



Learning for Life Accident Plan



This brochure describes the Accident Insurance Plan, arranged for you by Learning for Life which we recommend.

Although Learning for Life programs are designed for safety, accidents may happen.

This insurance program is designed to help meet the costs of medical care, paralysis, dismemberment and death. Claims involving medical and surgical treatment are payable on a Primary Excess basis as described below.

Please review this brochure carefully to learn the facts about the plan, including its benefits and limitations, the enrollment and claim handling procedures.

Who is to be insured?

All Learning for Life participants in the group or post must be insured. The Leaders and committees, as a group, may be insured at their option.

New participants

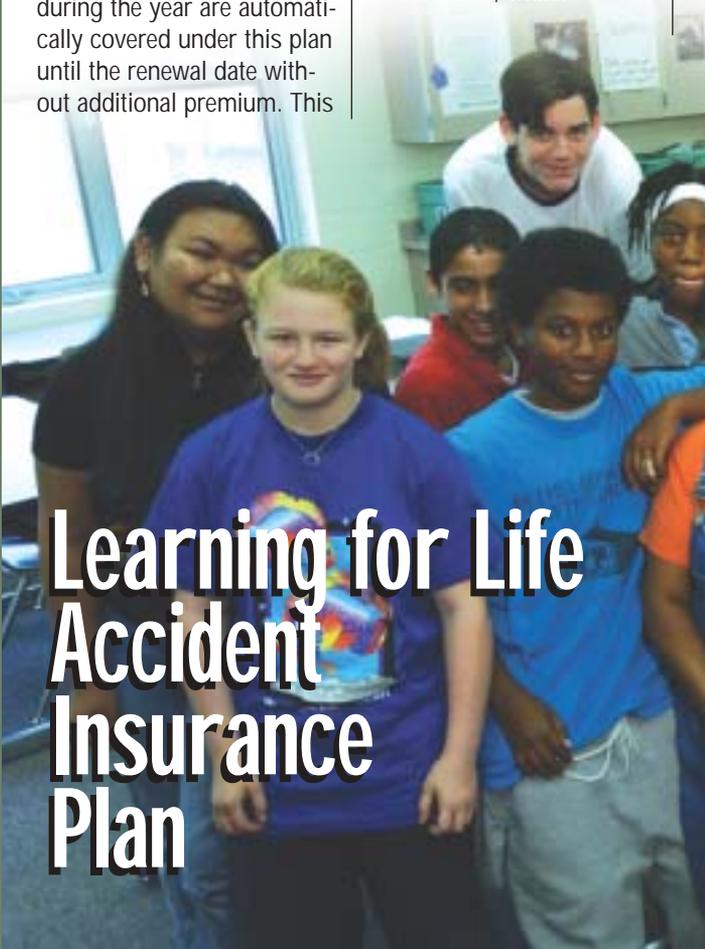
New participants added during the year are automatically covered under this plan until the renewal date without additional premium. This

includes the Leaders and committees, if insured.

Guests attending scheduled activities for the purpose of being encouraged to become leaders or participants are automatically insured at no additional cost. Other guests are not covered.

What does this insurance cover?

The insurance provides benefits, while the coverage is in force, for injuries to an insured person, anywhere in the world, while:



Learning for Life Accident Insurance Plan

■ Participating in an official Learning For Life activity, and,

■ Traveling to and from an official Learning for Life activity.

What will it cost?

The annual cost is \$.74 for each Learning for Life participant and \$2.26 for each Explorer post participant. (Leaders pay the same rate as the unit they represent.) There is a \$20.00 minimum annual premium required to secure coverage.

Premium for youth and leaders is to be calculated on the basis of 100% of the participants of the unit, using the appropriate rate from above.

When does the coverage begin?

Coverage becomes effective on the date the enrollment form and annual premium payment are received by *Health Special Risk, Inc.*, or at a later date if requested.

What are the benefits?

Benefits for Accidental Death,* Dismemberment and Paralysis

When injuries to the Insured result in death or dismemberment within one

year from the date of the covered accident, and from loss which is independent of sickness and all other causes, the Company will pay as follows. In the event of multiple losses or death resulting from any one covered accident, only one benefit is payable...the larger amount applicable.

