



Learning for Life Accident Plan



This brochure describes the Learning for Life Accident Insurance Plan, arranged for you by Learning for Life which we recommend.

Although Learning for Life programs are designed for safety, accidents may happen. This insurance program is designed to help meet the costs of medical care, paralysis, dismemberment and death. Claims involving medical and surgical treatment are payable on an Excess Insurance basis as described in this brochure.

Please review this brochure carefully to learn the facts about the plan, including its benefits and limitations, the enrollment and claim handling procedures.

Eligibility

All Learning for Life participants (Exploring or Curriculum-based programs) must be insured. The Leaders and committees, as a group, may be insured at their option.

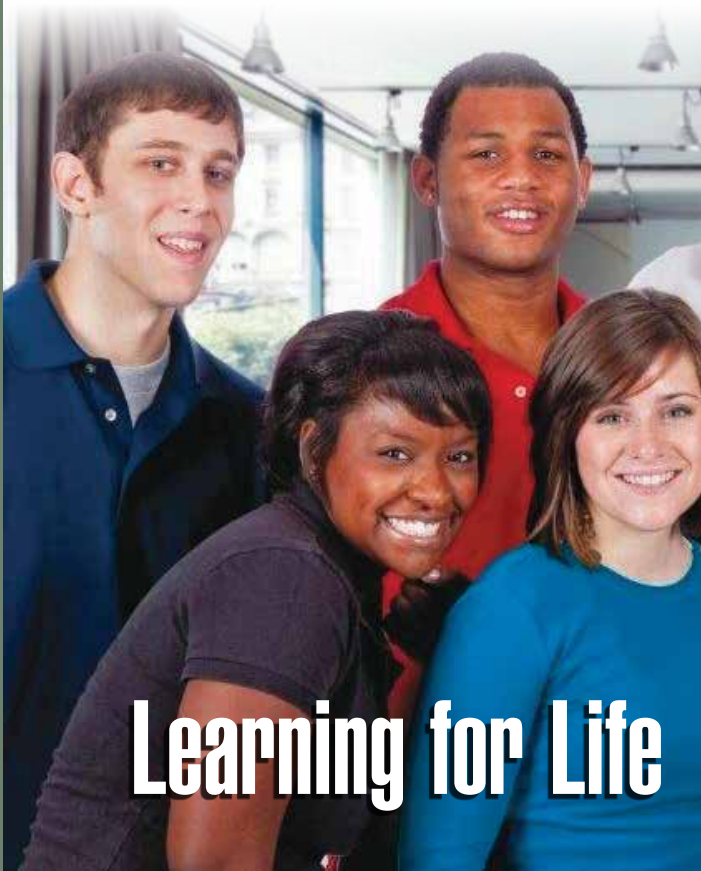
Any participant in a Church of Latter Day Saints (LDS) sponsored unit is excluded from coverage under this policy because the LDS church has already provided insurance for

participants through another company, Deseret Mutual.

New participants

New participants added during the year are automatically covered under this plan until the renewal date without additional premium. This includes the Leaders, Teachers and committees, if insured.

Guests attending scheduled activities for the purpose of being encouraged to become leaders or participants are automatically insured at no additional cost. Other guests are not covered.



Learning for Life

Coverage

The insurance provides benefits, while the coverage is in force, for injuries to an insured person, anywhere in the world, while:

- Participating in an official Learning For Life activity, and,
- Traveling to and from an official Learning for Life activity.

Effective

Coverage becomes effective on the date the enrollment form and annual premium payment are received by **Health Special Risk, Inc.**, or at a later date if requested.

Benefits

Accidental Death,* Dismemberment and Paralysis

When injuries to the Insured result in death or dismemberment within one year from the date of the covered accident, and from loss which is independent of sickness and all other causes, the Company will pay as follows. In the event of multiple losses or death resulting from any one covered accident, only one benefit is payable...the larger amount applicable.

*Includes loss of life resulting from Heart Failure within 90 days from the date of participating in an approved Learning for Life activity.

■ Life*	\$10,000
■ Both Hands or Both Arms	\$20,000
■ Both Feet or Both Legs	\$20,000
■ One Hand and One Foot	\$20,000
■ Both Eyes	\$20,000
■ One Limb and One Eye	\$20,000
■ One Hand or One Arm	\$5,000

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Accident Insurance Plan

■ One Foot or One Leg	\$5,000
■ Either Eye	\$5,000
■ Thumb and Index Finger	\$2,500
■ Speech and Hearing in Both Ears	\$10,000
■ Speech or Hearing in Both Ears	\$5,000
■ Hearing in One Ear	\$2,500

■ Up to \$20,000 for Paralysis

When injuries result in paraplegia, hemiplegia or quadriplegia commencing within 60 days after the covered accident and continuing for one year, the Company will pay \$10,000 for paraplegia or hemiplegia and \$20,000 for quadriplegia.

