

# Sports / Recreation ACCIDENT INSURANCE

Standard Life and Casualty Insurance Company • P.O. Box 510690 • Salt Lake City, UT 84151-0690  
Fax: 801-538-0392 • Toll Free: 800-327-0695

## VOLUNTARY \$250,000 COVERAGE

- 1) **PRIMARY COVERAGE** – Pays regardless of other insurance, directly to you, your doctor, or hospital.
- 2) **NO DEDUCTIBLE** – Pays from first visit.
- 3) **ALL ACTIVITIES** – Sponsored and supervised by the recreation organization – except 10-12<sup>th</sup> grade football.

The policy covers participants enrolled for activities conducted by the policyholder for bodily injury caused by accidents while:

- a. Attending or participating in any regularly scheduled or authorized group activity of the policyholder which is conducted under the supervision of a leader;
- b. Traveling with other members of the policyholder as a group under the supervision of a leader.

### ACCIDENT MEDICAL EXPENSES BENEFIT \$250,000 – NO DEDUCTIBLE

Pays expenses incurred within 24 months after the date of accident for doctors, dentists, surgeons, hospitals, ambulance or registered nurse for treatment (commencing within 30 days) of any covered injury, with the following limitations:

- 1) Doctor's Calls - \$25.00 first visit and \$15.00 per daily visit thereafter for non-surgical treatment.
- 2) Surgeon's fees according to schedule - \$1,100 maximum.
- 3) Anesthesiologist – 25% of the surgical allowance.
- 4) Out-patient X-ray, including radiologist - \$25.00 per X-ray - \$125.00 maximum.
- 5) Hospital room and board limited to \$115.00 daily maximum.
- 6) Hospital miscellaneous - \$200.00 first day confined, \$100.00 second and \$50.00 daily thereafter.
- 7) Emergency Room - \$115.00 maximum.
- 8) The maximum limit for dental expenses as result of injury to natural teeth is \$200.00.
- 9) Ambulance - \$75.00 each trip - \$150.00 maximum.

**HOW THE PLAN WORKS** – A policy is issued to the Recreation Organization. You will be either insured from the effective date of the policy or from the date on which premium is paid, whichever is later. Because of the small charge for this protection, there is no reduction in cost for late enrollment. Your insurance will expire at the end of the Recreation Organization's policy term.

#### Send All Claims To:



Standard Life and Casualty  
PO Box 510690  
Salt Lake City, UT 84151-0690

### PARTIAL DESCRIPTION ONLY – RECREATION ORGANIZATION HAS POLICY.

**ONE PREMIUM** per person insures that person for **ALL** sports and **ALL** other activities in which he / she participates throughout the policy period.

Please Complete Enrollment Form &  
Return To The Recreation Office With  
Correct Premium

Through Age 18  
**\$6.00**  
Per Person

#### ENROLLMENT FORM

I do want \_\_\_\_\_ insured  
(name)

I do not want \_\_\_\_\_ insured  
(name)

X \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of insured, parent or guardian)

Please make check payable to your recreation organization.

# ACCIDENTAL DEATH, DISMEMBERMENT AND LOSS OF SIGHT INDEMNITY

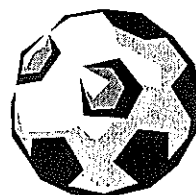
For Loss within 180 days of accident:

Life.....	\$5,000
Both hands, both feet, or sight of both eyes.....	5,000
One hand and one foot.....	5,000
One hand or foot, and sight of one eye.....	2,500
One hand or one foot.....	1,000
Sight of one eye.....	500
Two or more fingers or toes.....	250
One finger or one toe.....	150

**NOT COVERED** — (1) War, riot, civil disorder, suicide, any intentionally inflicted injury, or non-commercial air travel; (2) play, practice or travel in connection with any form of organized football in which any 10<sup>th</sup>, 11<sup>th</sup> or 12<sup>th</sup> grade student participates or adult football; (3) artificial aids such as crutches, braces, artificial limbs, hearing aids and eyeglasses or prescription therefore, orthodontic treatment and dental appliances, or dental treatment except for injury to natural teeth, except as specifically provided for in the policy. Damage to teeth caused by biting, chewing or grinding is not covered; (4) disease, mental or bodily infirmity, aggravation of an existing condition, or hernia, regardless of cause; (5) injuries occurring while under the influence of or affected by toxicants or narcotics; (6) insect bites, poison oak, poison ivy, warts, blisters, in-grown nails, food poisoning or any other similar condition; (7) bacterial infections except infections occurring through an open wound; (8) injuries sustained while operating or while a passenger in or on any two or three wheel motorized vehicle, or any 4-wheel motorcycles; (9) injuries resulting from fighting and/or activities in violation of any law are not covered; (10) payment of medical expenses incurred as a result of injuries suffered in automobile or motorized boat accidents shall be limited to \$2,500.00. This plan will pay against unpaid balances according to the schedule of benefits. No benefits are payable for any expense which is

paid or payable by any automobile insurance policy; (11) expense incurred for out-patient prescription drugs and medicines; (12) any charges the insured person is not legally obligated to pay; (13) elective surgery except cosmetic surgery made necessary as a result of a covered injury; (14) any loss covered under the Workmen's Compensation Act or similar law, nor confinement in a hospital owned or operated by the Federal, State, County or Local Government unless, in the absence of insurance, there is a legal obligation to pay for treatment or service; (15) traveling directly between home and the place where any activity is conducted for the purpose of attending or returning from such activity. Dependents are not covered. There is no conversion privilege.

**CLAIMS** — Notice of claim must be given to the Recreation Organization within thirty days after the date of the accident. The policy requires that proof of claim be filed within ninety days of loss. Claim payment can be made directly to the insured or benefits may be assigned to either a doctor or hospital. Claims will be paid promptly by the company.



**SPORTS**

