

#### **PAYMENT OF CLAIMS**

Indemnity for loss of life will be payable in accord with the beneficiary designation made in writing by the Insured and on file with the Company. In the absence of such beneficiary designation, or in the event the designated beneficiary predeceases the Insured, indemnity for loss of life will be paid to the first of the following surviving beneficiaries: the Insured's: (a) lawful spouse; (b) child or children, jointly; (c) parents, jointly if both are living, or the surviving parent if only one survives; (d) brothers and sisters, jointly; (e) estate. Any other accrued indemnities unpaid at the Insured's death may, at Our option, be paid either to the Insured's beneficiary or to his or her estate. All other indemnities will be payable to the Insured.

#### **EXCLUSIONS AND LIMITATIONS**

No coverage is provided for: (a) expense or loss for suicide or intentionally self-inflicted injury while sane; (b) Injuries caused by an act of declared or undeclared war; (c) Injuries received while in the armed service (upon notice to us of entry into an armed service, the pro rata premium will be refunded); (d) Injuries received while acting as a pilot or crew member; (e) Injuries resulting from air travel, except while as a passenger for transportation only; (f) Injuries resulting from the Insured's engagement in or attempt to commit a felony or being engaged in an illegal occupation; (g) Injuries received while under the influence of any controlled substance, unless administered on the advice of a Legally Qualified Physician; (h) Injuries received while Intoxicated as specifically defined in the policy; (i) Injuries sustained while traveling other than as specifically stated in the policy; (j) the cost of eyeglasses, contact lenses or examinations for either; (k) the cost of dental treatment, except as specifically provided for Injuries to sound, natural teeth; or (l) Injuries covered by workers' compensation or employer's liability laws.

**This description of coverage summarizes the provisions of the policy issued to the National High School Rodeo Association and its Wrangler Junior Division under policy form T5MP. Should there be any discrepancy between the policies and this description, policy provisions will prevail.**



**Mutual of Omaha**

**Underwritten by Mutual of Omaha Insurance Company**

**Home Office: Omaha, Nebraska**

## ***National High School Rodeo Association And Wrangler Junior Division***

### ***Accident Insurance Description of Coverage***

Insurance benefits are underwritten by Mutual of Omaha Insurance Company under Master Policy T5MP-50555 issued to the National High School Rodeo Association (NHSRA) and Master Policy T5MP-50676 issued to NHSRA – Wrangler Junior Division. This document is a brief description of the benefits payable under those policies.

M23467\_0608

Policy Form T5MP

**ELIGIBILITY**

Class 1: All dues paying NHSRA student members, adult officers, directors and committeemen of member associations, if so elected.

Class 2: All dues paying NHSRA Wrangler Junior Division student members in good standing.

**EFFECTIVE DATE OF COVERAGE**

Your effective date of coverage shall be the policy date or 12:01am the day following the date notice from the Policyholder to the Company is postmarked or the date specified by the Policyholder, whichever is later.

**TERMINATION OF COVERAGE**

Insurance for any Insured Person shall end on the first of the following dates: (a) the date any premium for the Insured is due and unpaid; (b) the date the Insured ceases to be within a class of persons eligible for coverage under this policy; or (c) the date this policy is terminated.

**COVERAGE**

The Insured is covered for Injuries received while insured under the policy. Such Injuries must be received while: (a) participating in activities sponsored and supervised by the Policyholder; (b) traveling during such activities as a member of a group in transportation furnished or arranged by the Policyholder; (c) traveling directly to or from the Insured's home premises and the site of such activities.

