

**2009-2010
STUDENT ACCIDENT INSURANCE
\$500,000**

Maximum Benefit
24-Hour Wrap-Around Accident Coverage
in addition to the School Time Coverage
Provided by the School

Also Available
\$50,000
Maximum Benefit
Extended Dental Coverage



Plan Administrator
The Maksin Group
Two Aquarium Drive, Suite 200
Camden, NJ 08103
(800) 375-6826

Claims Administered By:
Maksin Management Corp
Two Aquarium Drive, Suite 200
Camden, NJ 08103
(800) 257-6250

UNDERWRITTEN BY
National Union Fire Insurance Company
of Pittsburgh, Pa.,
with its principal place of business in
New York, NY ("the Company")

IMPORTANT NOTE: The Plan provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical, major medical or sickness coverage.

MG-3 24-Hour

enroll online at www.maksin.com

IMPORTANT

This is only a brief description of the coverage available under policy series C11695DBG. The Policy may contain reductions, limitations, exclusions, definitions and termination provisions. Full details of the coverage are contained in the Policy. If there is any conflict between the contents of this document and the Policy, the Policy shall govern. Individual policies will not be issued or sent to you. A master Policy will be issued to the District Office/School and is on file for your review.

INSURANCE COVERAGE becomes effective on the date enrollment form and premium are received by the plan administrator or the effective date of the policy, whichever is later. Once effective, coverage continues until the school's policy terminates. Contact your school or the agency listed on the front cover of this brochure for effective and termination dates of the policy.

EXCLUSIONS

The Policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:

1. suicide or any attempt at suicide (while sane in CO or MO) or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury.
2. sickness, disease or infections of any kind; except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning.
3. the Insured's commission of or attempt to commit a felony.
4. declared or undeclared war, or any act of declared or undeclared war.
5. participation in any team sport or any other athletic activity, except participation in a Covered Activity, as defined by the policy.
6. full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.)
7. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured is:
 - a. riding as a passenger in any aircraft not licensed for the transportation of passengers for hire.
 - b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft.

DEFINITIONS

Hospital – means a facility that: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces, except if there is a legal obligation to pay.

Injury – means bodily injury caused by an accident that: (1) occurs while the Policy is in force as to the person whose injury is the basis of claim; (2) occurs while such person is participating in a Covered Activity; and (3) results directly and independently of all other causes in a covered loss.

Medically Necessary – means a Covered Accident Medical Service that: (1) is essential for diagnosis, treatment, or care of the Injury for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician and performed under his or her care, supervision or order.

Usual and Customary Charge(s) – means a charge that: (1) is made for a Covered Accident Medical Service; (2) does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred; (3) is a negotiated fee; and (4) does not include charges that would not have been made if no insurance existed.

CLAIMS PROCEDURE

In case of accident, notify school immediately. Secure claim form from your school, attach bill(s) to completed claim form and mail to the address indicated on the claim form. CLAIMS FOR BENEFITS MUST BE FILED WITHIN 90 DAYS FROM DATE OF LOSS. The Company must be notified of a loss within 30 days of such loss.

FROM _____

City _____

State _____

Zip _____

Return to: **THE MAKSIN GROUP**
P.O. Box 2616
Camden, NJ 08101-2616

ACCIDENT INSURANCE COVERAGE

PROVIDING A MAXIMUM OF \$500,000 ACCIDENT MEDICAL EXPENSE

ACCIDENT MEDICAL EXPENSE – PRIMARY

Provides payment for covered Usual & Customary (U&C) Expenses incurred for treatment of Injury caused by a covered accident subject to the maximums stated in the policy. Treatment must be Medically Necessary and the first expense must be incurred within 90 days following the date of Injury. To be payable, other expenses must be incurred within 730 days after the date of Injury.