*Includes loss of life resulting from Heart Failure within 90 days from the date of participating in an approved Learning for Life activity

■ **\$10,000 Accidental Death Benefit Up to \$20,000 for Dismemberment and Loss of Sight Benefits**

Continued on the next page



For loss of a combination of any two — arm, leg, hands, feet or eyesight, the Company will pay the full benefit of \$20,000. For loss of one — arm, leg, hand, foot or eye, the Company will pay full benefit of \$5,000. For loss of thumb and index finger, \$2,500. As defined in the policy, loss of hand or foot means complete severance. Loss of sight means total, uncorrectable and irrecoverable loss of sight. Severance means the complete separation and dismemberment of the part from the body.

■ Up to \$20,000 for Paralysis

When injuries result in paraplegia, hemiplegia or quadriplegia commencing within 60 days after the covered accident and continuing for one year, the Company will pay \$10,000 for paraplegia or hemiplegia and \$20,000 for quadriplegia. "Paraplegia" means complete loss of function of the lower extremities of the body with involvement of both legs. "Hemiplegia" means complete loss of function of one side of the body with involvement of the arm and leg. "Quadriplegia" means complete loss of function of both the upper and lower extremities of the body with involvement of both arms and both legs.



Benefits for medical expenses, dental treatment and ambulance services

■ Up to \$15,000 for Medical Expense Benefits

For each covered accident, benefits in the aggregate of up to \$15,000 are payable for medical or surgical treatment beginning within 60 days from the date of the accident, prescription drugs or for hospitalization or the exclusive services of a private duty nurse (RN or LPN). Benefits will be paid for expenses incurred for the usual and customary charges normally made within the geographic area where treatment is per-

formed. Payment of benefits is subject to the Primary Excess Provision explained below.

■ Up to \$5,000 for Dental Treatment

Pays for dental injuries, up to a total of \$5,000 for repair treatment and/or replacement of sound, natural teeth. If, within the 52-week period following the date of the covered accident, the Insured's attending dentist certifies that dental treatment and/or replacement must be deferred beyond such 52-week period, the Company will pay the estimated cost of such treatment; however, benefits shall not exceed a total of \$5,000. This benefit shall be paid in addition to any other benefit.



■ Up to \$6,000 for Ambulance Services Benefit

Pays for air ambulance service when, in the judgment of the duly authorized medical authority or the senior representative of the camp or activity, such service is needed to facilitate treatment of injuries and no other ambulance service is available.

Pays for professional ambulance service for surface transportation to a hospital. These benefits shall be in addition to any other benefit payable under the terms of this plan.

Benefits for medical expenses, dental treatment and ambulance services are payable for services or treatment performed and

supplies furnished within 52 weeks of the date of the covered accident. Treatment must begin within 60 days of the date of the accident.

■ Primary Excess Provision

When surgical treatment or hospital care is involved, benefits in excess of the first \$300 will be payable only for the expenses shown above which are not recoverable under any other insurance policy or service contract. If no other collectible insurance is available, this Primary Excess Provision will not apply.

Specified injury benefits

Injury maximum of up to \$35,000 will be paid for medically necessary treatment due to the following specified injuries: (a) loss of sight in both eyes; (b) dismemberment (see above); (c) paralysis;



(d) irreversible coma; (e) entire loss of speech; (f) loss of hearing in both ears.

“Irreversible Coma” means: (a) state of unconsciousness in which there is a cessation of activity in the central nervous system as demonstrated by an electroencephalogram (using criteria established by the American Electroencephalography Society); and (b) a diagnosis of brain death by the attending Legally Qualified Physician.

■ Weekly Disability Indemnity Benefits

All adult leaders 21 years of age or older are eligible for this benefit.

When covered injuries result in Total Disability beginning within seven (7) days after the date of an accident, the Company will pay benefits for one day or more during such Total Disability at the rate of \$200 for each full week, not to exceed 52 weeks for any one covered accident. Benefits begin on the date of the first medical treatment during Total Disability.

(Total Disability means an insured member: (1) if employed, cannot do any work for which he or she is, or may become, qualified by reason of education, experience or training; and (2) if not employed, cannot perform the normal and

customary activities of a healthy person of like age and sex.)

