CLASSES 1, 3 AND 5 OF THIS POLICY PROVIDE LIMITED ACCIDENT INSURANCE ONLY AND CLASSES 2, 4 AND 6 PROVIDE LIMITED BENEFITS HEALTH INSURANCE ONLY. The policy does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department.

IMPORTANT NOTICE

THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS UNDER CLASSES 1, 3 AND 5. THIS POLICY DOES NOT PROVIDE COVERAGE FOR LEGAL LIABILITY.

WARNING

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and/or civil penalties. In New York, the civil penalty may not exceed $5,000 and the stated value of the claim for each such violation.

(NY) The insurance offered in this brochure is: (1) not a deposit; (2) not insured by the federal deposit insurance corporation; and (3) not guaranteed by the bank, trust company, savings bank, savings and loan associations, federal savings association or national bank.

NATIONAL CASUALTY COMPANY

Administrative Office: Columbus, Ohio

A.M. BEST'S RATING FOR NATIONAL IS A+ (SUPERIOR). A.M. Best Co. has been a leading independent source of insurer financial ratings since 1899.

NOTE TO AGENT: Mail completed application, premium report (if short-term coverage), and premium to Special Risks Health, National Casualty, P.O. Box 2399, Columbus, OH 43216-2399.

Local: 1-614-854-2196
Toll Free: 1-800-525-8669
Fax: 1-614-854-3753
E-Mail: SpecRsks@Nationwide.com
Internet: www.GrouProtector.com

GPL-4905-2M (507-516)

NATIONAL CASUALTY COMPANY

ACCIDENT-SICKNESS INSURANCE CAMPS AND CONFERENCES

Sports

Private

Organizational

Church-Sponsored

(Serving Our Customers Since 1904)
Administrative Office: Columbus, Ohio

All cases are subject to the acceptance of the risk. Cases producing over $15,000 of premium are also subject to our review of prior claims experience.

Special Insurance

For Special Needs

HERE ARE THE BENEFITS

DEATH BENEFIT - If, as a result of injury, an insured dies within one year from the date of the accident causing the injury, we will pay the death benefit less any specific loss benefit paid because of the same accident. The one year limit does not apply in a PA or WV contract.

SPECIFIC LOSS BENEFIT - If, as a result of injury, an insured suffers a specific loss within one year from the date of the accident causing the injury, we will pay:

75% of the face amount for loss of:	**50% of the face amount for loss of:**	**25% of the face amount for loss of:**
Each Arm	Each Hand or Foot	Hearing of Each Ear
Each Leg	Sight of Each Eye	Thumb and Index Finger of the Same Hand
	Speech	

The total payment for all of the specific losses of an insured because of any one accident will not be more than the face amount. No specific loss benefit will be paid if the death benefit applies. The loss of the thumb and index finger of the same hand benefit will not be paid if the loss of the hand or arm benefit applies. The loss of the hand or foot benefit will not be paid if the loss of the arm or leg benefit applies.

MEDICAL EXPENSE BENEFIT - If, as a result of injury or sickness, an insured incurs covered expenses starting within 90 days from the date of the accident causing the injury or the date sickness (if applicable) begins, we will pay, less the deductible (if any) shown in the application and not to exceed the overall maximum benefit amount, all covered expenses incurred within 3 years from such dates.

Covered expenses mean the reasonable and customary charges for local ("local" not applicable in a CT contract) professional ambulance service to or from a hospital and/or surgical center as well as the following reasonable and customary charges for treatment, services, and supplies provided or prescribed by a doctor: (1) hospital or surgical center care; (2) medical treatment; (3) nursing care provided by a licensed nurse; (4) X-rays and lab exams; (5) prescription drugs and therapeutic services and supplies; (6) dental treatment as a result of injury to sound, natural teeth (natural teeth in SC); and (7) the following licensed home health care agency services and supplies provided instead of an otherwise required hospital or skilled nursing home confinement: (a) physical, occupational, respiratory, and speech therapy, (b) the services of a home health aide, and (c) medical supplies.

If excess medical has been elected, we will not pay benefits for, nor can this plan's deductible (if any) be satisfied by, covered expenses to the extent that they are collectible under certain other policies and/or health plans as stated in the policy.

(Coverage is provided under policy form No.: GR-9951-1 if the coverage is renewable and sickness medical is included; **GR-9951-2** if the coverage is renewable and sickness medical is not included; **GR-9951-3** if the coverage is short-term and sickness medical is included; or **GR-9951-4** if coverage is short-term and sickness medical is not included. Certain provisions of the policy are summarized in this folder. All benefits are subject to the policy, which alone constitutes the agreement under which payments are made.)

