

Mailroom Instructions

Thomco Accident Health

POLICY NUMBER: 15312128 - 0

Gibson City Melvin Sibley CUSD #5

- Return Policy to User **JBEVINS**
- Print Certificates
- Print Mortgagee/Loss Payee
- Include the following application with the policy:

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PRODUCER: In-House Producer - SLAM
PO Box 3870
Glen Allen, VA 23058

Special Instructions

COVER SHEET

Thomco Accident Health

T89170.JET

JBEVINS

POLICY NUMBER: 15312128 - 0

MIC INVOICE(01/95)
MK-12 100-IL(04/04)
MK-12 101(01/04)
MK-12 102(01/04)
MK-12 CP(01/04)
MK-12 BR-IL(04/04)
MK-12 UC(01/04)
MK12-CF-7CO(04/14)
MPIL1007(03/14)

Markel Insurance Company Payment Schedule
BLANKET STUDENT ACCIDENT POLICY
SCHEDULE OF INSURANCE
SCHEDULE OF COVERAGE PARTS, NATIONAL
COVERAGE PARTS
BENEFIT RIDER
USUAL & CUSTOMARY ADMINISTRATION (SEVEN CORNERS)
K-12 CLAIM FORM SEVEN CORNERS K12
PRIVACY POLICY

NEW PRINT PROCESSOR

Gibson City Melvin Sibley CUSD #5
307 N. Sangamon Avenue
Gibson City, IL 60936

A STOCK COMPANY



MARKEL INSURANCE COMPANY

Deerfield, Illinois 60015

**BLANKET
STUDENT ACCIDENT POLICY**

THE ATTACHED SPECIAL POLICY CONDITIONS, FORMS,
AND ENDORSEMENTS COMPLETE THIS POLICY

SECTION 3 DEFINITIONS

Accident means a sudden, unexpected and unintended event, which is identifiable and caused solely by an external physical force resulting in Injury to an Insured Person. Accident does not include a Loss due to disease or sickness.

Ambulatory Surgical Center or Ambulatory Medical Center means a licensed facility providing ambulatory surgical or medical treatment, other than a Hospital, clinic or Physician's office.

Around the Clock means coverage applies 24 hours a day, whether school is in session or not. Insurance is provided from the effective date of the Insured Person's coverage, as indicated in Section 5, to the termination date of this Policy.

Benefit Period means the time during which an Insured Person's incurred Expense for a covered Injury is eligible for reimbursement. The Benefit Period selected starts on the date of the Accident.

Coinsurance means that portion of eligible Expenses which is payable by Us. Coinsurance does not apply toward Deductible obligations.

Deductible means the amount an Insured Person is required to pay as provided by the applicable coverage under this Policy in the event of a Loss.

Durable Medical Equipment means equipment which: 1) is prescribed by a Physician, and; 2) which can withstand repeated use, and; 3) which is primarily and customarily used to serve a medical purpose, and; 4) which is generally not useful to a person in the absence of illness, or Injury, and; 5) which is appropriate for use in the home. Durable Medical Equipment includes all items defined as such and listed in the most recent edition of the Healthcare Common Procedure Coding System reference.

Expense means the Usual and Customary charges for Medically Necessary treatment, service or supplies. Such Expense shall not include any amount not customarily charged to persons without insurance.

Home Health Care means the care and treatment of an Insured Person who is under the care of a Physician, only if hospitalization or confinement in a skilled nursing facility as defined in title XVIII of the Social Security Act would otherwise have been required if home care was not provided, and the plan covering the Home Health Service is established and approved in writing by such Physician. Home care shall be provided by a certified home health agency possessing a valid certificate of approval issued pursuant to public health law.

Hospital means a licensed institution including a tax-supported institution of the state, which has on the premises, or prearranged access to, medical and surgical facilities. It must maintain permanent facilities for the care of overnight resident patients under the care of a Physician. It must have a Registered Nurse (R.N.) always on duty or call. Confinement in the special wing of a Hospital used primarily as a nursing, rest, convalescent or extended care facility is not confinement in a Hospital, unless such confinement is because of a lack of space in the Hospital's full service wing.

Hospital Confinement means a stay in a Hospital for 18 or more consecutive hours as an admitted bed patient by reason of Injury for which benefits are payable.

Immediate Family means the parents, legal guardian, siblings, spouse or children of the Insured Person.

Injury means bodily harm caused solely by an Accident which occurs while this Policy is in force and is the sole cause of the Loss.

Inpatient Benefits means benefits provided to an Insured Person while confined to a Hospital and charged for room and board.

Insured Person means a member of the class(es) of person(s) as shown in Section 2, while they are covered under this Policy.

Loss means medical Expense sustained by an Insured Person that is covered by this Policy.

Medical Supplies means equipment or devices, which are: 1) prescribed by a Physician; and 2) primarily and customarily used to serve a medical purpose; and 3) generally not useful to a person in the absence of an illness or Injury; and 4) only available by prescription. Medical Supplies include all items defined as such and listed in the most recent edition of the Healthcare Common Procedure Coding System reference.

Medically Necessary means medical services, supplies or treatments authorized by a Physician to treat an Insured Person's bodily Injury which are: a) consistent with the symptoms or diagnosis; b) appropriate and accepted according to good medical practice standards; c) not primarily for the convenience of the Insured Person, Physician or other providers; and d) consistent with the most appropriate supply or level of services which can safely be provided to the patient.

Outpatient Benefits means benefits provided to an Insured Person while not confined to a Hospital.

