

This folder explains the general purposes of the insurance described, but in no way changes or affects the insurance provided under the group policy 57 SR 560999 (accident) or 57 CH 144856 (sickness) actually issued. All coverages are subject to actual policy conditions and exclusions.

Arranged by:  
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**HARTFORD LIFE & ACCIDENT**  
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Hartford, Connecticut 06115

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## CALIFORNIA 4-H



## ACCIDENT/ SICKNESS INSURANCE PROGRAM

Sponsored by:  
**THE UNIVERSITY OF CALIFORNIA**  
COOPERATIVE EXTENSION  
DIVISION OF AGRICULTURE & NATURAL RESOURCES

## Blanket Accident/Sickness Insurance Program

### Who is covered?

4-H members and volunteer leaders are protected when taking part in or attending an approved, regularly supervised activity. One time participants are also covered. They're also covered while traveling to or from a unit activity, and while traveling directly between home and a group meeting place for a scheduled activity.

### What is covered?

The California 4-H Accident Insurance Program is an "accident" and "sickness" policy. It is designed to provide benefits to group members for certain losses resulting from a covered accident or illness, subject to the limitations of the policy.

### Exclusions

This policy does not cover loss resulting from: sickness or disease (except as mentioned in sickness coverage), intentionally self-inflicted injuries, suicide or attempted suicide, whether sane or insane; flying in any aircraft other than a regularly scheduled airline; injury sustained as a team member while practicing for or participating in any athletic game, event or tournament sponsored by or under the direction of any organized amateur league, conference or association, or traveling to or from such practice or participation; while participating in an activity which constitutes competition between a person and an animal; expenses incurred for the repair or replacement of existing dentures, partial dentures, braces, fixed or removable bridges, or other artificial dental restoration; expenses incurred for the repair or replacement of artificial limbs or orthopedic braces.

### How do I file a claim?

Claim forms can be obtained from your 4-H leader or advisor. Complete Section III of the form and attach your medical claims from the accident or illness or have the provider complete the Attending Physician's statement on the reverse side of the form. If you have paid the claim, please indicate in Section III that reimbursement is to go to the claimant.

The supervising Leader or Advisor will complete Section II of the form and send it to the Cooperative Extension County Office. The Advisor in the Cooperative Extension Office will complete section I of the form and forward it to The Hartford for processing. Please be sure that all questions are answered including type of activity and County.

## What are the Benefits?

### A. Accidental death

If an injury results in loss of life within 180 days after the date of accident. The Hartford will pay the Accidental Loss of Life benefit of \$5,000.00.

### B. Loss of sight and dismemberment

If an injury results in loss of sight or dismemberment within 180 days after the date of accident, The Hartford will pay as shown below:

sight of both eyes	\$15,000.00
both hands or both feet	\$15,000.00
one hand and one foot	\$15,000.00
either hand or foot and sight of one eye	\$15,000.00
either hand or foot	\$ 7,500.00
sight of one eye	\$ 7,500.00
thumb and index finger of either hand	\$ 3,750.00

Loss of hand or foot means severance through or above the wrist or ankle joint. Loss of eye means entire and irrecoverable loss of sight. Loss of thumb and index finger means actual severance through or above metacarpophalangeal joints.

The Hartford will not pay more than the largest amount shown for all losses due to the same accident.

### C. Accident medical coverage

Subject to the maximum benefit of \$7,500.00, The Hartford will pay the reasonable and customary expenses\* for necessary medical or surgical treatment, services or supplies if the first expense is incurred within 52 weeks of date of accident. For any one accident, all covered expenses will be paid up to the Maximum Amount if they are incurred within two years from the date of accident. Injury to natural teeth is payable to a maximum of \$1,000.00.

### D. Sickness coverage

In addition to Accident Benefits, there is sickness coverage for 4-H sponsored camps or other trips. When a member becomes ill on such a trip or event, The Hartford will pay the reasonable and customary expenses\* for necessary medical or surgical treatment, services or supplies if the first expense is incurred within 30 days after the sickness begins. For any one sickness, all covered expenses will be paid up to the Maximum Amount of \$2,000.00 if they are incurred within 52 weeks from the date of the sickness.

\* Reasonable and customary expenses means the amount of such expenses which are not in excess of the average charges made for such medical or surgical treatment, services or supplies in the locality where treatment, services or supplies are received, taking into consideration the nature and severity of the injury.