School Sponsored Student Accident Insurance Policy

$500,000 Maximum Benefit

Accident Coverage
This Policy covers medical expenses incurred from accidental bodily injuries including but not limited to: 1) broken arm from falling off bicycle, 2) concussion from being hit in the head, or 3) lacerated foot from stepping on broken glass. This Policy does not cover medical expenses from sicknesses such as measles, mumps, or the flu.

Choose from Two Policies of Protection for Your Child

A. School Time Only Protection covers most school sponsored and supervised activities including regular school session, summer school, direct travel to and from regular school sessions, direct and uninterrupted travel to and from school activities, as well as participation in most school activities (see listed exclusions).

B. 24-Hour Round-the-Clock Protection provides coverage on a 24-hour per day basis – during school hours, after school, evenings, weekends, holidays, and summer vacation - anywhere in the world until school reopens the following school year.

Please note: Injuries from interscholastic athletic activities and tackle football of any form are not covered under this Policy.

$100 Excess Coverage
The Student Accident Insurance is $100 excess coverage. This means that benefits will be paid on the first $100 of covered expenses without regard to any other insurance coverage that may apply. After the first $100 in benefits have been paid, you must go to any other personal or group insurance that may apply before this Policy will respond further. If you have no other applicable coverage, this Policy will respond on a primary basis.

Benefits: are provided for accidental injuries for which medical treatment by a physician, surgeon, dentist, or registered nurse, hospital service, ambulance services, of X-rays are rendered. The initial treatment must be rendered within 90 days of accident and benefits are limited to treatment rendered within 260 weeks of the date of accident. All claims must be submitted to the company within 90 days from the date of accident.

This Policy covers accidental bodily injuries resulting in death and dismemberment. The payable benefit amount for accidental deaths is $10,000. The payable benefit amount for accidental dismemberment is a maximum of $20,000 - the actual amount will be determined according to the dismemberment scheduled listed in the Policy. The Exposure and Disappearance Benefit included on the Policy extends coverage for the following: Exposure - If an Insured is exposed to weather because of an Accident and this results in death, the Insured will be eligible for the applicable accidental death benefit; Disappearance - If the conveyance in which an Insured is riding disappears, is wrecked, or sinks, and the Insured is not found within 365 days of the event, it will be presumed that the person lost his or her life as a result of injury and the Insured will be eligible for the applicable accidental death benefit.

Maximum
The maximum benefit payable for medical expenses as a result of any one accident is $500,000.
COVERED MEDICAL EXPENSES
Coverage under the Accident Medical Expense Benefit applies to the following Medical Services resulting from a Covered Injury.

Hospital Room and Board are covered to a maximum of the Usual and Customary charges.
Ancillary Hospital Expenses including operating room, laboratory tests, anesthesia and medicines (excluding take home drugs) when Hospital Confined are covered to a maximum of $5,000 of the Usual & Customary charges.
Medical Emergency Care (room and supplies) expenses incurred within twenty-four hours of an accident are covered to a maximum of $100 of the Usual & Customary charges.
Outpatient Surgical Room (includes Ambulatory Surgical Facilities) are covered to a maximum of $1,000 of the Usual & Customary charges.
Outpatient diagnostic X-rays, laboratory procedures and tests are covered to a maximum of $750 of the Usual and Customary charges.
Physician non-surgical treatment/examination expenses (excluding medicines) including the physician’s initial visit, each necessary follow-up visit and consultation visits when referred by the attending physician are covered to a maximum of $250.
Physician’s surgical expenses are covered to a maximum of $5,000 of the Usual and Customary charges. If a covered injury requires multiple surgical procedures during the same operative session through the same or different incision, only one benefit will be paid, the largest of the procedures performed.
Assistant physician expenses, when medically necessary, are covered to a maximum of the Usual and Customary charges.
Registered nurse services, when medically necessary, (the nurse cannot be a member of the insured’s immediate family) are covered to a maximum of $375.
Anesthesiologist expenses are covered to a maximum of 30% of Surgery expense.
Physiotherapy expenses on an inpatient or outpatient basis limited to one (1) visit per day to a maximum of ten (10) visits. Expenses include treatment and office visits connected with such treatment when prescribed by a Physician, including diathermy, ultrasonic, whirlpool, or heat treatments, adjustments, manipulation, massage or any form of physical therapy are covered to a maximum of $500.
Non-emergency inpatient and outpatient X-ray expenses (including reading charges) but not for dental X-rays unless Medically Necessary to evaluate a Covered Injury are covered to a maximum of $200 of the Usual and Customary charges.
Radiological procedures are covered to a maximum of the Usual and Customary charges.
Diagnostic imaging expenses including MRI and CAT Scan are covered to a maximum of $750 of the Usual and Customary charges.
Ambulance expenses for transportation from the emergency site to the Hospital are covered to a maximum of $1,000 of the Usual and Customary charges.
Rehabilitative limb braces, wheelchairs and other medical equipment or appliances prescribed by a Physician are covered to a maximum of $2,500 of the Usual and Customary charges.
Prescription drug expenses, for Covered Injuries, prescribed by a Physician and administered on an outpatient basis are covered to a maximum of the Usual and Customary charges.