SCHEDULE OF BENEFITS BASE PLAN MAXIMUM BENEFITS (per injury)

INSURANCE PLAN MAXIMUMS Voluntary (Excluding School Sponsored and Supervised Activities)	\$500,000
INPATIENT HOSPITAL SERVICES 1. Daily Room and Board: Semi-Private while Hospital confined 2. Intensive Care Room and Board 3. Miscellaneous Services: During Hospital Confinement, including all covered services billed by the facility	Average semi-private not to exceed \$250/day Usual & Customary not to exceed \$350/day up to 7 days Usual & Customary not to exceed \$2,500
OUTPATIENT HOSPITAL SERVICES 1. Emergency Room: When Hospital Confinement is not required, including all covered services billed by the facility 2. Ambulatory Medical Centers and Outpatient Operating Room	Usual & Customary not to exceed \$300 Usual & Customary not to exceed \$1,500
PHYSICIAN'S SERVICES 1. Surgery, including pre- and post-operative care; When a covered injury requires 2 or more covered surgical procedures which are performed through the same approach and at the same time or immediate succession, the Company will pay full value for the most expensive procedure and 50% of the value for the 2nd procedure performed and 25% of the value for any additional procedures performed. 2. Anesthesia (including administration) and Assistant Surgeon when medically necessary 3. Physician's visits, other than for Physiotherapy or similar treatment, when no surgery benefit is paid: Beginning on the first day treatment is rendered 4. Consultant and second opinions when required by attending Physician for confirming or determining a diagnosis, but not for treatment	Usual & Customary up to the Unit Value multiplied by \$135 30% of Surgery Benefit \$40 - First Visit \$20 - Thereafter Usual & Customary not to exceed \$100
X-RAY, MRI AND LABORATORY SERVICES 1. X-rays including fees for interpretation and/or reading of x-rays. (Dental x-rays are payable under dental services benefits shown below.) 2. Laboratory services 3. MRI/CatScan	Maximum of \$200 Maximum of \$150 Maximum of \$350
ADDITIONAL SERVICES 1. Physiotherapy or similar treatment including Diathermy, Ultrasound, Microtherm, Manipulation, Massage and Heat: — While Hospital Confined — Out of Hospital 2. Registered or Licensed Nurse in or out of Hospital when medically necessary and prescribed by a Physician. 3. Ambulance to initial treatment facility 4. Durable Medical Equipment when prescribed by a Physician, including rental of crutches or a wheelchair — In Hospital — Out of Hospital 5. Drugs and medications, when prescribed by a Physician 6. Eye Glasses, Contact Lenses and Hearing Aids: Replacement of broken glasses and/or frames, contact lenses and hearing aids resulting from a covered injury requiring medical or surgical treatment	Included in Hospital Misc. \$30/visit up to 5 visits Usual & Customary Usual & Customary not to exceed \$500 Included in Hospital Misc. Usual & Customary not to exceed \$250 Usual & Customary not to exceed \$100 Usual & Customary not to exceed \$100
DENTAL SERVICES Treatment, repair or replacement of each injured natural tooth: This will include Expenses incurred for initial braces when required for treatment of a Covered Injury, examination, diagnosis, X-Rays, restorative treatment, endodontics, and oral surgery, and treatment for gingivitis resulting from trauma.	Usual & Customary not to exceed \$250/tooth

RETAIN THIS PORTION FOR YOUR RECORDS

STUDENT ACCIDENT INSURANCE

\$500,000 Maximum Benefit 24-Hour Accident Coverage

Your school has purchased the School Time Accident Coverage to cover all students against accidental injury or death occurring while the policy is in force. This insurance provides coverage during the hours and days when school is in session and while attending school or participating in school sponsored and supervised activities on or off school premises.

24-Hour Accident Coverage may be added to the School Time Accident Coverage for an additional premium. If elected, coverage will be provided for accidents occurring during the time not covered by the School Time Accident Coverage, subject to the exclusions. 24-Hour Accident Coverage is not automatic—you must complete and submit the attached Enrollment form and premium.

When 24-Hour Accident Coverage is elected, together with the School Time Accident Coverage provided by your school, insurance coverage is in force around the clock.

- includes weekends
- includes vacation periods, including summer vacation
- includes coverage at home or while away

\$50,000 Maximum Benefit Extended Dental Coverage

By selecting this optional benefit and by adding an additional premium to the 24-Hour Accident Coverage plan rate, dental benefits covered under the policy will be extended to provide payment for the Usual and Customary Charges incurred within two years from the date of covered accident to a maximum benefit of \$50,000. This coverage includes replacement of caps, crowns, dentures or orthodontic appliances (including braces) when damaged in a covered accident. **Extended Dental coverage is in effect 24 hours a day.**

In addition, when the dentist certifies that treatment will continue until after the two year benefit period, benefits will be paid to a maximum of \$600. If there is more than one way to treat a particular dental problem, benefits will be paid for the least expensive procedure if it meets accepted dental standards.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

