



GAME FEE REIMBURSEMENT & ACCIDENT MEDICAL INSURANCE COVERAGE SUMMARY

In spite of our best efforts to prevent them, accidents – serious ones – can and do happen every day. If a serious accident occurs, the primary concern should be recovering from the injury...not the financial loss such an accident can create.

That's why NASO-ON is offering an insurance plan for members of your association that can help provide them with financial peace of mind against the risk of covered injuries.

ELIGIBILITY

All enrolled member officials of NASO-ON associations who are assigned or would have been assigned (with proof of proper documentation) to officiate at a regularly scheduled activity and for which premium has been paid under the policy.

COVERAGE

Coverage is provided while the member official is engaging in officiating activities (which include assigning, chain crew, attending or operating officiating camps, clinics or meetings) during regularly scheduled sports or activities competition. Coverage is provided during officiating activities while traveling as part of a group in transportation furnished or arranged by the Policyholder. Coverage is also provided while traveling directly to or from the Insured's home premises and the site of such activities.

BENEFITS

Game Fee Indemnity Benefit-When covered Injuries result in Total Disability beginning within 90 days after the date of the accident, we will pay benefits at the rate of \$50.00 per scheduled game missed subject to a maximum amount of \$500.00 per week. Benefits are payable for scheduled games missed for 52 weeks from the date of the accident or when the maximum benefit amount of \$2,000 per official per calendar year has been paid, whichever occurs first. Benefits begin on the date of the first Medical Treatment during Total Disability, subject to the 14 day Deductible Period.

Accident Medical Expense - When a covered injury to an Insured results in treatment by a physician or surgeon within 30 days of the accident, We will pay up to a maximum benefit of \$25,000 per occurrence after the \$1,000 deductible amount has been met (eligible medical expenses payable under any other insurance policy or service contract will be used to satisfy or reduce the accident medical deductible). There is a \$1,000 maximum benefit amount for: Dental expenses (for injuries to sound natural teeth), Outpatient Physical Therapy and Orthopedic Appliances expenses.

Eligible expenses are: (a) treatment by a physician or surgeon; (b) care or services from a hospital; (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; (f) services of a physical therapist when acting under the direction of a Legally Qualified Physician or on prescription of a Legally Qualified Physician; or (g) prescription drugs. Durable Medical Equipment expenses are not covered.

Only eligible medical expenses incurred by the Insured within 52 weeks from the date of the accident are covered. Benefits for any one accident shall not exceed in the aggregate the maximum Medical Benefit. Benefits will be paid only for expenses that are not recoverable from any other insurance policy, service contract or workers' compensation. Failure by an Insured to follow the terms and conditions of his or her primary coverage will result in a benefit reduction of eligible expense to 50% of the amount otherwise payable.

DEFINITIONS

"Deductible Period" relative to weekly disability benefits means that period of total loss of time during which, in consideration of the issuance of the coverage for the applicable premium, loss of time benefits are not payable. Such period shall begin on the first date of medical treatment during such loss of time.

"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.

"Injuries" means accidental bodily injuries: (a) received while insured under this policy; and (b) resulting, independently of sickness and all other causes,

"Total Disability" means that period of time during which you: (a) receive medical treatment and (b) are completely unable to engage in your occupation. Occupation for the purposes of this coverage refers to officiating in the same sport that the insured was officiating at the time of the accident.

EXCLUSIONS

This program does not cover: (a) suicide, attempted suicide or intentionally self-inflicted injury while sane or insane (in Missouri, while sane only); (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 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 physician; (h) injuries received while intoxicated, except as defined in the policy; (i) injuries sustained while traveling other than as specifically state 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; (l) injuries covered by workers' compensation or employer's liability laws; or (m) treatment of hernia;.

This document summarizes the provisions of the policy issued to NASO-ON. Please refer to the policy for a complete description of coverage, benefits, definitions and exclusions. Should there be any discrepancy between the policy and this summary, policy provisions will prevail.

Underwritten by: Mutual of Omaha Insurance Company
Home Office: Omaha, Nebraska



2009/2010
Member Association
Accident Medical Game Fee
Reimbursement Enrollment Form



GENERAL INFORMATION

- 1. Name of Association:
Address of Association:
2. Primary Insurance Contact:
3. Telephone Number: Fax Number:
4. Web site address: E-Mail address of primary contact:
5. Please indicate those sports in which your members officiate:
Baseball Basketball Football Softball Soccer Tennis
Swimming Track & Field Volleyball Wrestling Other:
Other:

RATING/COST INFORMATION

Depending on when your association decides to purchase coverage, your rate per official and minimum cost per association will fall into one of three options below:

Option 1-Associations that purchase coverage between 7/1/09 and 9/30/09, with coverage expiring 10/1/10.

- Step 1: Number of officials x \$7.50 per official
Step 2: NASO Administrative fee:
Step 3: Total due American Specialty:

Option 2-Associations that purchase coverage between 10/1/09 and 3/31/10, with coverage expiring 10/1/10.

- Step 1: Number of officials x \$6.00 rate per official
Step 2: NASO administrative fee:
Step 3: Total due American Specialty:

Option 3-Associations that purchase coverage between 4/1/10 and 9/30/10, with coverage expiring 10/1/10.

- Step 1: Number of officials x \$3.00 rate per official
Step 2: NASO administrative fee:
Step 3: Total due American Specialty:

Coverage for individual member associations will not begin until enrollment form and premium are received by American Specialty. American Specialty will verify membership in NASO-ON prior to extending coverage to any association.

The undersigned being authorized by and acting on behalf of the member association does hereby certify that all information in this enrollment form is true and correct, and that the member association is a member of NASO-ON.

Date Signature Title

Make check payable to American Specialty. Mail check and completed form to:
American Specialty Insurance & Risk Services, Inc.
Attn: Rene Waterson
142 N. Main Street
P.O. Box 309
Roanoke, IN 46783-0309
Phone: 260-673-1135 Fax: 260-673-1295