### CAMP, CONFERENCE & RETREAT

**ACCIDENT & SICKNESS**

**SCHEDULE OF BENEFITS**

**PLAN 1**

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident &amp; Sickness Medical Expense</td>
<td>$5,000</td>
</tr>
<tr>
<td>Sickness Medical Expense</td>
<td>$1,000</td>
</tr>
<tr>
<td>Deductible</td>
<td>None</td>
</tr>
<tr>
<td>Accidental Dental Benefit Maximum</td>
<td>$500</td>
</tr>
<tr>
<td>Physical Therapy Benefit Maximum</td>
<td>$500</td>
</tr>
<tr>
<td>Prescription Benefit Maximum</td>
<td>$1,000</td>
</tr>
<tr>
<td>Maximum</td>
<td>100% U&amp;C</td>
</tr>
</tbody>
</table>

**PLAN 2**

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident &amp; Sickness Medical Expense</td>
<td>$10,000</td>
</tr>
<tr>
<td>Sickness Medical Expense</td>
<td>$2,500</td>
</tr>
<tr>
<td>Deductible</td>
<td>None</td>
</tr>
<tr>
<td>Accidental Dental Benefit Maximum</td>
<td>$1,000</td>
</tr>
<tr>
<td>Physical Therapy Benefit Maximum</td>
<td>$1,000</td>
</tr>
<tr>
<td>Prescription Benefit Maximum</td>
<td>$1,000</td>
</tr>
<tr>
<td>Maximum</td>
<td>100% U&amp;C</td>
</tr>
</tbody>
</table>

**Loss Period**

Initial treatment must be received within 90 days of the accident date.

**Benefit Period**

Benefits payable for 52 weeks from the accident date.

**Accidental Death and Specific Loss Benefits**

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principal Sum of Death</td>
<td>$2,500</td>
</tr>
<tr>
<td>Single Dismemberment Principal Sum</td>
<td>$2,500</td>
</tr>
<tr>
<td>Double Dismemberment Principal Sum</td>
<td>$2,500</td>
</tr>
<tr>
<td>Loss of Thumb &amp; Index Finger of Same Hand</td>
<td>$5,000</td>
</tr>
<tr>
<td>Principal Sum of Loss in 365 days</td>
<td>$1,250</td>
</tr>
</tbody>
</table>

**Paralysis Benefits**

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemiplegia Principal Sum</td>
<td>$25,000</td>
</tr>
<tr>
<td>Paraplegia Principal Sum</td>
<td>$25,000</td>
</tr>
<tr>
<td>Quadriplegia Principal Sum</td>
<td>$25,000</td>
</tr>
</tbody>
</table>

**Loss Period**

Loss must occurs within 90 days of the accident date; continue for 180 days and have a prognosis of permanency.

**Accident Only Cause Benefits**

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum Benefit</td>
<td>$25,000</td>
</tr>
</tbody>
</table>

**Loss Period**

Loss due to covered injuries must occur within 90 days of the accident date.

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**MANDATORY COVERAGE**

Eligibility: All registered youth or adult participants of an Account holder/Polyholder Camp, Conference or Retreat. Adult staff members are also eligible.

When Covered: Insurance coverage is provided for covered injuries or Sickness incurred while attending or participating in Account holder/Policy holder sponsored and supervised activities. Coverage is provided for traveling during such activities as a member of a group in transportation furnished or arranged by the Policy holder and traveling directly to or from the insured’s home premises and the site of such activities.

**DEFINITIONS**

"Mandatory Coverage" means all youth participants and/or adult participants/staff are covered and the premium is paid by the Camp or sponsoring organization.

"Adventure Sports" includes mountain climbing, rock climbing, spelunking, whitewater rafting, white-water canoeing, windsurfing, jet skiing, scuba/skin diving, rodeo participation and Paintball.

"Full Excess Coverage" Benefits are payable for covered expenses that are not recoverable from any other insurance policy, service contract or workers' compensation.

"Hemiplegia" means the complete loss of function of one side of the body with involvement of the arm and leg.

"Hospital" means any of the following places: (a) a place which is licensed or recognized as a general hospital by the proper authority of the state in which it is located; (b) a place operated for the care and treatment of resident patients with a registered graduate nurse (RN) always on duty and with a laboratory and X-ray facility; (c) a place recognized as a general hospital by the Joint Commission on the Accreditation of Hospitals; or (d) a place certified as a hospital by Medicare.