Physician means any practitioner of the healing arts, licensed by the state in which he/she practices and acting within the scope of his/her license, including a duly licensed podiatrist, surgeon, osteopath, dentist, chiropractor, optometrist, physical therapist and graduate nurse. Physician shall not include a member of the Insured Person's Immediate Family.

Physical Therapy means any form of therapeutic treatment, whether by machine or hand, by use of exercise, massage, adjustment, heat or cold, air, light, water, electricity or sound administered by a Physician.

Prescription Medicines means any medicine or drug, under applicable state law that is dispensed only with written prescription from a Physician and has a label bearing the legend: "Caution: Federal Law prohibits the dispensing without a prescription." It is also any mixed medicine with at least one ingredient bearing the above legend.

School Time means any period during which an Insured Person is: 1) in or on Your premises during the days and months when school is in session; 2) traveling directly to or from the Insured Person's residence and school by a vehicle supplied by You; 3) participating in or attending activities sponsored solely by You that are continuously supervised by You, Your official or employee. This includes supplied and supervised travel directly to and from such sponsored activities.

Sound, Natural Teeth means natural teeth, the major portion of the individual tooth is present, regardless of fillings or caps, and is not carious, abscessed or defective.

Usual and Customary Expense means an Expense which (a) is charged for treatment, supplies or medical services Medically Necessary to treat the Insured Person's condition; and (b) does not exceed the usual level of charges made for similar treatment, supplies or medical services in the locality where the Expense is incurred.

We, Us or Our means Markel Insurance Company.

You, Your or Yours means the Policyholder shown in Section 1.

SECTION 4 EFFECTIVE DATE, POLICY TERM, POLICY TERMINATION AND RENEWAL

This Policy is effective on the Effective Date in Section 1 and expires on the Expiration Date. With Our consent, it may be renewed by paying the renewal premium within the Grace Period in Section 6. Upon 60 days prior written notice, We may change the premium rate, but not more often than once every twelve months. We reserve the right to refuse the renew the Policy.

SECTION 5

EFFECTIVE DATE OF INSURED PERSONS

The persons eligible for inclusion as Insured Persons shall be all persons denoted in Class of Insured Persons described in Section 2. Coverage for eligible persons is effective on the day the enrollment form and premium are received by Us or Our designated representative, but in no event prior to the opening day of school or the first official day of interscholastic athletics or activities, which You request We cover.

The insurance for any Insured Person shall terminate on the earliest of the following dates:

1. The date the Policy expires, for Around the Clock coverage; or
2. The last day of school, for School Time coverage; or
3. The premium due date if You fail to pay the required premium for the Insured person, subject to the Grace Period, except as the result of inadvertent error.

SECTION 6

POLICY PROVISIONS

Entire Contract; Changes

This Policy and endorsements signed by the Policyholder and Insurer are the entire contract. Any change, modification or waiver of this Policy or a certificate issued under it must be in writing and signed by one of the following: Our President; Our Vice-President; Our Secretary; or Assistant Secretary.

Incontestability

Any statement in applications by You or an Insured Person will, in the absence of fraud, be deemed representations and not warranties. Only statements in an application by You or an Insured Person will be used to void this Policy or defend against a claim. However, such statements cannot be used to void coverage or defend a claim of an Insured Person unless a copy of the application with this statement was given to the Insured Person.

Grace Period

This Policy has a 31-day Grace Period. If the premium is not paid by the due date, it may be paid during the 31 days immediately following the due date. The Policy will remain in force during the Grace Period. The Grace Period does not apply:

- (a) to the first premium due; or
- (b) to premium due thereafter if We have given You 60 days prior notice that We will not renew the Policy.

Notice of Claim

Notice of Claim must be given to Us within 30 days after a Loss occurs, or as soon thereafter as possible. The notice can be given to Us at P. O. Box 2039, Glen Allen, VA 23058-2039 or to our designated representative. Notice should include the Insured Person's name and Policy Number.

Claim Forms

When We receive the Notice of Claim, We will send the Insured Proof of Loss forms. If We do not send these forms within 15 days, the Insured Person can meet the Proof of Loss requirement by giving Us a written statement of the nature and extent of Loss within the time limit in the Proofs of Loss Section.

Proofs of Loss

Written Proof of Loss must be given to Us within 90 days after such Loss. We will not deny or reduce any claim because proof is not filed within this time, if it is filed as soon as reasonably possible. In any event, the proof required must be given, unless the claimant is legally incapacitated.

Time Payment of Claims

After receiving written Proof of Loss, We will immediately pay all benefits as they accrue. All claims and indemnities payable under the terms of the policy shall be paid within 30 days following receipt of due proof of loss. Failure to pay within such period shall entitle the Insured to interest per the statutory requirements from the 30th day after receipt of such proof of loss to the date of late payment, provided that interest amounting to less than one dollar need not be paid.

Payment of Claims

After receiving written Proof of Loss, We will pay all benefits to the Hospital or person rendering services unless proof of payment is submitted, in which case benefits will be paid directly to the Insured Person.

Benefits for accidental death, if any, will be paid to the named beneficiary, other than the Policyholder or an officer thereof. If no beneficiary is named, or the named beneficiary predeceases the Insured Person, such benefits will be paid to the Insured Person's estate.

Discontinuance of this Policy will not prejudice any claim incurred while this Policy is in force.

Physical Examination

We, at our expense, have the right to have any Insured Person examined by a Physician of our choice as often as reasonably necessary, while a claim is pending.

Legal Actions

No legal action may be brought to recover on this Policy: (a) within 60 days after written Proof of Loss has been given as required; or (b) after 6 years from the time written Proof of Loss is required, or after the expiration of the applicable statute of limitations, if greater.

