

Adult Group Accident Medical *Insurance*



- Fraternals
- Church Groups
- Study Groups

- Amateur Music & Theatre Groups
- Gray Ladies

- Community Clubs
- Civic Clubs
- Etc.

Francis L. Dean & Associates, LLC



The Leader in Sports, Leisure and Entertainment Insurance

Benefits and Premium Rates

Accidental Death Benefit	Maximum Medical Benefit	Deductible Amount	Annual Rate per Person	
			Excess Plan	Primary Plan
\$1,000.00	\$2,500.00	\$ – 0 –	\$2.10	\$2.80
1,000.00	2,500.00	25.00	1.75	2.35
1,000.00	2,500.00	50.00	1.55	2.05
2,500.00	5,000.00	– 0 –	2.60	3.50
2,500.00	5,000.00	25.00	2.30	3.20
2,500.00	5,000.00	50.00	2.05	2.70
5,000.00	10,000.00	– 0 –	3.35	4.40
5,000.00	10,000.00	25.00	3.05	3.90
5,000.00	10,000.00	50.00	2.80	3.60
5,000.00	15,000.00	– 0 –	3.80	4.95
5,000.00	15,000.00	25.00	3.60	4.75
5,000.00	15,000.00	50.00	3.45	4.55

Minimum Policy Premium is \$200.00

Premium is Fully Earned Upon Policy Inception

Francis L. Dean & Associates, LLC

Processing Center: 12800 University Drive, Suite 125
Fort Myers, FL 33907
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www.fdean.com



Who Is Covered

All members of the Policyholder.

Covered Activity

All activities sponsored and supervised by the Policyholder, including travel with a group in connection with such activities.

Medical Expense Benefit

If the Covered Person incurs eligible expenses as the direct result of a covered injury and independent of all other causes, the Company will pay the charges incurred for such expense within 365 days, beginning on the date of accident. Payment will be made for eligible expenses in excess of the applicable Deductible Amount, not to exceed the Maximum Medical Benefit. The first such expense must be incurred within 90 days after the date of the accident.

"Eligible expense" means charges for the following necessary treatment and service, not to exceed the usual and customary charges in the area where provided.

- Medical and surgical care by a physician
- Radiology (X-rays)
- Prescription drugs and medicines
- Dental treatment of sound natural teeth
- Hospital care and service in semi-private accommodations, or as an outpatient
- Ambulance service from the scene of the accident to the nearest hospital
- Orthopedic appliances necessary to promote healing

If Excess coverage is selected, this plan does not cover treatment or service for which benefits are payable or service is available under any other insurance or medical service plan available to the Covered Person. Primary coverage pays benefits under the plan without offset for other insurance (except Workers' Compensation).

Accidental Death And Dismemberment Benefit

If a covered injury results in any of the losses specified below within 365 days after the date of the accident, the Company will pay the applicable amount:

- Full Principal Sum for loss of life
- Full Principal Sum for double dismemberment
- Full Principal Sum for loss of sight of both eyes
- 50% of the Principal Sum for loss of one hand, one foot, or sight of one eye
- 25% of the Principal Sum for loss of index finger and thumb of same hand

"Member" means hand, foot, or eye. Loss of hand or foot means complete severance above the wrist or ankle joint. Loss of eye means the total, permanent loss of sight.

We will not pay more than the Principal Sum for this Benefit for all losses due to the same accident.

Exclusions And Limitations

This plan does not cover any loss to or resulting from:

- Suicide, self-destruction, attempted self-destruction or intentional self-inflicted injury while sane or insane.
- War or any act of war, declared or undeclared.
- Sickness, disease or any bacterial infection, except one that results from an accidental cut or wound or pyogenic infections that result from accidental ingestion of contaminated substances.
- Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Physician.

- Covered Expenses for which the Covered Person would not be responsible in the absence of this Policy.
- Injuries paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
- Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
- Service or Active Duty in the armed forces, National Guard, military, naval or air service or organized reserve corps of any country or international organization.
- Services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the policyholder; or an Immediate Family member of the Covered Person.
- Treatment of a hernia, Osgood-Schlatter's disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, whether or not caused by a Covered Accident.
- Damage to or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in this Policy.
- Eyeglasses, contact lenses, hearing aids.
- Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from: While riding as a passenger in any aircraft not intended or licensed for the transportation of passengers.

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United States Fire Insurance Company, "A" rated by A.M. Best Company. A member of the Crum & Forster group of companies.

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Not Available in All States

Form: AG BAH51061 4/2018

Enrollment for Adult Group Accident Insurance

Enrollment Form for Accidental Death and Accident Medical Benefits

Part I Proposed Policyholder *Please print or type*

a. Full Legal Name of Proposed Policyholder

b. Address

Phone Number

Street

City

State

Zip

c. Specified Activity

d. Requested Effective Date

Termination Date

Policy will become effective on the Requested Effective Date if (a) all required information is provided and (b) the Company has received the initial premium on or before that date.

Part II Plan of Insurance and Premium Calculation

a. Plan of Benefits

Accidental Death & Dismemberment Principle Sum

\$ _____

Maximum Medical Expense Benefit

\$ _____

Deductible Amount

\$ _____

Scope of Coverage

☐ **Primary** ☐ **Full Excess**

Policy to Cover

☐ **All Members of the Policyholder** ☐ **All Members and Staff of the Policyholder**

b. Premium Calculation

(1) Number of Members _____ + Number of Staff _____ = Total Eligibles _____

(2) Total Eligibles _____ x Rate of \$ _____ = \$ _____

Minimum Premium is \$200.00

Part III Acknowledgements and Signatures

a. Fraud 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 may be a crime.

b. Applicant's Acknowledgement I, the applicant, declare, to the best of my knowledge and belief, that all statements and answers in this application are true and complete. I understand and agree that (a) this application will form part of any policy issued, (b) no information given to or acquired by any representative of the Company will bind it, unless it is in writing on this application, (c) no waiver or modification will bind the Company unless it is in writing and is signed by an executive officer of the Company, and (d) only those persons eligible under the terms of an issued policy will be insured.

Date

Carl Gomoll

Signed for the Proposed Policyholder

Signed by Licensed Agent

Agency Name and License Number

Agent Phone Number

Agent E-mail Address

Title

Agent Address

Policyholder Email Address