Not included is a hospital or institution or a part of such hospital or institution which is licensed or used principally: (1) for the treatment or care of drug addicts or alcoholics; or (2) as a clinic, continued or extended care facility, skilled nursing
facility, convalescent home, rest home, nursing home or home for the aged.

"Injury" means accidental bodily Injury: (a) received while insured under this policy; and (b) resulting, independently of sickness and all other causes.

"Irreversible Coma" means (a) a state of unconsciousness in which there is a cessation of activity in the central nervous system as demonstrated by an electroencephalogram (using criteria established by the American Electroencephalography Society); and (b) a diagnosis of brain death by the attending Legally Qualified Physician.

"Legally Qualified Physician" means a physician: (a) other than the Insured; (b) practicing within the scope of his or her license; and (c) recognized in a physician in the state where the services are rendered.

"Loss" means, with regard to hands and feet, actual severance above the wrist or ankle joint, with regard to sight, speech or hearing the total and irrecoverable loss thereof and with regard to thumb and index finger of the same hand, severance of two or more entire phalanges of both thumb and index finger.

"Paraplegia" means the complete loss of function of the lower extremities of the body with involvement of both legs.

"Primary Coverage" — Benefits are payable for the covered expenses without regard to other insurance (available in ND only).

"Primary Excess Coverage Over $100" — Benefits are payable for the first $100 of covered expenses, without regard to other insurance. Thereafter, benefits are payable for covered expenses over $100 that are not recoverable from any other insurance policy, service contract or workers’ compensation (available in IA only).

"Quadriplegia" means the complete loss of both the upper and lower extremities of the body with involvement of both arms and legs.

"Sickness" means an illness which: (a) is first diagnosed or treated after the coverage effective date and while coverage is still in force; and (b) results in treatment by a Legally Qualified Physician.

"Usual and Customary Charges" are those comparable charges for similar treatment, services and supplies in the geographic area where treatment is performed.

"Work Activities" includes remodeling, dry walling, plastering, roofing, plumbing, brick and block laying, electrical work, concrete work, and using scaffolds, ladders, and power or chain saws.

**PRODUCT AVAILABILITY**

- Sickness Not Available in Florida, Maryland, New York and Pennsylvania. Please contact Administrator for details.

- In Maryland only Primary Coverage is available. Please contact Administrator for details.

- Coverage is not available in New York on this Policy Form. Please contact Policy Administrator for applicable forms.

- In Pennsylvania only $100 Primary Excess Coverage is available. Please contact Administrator for details.

- Paralysis and Accident Only Coma Benefits Not Available in Florida, Maryland & New York. Please contact Administrator for details.

**ACCIDENT & SICKNESS MEDICAL EXPENSE**

When covered injuries or Sickness results in treatment by a physician or surgeon beginning within the loss period, shown in the Schedule of Benefits, after the date of the accident or Sickness; We will pay benefits as shown in the Schedule of Benefits. Only eligible medical expenses incurred by the Insured within the benefit period, shown in the Schedule of Benefits, from the date of the accident or Sickness are covered. Benefits for any one accident or Sickness shall not exceed the Usual and Customary Charges or in the aggregate the maximum Medical Benefit. Eligible Medical Expenses are: treatment by a Legally Qualified Physician; care or services from a Hospital or Ambulatory Surgical Center; services from a registered graduate nurse (RN or LPN) not related to the Insured by blood or marriage; professional ambulance service and orthopedic appliances.

**ACCIDENTAL DEATH, SPECIFIC LOSS AND PARALYSIS BENEFITS**

In the event of an Accidental Death or Specific Loss incurred within 365 days from the date of Injury benefits will be payable as shown in the schedule of benefits and paid in addition to the medical benefit.

In the event of the Insured’s Paralysis which starts within 90 days of the accident, continues for 180 days and has a prognosis that such loss will be permanent, benefits will be payable as shown in the schedule of benefits and paid in addition to the medical benefit.

Only the largest applicable amount for Accidental Death, Specific Loss or Paralysis will be paid for covered injuries resulting from one accident.

**ACCIDENT ONLY COMA BENEFITS**

Benefits will be payable as shown in the schedule of benefits if due to covered Injuries received in an accident the Insured lapses into anIrreversible Coma within 90 days of the date of the accident. If any other benefits for this condition are payable under the policy only one of the amounts, the largest applicable, will be paid.

