



Westminster College

("the Policyholder")

2015 – 2016 Student Accident Insurance Plan

("the Plan")

Underwriter Reference Number: SRG9144899A

Insurance underwritten by: National Union Fire Insurance Company of Pittsburgh, Pa., with its principal place of business in New York, NY ("the Company")

Please keep this brochure as a general summary of the insurance. This is only a brief description of accident coverage available under policy series C11695DBG-PA. The Policy on file at the College contains definitions, reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in the Policy. If there is any conflict between the contents of this document and the Policy, the Policy shall govern. Insurance and services provided by member companies of American International Group, Inc. For additional information, please visit our website at www.AIG.com.

Coverage under the policy does not constitute comprehensive health insurance coverage (a/k/a/ "major medical insurance"). It therefore does not satisfy the "minimum essential coverage" requirements of the Patient Protection and Affordable Care Act.



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STUDENT ACCIDENT INSURANCE PLAN ELIGIBILITY

All Students, Student Athletes, Student Trainers, Student Managers, and Student Coaches of the Policyholder while participating as a member of a Policyholder team in a scheduled game, official tournament game or practice session or while traveling to or from such game or practice session or any other school sponsored and supervised activity. The cost for the coverage will be paid for by the Policyholder.

EFFECTIVE AND TERMINATION DATES

The Policy is effective at 12:01 a.m. on August 1, 2015 and terminates at 12:01 a.m. on August 1, 2016. An Insured's coverage under the Policy begins. on the latest of: (1) the Policy effective date; or (2) the date for which the first premium for the Insured's coverage is paid; or (3) the date the person becomes a member of an eligible class of persons as described in the Policy. An Insured's coverage under the Policy ends on the earliest of: (1) the date the Policy is terminated, (2) the end of a period for which premiums have been paid, or (3) the date the Insured ceases to be a member of any eligible class(es) of persons as described in the Policy.

PRIMARY EXCESS PROVISION

This provision applies after the first \$100 of incurred expenses when an Insured has Accident Medical Expense; Heart and/or Circulatory Expense coverage (herein called This Plan) under the Policy and health care coverage under one or more other Plans. When there is a basis for a claim under This Plan and another Plan, This Plan is an excess plan which has its benefits determined in excess of the benefits of the other Plan as described below, unless both : (1) the other Plan has coordination or excess benefits rules that require its benefits to be determined in excess of the benefits of This Plan; and (2) This Plan has covered the Insured longer than the other Plan has. When This Plan is an excess plan, the benefits of This Plan for any Allowable Expenses will be reduced when the sum of:

1. the benefits that would be payable for those Allowable Expenses under This Plan in the absence of this provision; and
 2. the benefits that would be payable for those Allowable Expenses under the other Plans in the absence of provisions with a purpose like that of a coordination or excess benefits provision, whether or not claim is made:
- exceeds the amount of those Allowable Expenses. In that case, This Plan's benefits will be reduced so that they and the other Plans' benefits do not total more than the amount of those Allowable Expenses.

ACCIDENTAL DEATH AND DISMEMBERMENT

Accidental Death and Dismemberment Aggregate Limit: \$250,000 per accident

Accidental Death Benefit Maximum Amount: \$1,000

-If injury to the insured results in death, the Company will pay 100% of the Accidental Death Maximum Amount.

Accidental Dismemberment Benefit Maximum Amount: \$1,000

-If injury to the insured results, within 365 days of the date of the accident that caused the Injury, in any one of the losses specified below, the Company will pay the percentage of the Accidental Dismemberment Maximum Amount shown below for that loss.

For Loss Of	Maximum Amount
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and the Sight of One Eye	100%
One Foot and the Sight of One Eye	100%
One Hand or One Foot	50%
The Sight of One Eye	50%

“Loss” of a hand or foot means complete severance through or above the wrist or ankle joint. “Loss” of sight of an eye means the total, irrevocable loss of the entire sight in that eye.

