

Yeah... You're gonna want to toot your horn!



Youth Group & Organization Accident Insurance

Amateur Youth Choirs

Baton Corps

Cheerleaders

Church Groups

DeMolay

Drill Teams

Drum & Bugle Corps

4-H Clubs
(excluding horseback riding clubs)

Future Farmers of America

Junior Firefighters

Junior Police

Majorettes

Marching Bands

Scouting Organizations

What is it?

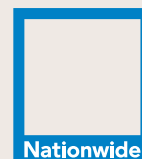
Nationwide's GrouProtectorSM Youth Group and Organization Accident Insurance is a practical insurance plan that provides accident medical coverage for accidents that occur during approved Youth Group or Organization activities. This coverage extends to individuals and groups engaged in a wide variety of youth activities. It gives all eligible persons the security they need and deserve.

Individual names are not required as **100% of all members must be insured**. Total number of group members must be submitted with the application for coverage. Each person is protected — as well as the group itself — because all eligible persons are automatically covered.

Voluntary enrollment plans are not available.

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.

SPL-7059-CHP (8/07)



Nationwide[®]
On Your Side



We have a **tune** you can march to!

What are the covered activities?

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

Is there a choice of benefits?

Yes. You may choose one of the four classes available.

Who is covered?

Eligible persons include either:

- Members only, or members and counselors
- Guests who attend meetings for the purpose of being encouraged to become members

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” below the **Fraud Warnings.**

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. Complete the “Premium Report” on the reverse side of the application. Date and sign where indicated.
3. Fax or mail (please see “Submitting the application” on pg. 6) completed application and Premium Report, along with your check made payable to Nationwide InsuranceSM, to your Nationwide agent before the desired effective date.

When we receive your completed application, Premium Report and premium payment, we will send your policy, certificates (if required in your state), claim forms and instructions.

which, upon acceptance and approval by **Nationwide Life Insurance Company—Columbus, Ohio 43216**, will become a part of **Specified Hazard Insurance Policy Number 502-95-** Office Use Only

1. **Name of Plan Sponsor** (Groups 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 first renewal date.

3. **Covered Activities**

Supervised activities (excluding snow skiing and league sports) sponsored and/or endorsed by the plan sponsor and direct travel to and/or from such activities. (710)

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
Accidental Death & Specific Loss with a \$250,000 overall maximum for any one accident.				
Death	\$1,500	\$2,500	\$5,000	\$7,500
Specific Loss (Face Amount)	3,000	5,000	10,000	15,000
Medical Expense				
Accident				
Deductible	None	None	None	None
Overall Maximum	5,000	10,000	25,000	50,000
Office Use Only	1596P 3596E	1820P 3820E	2220P 4220E	5011E

5. **Premium Rates by Class(es) of Eligible Persons** – check class and Medical Expense Plan desired

Policy Term Premium Rates per Eligible Person			
Class	Eligible Persons	<input type="checkbox"/> Medical Expense Primary Plan	<input type="checkbox"/> Medical Expense Excess Plan
All members or all members and counselors of the youth group which is sponsored and/or endorsed by the plan sponsor (check only <u>one</u> box):			
1	<input type="checkbox"/> Class 1 Benefits Members under age 12 (C97)	\$1.60	\$0.95
	Members age 12 and over and counselors (C98)	2.10	1.20
2	<input type="checkbox"/> Class 2 Benefits Members under age 12 (C97)	1.90	1.15
	Members age 12 and over and counselors (C98)	2.50	1.60
3	<input type="checkbox"/> Class 3 Benefits Members under age 12 (C97)	2.50	1.75
	Members age 12 and over and counselors (C98)	3.25	2.30
4	<input type="checkbox"/> Class 4 Benefits Members under age 12 (C97)	Not Available	2.40
	Members age 12 and over and counselors (C98)	Not Available	3.10
Guests who attend meetings for the purpose of being encouraged to become members are automatically insured at no additional cost.			
The minimum premium per policy term is: \$225 if the medical expense primary plan has been elected and \$175 if the medical expense excess plan has been elected.			

6. **The Policy is to cover all eligible persons** which include: members only (13), or members and counselors (14).

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 annually in advance based on the total number of eligible persons anticipated to be insured during the policy term** (BF50).

(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.

By sending your check to Nationwide Life Insurance Company (“Nationwide”), you give your consent to Nationwide to authorize our financial institution to convert your check into an electronic fund transfer. Please be aware that your bank account may be debited as soon as the same day we receive your payment and you will not receive a canceled check.

By signing below, you agree that you have read all of the Fraud Warnings provided with this application.

Previous Policy Number _____
 Date _____
 Agent's Signature and Number _____
 Agent's Phone Number _____
 Agent's E-mail Address _____

Signature of Applicant _____
 Printed Name and Title of Applicant _____
 Address of Applicant _____
 Applicant's Phone Number _____
 Applicant's E-mail Address _____

Premium Report (must be completed and sent in with the Application.)

Specific Name of Youth Group**:	Anticipated Number of Eligible Memberships	Annual Premium Rate per Eligible Memberships	Premium Due

Type of Youth Group:	Members Under age 12	x \$	= \$
_____	Members age 12 and over	x \$	= \$
_____	Counselors	x \$	= \$
Activities Include:	Total Premium Due (Subject to policy minimum*) \$		
_____	* The annual minimum premium per policy term is \$225 for primary medical coverage and \$175 for excess medical coverage.		
Age Range of Participants (not staff): _____ to _____ years of age	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; 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.		
** Example: "ABC Church - Youth Fellowship Only"			

Date _____ by _____ Signature of Applicant

Day Telephone Number _____ Fax Number _____

E-mail Address _____

Note: If additional space is required, use a separate sheet.

Fraud Warnings

- (CA) For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
 - (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.
 - (MO) An insurance company or its agent or representative may not ask an applicant or policyholder to divulge in a written application or otherwise whether an insurer has canceled or refused to renew or issue to the applicant or policyholder a policy of insurance. If a question(s) appears in this application, you should not renew it.
 - (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.
 - (PA) 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 civil penalties.
 - (PR) Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggregated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a maximum of two (2) years.
 - (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.
 - (All Other States) 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.
- Note:** These plans are available in DC, PR, VI, and all 50 states. Horseback riding groups and sports groups are not eligible under this brochure.

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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:

Specific Loss	% of Face Amount
Loss of Life	100%
Each Arm	75%
Each Leg	75%
Each Hand	50%
Each Foot	50%
Sight of Each Eye	50%
Speech	50%
Hearing of Each Ear	25%
Thumb & Index Finger of Same Hand	25%

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, an insured incurs covered expenses starting within 90 days from the date of the accident causing the injury, 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 date.

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-9051-2

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

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.

This policy provides limited accident 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 or for legal liability

Warning

(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.

A.M. Best's Rating for Nationwide Life is A+ (Superior). A.M. Best Co. has been a leading independent source of insurer financial ratings since 1899.

Submitting the application

There are 2 ways to submit an application for coverage.

Fax: Fax the completed application to:
Consolidated Health Plans, Inc.
1-413-747-8418

Mail: Mail the completed application, premium report and Consolidated Health Plans, Inc.
2077 Roosevelt Avenue
Springfield, MA 01104

CHP

Consolidated Health Plans

Contact Us

Local: 1-413-733-4540, Ext. 142

Toll Free: 1-800-633-7867, Ext. 142

Fax: 1-413-747-8418

E-Mail: sales@consolidatedhealthplan.com

Website: www.consolidatedhealthplan.com

Underwritten By

Nationwide Life Insurance Company

P.O. Box 2399

Columbus, OH 43216-2399

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