**EXCLUSIONS AND LIMITATIONS**

In Florida, Maryland, & Pennsylvania:

This policy does not cover: (1) injuries resulting from air travel, except while a passenger for transportation only; (2) the cost of eyeglasses, contact lenses or examinations; for either; (3) the cost of dental treatment, except as specifically provided for injuries to sound, natural teeth; (4) injuries covered (In Florida – expenses for which benefits were paid for) by workers’ compensation or employer’s liability laws; (5) injuries caused by an act of declared or undeclared war; (6) treatment of insanity; (7) suicide or attempted suicide, sane or insane.

In all other states (except New York):

This policy does not cover: 1. Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane (in Missouri, while sane only); 2. Injuries caused by an act of declared or undeclared war; 3. Injuries resulting from the Insured’s engagement in or attempt to commit a felony or being engaged in an illegal occupation; 4. Injuries received while under the influence of any controlled substance, unless administered on the advice of a Legally Qualified Physician; 5. Injuries received while intoxicated; 6. Injuries covered by workers’ compensation or employer’s liability laws; 7. Injuries received while in the armed service (upon notice to us of entry into an armed service, the premium will be refunded); 8. Injuries received while acting as a pilot or crew member; 9. Injuries resulting from air travel, except while a passenger for transportation only. 10. Injuries sustained while traveling other than as specifically stated herein; 11. The cost of dental treatment, except as specifically provided for injuries to sound, natural teeth; or 12. The cost of eyeglasses, contact lenses or examinations of either.

**FAST PRIORITY CLAIM SERVICE**

Claims will be paid by Mutual of Omaha Special Risk Services Department. Mutual of Omaha has years of experience in handling special risk accident and sickness medical insurance claims. There is a 800 number for your use. We offer fast, accurate claims processing. The claim procedure is prompt and efficient. Each case is handled by a special claims technician. There is no appeal process. In the event the claim is filed by the parent or provider of the service, there is no further policyholder involvement.

**Mail your claim form to:**

**Mutual of Omaha Special Risk Services**

**PO Box 31156**

**Omaha, NE 68131**

**Call our toll-free number with claim questions:**

**1-800-324-3224**

**National Representative**

**Special Markets Insurance Consultants, Inc.**

**Whiting Professional Building**

**2615 Post Road**

**Stevens Point, WI 54481**
Claim Form
Special Risk Services
P.O. Box 31156
Omaha, Nebraska 68131
Claim Inquiries
1-800-524-2324

SEE REVERSE SIDE FOR FRAUD LANGUAGE

To Be Completed By Organization/School

Policy Number: TSMP - 059216
Organization/School Name: Case Western Reserve University
Address: 
Phone No. (____) _____-_____
Type of Activity (activity involved)

Name of team/sport (if applicable):
☐ Interscholastic/intercollegiate ☐ P.E. class
☐ Intramural ☐ Practice ☐ Game ☐ Jr. Varsity ☐ Varsity

Dates of event (if student-date school started): 

At the time of injury, was the insured involved in an activity sponsored by the Policyholder? □ Yes □ No
Under whose supervision? Was he/she a witness? □ Yes □ No
If employed, was injury/sickness related to claimant's employment? □ Yes □ No

Type of Benefits Claimed

☐ Accident-Medical
☐ Dental
☐ Sickness-Medical
☐ Loss of Time

Date of Accident Hour a.m. p.m.
Location of accident
Description of accident
Type of Injury or Illness
First treatment date
Dates claimed

Dated: ____________________________

Signature of Organization/School Official & Title

To Be Completed By Claimant — Or By Parent/Legal Guardian If Claimant Is A Minor

Claimant's Name: ____________________________
Date of Birth: ____________________________ Age: ________ ☐ Male ☐ Female

Address of Parents, Guardian or Claimant:

Home Phone No. (____) _____-_____

Name and address of Family Physician:

Phone No. (____) _____-_____

Has treatment been completed? □ Yes □ No

Father, Guardian or Claimant's (if adult) Employer, Name and Address:

Phone No. (____) _____-_____

Mother or Spouse's Employer, Name and Address:

Phone No. (____) _____-_____

Name of all companies providing your insurance coverage or prepaid health plans.

☐ Individual
☐ Group (Eff. Date ________)

Are benefits due for this claim under these other insurance coverages? □ Yes □ No (See reverse side for Important Notice)

I hereby certify that all above information is true and complete.

Signature ____________________________ Date ____________________________

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