Change of Beneficiary

The Insured Person can change the beneficiary at any time giving Us written notice. The beneficiary's consent is not required for this or any other change in the coverage.

Conformity With State Statutes

Any provision of this Policy, which, on its effective date, is in conflict with the statutes of the state in which it is issued or in which the Insured Person resides, is hereby amended to conform to the minimum requirements of such statutes.

Assignment

This Policy and an Insured Person's coverage may not be assigned.

Records Maintained

You must maintain adequate records of this insurance.

Examination and Audit

At any reasonable time and for any purposes relating to this Policy, Your records shall be open for Our inspection and audit. Such examination may be made during the Policy term; within 3 years after the Policy is terminated; or until final settlement of all claims hereunder, whichever is later.

Subrogation

When benefits are paid to or for an Insured Person under the terms of this Policy, We shall be subrogated, unless otherwise prohibited by law, to the rights of recovery of such Insured Person once the Insured Person has been indemnified for his Loss, against any person who might be acknowledged liable or found legally liable by a Court of competent jurisdiction for the Injury that necessitated the hospitalization or the medical or the surgical treatment for which the benefits were paid. Such subrogation rights shall extend only to the recovery by Us of the benefits We have paid for such hospitalization and treatment and We shall pay fees and costs associated with such recovery.

Right of Recovery

Payments made by Us which exceed the Expense (after allowance for Maximum Benefit Amount, Deductible, Coinsurance, Excess and Coordination of Benefits clauses, if any) payable hereunder, shall be recoverable by Us from or among any persons, firms or corporations to or for whom such payments were made.

Workers' Compensation

This Policy is not in place of and does not affect any requirement for such coverage by workers' compensation insurance.

SECTION 7 COVERAGE

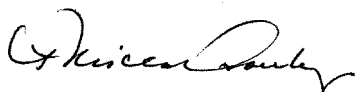
All Policy coverage and benefits are as indicated in Section 1 - Schedule of Insurance and as described herein, or in coverage parts and riders attached to and made a part of this Policy.

SECTION 8 EXCLUSIONS

The Policy does not cover Loss nor provide benefits for:

- 1. Expense for treatment on or to the teeth, except for treatment resulting from Injury to Sound Natural Teeth;
- 2. Services normally provided without charge by You or Your employees;
- 3. Eyeglasses, contact lenses, hearing aids, and examinations for the prescription or fitting thereof except as specifically provided herein;
- 4. Suicide, attempted suicide or intentionally self-inflicted Injury;
- 5. Injury due to participation in a riot or felony;
- 6. Cosmetic surgery. Cosmetic surgery does not include reconstructive surgery made Medically Necessary due to a covered Accident which results in trauma, infection or other diseases of the involved part;

- 7. Treatment of a deviated nasal septum, including submucous resection and/or other surgical corrections, unless the treatment is due to or arises from a covered Injury;
- 8. Air travel, except as a fare-paying passenger on a regularly scheduled flight operated by a commercial airline;
- 9. Injury resulting from any declared or undeclared war;
- 10. Injury while in the armed forces of any country. When an Insured Person enters such armed forces, we will refund the unearned pro rata premium to the Insured Person;
- 11. Injury covered by workers' compensation or occupational disease law;
- 12. Treatment provided in a governmental Hospital unless the Insured Person is legally obligated to pay such charges;
- 13. Infections except infections which result from an Accidental Injury or infection which results from an Accidental or involuntary or unintentional ingestion of a contaminated substance;
- 14. All types of Hernia, unless it results from a covered Injury;
- 15. Injury occurring while the Insured Person is legally intoxicated or under the influence of any narcotic unless administered on the advice of a Physician;
- 16. Injury while parachuting or hang-gliding; traveling in or on any two, three or four-wheeled all terrain motor vehicle; jetskiing, skydiving, glider flying, parasailing, sail planing, bungee jumping; operating, or riding on any snowmobile; skiing, snowboarding; or participating in a rodeo;
- 17. Injury resulting from fighting;
- 18. Play, practice or travel in connection with interscholastic football in which any 9th, 10th, 11th or 12th grade students participate, unless the applicable additional premium is paid;
- 19. Blisters, insect bites, frost bite, vegetation poisoning and food poisoning;
- 20. Motor vehicle accidents covered by medical benefits coverage in automobile "no fault" and traditional automobile "fault" type contracts.



President



Secretary

Service Address:
Markel Insurance Company
P O. Box 2009
Glen Allen, VA 23058-2009
(800) 431-1270

Markel Insurance Company

Policy Number **15312128 - 0**

AGREES with the Policyholder named below, in consideration of the payment of the premium and subject to the benefit amounts, limitations, exclusions, conditions and other terms of this policy.

TO PAY the benefits described in Items 3 and 4, Coverage and Benefits.

SECTION I

SCHEDULE OF INSURANCE

1. Name of Policyholder: Gibson City Melvin Sibley CUSD #5

Address: 307 N. Sangamon Avenue
Gibson City, IL 60936

88600 / A&H Direct
a division of Markel Service Incorporated
PO Box 2009
Glen Allen, VA 23058

2. Policy Period: From 08-10-2015 to 08-10-2016 at 12:01 A.M. Standard Time at the address in item 1.

3. **Coverage Riders:** The policy consists of the following Coverage Parts. The Policyholder may select up to three (3) coverage levels from which the Insured Person may choose one (1). The Maximum Coverage Amount(s) shown are the levels selected by the Policyholder. If a coverage option was not chosen by the Policyholder, it is indicated by the word "NIL". The Maximums shown under Item 3, Coverage Parts are the aggregate maximums that shall apply. The actual benefit amounts payable within these coverage aggregates shall be as scheduled in Item 4, Benefit Riders, shown on pages 2 and 3.

