

REC 1 Recreation Accident Insurance

Pearce & Pearce, Inc.
1-800-222-6491, ext. 134

Enrollment Form

PRIMARY / EXCESS PLANS 100% USUAL & CUSTOMARY

VOLUNTARY BENEFITS

Primary/Excess Insurance - the first \$100 of coverage is Primary - pays without regard to other Insurance. Benefits over \$100 are paid in Excess of other Insurance.

Maximum \$100,000
 Deductible None
 AD&D \$5,000

Subject to the following limits:

- \$5,000 - surgery maximum
- \$1,000 - MRI and X-ray maximum
- \$1,000 - Emergency Room maximum

VOLUNTARY RATES

Rates per Participant (Roster Required)

\$6.00 Plan: Youth / Primary-Excess / \$0 Deductible / Voluntary

\$12.90 Plan: Adult / Primary-Excess / \$0 Deductible / Voluntary

\$3.50 Plan: Summer Camp / Primary-Excess / \$0 Deductible / Voluntary

DATES OF INSURANCE

Your insurance is effective on the latter of the policy effective date; or the date you become eligible to be included within a class of persons eligible for coverage under the policy. Your coverage will end on the policy termination date.

PRIMARY / EXCESS PLANS - 100% USUAL & CUSTOMARY EXCLUSIONS

This policy does not provide benefits for:

1. Treatment, services or supplies which:
 - a. Are not medically necessary;
 - b. Are not prescribed by a doctor as necessary to treat an injury;
 - c. Are determined to be experimental/investigational in nature;
 - d. Are received without charge or legal obligation to pay;
 - e. Are received from persons employed or retained by the school or any family member, unless otherwise specified;
 - f. Are nor specifically listed as covered charges on this policy;
2. Intentionally self-inflicted injury, violating or attempting to violate any duly enacted law. Injury by acts of war, whether declared or not.
3. Injury received while traveling or flying by air, except as a fare paying passenger on a regularly scheduled commercial airline.
4. Injury covered by worker's compensation or the occupational disease law.
5. Treatment of illness, disease or infections, except pyogenic infections or bacterial infections which result from the accidental ingestion of contaminated substances.
6. Heat exhaustion.
7. Treatment of Osgood-Schlatter's disease; appendicitis, osteomyelitis, pathological [or stress] fractures; congenital weakness; hernia; TMJ; fainting; headaches; boils; [blisters] spondylolysis; osteochondritis; dissecans; poison ivy; bee stings; detached retina unless directly caused by injury; or mental or nervous disorders whether or not caused by injury.
8. Injury contributed to by the use of alcohol or drugs not prescribed by a doctor.
9. Suicide or attempted suicide while sane; or self-destruction or an attempt to self-destroy while insane.
10. Expense incurred for the use of orthotics unless used exclusively to promote healing.
11. Heart and/or circulatory malfunction resulting from participation in a covered activity.
12. Any penalty imposed by other valid and collectible insurance or plan for failure to follow plan procedures.

NOTICE OF CLAIM

In the event of an accident, the recreation organization must be contacted to obtain an accident claim form. The completed claim form must be received within 60 days of the date of the injury. This form must have all sections completed and signed by an official of the recreation organization and the parent or guardian of the covered participant.

Forward completed claim form and HCFA-1500 or UB-92 to:
 Pearce Administration
 P.O. Box 2436
 Florence, SC 29503
 1-888-722-1668

REC 1 Enrollment Form for Recreation Accident Insurance Program

(Please return to your Recreation Organization along with payment)

NAME OF PARTICIPANT

NAME OF PARENT OR GUARDIAN (IF APPLICABLE)

- \$ 6.00 * Youth - Ages 18 and Under (all registered participants)
- \$ 3.00 * Adult - Volunteers (Non sport related)
- \$12.90 * Adult Sports - Ages 19 and over participate in sports activities (Except Adult Football)
- \$ 3.50 * Summer Camps
- \$ 2.45 * Officials

* include payment with this form

Waiver of Insurance

I do not wish to participate in the Recreation Accident Insurance program offered through my Recreation Organization.

Signature of Participant, Parent or Guardian: _____

Date: _____