



APPLICATION FOR SPECIAL RISK ACCIDENT INSURANCE

Name of Policyholder Webb County Head Start

Street Address 1110 Washington City Laredo State TX Zip 78040

List the Activities for which this application applies on the back of this form. Effective Date 10-1-2016 Expiration Date 9-30-2015

Number of Participants 1290 X \$ 5.00 = \$6,450 (Minimum Premium \$ _____) Total Premium Enclosed\$ _____

Name (please print) T Tijerina Title Webb County Judge

email address _____

Signature _____ Phone 956-523-4000 Date _____

Agent Wortham Insurance

Print Name Phone Number E-Mail Address

Agent Mailing Address

Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

*The maximum term of coverage at this premium rate is 3 months. If longer term of coverage is needed, please contact our office for rates.

PLEASE SEND APPLICATION AND PREMIUM PAYMENT TO:

Student Assurance Services, Inc., PO Box 196, Stillwater, MN 55082-0196 Phone Toll Free (800) 328-2739 or (651) 439-7098
GHA-2202(GEN REV 2014) Z-9712SR(GEN)(2014)

ACTIVITES	DATE BEGINS	DATE ENDS	ESTIMATED # OF PARTICIPANTS	AGES FROM-TO

COVERAGE OPTIONS

This insurance plan provides benefits for covered medical expenses resulting from bodily injury caused directly by accident, independent of all other causes, sustained while the participant is:

- practicing or participating in a special risk activity while under the supervision of a Policyholder's employee; and
- traveling to or from such special risk activity while under the supervision of a Policyholder's employee.

The Policy provides a maximum benefit up to \$25,000 per injury and covers all special risk activities sponsored and supervised by the Policyholder.

All participants must purchase coverage.

The Medical Benefits and Exclusions apply to Coverage Options.

This provides a very brief description of some of the important features of the insurance policy. It is not the insurance policy and does not represent it. A full explanation of benefits, exceptions and limitations is contained in the Group Accident Insurance Policy Form GH-2200 (and any state specific), and any applicable endorsement(s). This policy is considered term accident insurance and is non-renewable. This product may not be available in all states and is subject to individual state regulations. The Master Policy is issued to the Policyholder as stated on the application. A copy of the Privacy Notice and Certificate of Coverage (where applicable) will be sent to the policyholder.

In UT, injury means an accidental injury or injuries sustained by the insured which is a direct result of an accident, independent of disease or bodily infirmity or any other cause, and occurs while coverage is in force. All related injuries and recurrent symptoms of the same or similar condition will be considered one injury.

MEDICAL BENEFITS

When injury covered by this policy results in treatment by a licensed physician within 60 days from the date of injury, the Company will pay the usual and customary charges (U&C) incurred for necessary services and supplies as listed below, for expenses incurred within one year from the date of injury up to a **maximum benefit of \$25,000 per injury**.

Our insurance policy would be secondary to all other valid coverage. A claim must be filed with other valid coverage first! (Coverage is primary in ID, OH, or SD)

Unless otherwise stated all amounts listed below are per injury.

PHYSICIAN'S SERVICES

- Surgical Operations** (surgeon, assistant surgeon, anesthesia)..... U&C, up to \$2,500
- Nonsurgical Care** (including physiotherapy treatment performed other than in a hospital, 1 treatment per day)..... U&C, up to \$100 for each treatment, maximum 10 treatments

HOSPITAL CARE

- Inpatient Care**
 - Hospital Semi-Private Room..... U&C, up to \$700 per day
 - Hospital Miscellaneous..... U&C, up to \$1,000
- Outpatient Care** (facility charges for outpatient day surgery)..... U&C, up to \$1,000
- Emergency Room**..... U&C for hospital miscellaneous charges incurred, up to \$1,000

Note: Benefits for hospital miscellaneous charges are limited to services not scheduled under medical benefits.

X-RAY SERVICES

(includes charges for reading)..... U&C, up to \$300

DIAGNOSTIC IMAGING (MRI, CT Scan, bone scan,

includes charges for reading)..... U&C, up to \$500

DENTAL TREATMENT

(in lieu of all other medical benefits)..... U&C, up to \$200 for repair and/or replacement of each sound and natural tooth. (Sound tooth in SD)

AMBULANCE SERVICES

..... U&C, up to \$500

ORTHOPEDIC APPLIANCES (when prescribed by a physician for healing)..... U&C, up to \$200

PRESCRIPTION DRUGS (take home)..... U&C, up to \$100

MOTOR VEHICLE INJURY..... Same as any injury, up to \$1,000

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

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.

THE POLICY CONTAINS A PROVISION LIMITING COVERAGE TO USUAL AND CUSTOMARY CHARGES. THIS LIMITATION MAY RESULT IN ADDITIONAL OUT-OF-POCKET EXPENSES FOR THE INSURED.