Coverage	Maximum Coverage Amount-Level 1	Benefit Period Number of Weeks	Maximum Coverage Amount-Level 2	Benefit Period Number of Weeks	Maximum Coverage Amount-Level 3	Benefit Period Number of Weeks
School Time	\$50,000	52 Weeks	\$50,000	52 Weeks	N/A	N/A
Around the Clock	\$50,000	52 Weeks	\$50,000	52 Weeks	N/A	N/A
Interscholastic Football Grades 9-12	\$50,000	52 Weeks	\$50,000	52 Weeks	N/A	N/A
Varsity Football Grades 9-12	Nil	N/A	Nil	N/A	N/A	N/A
Field Trips	Nil	N/A	Nil	N/A	N/A	N/A
Religious Education	\$50,000	52 Weeks	\$50,000	52 Weeks	N/A	N/A
24 - Hour Dental	Nil	N/A	Nil	N/A	N/A	N/A
Motor Vehicle Accidents	\$2,500	52 Weeks	\$2,500	52 Weeks	N/A	N/A
All Interscholastic Sports	Nil	N/A	Nil	N/A	N/A	N/A

4. Benefit Riders: The Policy also consists of the following Benefit Riders. The Policyholder may select up to three (3) benefit levels from which Insured Persons may choose one (1). Deductible, Coinsurance or other limitations are also shown. If a benefit option was not chosen by the Policyholder, it is indicated by the word "NIL". The Aggregate Maximums available for all Benefits shall not exceed the Maximums shown in item 3, Coverage Parts.

Benefits	Maximum Benefit Amount-Level 1	Limitations	Maximum Benefit Amount-Level 2	Limitations	Maximum Benefit Amount-Level 3	Limitations
A) Hospital Benefits:						
1. Hospital Room & Board Expense	\$200 per day	N/A	\$350 per day	N/A	N/A	N/A
2. Hospital Intensive Care Unit Expense	\$250 per day	\$1,000 maximum	\$500 per day	\$2,000 maximum	N/A	N/A
3. Miscellaneous Hospital Expense	80% Usual & Customary	\$1,200 maximum	80% Usual & Customary	\$2,400 maximum	N/A	N/A
4. In Hospital Physician Fees Expense	Nil	N/A	Nil	N/A	N/A	N/A
B) Surgical Benefits:						
1. Surgical Expense	50% Usual & Customary	\$1,250 maximum	80% Usual & Customary	\$1,750 maximum	N/A	N/A
2. Assistant Surgeon Expense	\$313	N/A	\$440	N/A	N/A	N/A
3. Anesthetist or Anesthesiologist Expense	\$313	N/A	\$440	N/A	N/A	N/A
4. Day Surgery Miscellaneous Expense	\$350	N/A	\$600	N/A	N/A	N/A
C) Medical Benefits:						
1. Outpatient Physician Expense	\$40 first visit; \$25 subsequent visits	N/A	\$60 first visit; \$35 subsequent visits	N/A	N/A	N/A
2. Outpatient Consultant or Specialist Expense	\$50	N/A	\$95	N/A	N/A	N/A
3. Outpatient Physical Therapy Expense	\$25 per visit	10 visit maximum	\$40 per visit	10 visit maximum	N/A	N/A
4. Ambulance Expense	\$150	N/A	\$300	N/A	N/A	N/A
5. Outpatient X-Ray Expense	\$250	N/A	\$400	N/A	N/A	N/A
6. Outpatient Laboratory Expense	Nil	N/A	Nil	N/A	N/A	N/A

Benefits	Maximum Benefit Amount-Level 1	Limitations	Maximum Benefit Amount-Level 2	Limitations	Maximum Benefit Amount-Level 3	Limitations
7. Outpatient MRI or CAT Scan Expense	\$300	N/A	\$500	N/A	N/A	N/A
8. Supplemental Outpatient MRI or CAT Scan Expense	Nil	N/A	Nil	N/A	N/A	N/A
9. Outpatient Emergency Room Expense	\$200	N/A	\$350	N/A	N/A	N/A
10. Outpatient Prescribed Medicines Expense	\$25	N/A	\$50	N/A	N/A	N/A
11. Supplemental Outpatient Prescribed Medicines Expense	Nil	N/A	Nil	N/A	N/A	N/A
12. Licensed Nurse Expense	Usual & Customary	N/A	Usual & Customary	N/A	N/A	N/A
13. Outpatient Durable Medical Equipment and Supplies Expense	\$75	N/A	\$150	N/A	N/A	N/A
14. Outpatient Dental Accident Expense	\$150 per tooth	N/A	\$300 per tooth	N/A	N/A	N/A
15. Supplemental Outpatient Dental Accident Expense	Nil	N/A	Nil	N/A	N/A	N/A
16. Replacement of Eyeglasses, Hearing Aids, or Contact Lenses	\$150	N/A	\$300	N/A	N/A	N/A
17. Heat Exhaustion/ Heat Stroke	Nil	N/A	Nil	N/A	N/A	N/A
D) Other Benefits						
Accidental Death and Dismemberment: Life	\$5,000	N/A	\$5,000	N/A	N/A	N/A
Both hands or both feet or sight of both eyes	\$10,000	N/A	\$10,000	N/A	N/A	N/A
One hand and one foot	\$10,000	N/A	\$10,000	N/A	N/A	N/A
One hand and sight of one eye	\$10,000	N/A	\$10,000	N/A	N/A	N/A
One foot and sight of one eye	\$10,000	N/A	\$10,000	N/A	N/A	N/A
One hand or one foot or sight of one eye	\$5,000	N/A	\$5,000	N/A	N/A	N/A