“**Paraplegia**” means complete loss of function of the lower extremities of the body with involvement of both legs. “**Hemiplegia**” means complete loss of function of one side of the body with involvement of the arm and leg. “**Quadriplegia**” means complete loss of function of both the upper and lower extremities of the body with involvement of both arms and both legs.

Benefits for medical expenses, dental treatment and ambulance services

■ Up to \$15,000 for Medical Expense Benefits



For each covered accident, benefits in the aggregate of up to \$15,000 are payable for medical or surgical treatment beginning within 60 days from the date of the accident, prescription drugs or for hospitalization or the exclusive services of a private duty nurse (RN or LPN). Benefits will be paid for expenses incurred for the usual and customary charges normally made within the geographic area where treatment is performed. Payment of benefits is subject to the Excess Provision explained below.

■ Up to \$5,000 for Dental Treatment

Pays for dental injuries, up to a total of \$5,000 for repair treatment and/or replacement of sound,

natural teeth. If, within the 52-week period following the date of the covered accident, the Insured's attending dentist certifies that dental treatment and/or replacement must be deferred beyond such 52-week period, the Company will pay the estimated cost of such treatment; however, benefits shall not exceed a total of \$5,000. This benefit shall be paid in addition to any other benefit.

■ Up to \$6,000 for Ambulance Services Benefit

Pays for air ambulance service when, in the judgment of the duly authorized medical authority or the senior representative of the camp or activity, such service is needed to facilitate treatment of injuries and no



other ambulance service is available.

Pays for professional ambulance service for surface transportation to a hospital. These benefits shall be in addition to any other benefit payable under the terms of this plan.

Benefits for medical expenses, dental treatment and ambulance services are payable for services or treatment performed and supplies furnished within 52 weeks of the date of the covered accident. Treatment must begin within 60 days of the date of the accident.

■ **Excess Insurance Provision**

The Plan is an Excess Insurance Plan meaning that the Plan will pay all those eligible expenses incurred from a covered accident not

paid by any other collectible insurance or pre-paid health plan in force for you or a dependent child(ren). If no other collectible insurance or pre-paid health plans are in effect at the time of the loss, this plan will pay all eligible covered expenses up to the plan limits. There is no deductible under this plan.

Also, coverage under this plan does not provide duplicate benefits when an insured member is also insured under another Boy Scout or Learning for Life plan for a national or regional sponsored camp or special event. This provision applies to all benefits offered under these plans, including Accidental Death & Dismemberment.

Specified injury benefits

Injury maximum of up to \$35,000 will be paid for medically necessary treatment due to the following specified injuries:

- (a) loss of sight in both eyes;
- (b) dismemberment (see above);
- (c) paralysis;
- (d) irreversible coma;
- (e) entire loss of speech;
- (f) loss of hearing in both ears.

“Irreversible Coma” means: (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.

■ **Post Traumatic Stress Disorder**

This benefit will pay \$100 per counseling session up to five sessions, if the covered person suffers a diagnosed PTSD resulting directly and independently of all other causes from a covered accident. The benefit period is for 104 weeks from the date of the accident.

■ **Crisis Management Benefit**

This benefit will pay \$100 per counseling session up to five sessions, if a covered person suffers a covered loss as the result of a felonious assault or from another person's use of a gun or knife to commit an act of violence if the accident occurs while engaged in a covered activity. The benefit period is for 52 weeks.

EXCLUSIONS — The policy does not cover: (a) the cost of medical or surgical treatment or nursing service rendered by any person employed or retained by Learning for Life or by any immediate family or member of the insured person's household; (b) loss caused by suicide or any attempted suicide; (c) loss caused by intentionally self-inflicted injuries; (d) eyeglasses, contact lenses, hearing aids, examinations or prescriptions for them or replacement thereof; (e) loss caused by war or any act of war, whether declared or not; (f) dental treatment or dental X-rays, except



for injuries to sound, natural teeth; (g) treatment of sickness, disease or infections except pyogenic infections or bacterial infections that result from the accidental ingestion of contaminated substances; (h) Injury paid or payable by worker's compensation, Employer's Liability Laws or similar occupational benefits.

Cost

The annual cost is \$1.02 for each Curriculum-based program participant and \$3.05 for each Explorer Post participant. (Leaders and teachers pay the same rate as the Post or Curriculum-based program they represent.) There is a \$25.00 minimum annual premium required to secure coverage.

Premium for youth, teachers and leaders is to be calculated on the basis of 100% of the participants of the Curriculum-based program or Post, using the appropriate rate from above.

