

Maximums: \$100,000 Accident; \$5,000 Accidental Death & Dismemberment

Deductible: NONE

Primary Coverage: Pays regardless of other insurance, directly to the participant, doctor, or hospital.

Covered Activities: All activities sponsored and supervised by the Recreation Organization, including sports activities except adult football.

Who Is Covered

Coverage is extended to all rostered participants, for whom appropriate premium has been paid, who are enrolled in covered activities conducted by the certificateholder, for bodily injury caused by accidents while:

- A. Participating in or attending any regularly scheduled activity of the certificateholder which is being supervised by an authorized representative of the certificateholder;
- B. Traveling directly to and from such regularly scheduled activities of the certificateholder with other members as a group, provided such travel is being supervised by an authorized representative of the certificateholder.

One low premium per participant insures that person for all covered sports and activities in which he or she participates during the Certificate Period. Adults who participate in any sports activity must pay the Adult Sport rate.

PRIMARY PLAN	
These Benefits Are Paid Up To The Following Maximums:	
Inpatient Hospital Expense	
Room and board per day	\$130
Hospital Miscellaneous Expense	
First Day	\$200
Second Day	\$150
Subsequent Days	\$100
Outpatient Hospital Expense	
Hospital Miscellaneous Expense. . .	\$200
Emergency Room	\$150
Surgeon's Fee (maximum)	\$1,100
Anesthesia Expense	
(% of Surgeon's Fee).	25%
X-ray Services	\$35 per x-ray; \$100 maximum
Radiologist Fee.	\$25 per x-ray; \$75 maximum
Doctor Visits (first visit)	\$30 maximum
Follow-up visits (per visit).	\$25 maximum
Dental Treatment	\$200 maximum
Covered injuries sustained as a result . . .	\$1,000 limit
of riding in or on, entering into or alighting from, or being struck by a motor vehicle designed for public streets or highways.	
Outpatient Physical Therapy	\$30 first visit; \$25 each additional visit; maximum 5 visits.
Ambulance.	\$75 per injury
Services and supplies not listed are not covered.	

Accidental Death, Dismemberment and Loss of Sight Indemnity	
Loss of Life	\$5,000
Loss of One Hand, One Foot	\$1,000
Loss of Both Hands, Both Feet, or Sight of Both Eyes	\$5,000
Loss of Sight in One Eye.	\$ 500

Rates per Participant

Youth: Age 18 and younger Adult: Age 19 and older, non-sport*	\$ 8.50
Adult Sport: Age 19 and older (who participate in sports activity excluding football)	\$17.00

*This category includes directors, coaches, umpires, senior citizen's activities, etc.
This is a description of coverage only. The Certificate of coverage is held by the recreation organization.
Plan Coordinator: Pearce & Pearce, Inc., P.O. Drawer 2270, Florence, SC 29503, 1-800-222-6491.

Underwritten by
American Bankers
Life Assurance Company of Florida

APPLICATION FOR RECREATION ACCIDENT INSURANCE

Please Print or Type.
Choose one:

YOUTH — \$8.50
 ADULT — \$8.50
 ADULT SPORT — \$17.00

NAME OF PERSON TO BE INSURED	
NAME OF PARENT OR GUARDIAN, IF APPLICABLE	
SIGNATURE OF INSURED, PARENT OR GUARDIAN	DATE
X	/ /

I do not want Recreation Accident Insurance.
 I understand that by not choosing this coverage, my child, if injured, will receive no benefits from American Bankers Life Assurance Company of Florida for medical costs incurred.

SIGNATURE OF INSURED, PARENT OR GUARDIAN	DATE
	/ /

Please make check payable to your recreation organization.

Exclusions:

This policy does not provide benefits for:

1. Treatment by persons employed or retained by the Policyholder, or by any member of the Insured's family; or
2. Injury or death contributed to by the use of drugs unless administered by a doctor; or
3. Treatment of illness, disease, infections except pyogenic infections or bacterial infections which result from the accidental ingestion of contaminated substances, treatment of Osgood-Schlatter's disease, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, hernia, detached retina unless directly caused by an injury, or mental disorders, whether or not caused by a covered injury; or
4. Intentionally self-inflicted injuries while sane, violating or attempting to violate any duly enacted law, injury or death by acts of war, whether declared or not; or
5. Travel or flying by air, except as a fare-paying passenger on a regularly scheduled airline; or
6. Injuries covered by Worker's Compensation or Employer's Liability Laws or while engaging in activity for monetary gain from sources other than the Policyholder; or
7. Braces, orthopedic appliances, orthodontics, durable medical equipment, drugs unless dispensed while hospital confined or in doctor's office, eyeglasses, hearing aids, or prescriptions or examinations therefor; or
8. Unless otherwise specifically limited, injury or death caused by or contributed to by aggravation or reinjury of a pre-existing condition (defined as a condition, symptoms of which are manifest and apparent to the Insured or for which medical treatment was rendered or recommended by a legally qualified physician or surgeon, that is directly responsible for or the cause of a subsequent injury to the same part of the body claimed by an Insured while this agreement is in effect. A condition shall no longer be considered existing if the individual has been released by a legally qualified physician or surgeon as asymptomatic or after the lapse of 18 consecutive months without symptoms and without medical treatment or consultation by a legally qualified physician or surgeon); or
9. Injuries sustained while riding in or on, entering into or alighting from a two- or three-wheeled motor vehicle, snowmobile, or motor vehicle not designed primarily for use on public streets and highways; or
10. Treatment for an injury related to or resulting from adult football.

Claims

An accident covered under this Certificate must be reported to and documented by your recreation organization within 30 days of the date of injury. Proof of claim must be filed on the Claim Form provided by the Company within 90 days of injury. Benefits, as limited, are paid for expenses incurred within 12 months of the date of injury and which are determined by the Company to be reasonable and customary in the geographical area in which the service is rendered. Due to the small charge per participant, no reduction of cost for late enrollments can be offered. All enrollments will expire at the end of the Certificate Period. Ask your recreation organization for the Certificate termination date.

Claims questions should be submitted to:

P.I.A., Incorporated
P.O. Box 5004
Thousand Oaks, CA 91359-5004
Toll Free 1-800-468-4343

Agent:
Pearce & Pearce, Inc.
P.O. Drawer 2270
Florence, SC 29503
Toll Free 1-800-222-6491