Forms attached:

MK-12 100-IL(04/04), MK-12 101(01/04), MK-12 102(01/04), MK-12 CP(01/04), MK-12 BR-IL(04/04), MK-12 UC(01/04)

Markel Insurance Company

SECTION 2

Schedule of Coverage Parts, Class of Insured Persons, Coverage Level and Per Person Rates

<u>Coverage Part</u>	<u>Class of Insured Persons</u>	<u>Coverage Level</u>	<u>Per Person Rate</u>
School Time	All registered students of the Policyholder for whom premium has been paid.	Level 1	\$36.00
		Level 2	\$66.00
Around the Clock	All registered students of the Policyholder for whom premium has been paid.	Level 1	\$144.00
		Level 2	\$266.00
Interscholastic Football	All registered students of the Policyholder for whom premium has been paid.	Level 1	\$294.00
		Level 2	\$435.00
Interscholastic Spring Football	All registered students of the Policyholder for whom premium has been paid.	Level 1	\$118.00
		Level 2	\$174.00

Markel Insurance Company

Coverage Parts

The Policy consists of the following Coverage Parts. The Coverage Parts shown in Section 1, Item 3 of form MK-12 101, outline the Maximum Coverage Amounts and Benefit Period that apply to each corresponding coverage shown below. Benefit amounts payable within these Coverage Parts are itemized in Item 3 Coverage Parts, Section 1, Schedule of Insurance.

School Time

Each Insured Person who pays the required premium is insured under this Coverage Part. It extends coverage to any period during which an Insured Person is in or on the Policyholder's premises during the days and months when school is in session; is traveling directly to or from the Insured Person's residence and school in a vehicle supplied by the Policyholder; is participating in or attending activities sponsored solely by the Policyholder that are continuously supervised by the Policyholder, their official or employee. This includes Policyholder supplied and supervised travel directly to and from such sponsored activities.

The Maximum Coverage Amount, if any, is shown in the Schedule of Insurance.

Around the Clock Coverage

Each Insured Person who pays the required premium is insured under this Coverage Part. It extends coverage to 24 hours a day, whether school is in session or not. Insurance is provided from the effective date of the Insured Person's coverage, as indicated in Section 5, to the termination date of this Policy.

The Maximum Coverage Amount, if any, is shown in the Schedule of Insurance.

Interscholastic Football Coverage

Each Insured Person who pays the required premium is insured under this Coverage Part. It provides coverage for interscholastic football as indicated in Section 1 from Accidents occurring while participating in:

- 1) Practice;
- 2) Pre-season and post-season conditioning;
- 3) Games;
- 4) Travel directly to or from the Insured Person's residence and school in a vehicle supplied by the Policyholder for any of the activities listed in 1-3 above.

The covered activities listed above must be scheduled and supervised by the Policyholder.

The Maximum Coverage Amount, if any, is shown in the Schedule of Insurance.

Varsity Football Coverage

Each Insured Person who pays the required premium is insured under this Coverage Part. It provides coverage for varsity football as indicated in Section 1 from Accidents occurring while participating in:

- 1) Practice;
- 2) Pre-season and post-season conditioning;
- 3) Games;
- 4) Travel directly to or from the Insured Person's residence and school in a vehicle supplied by the Policyholder for any of the activities listed in 1-3 above.

The covered activities listed above must be scheduled and supervised by the Policyholder.

The Maximum Coverage Amount, if any, is shown in the Schedule of Insurance.

Markel Insurance Company

Coverage Parts

Field Trip Coverage

Each Insured Person who pays the required premium (if any) is insured under this Coverage Part. It provides coverage for Accidents occurring while participating in:

- 1) one-day, non-athletic field trips; or
- 2) overnight, non-athletic field trips.

The field trips must be sponsored and supervised by the Policyholder.

The Maximum Coverage Amount, if any, is shown in the Schedule of Insurance.

Religious Education Coverage

Each Insured Person who pays the required premium is insured under this Coverage Part. It provides coverage for religious education from Accidents occurring while:

- 1) Attending regularly scheduled religious education classes when approved by the Policyholder;
- 2) Traveling straight to or from school and the religious education classes in a vehicle supplied by the Policyholder.

The Maximum Coverage Amount, if any, is shown in the Schedule of Insurance.

24 Hour Dental Accident Coverage

Each Insured Person who pays the required premium is insured under this Coverage Part. It provides coverage for Injury to Sound Natural Teeth, resulting from an Accident, 24 hours a day.

No benefits are payable under this provision for orthodontics or damage to or loss of dentures or bridges.

The Maximum Coverage Amount, if any, is shown in the Schedule of Insurance.

Motor Vehicle Accident Coverage

Each Insured Person who pays the required premium is insured under this Coverage Part. It provides coverage for Injury resulting from a motor vehicle accident occurring while insured and covered under this Policy.

The Maximum Coverage Amount, if any, is shown in the Schedule of Insurance.

Markel Insurance Company

Coverage Parts

All Interscholastic Sports Coverage

Each Insured Person for whom premium has been paid is insured under this Coverage Part. It provides coverage for all interscholastic sports as indicated in Section 1 from Accidents occurring while participating in:

- 1) Practice;
- 2) Pre-season and post-season conditioning;
- 3) Games;
- 4) Travel directly to or from the Insured Person's residence and school in a vehicle supplied by the Policyholder for any of the activities listed in 1-3 above.