THE RENEWAL AND TERMINATION CONDITIONS

If short-term coverage is elected, the policy will terminate at 12:01 a.m. on the termination date shown in the policy application.

If renewable coverage is elected, the policy may be renewed with our consent for future terms of one year each by payment of the premium due at the rates in effect at the time of renewal. We may terminate the policy (subject to certain conditions in WV) at 12:01 a.m. on any renewal date by giving the plan sponsor 31 days (60 days in LA, NV, and WI) prior written notice.

An insured's coverage will end on the first of these to occur:
– When he or she is no longer an eligible person
– The date to which premium has been paid
– The termination date of the policy

Termination of coverage will not affect a claim which occurs before the coverage ends.

National Casualty's Accident-Sickness Insurance for Participants of

Camps & Conferences

WHAT IS IT?

National's Special Risk Health Insurance is a highly practical insurance plan that provides greater peace-of-mind to individuals and groups engaged in a wide variety of camp and conference activities. It gives all eligible persons the security they need and deserve.

Individual names are not required as ***100% of all eligible persons must be insured.*** Each person is protected as well as the group itself— because all eligible persons are automatically covered.

Voluntary enrollment plans are not available.

WHAT ARE THE COVERED ACTIVITIES?

- Supervised camp or conference activities **(excluding snow skiing)** sponsored and/or endorsed by the plan sponsor; and
- Direct travel to and/or from such activities.

WHO IS COVERED?

Eligible persons include either:

- Participants only; or
- Participants and staff.

WHAT IS THE DIFFERENCE BETWEEN OUR PRIMARY MEDICAL AND EXCESS MEDICAL PLANS?

- **Our Primary Plan** - is usually "first in line" to pay a claim. It pays covered expenses **regardless** of most other plans.

  Other plans, however, may reduce their payments based on what we pay.

- **Our Excess Plan** - is usually "last in line" to pay a claim. ***It does not pay covered expenses to the extent they are collectible under most other plans.*** Thus, we need to know what others pay before we will pay. If there is no coverage, we will pay the same as primary.

  Excess essentially "fills in" other plans' deductibles and coinsurance as well as pays remaining covered expenses after others have exhausted their benefits. If our excess plan has a deductible, it is "out-of-pocket" and cannot be satisfied by other plans.

Availability of primary and excess plans varies. Please refer to the Note at the bottom of the application.

WHAT ARE THE POLICY EXCLUSIONS AND LIMITATIONS?

We will not pay benefits for expenses incurred for: (1) the examination, prescription, purchase, or fitting of eye-glasses, contact lenses, or hearing aids; (2) treatment by a person employed or retained by the plan sponsor or its subsidiaries or affiliates and for which no charge is normally made; or (3) care or treatment by a person who ordinarily lives in the insured's home or is a parent, grandparent, spouse, brother, sister, or child of either the insured or the insured's spouse (if a NJ contract, care or treatment furnished by a member of the insured's immediate family). Nor will we pay benefits for loss or expenses resulting from: (4) intentional self-destruction or an attempt at it, or intentional self-inflicted injury (if MO contract, while sane); (5) war or an act of war, declared or undeclared; or (6) air travel unless the insured is a passenger on a regularly scheduled flight of a properly licensed commercial airline.

HOW DO YOU APPLY FOR COVERAGE?

1. Complete items 1, 2, 5, 6, and 7 on the attached application, date and sign where indicated.
2. **On short-term coverage only, complete the "Premium Report" on the other side of the application,** date and sign where indicated.
3. Send the completed application and report (if short-term coverage), along with your check made payable to National Casualty, to your National agent **before the desired effective date.**

When we receive your completed application, premium report (if short-term coverage) and premium, we will send your policy, certificates (if required in your state), claim forms, and instructions.

POLICY APPLICATION (please print or type)

which, upon acceptance and approval by **NATIONAL CASUALTY COMPANY—Madison, Wisconsin** will become a part of **SPECIFIED HAZARD INSURANCE POLICY NUMBER 509–49–**_____
(Office Use Only)

1. **Name of Plan Sponsor** _____
(Group's Name)

Permanent Mailing Address _____
(Number) (Street) (City) (State) (Zip) (County)

2. **Policy Term**: The policy term starts at **12:01 A.M.** on _____ which is the effective date, and ends at **12:01 A.M.** on _____ which is the ☐ termination date (short-term). ☐ first renewal date.