If Injury to the Insured results within 365 days of the date of the accident that caused the Injury, in any one of the Losses specified below, the Company will pay the Maximum Amount shown below for that Loss:

For Loss Of:	
Life	\$15,000
Both Hands or Both Feet	\$30,000
Sight of Both Eyes	\$30,000
One Hand and One Foot	\$30,000
One Hand and the Sight of One Eye	\$30,000
One Foot and the Sight of One Eye	\$30,000
Speech and Hearing in Both Ears.....	\$30,000
One Hand or One Foot	\$15,000
The Sight of One Eye	\$15,000
Speech or Hearing in Both Ears	\$15,000
Hearing in One Ear.....	\$7,500
Thumb and Index Finger of the Same Hand...	\$7,500

“Loss” of a hand or foot means complete severance through or above the wrist or ankle joint. “Loss” of sight of an eye means total and irrecoverable loss of the entire sight in that eye. “Loss” of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. “Loss” of speech means total and irrecoverable loss of the entire ability to speak. “Loss” of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.

If more than one Loss is sustained by an Insured as a result of the same accident, only one amount, the largest, will be paid.

Heart and/or Circulatory Benefit – If an Insured suffers a heart and/or circulatory malfunction that results in death as a direct result of participating in a Covered Activity, the Company will pay an Accidental Death Benefit of \$10,000 provided that: (1) the symptom(s) of such malfunction(s) is (are) first medically treated while the Policy is in force with respect to such Insured and within 48 hours after such participation; and (2) such Insured has not, prior to the date of such participation in the Covered Activity, been medically advised that he/she has been diagnosed with, or has received any medication for any myocardial infarction, agina pectoris, coronary thrombosis or a cerebral vascular incident. (This benefit may not be available in all states.)

2009-2010 ENROLLMENT FOR STUDENT ACCIDENT INSURANCE (EXCLUDING SCHOOL SPONSORED AND SUPERVISED ACTIVITIES)
underwritten by National Union Fire Insurance Company of Pittsburgh, Pa

(PLEASE PRINT CLEARLY)
Person to be insured:

Home Address:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black;">LAST NAME</td> <td style="width: 15%; border: 1px solid black;">FIRST NAME</td> <td style="width: 15%; border: 1px solid black;">MI</td> <td style="width: 15%; border: 1px solid black;">DATE OF BIRTH</td> <td style="width: 15%; border: 1px solid black;">CITY OR TOWN</td> <td style="width: 15%; border: 1px solid black;">STATE</td> <td style="width: 15%; border: 1px solid black;">ZIP CODE</td> </tr> <tr> <td style="width: 15%; border: 1px solid black;">STREET ADDRESS</td> <td style="width: 15%; border: 1px solid black;">GRADE</td> <td style="width: 15%; border: 1px solid black;">STUDENT'S SOCIAL SECURITY NUMBER</td> <td style="width: 15%; border: 1px solid black;">PHONE</td> <td style="width: 15%; border: 1px solid black;">DATE OF APPLICATION</td> <td style="width: 15%; border: 1px solid black;">NAME OF SCHOOL</td> <td style="width: 15%; border: 1px solid black;">NAME OF SCHOOL DISTRICT/DIocese</td> </tr> </table>	LAST NAME	FIRST NAME	MI	DATE OF BIRTH	CITY OR TOWN	STATE	ZIP CODE	STREET ADDRESS	GRADE	STUDENT'S SOCIAL SECURITY NUMBER	PHONE	DATE OF APPLICATION	NAME OF SCHOOL	NAME OF SCHOOL DISTRICT/DIocese
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STREET ADDRESS	GRADE	STUDENT'S SOCIAL SECURITY NUMBER	PHONE	DATE OF APPLICATION	NAME OF SCHOOL	NAME OF SCHOOL DISTRICT/DIocese									
COMPANY USE ONLY	HOLDER NUMBER	POLICY NUMBER													

I acknowledge that I have read, understand, and agree to the terms and conditions of this coverage as detailed in the description of coverage. There is no obligation to purchase this insurance plan.

SIGNATURE OF PARENT OR GUARDIAN

COV. CD.	K-12**	Extended Dental Coverage
\$72.00*	\$10.00*	

*Annual Premium
**Includes Faculty & Administrative Personnel
Please check the applicable coverage(s) above and enclose the correct amount.

Please make money order or check payable to: **Student Insurance Plans**

MG-3-24-Hour

Total Enclosed \$ _____ **Check #** _____