The covered activities listed above must be scheduled and supervised by the Policyholder.

The Maximum Coverage Amount, if any, is shown in the Schedule of Insurance.

This Coverage Parts Rider is attached to and becomes a part of this Policy.

Marked Insurance Company

Benefit Rider

The Policy consists of the following Benefit Riders. The Benefit Riders shown in Section 1, Item 4 of form ME-12 101, outline the Maximum Benefit Amounts and Limitations that apply to each corresponding benefit described below. Benefit amounts payable within these Benefits Rider are itemized in Item 4 Benefit Riders, Section 1, Schedule of Insurance.

A) Hospital Benefits

1. Hospital Room and Board Expense:

When an Insured Person's Accident requires Hospital Confinement, We will pay, subject to the Benefit Amount and Limitations indicated in the Schedule of Insurance, the Hospital Room and Board Expense not to exceed the semi-private rate.

2. Hospital Intensive Care Unit Expense:

When an Insured Person's Accident requires Hospital Confinement in the Intensive Care Unit, We will pay, subject to the Benefit Amount and Limitations indicated in the Schedule of Insurance, the Intensive Care Unit charges.

3. Hospital Miscellaneous Expense:

When an Insured Person's Accident requires Miscellaneous Hospital Expenses during a Hospital Confinement, We will pay the Expense, subject to the Benefit Amount and Limitations indicated in the Schedule of Insurance.

We will pay for:

- (a) anesthesia;
- (b.) operating room;
- (c.) laboratory tests;
- (d) x-rays;
- (e.) oxygen;
- (f.) drugs;
- (g.) medicines;
- (h.) dressings;
- (l) other necessary non-room and board Expenses.

4. In Hospital Physician Fees Expense:

When an Insured Person's Accident requires the services of a Physician, We will pay, subject to the Benefit Amount and Limitations indicated in the Schedule of Insurance, the Expense for such services subject to:

- (a) the Insured Person being confined to a Hospital;
- (b.) the Accident being one for which benefits are payable under Hospital Room & Board or Hospital Miscellaneous Expense.

Markel Insurance Company

B) Surgical Benefits

1. **Surgical Expense:**

When an Insured Person's Accident requires surgery, We will pay the Expense, subject to the Benefit Amount and Limitations indicated in the Schedule of Insurance. Only one surgical procedure will be covered when multiple procedures are performed, unless Medically Necessary.

2. **Assistant Surgeon Expense:**

When an Insured Person's Accident requires surgery and the services of an Assistant Surgeon, We will pay the Expense, subject to the Benefit Amount and Limitations indicated in the Schedule of Insurance.

3. **Anesthetist or Anesthesiologist Expense:**

When an Insured Person's Accident requires the services of an anesthetist or anesthesiologist who is not employed or retained by the Hospital in which the surgery is performed, We will pay the Expense, subject to the Benefit Amount and Limitations indicated in the Schedule of Insurance.

4. **Day Surgery Miscellaneous Expense:**

When an Insured Person's Accident requires Miscellaneous Expenses during Outpatient day surgery provided by an Ambulatory Surgical Center, Ambulatory Medical Center, or Hospital, We will pay the Expense, subject to the Benefit Amount and Limitations indicated in the Schedule of Insurance.

We will pay for:

- (a) anesthesia;
- (b) operating room;
- (c) laboratory tests;
- (d) x-rays;
- (e) oxygen;
- (f) drugs;
- (g) medicines;
- (h) dressings;
- (i) other necessary non-room and board Expenses.

Markel Insurance Company

C) Medical Benefits

1. **Outpatient Physician Expense:**

When an Insured Person's Accident requires the services of a Physician, while not confined to a Hospital, We will pay the Expense, subject to the Benefit Amount and Limitations indicated in the Schedule of Insurance.

2. **Outpatient Consultant or Specialist Expense:**

When an Insured Person's Accident requires the services of a Consultant or Specialist, We will pay the Expense, subject to the Benefit Amount and Limitations indicated in the Schedule of Insurance, provided the attending Physician requests such services.

3. **Outpatient Physical Therapy Expense:**

When an Insured Person's Accident requires the services of Physical Therapy and the provider is licensed to perform such services, We will pay the Expense, subject to the Benefit Amount and Limitations indicated in the Schedule of Insurance, provided the attending Physician requests such services.

4. **Ambulance Expense:**

When an Insured Person's Accident requires the use of an ambulance or air ambulance, We will pay the Expense, subject to the Benefit Amount and Limitations indicated in the Schedule of Insurance.

5. **Outpatient X-Ray Expense:**

When an Insured Person's Accident requires diagnostic x-ray other than an MRI or CAT Scan, We will pay the Expense, subject to the Benefit Amount and Limitations indicated in the Schedule of Insurance, provided the attending Physician requests such services.

6. **Outpatient Laboratory Expense:**

When an Insured Person's Accident requires laboratory services or diagnostic testing other than X-ray, MRI or Cat Scan. We will pay the Expense, subject to the Benefit Amount and Limitations indicated in the Schedule of Insurance, provided the attending Physician requests such services.

7. **Outpatient MRI or CAT Scan Expense:**

When an Insured Person's Accident requires Magnetic Resonance Imaging (MRI) or Computerized Axial Tomography (CAT Scan), We will pay the Expense, subject to the Benefit Amount and Limitations indicated in the Schedule of Insurance, provided the attending Physician requests such services.

