

9. Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
10. Services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the policyholder; or an Immediate Family member of the Covered Person.
11. Treatment of a hernia, Osgood-Schlatter's disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, whether or not caused by a Covered Accident.
12. Damage to or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in this Policy.
13. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
 - a. While riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
 - b. While being used for any test or experimental purpose; or
 - c. While piloting, operating, learning to operate or serving as a member of the crew thereof; or
 - d. While traveling in any such aircraft or device which is owned or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the Covered Person or any member of his household.

This information is a brief description of the important benefits and features of the K-12 Accident Medical Insurance provided by Starnet Insurance Company, a Berkley Group Company. It is not a contract. Full terms and conditions of coverage including effective dates of coverage, benefits and exclusions, are set forth on policy form AH51051. Any policy Starnet Insurance Company offers to issue will be subject to the laws of the jurisdiction in which it is issued.

Arranged by:

Midland Service Agency, Inc.

Recognized leaders in the design and administration
of insurance programs for Christian Schools

Principal Office:

136-140 HARDING WAY EAST; GALION, OHIO 44833-0087
QUESTIONS: CALL 1-800-886-2896

UNDERWRITTEN BY: **Starnet Insurance Company,
a Berkley Company**

Form Number: CEIT09111-INDICIN

2009-2010 SCHOOL YEAR

*A Plan Especially Designed for Students of the
Indiana Conference*



SCHOOL TIME
ACCIDENT
INSURANCE
FROM

**CHRISTIAN EDUCATORS
INSURANCE TRUST**

Serving Christian
Education in America

No Deductible
500 Primary Limit
Coverage Effective 08/15/09

STMVTC008000

SCOPE OF COVERAGE

School Time Accident Medical Coverage is provided for covered injuries occurring while:

A. On school premises:

1. during the hours and on the days when school is in session (including recreational or luncheon recess); or
2. during the hours and on the days when school is not in session, provided the student is attending or participating in (a) any activity sponsored and supervised by the school, or (b) religious services or instruction.

Injuries sustained while engaging in the practice or play of senior high interscholastic tackle football are not covered.

B. While traveling to and from school premises:

1. for regular school sessions, directly to or from the student's home premises and the school premises, on the days when school is in session, from one hour before the opening of school until one hour after the student is dismissed; or
2. as a member of a group traveling under school supervision to or from and while attending any activity sponsored and supervised by the school except senior high interscholastic tackle football; or
3. on graduating class trip, commencing upon departure from, and terminating upon return to, the student's home premises; or
4. for religious services or instruction, directly to or from either the student's home premises or the school premises and the place where such services are held as designated by responsible ecclesiastical authority.

Boarding Students:

Coverage is provided for any covered injury, which occurs during any one of the circumstances previously listed including:

1. 24 hour – while students are under the care and direction of the school;
2. vacation periods – if the student is residing on campus; and,
3. weekend or holiday leaves – if the student does not go to his principal place of residence.

BENEFITS PROVIDED

Excess Accident Medical Expense Benefit

Pays 100% of usual and customary expenses up to \$25,000 for excess medical or surgical treatment, hospital confinement and services of a trained nurse for treatment commencing within 90 days of the date of accident and incurred within two years of date of accident.

The cost of treatment for injury to natural teeth, incurred within two years from the date of accident, is included.

Primary Accident Medical Expense Benefit

The Primary Benefit Amount is shown on the cover of this brochure. Eligible expenses incurred up to the primary benefit amount are paid without regard to other insurance. Thereafter, benefits will be paid only for that portion of actual expenses incurred for any covered loss sustained by the insured by reason of injury, which is in excess of all other compensation paid or payable to the insured, or on the insured's behalf by or under another Health Care Plan (as defined), hospital or surgical plan, third party liability, or automobile medical payments.

In no event will payment exceed the \$25,000 Maximum Benefit Amount for the aggregate of all such medical, surgical, hospital, nurse and dental expenses incurred as the result of any one accident.

ADDITIONAL BENEFITS AUTOMATICALLY INCLUDED WITH YOUR ACCIDENT MEDICAL EXPENSE PLAN

Travel Assistance

Students can now travel with confidence. For accidents that occur more than 100 miles from home that result in medical emergencies, Travel Assistance services are provided 24/7 for students who are traveling on supervised and sponsored trips.

