

**SUMMARY OF INSURANCE:
STUDENT / VOLUNTEER ACCIDENT & MEDICAL INSURANCE**

THE STATE OF ARIZONA

POLICYHOLDER	State of Arizona, its Departments, Agencies, Boards, Commissions & Universities
LOCATION DESCRIPTION	State of Arizona and Continental United States
INSURER	United States Fire Insurance Company
POLICY FORM	Accidental Death & Dismemberment; Accident Medical on Full Excess Basis
POLICY NUMBER	UAG2040A
POLICY TERM	October 20, 2007 to October 20, 2008
POLICY PREMIUM	\$19,832 (annual)

POLICY INFORMATION

LIMITS OF LIABILITY	\$25,000 per Accidental Death & Dismemberment (\$375,000 aggregate maximum per accident) \$25,000 per Accident for Medical Expenses. Benefit Period is 52 weeks from the date of the accident.
INSUREDS	All enrolled students of the Policyholder (PH) while they are participating in PH sponsored and supervised domestic travel activities, except

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intercollegiate sports. All registered volunteers of the PH while engaged in PH sponsored and supervised volunteer activities. Volunteers will be covered while they are engaged in travel that falls within the scope of the volunteer activity they are performing and they are in a state authorized vehicle. Commutation to and from a covered volunteer activity is not covered.

COVERAGE DESCRIPTION:

Accident Medical – Coverage is paid in excess of other coverage. No deductible, 100% of Usual & Customary charges, up to a maximum benefit of \$25,000. Expenses incurred for Injury to sound, natural teeth, as a result of participation in a covered accident, are also included. Benefits are only payable for expenses incurred within 52 weeks from the date of the accident.

Accidental Death – \$25,000 for death that results from a covered accident within one year from the date of the accident. Maximum of \$375,000 for multiple deaths/ dismemberments from the same accident.

Accidental Dismemberment – \$25,000 for loss of both hands, both feet, entire sight of both eyes, or any two combinations. \$12,500 for loss of one hand, one foot, sight of one eye. \$6,250 for loss of thumb and index finger on same hand. (See policy schedule)

MAJOR EXCLUSIONS (Partial List – consult policy for full list)

Benefits will not be paid for a Covered Person's loss from:

- Intentional self-inflicted injury, suicide, or attempt thereof.
- Voluntary self-administration of any drug or chemical substance not prescribed by, and taken according to the directions of, a doctor.
- Commission or attempt to commit a felony.
- Participation in a riot or insurrection.
- Driving under the influence of a controlled substance, unless administered on the advice of a doctor; or driving while intoxicated.
- Declared or undeclared war or act of war.
- Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted.

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- Any accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid driver's license.

SPECIAL CONDITIONS FOR MEDICAL:

- If the Covered Person possesses other medical coverage such as an HMO, or similar plan, and the covered person elects to use a provider that is not in their HMO network, resulting in a denial of benefits by the HMO, the accident medical benefits otherwise payable under this policy will be reduced by 50%.

This is just a brief summary. Please consult the actual policy for a more complete description of eligibility, covered benefits and exclusions.

Instructions for Filing a Claim

The accident insurance plan is designed to cover eligible students and volunteers of the policyholder while they participate in policyholder sponsored and supervised student travel and volunteer activities. The plan will reimburse claimants for eligible expenses which are not payable by your healthcare plan or any other insurance plan providing reimbursement for medical expenses. Therefore, prior to filing a claim against the accident insurance policy, you must first file the claim with your own healthcare plan. If you have questions, you can call 800-399-2560.

Please observe the following claim filing procedures:

1. Obtain a claim form from the policyholder. Only one form is needed for each accident, regardless of the number of expenses incurred for the particular accident.
2. The first section (Part I) of the claim form should be completed and signed by a policyholder official. This section requests a description of how the accident occurred. Please check to see that a complete description is provided. For example, "Basketball" is not acceptable; however, "Twisted left ankle while playing basketball" is acceptable.
3. The second section (Part II) of the claim form should be completed and signed by the claimant (if 18 years old or older) or their parent or guardian. Please make sure that all fields have been completed and that the claim form is signed.
4. Submit Itemized bills with the claim form. Itemized Bills provide the dates of service, the procedure codes, the diagnosis and the charge(s). "Balance Due" bills are not acceptable because they do not provide all of the information needed to properly examine a claim.
5. Submit copies of the Explanation of Benefits (EOB) statements from your own healthcare plan. The EOB's will show how much your healthcare plan paid for the services rendered and the amount which is your responsibility. There should be an EOB for each Itemized Bill you have submitted for reimbursement.

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6. Mail the fully completed claim form, each Itemized Bill and the corresponding EOB to the following address:

AGIA
P.O. Box 9756
Phoenix, AZ 85068

Please remember, the policy is an accident insurance policy. It does not provide reimbursement for illness or for injuries which were not the result of an accident and it is subject to exclusions and limitations.

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