Markel Insurance Company

8. Supplemental Outpatient MRI or CAT Scan Expense:

When an Insured Person's Expense incurred exceeds the amount We pay under the aforementioned benefit (7), We will pay the Expense, subject to the Benefit Amount and Limitations indicated in the Schedule of Insurance.

9. Outpatient Emergency Room Expense:

When an Insured Person's Accident requires the use of a Hospital emergency room, We will pay the Expense, subject to the Benefit Amount and Limitations indicated in the Schedule of Insurance.

10. Outpatient Prescribed Medicines Expense:

When an Insured Person's Accident requires medicines prescribed by a Physician, We will pay the Expense, subject to the Benefit Amount and Limitations indicated in the Schedule of Insurance.

11. Supplemental Outpatient Prescribed Medicines Expense:

When an Insured Person's Expense exceeds the amount We pay under the aforementioned benefit (10), We will pay the Expense, subject to the Benefit Amount and Limitations indicated in the Schedule of Insurance.

12. Licensed Nurse Expense:

When an Insured Person's Accident requires the use of a Licensed Practical Nurse or R.N., We will pay the Expense, subject to the Benefit Amount and Limitations indicated in the Schedule of Insurance, provided the attending Physician requests such services.

13. Outpatient Durable Medical Equipment and Supplies Expense:

When an Insured Person's Accident requires the use of Durable Medical Equipment or Supplies, We will pay the Expense, subject to the Benefit Amount and Limitations indicated in the Schedule of Insurance, provided the attending Physician requests such equipment or supplies.

14. Outpatient Dental Accident Expense:

When an Insured Person's Accident results in Injury to Sound Natural Teeth, We will pay the Expense, subject to the Benefit Amount and Limitations indicated in the Schedule of Insurance.

15. Supplemental Outpatient Dental Accident Expense:

When an Insured Person's Expense exceeds the amount We pay under the aforementioned benefit (14), We will pay the Expense, subject to the Benefit Amount and Limitations indicated in the Schedule of Insurance.

Markel Insurance Company

16. Replacement of Eyeglasses, Hearing Aids or Contact Lenses Expense:

When an Insured Person's Accident results directly in damage to, and requires the replacement of eyeglasses, hearing aids or contact lenses, We will pay the Expense, subject to the Benefit Amount and Limitations indicated in the Schedule of Insurance. No benefits are payable for theft, loss or misplacement.

17. Heat Exhaustion / Heat Stroke

When an Insured Person's condition is directly due to Heat Exhaustion/Heat Stroke, We will pay the Expense, subject to the Benefit Amount or Limitations indicated in the Schedule of Insurance. Heat Exhaustion/Heat Stroke is defined as a condition caused by prolonged exposure to hot temperatures, limited fluid intake or failure of temperature regulation mechanisms in the brain.

D) Other Benefits

Accidental Death and Dismemberment Expense

Accidental Death and Dismemberment Insurance covers the Insured Person for a Loss as shown below. The Loss must result from an Accident, independent of disease or bodily infirmity. The Accident must take place while the person is insured under the Policy. Also, the Loss must take place within fifty-two (52) weeks after the Accident.

The Benefit Amount and Limitations applicable to Accidental Death & Dismemberment are indicated in the Schedule of Insurance.

The most we will pay for all Losses to an Insured Person as the result of one Accident is the Highest Single Maximum shown on the aforementioned Schedule. Loss to hands and feet means severance at or above the wrist or ankle joints. Loss of sight means total and irrecoverable loss of sight.

We will not pay for a Loss caused in any way by:

- (1) Bodily or mental infirmity or illness;
- (2) Infection; except infections which result from an Accidental Injury or infections which result from an Accidental, involuntary or unintentional ingestion of contaminated substance;
- (3) Medical or surgical treatment; except for surgery which results from an Accident;
- (4) Air travel, except as a fare-paying passenger on a regularly scheduled flight operated by a commercial airline;
- (5) War or act of war;
- (6) Taking part in a rebellion, riot or felony; or
- (7) Suicide; attempted suicide or intentional self-inflicted injury.

This Benefits Rider is attached to and becomes a part of this Policy.

Markel Insurance Company

Usual and Customary Administration Provision

Usual and Customary administration provision will apply to all Benefit Riders and Coverage Parts. Usual and Customary will be determined by Context4Healthcare at 80th percentile.



Return Completed form to:
 Seven Corners, Inc.
 303 Congressional Blvd.
 Carmel, IN 46032
 P: 877-444-5009 / F: 317-575-2256
 Markel.claims@sevencorners.com

K12 Claim Form

Instructions for Filing a Claim

1. Complete this form (including the appropriate signatures).
 2. Attach all itemized bills relating to the claim.
 3. Submit the completed form and bills to the address or fax number above.
- **In order to pay claims we must have your Social Security Number**

Part 1- POLICYHOLDER'S REPORT

Name of School		Name of Policyholder Gibson City Melvin Sibley CUSD #5		Policy Number 15312128 - 0	
Claimant's Name		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth	
Social Security Number (Required)		E-mail Address			
Claimant's Address		City	State	Zip	Phone Number
Parent's Names (if applicable)	Parent's Address (if applicable)	City	State	Zip	Phone Number

1. Date and time of accident: _____ Place where the accident occurred: _____
2. Was the injured person: Student Interscholastic Sports Participant Grade Level: _____
- FOR DENTAL CLAIMS ONLY**
3. Indicate which teeth were involved in the accident:
4. Describe condition of injured teeth prior to accident: Whole, Sound, and Natural Filled Capped Artificial
5. Nature of Injury: _____
(indicate part of body injured- e.g. broken arm, sprained ankle, etc.)
6. Describe how the accident occurred- give all possible details- must be a bodily injury due to accident: _____
7. Did the accident occur :