**BENEFITS**

**Accidental Death and Specific Loss:**

When, because of injuries, the Insured sustains any of the following losses within 365 days from the date of the accident, we will pay benefits as follows:

Loss of Life .....	\$10,000.00
Loss of Both Feet, Both Hands or both Eyes .....	\$10,000.00
Loss of One Hand and One Foot .....	\$10,000.00
Loss of One Hand and One Eye or One Foot and One Eye.....	\$10,000.00
Loss of Speech and Hearing .....	\$10,000.00
Loss of One Hand, One Foot or One Eye.....	\$ 5,000.00
Loss of Speech or Hearing .....	\$ 5,000.00
Loss of Thumb and Index Finger of the Same Hand .....	\$ 2,500.00
Loss of Thumb Only .....	\$ 1,000.00

Loss of hand or hands, or foot or feet, means severance at or above the wrist joint or ankle joint, respectively. Loss of eye or eyes means the total and irrecoverable loss of the entire sight thereof. Loss of speech and hearing means the total and irrecoverable loss thereof. Loss of hearing that can be corrected by the use of any hearing aid or device shall not be considered an irrecoverable loss. Loss of thumb and index finger of the same hand means severance of two or more entire phalanges of both the thumb and the index finger. Only one of the amounts shown above (the largest applicable) will be paid for covered Injuries resulting from one accident. The benefit for loss of: (a) two limbs; (b) both eyes; (c) one limb and one eye; (d) speech and hearing; or (e) thumb and index finger of the same hand is payable only when such double loss is the result of the same accident.

**Accident Medical Expense:**

When covered Injuries result in treatment by a Legally Qualified Physician beginning within 180 days after the date of the accident, we will pay 80% of the Usual and Customary Charges for Medical Expense incurred in excess of the Medical Deductible (the greater of \$200.00 or the eligible medical expenses payable under any other insurance policy or service contract). Benefits shall not exceed the maximum benefit amount per person per accident of \$25,000.00 (maximum benefit amount for Dental Expenses is \$2,500.00). Eligible Medical Expenses are as follows: (a) Treatment by a Legally Qualified Physician; (b) Care or services from a Hospital or Ambulatory Surgical Center; (c) Services from a registered graduate nurse (RN or LPN) not related to the Insured by blood or marriage; (d) Professional ambulance service; (e) Orthopedic appliances or (f) prescription drugs. Only covered Medical Expense incurred by the Insured within 52 weeks from the date of the accident is covered. Benefits for any one accident shall not exceed, in the aggregate, the Medical Benefit. Benefits for Medical Expense will be paid only for such expense which is not recoverable from any other insurance policy, service contract or workers' compensation.

**Permanent Total Disability:**

If Injuries result in the Insured's Total Disability within 30 days from the date of the accident and continues for 12 consecutive months, and if it can then be shown with documented medical evidence such Total Disability will be permanent, 1% of the Principal Sum or \$100.00 will be paid for each subsequent full month of continuing Total Disability for up to 100 months, not to exceed the Principal Sum maximum dollar amount of \$10,000.00. Benefits will be reduced by any amount paid or payable for the same accident under the Benefits for Specific Loss provision above.

**DEFINITIONS**

"Injuries" means accidental bodily injuries: (a) received while the Insured is covered under the policy; and (b) resulting, independently of sickness and all other causes, in loss specified in the policy.

"Hospital" means any of the following places: (a) a place which is licensed or recognized as a general hospital by the proper authority of the state in which it is located; (b) a place operated for the care and treatment of resident inpatients with a registered graduate nurse (RN) always on duty and with a laboratory and X-ray facility; (c) a place recognized as a general hospital by the Joint Commission on the Accreditation of Hospitals; or (d) a place certified as a hospital by Medicare. Not included is a hospital or institution or a part of such hospital or institution which is licensed or used principally: (1) for the treatment or care of drug addicts or alcoholics; or (2) as a clinic, continued or extended care facility, skilled nursing facility, convalescent home, rest home, nursing home or home for the aged.

"Total Disability" means the Insured, for the first 12 months, is unable to perform the substantial and material duties of his or her occupation and is receiving Medical Treatment. After the first 12 months, Total Disability means the Insured is unable to engage in any gainful work or service for which he or she is reasonably qualified by education, training or experience and is receiving Medical Treatment.