EXCLUSIONS — The policy does not cover: (a) the cost of medical or surgical treatment or nursing service rendered by any person employed or retained by Learning for Life or by any immediate family or member of the insured person's household; (b) loss caused by suicide or any attempted suicide; (c) loss caused by intentionally self-inflicted injuries; (d) eyeglasses, contact lenses, hearing aids, examinations or prescriptions for them or replacement thereof; (e) loss caused by war or any act of war, whether declared or not; (f) dental treatment or dental X-rays, except for injuries to sound, natural teeth; (g) treatment of sickness, disease or infections except pyogenic infections or bacterial infections that result from the accidental ingestion of contaminated substances; (h) Injury paid or payable by worker's compensation, Employer's Liability Laws or similar occupational benefits.

How to enroll

Complete the enclosed enrollment form. One enrollment form should be completed for each unit to be insured.

Make your check or money order for the annual premium payment payable to **Health Special Risk, Inc.** Do not send cash.



Mail your completed enrollment form and annual premium payment to **Health Special Risk, Inc.** at least two weeks prior to the desired effective date.

Coverage becomes effective on the date the enrollment form and annual premium payment are received by **Health Special Risk, Inc.** or at a later date if requested.

A Description of Coverage and claim forms will be mailed to the person whose name is on the enrollment form following acceptance of the enrollment form.

This booklet provides a brief description of the important features of the

insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policy issued to Learning for Life under policy number PTP N00864857. The policy is subject to the laws of the state in which it is issued. Please keep this information as a reference.

Administered by
Health Special Risk, Inc.
HSR Plaza
4001 N. Josey Lane
Carrollton, TX 75007-1520
Toll free: 1-866-726-8870

Underwritten by
ACE American Insurance
Company
Philadelphia, Pennsylvania

Important questions and answers about the plan

Q. What is an official Learning for Life activity?

A. An activity carried out by youth who are participants under the approval and overall supervision of group or post leaders, in keeping with the policies and standards of Learning for Life.

Q. Must leaders and committees be covered?

A. No. Coverage is optional. If elected, all must be insured.

Q. What rate must leaders and committees pay for this insurance?

A. The same rate, which applies to the youth participants, applies to them (i.e., Learning for Life \$.74 and Explorers \$2.26).

Q. If new participants join our unit after we have applied for the insurance, are they covered?

A. Yes. New participants are automatically covered as soon as their applications are processed until the renewal date of your Description of Coverage. No additional premium is necessary.

Q. Are guests covered?

A. Only guests who are being encouraged to become participants or leaders are automatically covered at no extra cost while in attendance at a meeting or group/post activity or while traveling as a group or post to or

from such Learning for Life activity. Other guests are not covered.

Q. Who applies for this insurance?

A. The group or post leader or the leader's representative should apply for the insurance. Please refer to *How to Enroll* for details.

Q. For what period of time does coverage remain in force?

A. A Description of Coverage will be issued for one year from the date the properly completed enrollment form and annual premium are received by Health Special Risk, Inc., or from the date requested, if it is later.





ENROLLMENT FOR ACCIDENT INSURANCE PROGRAM

HSR ADMINISTRATIVE USE ONLY

DATE RECEIVED:

CHECK NUMBER:

DATE ENROLLED:

CONFIRMATION SENT:

Number of _____ Youth Participants (total annual participation)

+ _____ Leaders, Committeeperson (optional as a group)

Total

The Confirmation of Coverage and claim forms will be emailed to the Leader of the Unit to be insured listed below. Please be sure to include the Leader's email address in the space below. Please allow a minimum of 10 business days upon receipt by HSR for processing and issuing of the Confirmation of Coverage.

Please check one:

Learning for Life Explorers (Rate: \$2.26 each)

Learning for Life Non-Explorers (Rate: \$0.74 each)

Total # _____	X Rate _____	= \$ _____	Due
<small>NOTE: There is a \$20.00 minimum annual premium required to secure coverage.</small>			

LEADER'S NAME		UNIT NUMBER
ADDRESS		TELEPHONE NUMBER
CITY	STATE	ZIP
EMAIL ADDRESS		SECONDARY EMAIL ADDRESS
COUNCIL NAME		COUNCIL NUMBER
COUNCIL CITY	STATE	DESIRED EFFECTIVE DATE

Please enclose a check or money order payable to and mail to:

Health Special Risk, Inc.

P.O. Box 676052

Dallas, Texas 75267-6052

Toll-free: 1-866-726-8870 • christina@hsri.com

All coverages underwritten by ACE American Insurance Company, Philadelphia, PA

HSR-LFL-LFLA (08-05)



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