Travel Assistance provides Medical Evacuation and Repatriation services to the nearest medical facility and provides referrals to local medical professionals.

Medical Evacuation Benefit

If, while traveling more than 100 miles away from home, a doctor determines that an emergency evacuation is required for appropriate medical treatment to be provided for an covered accidental injury, benefits will be paid for the usual and customary expenses incurred, not to exceed the maximum benefit of \$10,000.

Benefits will be provided for: 1) charges for ambulance services required while transporting the Covered Person to the appropriate treatment facility; 2) charges for medical services required to send the Covered Person to the appropriate treatment facility; 3) reimbursement of economy class transportation charges for return of the Covered Person from the treatment facility to his home, paid for by the Covered Person within one year from the date he or she was first scheduled to return from the trip. Any refunds paid or payable from the unused transportation tickets will reduce benefits; 4) charges for necessary travel expenses of an escort, that are limited to food, hotel room and economy class transportation charges.

Repatriation Benefit

If, while traveling more than 100 miles away from home, or school for boarding students, the insured should die from a covered injury which results directly and independently of all other causes from a Covered Accident, benefits will be paid for the return of the Covered Person's remains. Eligible expenses means costs, pre-approved by Travel Assistance and incurred for embalming, cremation, coffin or urn, transportation of the body or remains, necessary travel expenses of an escort. Necessary travel expenses are limited to food, hotel room and economy class transportation charges.

Accidental Death & Dismemberment

If within one year from date of accident, covered injuries result in death, dismemberment or loss of sight, the following benefit will be paid.

Loss of:

Life	\$10,000
Both Hands, Both Feet or Sight of Both Eyes	\$20,000
One Hand and One Foot	\$20,000
Either Hand or Foot and Sight of One Eye	\$20,000
Either One Hand or One Foot or the Sight of One Eye	\$10,000

"Loss" means with regard to hands and feet, complete severance through or above the wrist or ankle joint; with reference to sight, the total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial

means. "Severance" means the complete separation and dismemberment of the part from the body.

Only one amount, the largest to which the insured is entitled, is payable for all injuries resulting from one accident. This benefit is paid in addition to any medical expense benefits.

COVERAGE TERM

Coverage is effective on the date shown and ends at 12:01AM August 15, 2010.

DEFINITIONS

Accident means a sudden, unexpected event that result in Injury to the Covered Person.

Health Care Plan means any contract, policy or other arrangement for benefits or services for medical or dental care or treatment under: group or blanket insurance, whether on an insured or self-funded basis; hospital or medical service organizations on a group basis; Health Maintenance Organizations on a group basis; group labor management plans; employee benefit organization plan; professional association plans on a group basis; any other group employee welfare benefit plan as defined in the Employee Retirement Income Security Act of 1974 as amended or automobile no-fault coverage (unless prohibited by law).

Injury means bodily injury caused by the direct result of an accident occurring while the Policy is in force as to the person whose injury is the basis of the claim which results, directly and independently of all other causes, in a Covered loss.

School Travel—Transportation on a school bus or private passenger automobile driven by a member of the faculty or staff of the school, a parent of the covered person, or other adult with a valid drivers' license whom the school has specifically designated to transport covered persons to a school supervised and sponsored activity.

Usual and Customary means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

THIS PRE-K THROUGH TWELFTH GRADE SCHOOL ACCIDENT INSURANCE DOES NOT COVER:

1. Suicide, self-destruction, attempted self-destruction or intentional self-inflicted injury while sane or insane.
2. War or any act of war, declared or undeclared.
3. Sickness, disease or any bacterial infection, except one that results from an accidental cut or wound or pyogenic infections that result from accidental ingestion of contaminated substances.
4. Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Physician.
5. Violation or in violation or attempt to violate any duly-enacted law or regulation, or commission or attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation.
6. Covered Expenses for which the Covered Person would not be responsible in the absence of this Policy.
7. Participation in any motorized race or speed contest.
8. Heart attack, stroke or other circulatory disease or disorder, whether or not known or diagnosed, unless the immediate cause of Loss is external trauma.