If more than one loss is sustained by an Insured as a result of the same accident, only one amount, the largest, will be paid.

HEART AND/OR CIRCULATORY BENEFIT

(This benefit is not payable in addition to the Accidental Death Benefit)

Accidental Death Benefit Maximum Amount: \$1,000

Accident Medical Expense Benefit Maximum Amount: \$500

If an Insured suffers a heart and/or circulatory malfunction that results in death as a direct result of participating in a covered activity, the Company will pay the Accidental Death Benefit and Accident Medical Expense Benefit as shown in the Benefit Schedule provided that: (1) the symptom(s) of such malfunction(s) is (are) first medically treated while the Policy is in force with respect to such Insured and within 72 hours after such participation, and (2) such Insured has not, within the last 2 years, prior to the date of such participation in the covered activity, been diagnosed with, or received any medication for any myocardial infarction, angina pectoris, coronary thrombosis or a cerebral vascular incident.

DEFINITIONS

“**Injury**” means bodily injury: (1) which is sustained as a direct result of an unintended, unanticipated accident that occurs while the insures person’s coverage under the Policy is in force; (2) which occurs while such a person is participating in a covered activity and (3) which directly (independent of sickness, disease or any other cause) causes a covered loss.

“**Insured**” means a person: (1) who is a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Policy on file with the Policyholder; (2) for whom premium has been paid; and (3) while covered under the Policy.

“**Medically Necessary**” means a Covered Accident Medical Service that: (1) is essential for diagnosis, treatment or care of the Injury for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a physician and performed under his or her care, supervision or order.

Usual and Customary Charge(s) - means a charge that: (1) is made for a Covered Accident Medical Service; (2) does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred; or (3) is a negotiated fee; and (4) does not include charges that would not have been made if no insurance existed.

ACCIDENT MEDICAL EXPENSE

Maximum Amount: \$500

If an Insured suffers an Injury that, within 90 days of the date of the accident that caused the Injury, requires him or her to be treated by a physician, the Company will pay 100% of the Usual and Customary Charges incurred for Medically Necessary Covered Accident Medical Services received due to that Injury, up to the maximum amount of \$500 per Insured for all Injuries caused by the same accident. Benefits are payable for charges incurred within 104 weeks after the date of the accident causing the Injury.

Covered Accident Medical Service(s) - means any of the following services:

1. services of a Physician;
2. private duty nursing by a registered nurse (R.N.);
3. laboratory tests;
4. radiological procedures;
5. anesthetics and the administration of anesthetics;
6. blood, blood products and artificial blood products, and the transfusion thereof;
7. physical therapy;
8. occupational therapy;
9. rental of Durable Medical Equipment;
10. artificial limbs, artificial eyes or other prosthetic appliances;
11. medicines or drugs administered by a Physician or that can be obtained only with a Physician's written prescription.
12. use of an Ambulatory Medical Center;
13. Hospital emergency room or Ambulatory Medical Center;
14. Hospital's most common charge for semi-private room and board (or room and board in an intensive care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room);
15. local ambulance service to or from a Hospital.

EXCLUSIONS AND LIMITATIONS

No coverage shall be provided under the Policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or a natural and probable consequence of any of the following excluded risks:

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury.
2. sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these.
3. the Insured's commission of or attempt to commit a felony.
4. infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition.
5. declared or undeclared war, or any act of declared or undeclared war, except if specifically provided by the Policy.
6. participation in any team sport or any other athletic activity, except participation in a covered activity.
7. full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded).
8. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured is:
 - a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
 - b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or
 - c. riding as a passenger in an aircraft owned, leased or operated by the Policyholder or the Insured's employer.
9. the Insured being under the influence of intoxicants.
10. the Insured being under the influence of any narcotic unless taken under the advice of and as specified by a physician.
11. the medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment.

12. stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm.
13. any condition for which the Insured is entitled to benefits under any Workers' compensation Act or similar law.
14. the Insured riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground.
15. any loss incurred while outside the United States, its Territories or Canada.
16. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing durable medical equipment unless for the purpose of modifying the item because Injury has caused further impairment in the underlying bodily condition due to a covered Injury,
17. new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement of sound natural teeth (includes natural teeth that have been restored to their normal function) damaged or lost as a result of Injury up to the Maximum shown in the Benefit Schedule in the Policy on file with the Policyholder.
18. new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless Injury has caused impairment of sight due to a covered Injury; or repair or replacement of existing eyeglasses or contact lenses unless for the purpose of modifying the item because Injury has caused further impairment of sight due to a covered Injury.
19. new hearing aids or hearing examinations unless Injury has caused impairment of hearing due to a covered Injury; or repair or replacement of existing hearing aids unless due to a covered Injury or repair or replacement of existing hearing aids unless for the purpose of modifying the item because Injury has caused further impairment of hearing due to a covered Injury.
20. rental of durable medical equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company's sole judgment, Accident Medical Expense benefits for rental of durable medical equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary Covered Accident Medical Expense in lieu of such rental expense).
21. any charge for medical care for which the Insured is not legally obligated to pay.
22. care, treatment or services provided by an Insured or by an immediate family member.
23. routine physical exam and related medical services.
24. personal comfort or convenience items, such as but not limited to, hospital telephone charges, television rental, or guest meals while confined in a hospital except durable medical equipment.
25. elective treatment or surgery.
26. experimental or investigative treatment or procedures.
27. treatment for temporomandibular dysfunction.
28. care, treatment or services provided by persons retained or employed by the Policyholder; or for supplies, prescriptions or medicines paid for or reimbursable by the Policyholder, or for which a charge is not made.
29. mental illness, psychological or psychiatric counseling of any kind, mental and nervous disease or disorders and rest cures.
30. educational or vocational testing or training.
31. detached retina unless due to an Injury.
32. plastic or cosmetic surgery.
33. charges that are payable under motor vehicle medical benefits.
34. hernia.

AGGREGATE LIMIT

The maximum amount payable under the Policy may be reduced if more than one Insured suffers a loss as a result of the same accident, and if amounts are payable for those losses under one or more of the following Benefits provided by the Plan: Accidental Death Benefit, Accidental Dismemberment Benefit. The maximum amount payable for all such losses for all Insureds under all those benefits combined will not exceed the amount shown as the Aggregate Limit. If the combined maximum amount otherwise payable for all Insureds must be reduced to comply with this provision, the reduction will be taken by applying the same percentage of reduction to the individual maximum amount otherwise payable for each Insured for all such losses under all those benefits combined.

LIMITATION ON MULTIPLE COVERED ACTIVITIES

If an Insured person's Injury is caused by an accident that occurs while the Insured is participating in more than one covered activity applicable to that Insured, and if the same benefit applies to that Insured with respect to more than one such covered activity, then for Policy purposes the Maximum Amount for that benefit for that Insured for that accident will be determined as though the accident occurred while the Insured was participating in only one such covered activity, the one with the largest Maximum Amount for that benefit for that person.

CLAIM PROCEDURES/QUESTIONS

In the event of Injury, the student should:

1. Report at once to the Student Health Center for treatment or referral, or when not in school, to the nearest doctor or hospital.
2. Mail to the address below a completed Company claim form, available online at <http://www.nahgaclaims.com/contact>, all medical, hospital bills, and referrals from Student Health Center, along with the insured student's name, address, social security number and name of the college or university insurance plan under which the student is insured.
3. Written proof of loss must be furnished to the Company within 90 days after the date of the loss. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required.

Submit all Claims to:

NAHGA Claims Services
P.O. Box 189
Bridgton, ME 04009-0189

Claims Questions:

NAHGA Claim Services Toll Free 1-800-952-4320
Email: NCSP@nahgaclaims.com

PLAN ADMINISTRATOR

Borden Perlman Insurance Agency
250 Phillips Boulevard
Suite 280
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1-800-932-4476

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