

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 10-12th grade football.

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

- Attending or participating in any regularly scheduled or authorized group activity of the policyholder which is conducted under the supervision of a leader;
- 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.