3. **Covered Activities**

Supervised camp or conference activities **(excluding snow skiing)** sponsored and/or endorsed by the plan sponsor and direct travel to and/or from such activities. (501)

4. **Maximum Benefit Amounts**—the word "None" means the benefit is not included

Benefit Provisions	**Maximum Benefit Amounts**					
	Class 1	Class 2	Class 3	Class 4	Class 5	Class 6
ACCIDENTAL DEATH AND SPECIFIC LOSS with a $250,000 overall maximum for any one accident.						
Death	$10,000.00	$17,500.00	$7,500.00	$10,000.00	$7,500.00	$10,000.00
Specific Loss (Face Amount)	20,000.00	35,000.00	15,000.00	20,000.00	15,000.00	20,000.00
MEDICAL EXPENSE						
Accident						
Deductible	None	None	None	None	None	None
Overall Maximum	25,000.00	25,000.00	25,000.00	25,000.00	25,000.00	25,000.00
Sickness (Overall Maximum)	None	5,000.00	None	5,000.00	None	5,000.00
OFFICE USE ONLY	2220P 4220E	7913P 6913E	2220P 4220E	7913P 6913E	2220P 4220E	7913P 6913E

Class	Eligible Persons	Daily (calendar exposure day or portion thereof) Premium rates per Eligible Person	
		☐ Medical Expense Primary Plan	☐ Medical Expense Excess Plan
	All participants or all participants and staff of:		
	A SPORTS*		
1	☐ Day Camp or Conference (PHI507/509 - C95) - - - - -	**$0.35**	**$0.30**
2	☐ Overnight Camp or Conference (PHI508/509 - C96) -	**0.60**	**0.50**
	ANY OTHER PRIVATE*		
3	☐ Day Camp or Conference (PHI510/512 - C14) - - - - -	**0.18**	**0.14**
4	☐ Overnight Camp or Conference (PHI511/512 - C15) -	**0.45**	**0.35**
	ANY OTHER ORGANIZATIONAL* OR CHURCH*		
5	☐ Day Camp or Conference (PHI513/515 - C14) - - - - -	**0.18**	**0.14**
6	☐ Overnight Camp or Conference (PHI514/515 - C15) -	**0.30**	**0.21**
	*Excluding contact football, ice hockey, martial arts, scuba/ skin diving, snowboarding, snow skiing, and wrestling.		
	The minimum premium per policy term is **$150.00** if the medical expense primary plan has been elected and **$100.00** if the medical expense excess plan has been elected.		

6. **The Policy is to cover all eligible persons** which include: ☐ participants only (06), or ☐ participants and staff (09).

7. **It is understood and agreed that:** (a) the premium will be paid entirely by the plan sponsor with no contribution made by the eligible persons toward the cost of the insurance; and (b) **premium will be paid as follows: for short-term coverage – ☐ in advance as shown in the Premium Report, or ☐ in advance based on the total estimated premium due as shown in the Premium Report with an audit at the end of the policy term** (BF51); **or, for renewable coverage – ☐ the minimum premium with this application with the remainder due quarterly in arrears** (BF52).

(LA) Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
(NY) Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
(WA) Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.
(VA) It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

(Previous Policy Number)

By _____
(Signature of Applicant)

(Date)

(Printed Name and Title of Applicant)

(Agent's Signature and Number)

(Address of Applicant)

34-722 (CGA 14-75265)
(Agent's Phone Number)

dphelps@phelpsfinancial.com
(Agent's E-mail Address)

SHORT-TERM COVERAGE PREMIUM REPORT

(Must be completed for Application to be accepted)

Group Activities include:

_____

_____

_____

Age range of participants (not staff):

_____ to _____ years of age

Dates at camp or conference including travel time	Number of eligible persons anticipated to be insured: Participant	+ Staff	= **Total**	Daily premium per eligible person	Premium per day	× Total number of days	= **Premium DUE**
_____ thru _____	_____	_____	_____	×$_____	=$_____	× _____	=$_____
_____ thru _____	_____	_____	_____	×$_____	=$_____	× _____	=$_____
_____ thru _____	_____	_____	_____	×$_____	=$_____	× _____	=$_____
_____ thru _____	_____	_____	_____	×$_____	=$_____	× _____	=$_____
_____ thru _____	_____	_____	_____	×$_____	=$_____	× _____	=$_____
_____ thru _____	_____	_____	_____	×$_____	=$_____	× _____	=$_____

Total premium due (subject to policy minimum*) ..... $_____

***The minimum policy term premium is $150.00 for primary medical and $100.00 for excess.**

I certify that to the best of my knowledge and belief: (1) the preceding information is correct and complete; (2) premium is being paid for the total number of eligible persons who are anticipated to be insured during the policy term; and (3) **the premium is being paid entirely by the plan sponsor with no contribution made by the eligible persons toward the cost of the insurance.**

_____ by _____

(Date) (Signature of Applicant)

_____ _____

(Day Telephone Number) (Fax Number)

_____

(E-mail Address)

Note: If additional space is required, use a separate sheet. For authorized checking account withdrawal (also called Automated Clearing House "ACH") call 1-800-525-8669, option 5.