

**4-H ACCIDENT INSURANCE
FACT SHEET**

4-H clubs can choose from several accident insurance policies for 4-H members and leaders in clubs, and for members, leaders, non-members and other adults at special events. They are outlined on these pages. Brochures are either attached or are available through your regional Extension office.

For 4-H Club members and leaders:

1. American Income Life Insurance Company, P. O Box 50158, Indianapolis, Indiana 46250;
Phone: (317)849-5545; 1-800-849-4820

Cost: \$1 per person per year (\$2 for horse projects, motorcycle projects and team sports)

Maximum Benefits: \$1500 medical and hospital expenses resulting from injuries
 \$2500 loss of life*
 \$5000 loss of any two: arms, legs, feet or hands, or both eyes*
 \$2500 loss of any one: arm, leg, foot or hand*
 \$1500 loss of sight of one eye
 \$100 dental expense due to injury of sound natural teeth
 *When injury results in any of these losses within 100 days of the accident,
 these maximum benefits will be paid in addition to any other expenses
 covered.

All members of a club must be insured. Insurance covers each registered member (with current registration forms in the county extension office), leaders optional, while participating in or attending regularly approved and adult supervised group activity. It includes full coverage while traveling directly to and from the member's home and the meeting place for the purpose of participating in scheduled group activity.

Special Features: Covers expenses incurred within 52 weeks from date of accident
 Automatic coverage of new members
 Optional coverage for adult leaders
 Prompt claim service
 Full coverage - no deductible

Not Covered: Eyeglass replacement
 Denture replacement or repair
 Suicide
 Hernia in any form
 Illness
 Air Travel
 Injuries sustained in Rodeo events
 Losses covered under Medicare or any plan of Workman's Compensation
 Injuries sustained while tobogganing, skiing, sledding and tubing
 Age 5-7 livestock, firearms, and motorized vehicle projects
 Children under age 5

For Club members, leaders, youth and adults participating in 4-H sponsored activities:

3. Special Events and Activities Coverage for Accident or Illness from American Income Life Insurance Co., P.O. Box 50158, Indianapolis, Indiana 46250; Phone: 317-849-5545

Often used by Extension when sponsoring events, occasionally a 4-H leader will choose this insurance. It is for special events or activities involving more people than the immediate club. The reasons for choosing this coverage would be to cover participants who are not insured by the club plan or to add more coverage, including illnesses, than the club plan provides. Events might include camps, conferences, fairs, field days, clinics, tours, meetings and includes group travel to and from the activity. Please note that the club plan covers activities of that club only.

It is required that group travel be accompanied by an Adult Leader approved and recognized by the Extension Service. The travel time must be included in the approximate number of days for which the insurance is applied.

The coverage offers three plans. Leaders select a plan and estimate the number of people attending when applying for the coverage. Applications can be sent to the company by fax. After the event, the leader verifies the exact attendance and pays the bill. It is important to note that the maximum benefit payable for accidents involving horses or winter sports (skiing, tobogganing, bobsledding or tubing) will be according to Plan #1 (which pays the least benefit of the three plans) regardless of which plan was selected in the application.

Benefits:

1. For expense incurred within 52 weeks of the date of accident for medical and surgical treatment, x-ray examination, hospital confinement and ambulance expense up to a maximum of:

Plan #1: \$500 (15 cents per day per person)	Plan #2: \$2000 (20 cents per day per person)	Plan #3: \$3000 (23 cents per day per person)
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2. Dental services incurred within 52 weeks of the accident, involving sound natural teeth, up to a maximum of:

Plan #1: \$100	Plan #2: \$300	Plan #3: \$500
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3. Medical and hospital expense for illness having its inception on the day or days this policy is in force, up to a maximum of:

Plan #1: none	Plan #2: \$500	Plan #3: \$1000
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4. For medical expenses from these specified diseases: poliomyelitis, diphtheria, scarlet fever, smallpox, tetanus, cerebrospinal meningitis, typhoid fever, leukemia or primary encephalitis, up to a maximum of:

Plan #1: none	Plan # 2: \$3000	Plan #3: \$3,500
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5. For losses within 100 days of the accident which result in the loss of life

Plan #1: \$1000

Plan #2: \$2500

Plan #3: \$3000

6. For losses within 100 days of the accident which cause loss of both hands, of both feet, or the total sight of both eyes or one hand and one foot:

Plan #1: \$3000

Plan #2: \$6000

Plan #3: \$7500

7. For losses within 100 days of the accident which cause the loss of one hand or one foot or sight of one eye

Plan #1: \$1000

Plan #2: \$1500

Plan #3: \$2500

Not Covered: eyeglass replacement
suicide
aviation accidents
pre-existing conditions
Any claim arising from the use of intoxicants or non-prescribed drugs
Staff employees who are covered under a plan of Workman's Compensation or
any loss covered under Medicare

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