How to enroll

Complete the attached enrollment form. One

enrollment form should be completed for each Post/Group to be insured.

Make your check or money order for the annual premium payment payable to **Health Special Risk, Inc.** Do not send cash.

Mail your completed enrollment form and annual premium payment to **Health Special Risk, Inc.** at least two weeks prior to the desired effective date.

Coverage becomes effective on the date the enrollment form and annual premium payment are received by **Health Special Risk, Inc.** or at a later date if requested.

At time of accepted enrollment the person whose name is on the enrollment form will receive an email containing the purchased policy's description of coverage, an accident medical claim form and other important documents. Additional claim forms and brochures are available online at www.hsri.com. Contact **HSR** if additional supplies are needed.

This booklet provides a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policy issued to Learning for Life under policy number PTP N00864857. The policy is subject to the laws of the state in which it is issued. Please keep this information as a reference.

Claim procedure

Notice of claims and all inquiries regarding claims should be directed to:

Health Special Risk
HSR Plaza II,
 4100 Medical Parkway
 Carrollton, TX 75007
 Toll free: 1-866-726-8870
 Fax: 972-512-5832
LFLenrollment@hsri.com

Please complete the claim form in its entirety and remit to **HSR** along with copies of all related medical documents and Explanations of Benefits (EOBs) received thus far. As you continue to receive medical documents and EOBs forward copies to **HSR** as they come available.

Important questions and answers about the plan

Q. What is an official Learning for Life activity?

A. An activity carried out by youth who are participants under the approval of Curriculum-based program teachers or Post leaders, in keeping with the standards of Learning for Life.

Q. Must leaders, teachers and committees be covered?

A. No. Coverage is optional. If elected, all must be insured.

Q. What rate must leaders, teachers and committees pay for this insurance?

A. The same rate, which applies to the youth participants, applies to them (i.e., Curriculum-based program participants \$1.02

and Explorers \$3.05).

Q. If new participants join our unit after we have applied for the insurance, are they covered?

A. Yes. New participants are automatically covered as soon as their applications are processed until the renewal date of your Description of Coverage. No additional premium is necessary.

Q. Are guests covered?

A. Only guests who are being encouraged to become participants or leaders are automatically covered at no extra cost while in attendance at a meeting or Learning for Life activity or while traveling as a group to or from such Learning for Life activity.

Other guests are not covered.

Q. Who applies for this insurance?

A. The Curriculum-based program teacher, member representative or Post leader or their representative should apply for the insurance. Please refer to **How to Enroll** for details.

Q. For what period of time does coverage remain in force?

A. A Description of Coverage will be issued for one year from the date the properly completed enrollment form and annual premium are received by Health Special Risk, Inc., or from the date requested, if it is later.





ENROLLMENT FOR ACCIDENT INSURANCE PROGRAM

Number of _____ Youth Participants (total annual participation)
 + _____ Leaders, Teachers, Member Representatives & Committee persons
 (optional as a group)
Total

The Description of Coverage and claim forms will be emailed to the Leader or Teacher of the Post or Curriculum-based program to be insured listed below. Please be sure to include the Leader's or Teacher's email address in the space below. Please allow a minimum of 10 business days upon receipt by HSR for processing and issuing of the Confirmation of Coverage.

Please check one:

- Learning for Life Explorers (Rate: \$3.05 each)
 Curriculum-based Program Participants (Rate: \$1.02 each)

Total # _____ **X Rate** _____ = \$ _____ **Due** _____
 NOTE: There is a \$25.00 minimum annual premium required to secure coverage.

LEADER / MEMBER REPRESENTATIVE'S NAME _____ POST NUMBER OR SCHOOL / ORGANIZATION'S NAME _____
 ADDRESS _____ TELEPHONE NUMBER _____
 CITY _____ STATE _____ ZIP _____
 EMAIL ADDRESS _____ SECONDARY EMAIL ADDRESS _____
 COUNCIL NAME _____ COUNCIL NUMBER _____
 COUNCIL CITY _____ STATE _____ DESIRED EFFECTIVE DATE _____

CREDIT CARD INFORMATION

NAME ON CREDIT CARD (if different from leader / member representative) _____
 ADDRESS OF CREDIT CARD HOLDER (if different from leader / member representative) _____
 CREDIT CARD NUMBER _____ EXPIRATION DATE _____ CVS _____

If not paying by credit card please enclose a check or money order payable to and mail to:

Health Special Risk, Inc.
 P.O. Box 674072
 Dallas, Texas 75267-4072
 Toll-free: 1-866-523-3364 • LFLenrollment@hsri.com

All coverages underwritten
 by ACE American
 Insurance Company, Philadelphia, PA



PLEASE DETACH HERE AND RETURN WITH PAYMENT TO ADDRESS BELOW