



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 GA-2200Ed.11-16 (and any state specific), and any applicable endorsement(s). This policy is considered term accident insurance (except in ID) 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.

**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:

a) practicing, playing, or participating in a special risk activity while under the supervision of a Policyholder's employee; and  
 b) 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. (In OH, a participant is a student)

The Medical Benefits and Exclusions apply to Coverage Options above.

**MEDICAL BENEFITS**

When injury covered by the 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 covered services below, for expenses incurred within one year from the date of injury up to a maximum benefit of \$25,000 per injury.

This insurance plan is secondary to all other valid coverage. A claim must be filed with other valid coverage first! (This coverage is primary in ID, SD) This plan does not cover penalties imposed for failure to use providers preferred or designated by the primary coverage. (In NC, other valid coverage does not include automobile or liability coverage)

Unless stated otherwise, amounts listed below are per injury.

**PHYSICIAN'S SERVICES**

a) Surgical Care (surgeon, assistant surgeon, anesthesia).....U&C, up to \$2,500  
 b) Nonsurgical Care (includes physiotherapy performed other than in a hospital, 1 visit per day).....U&C, up to \$100 per visit, maximum 10 visits

**HOSPITAL CARE**

a) Inpatient Care  
 1) Hospital Semi-Private Room.....U&C, up to \$700 per day  
 2) Hospital Miscellaneous Services.....U&C, up to \$1,000  
 b) Outpatient Care  
 1) Facility Charges for Day Surgery.....U&C, up to \$1,000  
 2) Emergency Room.....U&C, up to \$1,000

Note: Benefits for hospital miscellaneous and outpatient care 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: for repair and/or replacement of each sound and natural tooth, (In SD, sound and natural is deleted).....U&C, up to \$200 per tooth

**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

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.(In OH, this provision does not apply)

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.

**APPLICATION FOR SPECIAL RISK ACCIDENT INSURANCE**



Ameritas Life Insurance Corp.  
Lincoln, Nebraska

Name of Policyholder \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

List the Activities for which this application applies on the back of this form. Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_  
**Does NOT include coverage for Contact Football - Please contact agent for special rate**

Number of Participants \_\_\_\_\_ X \$3.00 \* = \_\_\_\_\_ Total Premium Enclosed \$ \_\_\_\_\_ (Minimum Premium \$300.00)  
(\*Rate per Insured) (Sub Total) \_\_\_\_\_ Title \_\_\_\_\_

Applied for by: Name (please print) \_\_\_\_\_ e-mail address \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ I certify the information recorded on this application is the information provided by the Applicant. \_\_\_\_\_  
Agent \_\_\_\_\_ Print Name \_\_\_\_\_ Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

\*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.  
Agent Mailing Address  
**PLEASE SEND APPLICATION AND PREMIUM PAYMENT TO:**  
Student Assurance Services, Inc., PO Box 196, Stillwater, MN 55082-0196 Phone Toll Free (800) 328-2739  
GAA-2202Ed.11-16 (NC)(OH) D-9712SR