

**ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT**

When because of covered injuries, the Insured sustains any of the following losses within 365 days after the date of the accident, benefits will be paid as follows:

Loss of Life.....	\$10,000
Loss of Both Feet, Both Hands or Both Eyes.....	\$20,000
Loss of One Hand and One Foot.....	\$20,000
Loss of One Hand and One Eye or One Foot and One Eye....	\$20,000
Loss of One Hand, One Foot or One Eye.....	\$10,000
Loss of Speech or Hearing in Both Ears.....	\$20,000
Loss of Hearing in One Ear.....	\$10,000
Loss of Thumb and Index Finger of the Same Hand.....	\$5,000

**LOSS** means with regard to hands and feet, actual severance through or above the wrist or ankle joint, with reference to the eye, the irrecoverable loss of its entire sight. If more than one loss results from any one accident, only one amount, the largest, will be paid.

**EXCLUSIONS AND LIMITATIONS**

The insurance under this Policy does not provide benefits for losses resulting directly or indirectly from the following: (1) suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury or autoeroticism. (2) sickness, or disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these. (3) the Insured's commission of or attempt to commit a felony. (4) infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, plomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes; (5) declared or undeclared war; or any act of declared or undeclared war, except if specifically provided by this Policy. (6) participation in any team sport or any other athletic activity, except participation in a Covered Activity. (7) full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded). (8) Travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured is: a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or c. riding as a passenger in an aircraft owned, leased or operated by the Policyholder or the Insured's employer. (9) the Insured being under the influence of intoxicants. (10) the Insured being under the influence of drugs unless taken under the advice of and as specified by a Physician (11) the medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment. (12) stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm. (13) any condition for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law. (14) 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.

**CLAIMS PROCEDURES**

In case of accident, notify school immediately. Secure claim form from school, attach bill(s) to completed claim form and mail to address indicated on claim form. CLAIMS FOR BENEFITS MUST BE FILED WITHIN 90 DAYS FROM DATE OF LOSS, OR AS SOON AS REASONABLY POSSIBLE. THE COMPANY MUST BE NOTIFIED OF A LOSS WITHIN 30 DAYS OF SUCH LOSS.

**CATASTROPHE  
ACCIDENT PROGRAM  
2004-2005**

**SOUTH CAROLINA  
HIGH SCHOOL LEAGUE**

LOCAL REPRESENTATIVE  
**SADLER & COMPANY**  
P O DRAWER 5866  
COLUMBIA, SOUTH CAROLINA 29250  
803-254-6311 1-800-622-7370

Plan Administrator:  
**THE MAK SIN GROUP**  
Joseph J. Maksin, Jr. & Assoc., Inc.  
2500 McClellan Ave., Ste. 100  
Pennsauken, NJ 08109  
CALL TOLL FREE  
1-800-375-6826

**AIG**  
**AIG Domestic Accident & Health Division**  
A Division of American International Companies, Inc.  
Underwritten By: National Union Fire Insurance Company of Pittsburgh, PA

**ELIGIBILITY**

All enrolled students of the school who participate in interscholastic sports and activities under the jurisdiction of the League, including Coaches, Trainers, and Managers. Coverage is also included for Band Members, Cheerleaders, Majorettes, Intramural sports, gym classes and non-sport extracurricular activities.

**COVERAGE**

For all eligible participants, coverage is included while participating in school scheduled, sponsored and supervised games and practice sessions, including supervised travel to and from such games and practice sessions, intramural sports, gym classes and non-sport extracurricular activities.

**DEFINITIONS**

**Full Access** The Company will pay benefits for covered medical expenses which are not recoverable from any other valid and collectible group insurance policy, service contract or workers' compensation. Benefits for any one accident shall not exceed the Accident Medical Expense Benefit.

**Covered Activity(ies)** means those activities set out in the Covered Activities section of the Master Application, with respect to which Insureds are provided accident insurance under this Policy.

**Injury** means bodily injury caused by an Accident occurring while the Insured Person is covered under the Policy and participating in a Covered Activity. The Injury must result directly and independently of all other causes. The loss must be covered by this Policy.

**Hospital** means a facility which: (1) is operated according to law for the care and treatment of injured people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24-hour nursing service by registered nurses (RN); and (4) is supervised by one or more Physicians. Hospital does not include: (1) a nursing, convalescent, or geriatrics unit of a Hospital when a patient is confined mainly to receive nursing care; or (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces.

