



**GROUP ACTIVITIES ACCIDENT POLICY**

**Policy # A OK49897**

**OKLAHOMA 4-H \***

| <b>TABLE OF BENEFITS</b>   | <b>Maximum Benefits</b> |
|--|-------------------------|
| For expenses incurred within 52 weeks of the date of Accident for Medical and Surgical Treatment, X-Ray Charges, Hospital Confinement, Ambulance Expense and Prescriptions up to.... | <b>\$5,000.00</b>       |
| For Dental Expenses incurred within 52 weeks of Accident, involving sound, natural teeth...  | <b>\$1,000.00</b>       |
| For losses within 100 days of Accident which result in the loss of life...   | <b>\$5,000.00</b>       |
| For losses within 100 days of Accident which cause loss of both hands or both feet, or one hand and one foot, or the total and irrecoverable loss of sight of both eyes...           | <b>\$10,000.00</b>      |
| For losses within 100 days of Accident which cause the loss of one arm, leg foot or one hand...  | <b>\$5,000.00</b>       |
| For losses within 100 days of Accident which cause the loss of sight of one eye...   | <b>\$3,000.00</b>       |

The policy provides **PRIMARY, NO-DEDUCTIBLE** coverage as outlined above.

**This policy does not cover the following:**

1. Illness
2. Eyeglass replacement of prescriptions
3. Hernia in any form
4. Suicide, self-destruction or any attempt thereat
5. Pregnancy
6. Pre-existing conditions within the last 6 mo.
7. Loss covered by Worker's Comp
8. Treatment by self, family members, or person employed by the policyholder
9. Participation in snow tubing, tobogganing, or bobsledding
10. Dental treatment other than injury to sound, natural teeth
11. Accident while under the influence of alcohol, drugs or any other intoxicant

**Certificate of Insurance**

We hereby certify that application has been received and we have bound medical coverage as outlined above for all members and eligible leaders of:

**OKLAHOMA 4-H \***

**Policy # A OK49897**

**Valid through: Sep-1-2020**

*William Vain*

Authorized Rep. Of AIL