Expenses for blood and blood transfusions; oxygen and its administration are covered to a maximum of the Usual and Customary charges.
Dental expenses, for Covered Injuries, are covered to a maximum of $4,000 of the Usual and Customary charges.
Eyeglasses, contact lenses or hearing aids damaged or destroyed as a result of a Covered Injury and prescribed by a Physician are covered to a maximum of $1,000 of the Usual and Customary charges.

EXCLUSIONS

GENERAL EXCLUSIONS
A loss will not be a Covered Loss if it is caused by, contributed to, or results from:

1. suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury.
2. war or any act of war, whether declared or undeclared.
3. involvement in any type of active military service.
4. illness or disease; medical or surgical treatment of illness or disease; or complications following the surgical treatment of illness or disease; except for Accidental ingestion of contaminated foods.
5. participation in the commission or attempted commission of any felony.
6. parasailing, bungee jumping, heli-skiiing, scuba diving or any other extra-hazardous activity.
7. being intoxicated.
   a. An Insured will be conclusively presumed to be intoxicated if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the Accident occurred, to be intoxicated, if operating a motor vehicle.
   b. An autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the Insured’s intoxication.
8. being under the influence of any prescription drug, controlled substance, or hallucinogen, unless such prescription drug, controlled substance, or hallucinogen was prescribed by a Physician and taken in accordance with the prescribed dosage.
9. travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight.
10. a cardiovascular event or stroke caused by exertion prior to or at the same time as an Accident.
11. any condition for which the Insured is entitled to benefits under any Workers’ Compensation Act, No Fault Auto Coverage or similar law.
12. the Insured riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground.

ACCIDENT MEDICAL EXPENSE EXCLUSIONS
In addition to the General Exclusions stated on the policy, expenses under this additional benefit will not be covered for:

1. Fighting or brawling except in self-defense.
2. Any expense for which benefits are payable under Catastrophic Accident Insurance Program of the State High School Interscholastic Activities Association, or any state equivalent.
3. Re-injury of the same body part within 6 months of the Covered Accident unless previously cleared by a Physician to practice or play.
5. Any medical expenses related to pregnancy unless Medically Necessary for the treatment of the Covered Injury.
6. Any expenses for a Pre-existing Condition.
7. Covered Injury for which the Insured is entitled to benefits under Workers Compensation Benefits, Employer Liability Law, or any statutory mandated coverage.
8. Personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental, or guest meals.
9. Treatment by any immediate family member or member of the Insured's household.
11. Expenses incurred for eye examinations, eye glasses, contact lenses or hearing aids or the fitting, repair or replacement of these items unless Medically Necessary for the treatment of the Covered Injury.
12. A hernia.
13. Routine physical examinations and related medical services, or elective treatment or surgery or experimental or investigative treatments or procedures.
14. Expenses incurred for psychological or psychiatric counseling of any kind or any expense for treatment of mental or nervous diseases or disorders.
15. Expenses which the Insured is not legally obligated to pay.
16. Expenses for Custodial Services or services provided by a private duty nurse unless such expenses are incurred as a result of a Covered Injury.
17. Expenses related to the repair or replacement of existing artificial limbs, eyes, or other prosthetic appliances, or rental of existing medical equipment unless for the purpose of modifying the item because the Covered Injury has caused further impairment of the underlying bodily condition.
18. Treatment involving conditions caused by repetitive motion injuries or cumulative trauma and not a result of a Covered Injury.
19. Treatment for osteochondritis due to overuse and occurring during periods of rapid growth, including but not limited to Osgood-Schlatter Disease.

CLAIM PROCEDURE
In the event of a claim, occurring other than during school hours, notify Bollinger by calling 866-267-0092 or print a claim form directly from our website www.BollingerSchools.com. (Note: Claims occurring during school hours fall under the school policy. For such claims you can obtain a claim form from the school.)