A. During a policyholder sponsored & supervised activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. During programmed hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. On activity premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D. While traveling directly to or from a sponsored event?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Name of the event or activity: _____ Name and Title of Supervisor: _____
9. Representative Signature _____ Title _____ Date: _____

Part 2- OTHER INSURANCE STATEMENT

Do you/spouse/parent have medical/health coverage through an employer or other source? Yes No

If Yes, Name of insurance company _____ Policy # _____

Is the Claimant enrolled as an individual, employee or dependent member of one of the following:
 Preferred Provider Organization (PPO), Health Maintenance Organization (HMO) or similar prepaid health care plan, or any other type of
 accident/health/sickness plan? Yes No

If Yes, Name of insurance company _____ Policy # _____

IF OTHER INSURANCE OR HEALTH CARE PLANS EXIST, PLEASE SUBMIT COPIES of their EXPLANATION OF BENEFITS along with your claim. IF NO OTHER INSURANCE OR HEALTH PLAN EXISTS, PLEASE READ & SIGN BELOW.

I agree that should it be determined at a later date there is insurance (or similar), to reimburse Markel Insurance Company to the extent of any amount collectible.

Claimant, Parent or Authorized Representative 's Signature: _____ Date: _____

ASSIGNMENT OF BENEFITS

For services rendered or to be rendered I hereby authorize MARKEL INSURANCE COMPANY or their representatives to pay benefits in connection with this accident or illness direct to the doctor, hospital or other rendering service. If receipted bills are submitted, the benefits are to be paid to the insured.

Claimant, Parent or Authorized Representative 's Signature: _____ Date: _____

If Authorized Representative, Relationship to Patient or Legal Designation: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I AUTHORIZE any physician, medical care provider, hospital, clinic, medical care facility, insurance company, government-sponsored health plan, or employer having information available as to diagnosis, treatment and prognosis with respect to any illness, injury, physical or mental condition, and/or treatment for me or my minor children now or in the past, to give to Markel Insurance Company (MIC) or its legal representative, any and all such information. I UNDERSTAND the information obtained by use of the Authorization will be used by MIC to determine eligibility for insurance and eligibility for benefits under any existing policy. Any information obtained will not be released by MIC to any person or organization EXCEPT as necessary in connection with the processing of this application, claim, or as may be otherwise lawfully required or as I may further authorize. I KNOW that I may request to receive a copy of this Authorization. I AGREE that a photographic copy of this Authorization shall be valid as the original. I also AGREE this Authorization shall be valid for a period of two years from the date shown below. I may revoke this authorization at any time by written request to MIC. I CERTIFY that the above information given by me in support of this claim is true and correct.

Claimant, Parent or Authorized Representative 's Signature: _____ Date: _____

If Authorized Representative, Relationship to Patient or Legal Designation: _____

PLEASE NOTE

In furnishing this or other claim forms for the convenience of the claimant, MARKEL INSURANCE COMPANY does not admit any liability or waive any rights. MARKEL INSURANCE COMPANY reserves the right to ask for other information if it is deemed necessary. All expenses incurred in connection with furnishing the necessary proof of loss are the responsibility of the covered person.

FRAUD STATEMENTS

GENERAL: 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.

ALASKA: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

ARIZONA: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS: 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.

CALIFORNIA: 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.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DELAWARE: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

DISTRICT OF COLUMBIA RESIDENTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

IDAHO: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

INDIANA: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

LOUISIANA: 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.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

MARYLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MINNESOTA: A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.

NEW HAMPSHIRE: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NEW JERSEY: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NEW MEXICO: 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 civil fines and criminal penalties.

NEW YORK: 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.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

PENNSYLVANIA: 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 act, which is a crime and subjects such person to criminal and civil penalties.

RHODE ISLAND: 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.

TENNESSEE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

TEXAS: 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.

VIRGINIA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

WEST VIRGINIA: 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.



Markel Insurance Company

PRIVACY NOTICE

We are committed to safeguarding your privacy. We understand your concerns regarding the privacy of your nonpublic personal information. No nonpublic personal information is required to be collected when you visit our websites; however, this information may be requested in order to provide the products and services described. We do not sell nonpublic personal information to non-affiliated third parties for marketing or other purposes. We only use and share this type of information with non-affiliated third parties for the purposes of underwriting insurance, administering your policy or claim and other purposes as permitted by law, such as disclosures to insurance regulatory authorities or in response to legal process. Notwithstanding the foregoing, we may use this information for the purpose of marketing our own products and services to you.

We collect nonpublic personal information about you from the following sources:

- Information we receive from you on applications or other forms;
- Information about your transactions with us, our affiliates, or others; and/or
- Information we receive from consumer reporting agencies and inspection reports.

We do not disclose any nonpublic personal information about our customers/claimants or former customers/claimants to anyone, except as permitted by law.

We may disclose nonpublic personal information about you to the following types of third parties:

- Service providers, such as insurance agents and/ or brokers and claims adjusters; and/or
- Other non-affiliated third parties as permitted by law.

We restrict access to nonpublic personal information about our customers/claimants to those individuals who need to know that information to provide products and services to our customers/claimants or as permitted by law. We maintain physical, electronic, and procedural safeguards to guard your nonpublic personal information.

Residents of California:

You may request to review and make corrections to recorded non-public personal information contained in our files. A more detailed description of your rights and practices regarding such information is available upon request. Please contact your agent/broker for instructions on how to submit a request to us.