**Usual and Customary Charges** means a charge which: (1) is made for treatment, supplies or Medical Services deemed Medically Necessary to treat the Insured Person's condition; and (2) does not exceed the usual level of charges made for similar treatment, supplies or Medical Services in the locality where the expense is incurred.

**Deductible** means the dollar amount of Covered Medical Expenses which must be incurred as an out-of-pocket expense or satisfied by any other benefit plan or combination thereof by each Insured Person for each loss.

**Other Valid and Collectible Group Insurance** means all other valid and collectible group hospital, medical, dental or surgical insurance providing benefits for Covered Medical Services of the kind described in the Policy. Other Valid and Collectible Group Insurance shall include insurance provided in the form of services or cash payments, whether on an indemnity basis or on a provision of service basis, under any other group or blanket insurance policy, certificate or contract, hospital, union welfare or medical service or group practice prepayment plan. "Other Insurance" shall not include accidental death or dismemberment insurance of any kind.

**Accident** means an unexpected or unforeseen occurrence which results in an Injury and occurs while coverage as to the Insured Person is in force.

**Ambulatory Surgical Facility** means an establishment which may or may not be part of a Hospital and which meets all of the following requirements: (1) is in compliance with the licensing or other legal requirements in the jurisdiction where it is located; (2) is primarily engaged in performing surgery on its premises; (3) has a licensed medical staff, including Physicians and registered nurses; (4) has permanent operating rooms(s), recovery room(s), and equipment for emergency care; and (5) has an agreement with a Hospital for immediate acceptance of patients who require Hospital care following treatment in the Ambulatory Surgical Facility.

**Immediate Family Member** means a person who is related to the Insured Person in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

**Insured** means a person who is a member of the Eligible Class of persons as described in the Addendum and for whom premium has been paid, and while covered under this Policy.

**Physician** means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1. The Insured; 2. An Immediate Family Member; or 3. Retained by the Policyholder.

**Coma** means a profound state of unconsciousness from which the Insured cannot be aroused to consciousness, even by powerful stimulation, as determined by a Physician.

**Paralysis/Paralyzed** means the complete loss of function of a part of the body as a result of neurological damage, as determined by a Physician.

**Brain Death** means irreversible unconsciousness with total loss of Brain Function and complete absence of electrical activity of the brain even though the heart is still beating.

**\$5,000,000 ACCIDENT MEDICAL MAXIMUM**

If as a result of a covered Injury, an Insured while insured for this Accident Medical Expense Benefit under the Policy as indicated in the Addendum, requires care and treatment rendered by a Physician, we will pay the Usual and Customary charges which are deemed Medically Necessary provided that the first expense for such injury is incurred no later than 26 weeks after the date of the accident and that \$25,000 of Covered Accident Medical Services are incurred within 2 years after the date of the accident causing the injury. This benefit is payable subject to the Covered Accident Medical Services provision and the Accident Medical Expense Benefit Maximum Amount per accident. Accident Deductible, if any, and the Maximum Benefit Period shown in the Addendum. No benefits will be paid for loss due to sickness or disease.

**\$500,000 CATASTROPHE CASH BENEFIT**

When because of covered Injuries, the Insured's loss results in Coma, Brain Death, or Paralysis which starts within 365 days of the accident, continues for 6 consecutive months and has a prognosis that such loss will be permanent, benefits will be paid in lump sum and/or monthly installments up to the Maximum Benefit Amount.

**TABLE OF LOSSES**

Loss	Percent of Maximum Benefit Amount
Coma.....	100%
Brain Death.....	20%
Paralysis: Quadriplegia (Both Upper & Lower Limbs).....	100%
Paraplegia (Both Lower Limbs).....	100%
Hemiplegia (One Lower Limb & One Upper Limb).....	100%
Urnplegia (One Lower Limb or One Upper Limb).....	50%

A Lump Sum benefit of up to \$100,000 will be paid based on the schedule above after said conditions continue for 6 consecutive months. Thereafter, a yearly benefit of \$40,000 will be paid for the lifetime of the Insured not to exceed 10 years, so long as the Insured remains Paralyzed, in a Coma, or has incurred Brain Death\*.

**\*Lump Sum Benefit Amount Only**