\$800 maximum
Consultant:	\$400 maximum
Dental:	\$10,000 maximum per injury

Expenses for the following are not covered:

Prosthetic Devices, Mental and Nervous Disorders, Home Health Care, Injections.

This is a brief illustration of coverage offered through the K12 Student Athletic and Accident Insurance. The Master Policy issued will be the contract and will govern and control the payment of benefits. The Policy is a non-renewable one year term policy. The policy contains an Excess Provision. No benefits are payable for expense incurred that is paid or payable by other valid and collectible insurance. The Reasonable Charge is determined by comparing charges for similar services to a national database adjusted to the geographical area where the services or procedures are performed, by reference to the 75th percentile of Ingenix schedules. The Insured Person may be responsible for the difference between the Reasonable Charge and the actual charge from the Provider.

Voluntary Coverage - Low Option

Student Accident Plan Schedule of Benefits

2017/2018

The Policy provides benefits for loss due to a covered Injury up to the Maximum Benefit of \$25,000 for each Injury. Provided that the treatment begins within 60 days from the date of the injury, benefits will be payable for covered Medical Expenses incurred within one year from the date of the Injury up to the maximum benefit per service as scheduled below. Covered Expenses means the Medically Necessary and Reasonable Charges for services, supplies, and treatment provided or prescribed by a Physician for which an Insured Person is required to pay. Benefits are subject to all applicable conditions, exclusions and limitations and any deductible and coinsurance provisions shown. Benefits are limited to the amounts shown for specific services or supplies.

Maximum Benefit: \$25,000 (For Each Injury) Deductible: None

Inpatient

Room & Board:	\$150 per day
Hospital Miscellaneous:	\$600 per day
Registered Nurse:	75% of Reasonable Charges
Physician's Visits:	\$40 first day/\$25 each subsequent day

Outpatient

Day Surgery Miscellaneous:	\$1,000 maximum
Physician's Visits: <i>(Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)</i>	\$40 first day/\$25 each subsequent day
Physiotherapy: <i>(Benefits are limited to one visit per day)</i>	\$30 first day/\$20 each subsequent day/5 days maximum
Emergency Room: <i>(Use of room and supplies; treatment must be rendered within 72 hours from time of injury)</i>	\$150 maximum
X-Rays:	\$200 maximum
CAT Scan/MRI:	\$300 maximum
Laboratory:	\$50 maximum
Prescription Drugs:	\$75 maximum/30 day supply per prescription
Orthopedic Braces & Appliances:	\$75 maximum

Inpatient and/or Outpatient

Surgeon's Fees: <i>(Limited to primary procedure per injury)</i>	\$1,000 maximum
Anesthetist/Assistant Surgeon:	20% of surgery allowance
Ambulance:	\$300 maximum
Consultant:	\$200 maximum
Dental:	\$10,000 maximum per injury

Expenses for the following are not covered:

Prosthetic Devices, Mental and Nervous Disorders, Home Health Care, Injections.

This is a brief illustration of coverage offered through the K12 Student Athletic and Accident Insurance. The Master Policy issued will be the contract and will govern and control the payment of benefits. The Policy is a non-renewable one year term policy. The policy contains an Excess Provision. No benefits are payable for expense incurred that is paid or payable by other valid and collectible insurance. The Reasonable Charge is determined by comparing charges for similar services to a national database adjusted to the geographical area where the services or procedures are performed, by reference to the 75th percentile of Ingenix schedules. The Insured Person may be responsible for the difference between the Reasonable Charge and the actual charge from the Provider.



Nationwide Life Insurance Company

Home Office: Columbus, Ohio

Blanket Accident Insurance Policyholder Application

(Print or type only)

1. Policyholder Information

Policyholder Name COWDEN HERRICK		Policy Number JXS0000028149600			
Location Address PO BOX 188, SOUTH ROUTE 128 COWDEN, IL 62422					
Mailing Address (if different from above)		City	State	Zip	County
Phone ()		Administrative Contact			
Fax ()		Title			
Effective Date (MM/DD/YYYY) 08/01/17		Email Address			

2. Premium Payment

It is understood and agreed that premiums are due and payable as agreed upon by the Policyholder and the Company.

3. General Conditions

In applying for the Benefits set forth herein, the undersigned understands and agrees that:

1. All necessary administrative information concerning all Insured Persons shall be subject to the provisions of the Policy and shall be maintained by the [Policyholder, Participating Organization].
2. This Application is subject to the approval of Nationwide Life Insurance Company at its Home Office and that nothing contained herein shall be binding upon said Company until this Application has been so approved.
3. All benefits will be in accordance with the benefits proposed and agreed upon between Nationwide Life Insurance Company and the Policyholder as set forth in the Policy, subject to the Policyholder's approval.

State Fraud Notices

(California) For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

(District of Columbia) 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.

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

(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.

(Louisiana) It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

(Maine) 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/or civil penalties.

(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.

(Missouri) An insurance company or its agent or representative may not ask an applicant or policyholder to divulge in a written application or otherwise whether an insurer has canceled or refused to renew or issue to the applicant or policyholder a policy of insurance. If a question(s) appears in this application, you should not renew it.

(NAIC) 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.

(New Hampshire) The policy provides limited benefits. Review your policy carefully.

(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.

(New Mexico) 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/or civil penalties.

(Oklahoma) 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.

(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.

(Puerto Rico) Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a maximum of two (2) years.

(Tennessee) It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

(Washington) Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

(All Other States) 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/or civil penalties.

(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.

Please Sign & Date

By signing below, you agree that you have read all of the General Conditions provided with this application.	
Agent's Signature <i>Wayne E Gerlock</i>	Signature of Applicant
Agent's Printed Name and Number K&K INSURANCE GROUP INC 13-0090572	Printed Name of Applicant and Title
Agent's Phone Number <i>618-967-8193</i>	Applicant's Phone Number
Agent's E-mail Address <i>wgerlock8@gmail.com</i>	Applicant's E-mail Address