ID CARD

This is intended as a general description of certain types of insurance and services available to qualified customers through the Zurich American Insurance Company (1299 Zurich Way, Schaumburg, IL 60196, phone number 800-382-2150, NAIC # 16535, domiciled in New York) solely for informational purposes. Nothing herein should be construed as a solicitation, offer, advice, recommendation, or any other service with regard to any type of insurance product underwritten by Zurich American Insurance Company. Your policy is the contract that specifically and fully describes your coverage, terms and conditions. The description of the policy provisions gives a broad overview of coverages and does not revise or amend the policy.

Coverages and rates are subject to individual insured meeting our underwriting qualifications and product availability in applicable states.
Voluntary Student Accident Insurance

SCHOOL SPONSORED STUDENT ACCIDENT INSURANCE POLICY COST PER SCHOOL YEAR

<table>
<thead>
<tr>
<th>SCHOOL TIME ONLY POLICY</th>
<th>24-HOUR ‘ROUND THE CLOCK POLICY</th>
</tr>
</thead>
<tbody>
<tr>
<td>$30.00</td>
<td>$113.00</td>
</tr>
<tr>
<td>Coverage through the last day of school in June 2023</td>
<td>Coverage through the last day of summer vacation 2023</td>
</tr>
</tbody>
</table>

DO NOT RETURN THE ENROLLMENT FORM TO THE SCHOOL.

Make your check or money order payable to RPS Bollinger.

Mail the form and the appropriate premium to:
Bollinger Specialty Group, PO Box 1515, Morristown, NJ 07962

Your canceled check is your receipt
$5,000.00 Maximum Benefit

This plan provides benefits of up to $5,000 per accident for expenses of a dentist’s usual and customary Charges for treatment and services begun within 26 weeks of an accidental injury to sound natural teeth. This plan does not cover routine dental work such as check-ups or teeth cleaning, nor does it cover dental disease, gum disease, or orthodontia.

Definition of Injury

“Injury,” means bodily trauma resulting directly and independently of all other causes from a specific accident.

The Exclusions

This plan does not provide benefits for:
1. Expenses resulting from accidental injury occurring while the policy is not in force.
2. Dental treatment necessitated by sickness, deterioration or disease, for cosmetic, preventive, diagnostic or orthodontic purposes, or by any reason other than accidental injury.
3. Injury caused by war or act of war or while in the armed forces.
4. Existing, pre-existing, or congenital dental injuries or defects which are not caused by accidental injury sustained within the policy term.
5. Dental implants.

Benefits for Damage to Artificial Dental Devices

Benefits of up to $500.00 are payable for the treatment or repair of caps, crowns, braces, bridges, dentures, fillings or other artificial devices when this treatment or repair is necessitated by an accidental injury.

Benefits for Deferred Treatment

If a dentist determines that treatment cannot be performed during the first 52 weeks after an accidental injury, this plan will pay benefits of up to $100.00 for necessary treatment performed after that time.

Anytime, Anywhere Protection

This plan protects your child for accidental injury to teeth that occurs at any place—at school, at home, at play, on vacation—anytime of day or night the year-round.

Sensible Protection for Children’s Teeth

Sound teeth are one of your child’s most valuable natural possessions. But they also represent one of the more vulnerable areas to accident. Even an otherwise harmless spill can inflict severe damage to children’s teeth, damage that could remain with them permanently.

Today, you can provide your child with dental accident insurance at a competitive price. In features and benefits, it is the kind of coverage that no child should ever be without.

What Happens if You Have Other Insurance?

This policy pays its benefits regardless of any other insurance you may have. Please note that there are some dental accident benefits provided under the 24-Hour Student Accident Insurance Plan offered in this flyer. This Dental Accident Insurance Plan would pay benefits in addition to those provided under the 24-Hour Accident Plan. This plan also provides benefits for damage to Artificial Dental Devices and Deferred Treatment, two areas not covered under the 24-Hour Accident Plan.

Competitively Priced Premium

The cost for all this valuable protection is $20.00 per year. To enroll, just complete the Application form below and mail it to Bollinger. We will send you your child’s Certificate of Insurance by return mail within 60 days. Coverage will go into effect on October 1 if the envelope is mailed in September. Applications received after September 30 will become effective on the 1st of the month following receipt by the Company.

This $10,000 Student Life Insurance Plan is underwritten by Monumental Life Insurance Company.

Questions?

Give us a call toll free at 800.526.1379

Monday – Friday, from 8:00 AM to 5:00 PM, Eastern Time

Pennsylvania: Enrollment for Student Accident Insurance

Mail this form and the appropriate premium to: RPS Bollinger, PO Box 1515, Morristown, NJ 07962. Your canceled check is your receipt.