Feel secure on a Ferris Wheel? We can change that!

Special Event Accident/Sickness Insurance

- Amusement Park Trips
- Backpacking
- Bible Schools
- Exhibits
- Festivals
- Fund Raising Drives
- Gymnastics
- Hayrides
- Marathons
- Pageants
- Parades
- Science Field Studies
- Volunteer Construction

What is it?

Nationwide's GrouProtector℠ Special Event Accident/Sickness Insurance is a practical insurance plan that provides accident/sickness medical coverage for accidents/sickness that occur during approved Special Event activities. This coverage extends to participants or participants and staff associated with the Special Event. It gives all eligible persons the security they need and deserve.

Individual names are not required as **100% of all eligible persons must be insured.** Each person is protected — as well as the group itself — because all eligible persons are automatically covered.

Voluntary enrollment plans are not available.

Please mail back with check made out to "Nationwide"

TO:
Fuller Center
PO Box 523
Americus, GA 31709
Attn: Kirk

All cases are subject to the acceptance of the risk. Cases producing over $15,000 of premium are also subject to our review of prior claims experience.

SHM-0124AO.1 (10/07)

Nationwide®
On Your Side

Nationwide Specialty Health™

What are the covered activities?

Each of the activities checked in item 5 of the application which is sponsored and directly supervised by the plan sponsor; provided the date(s) of such activities and the anticipated number of eligible persons are shown on the Premium Report.

Who is covered?

Eligible persons include either:

- Participants only; or
- Participants and staff

What is the difference between our primary medical and excess medical plans?

- Our Primary Plan—is usually "first in line" to pay a claim. It pays covered expenses regardless of most other plans. Other plans, however, may reduce their payments based on what we pay.
- Our Excess Plan—is usually "last in line" to pay a claim. It does not pay covered expenses to the extent they are collectible under most other plans. Thus, we need to know what others pay before we will pay. If there is no coverage, we will pay the same as primary.

  Excess essentially "fills in" other plans' deductibles and coinsurance as well as pays remaining covered expenses after others have exhausted their benefits. If our excess plan has a deductible, it is "out-of-pocket" and cannot be satisfied by other plans.

Availability of Primary and Excess plans varies. Please refer to the "Note" below the Fraud Warnings.

What are the policy exclusions and Limitations?

We will not pay benefits for expenses incurred for:

(1) the examination, prescription, purchase or fitting of eyeglasses, contact lenses or hearing aids; or

(2) treatment by a person employed or retained by the plan sponsor or its subsidiaries or affiliates and for which no charge is normally made; or

(3) care or treatment by a person who ordinarily lives in the insured's home or is a parent, grandparent, spouse, brother, sister or child of either the insured or the insured's spouse (if a NJ contract, care or treatment furnished by a member of the insured's immediate family).

Nor will we pay benefits for loss or expenses resulting from:

(4) intentional self-destruction or an attempt at it or intentional self-inflicted injury (if MO contract, while sane);

(5) war or an act of war, declared or undeclared; or

(6) air travel unless the insured is a passenger on a regularly scheduled flight of a properly licensed commercial airline.

How do you apply for coverage?

1. Complete items 1, 2, 5 and 6 on page 4. Date and sign where indicated.
2. Complete the "Premium Report" on the reverse side of the application. Date and sign where indicated.
3. Fax or mail (please see "Submitting the application" on pg. 6) completed application and Premium Report, along with your check made payable to Nationwide Insurance®, to your Nationwide® agent before the desired effective date.

When we receive your completed application, Premium Report and premium payment, we will send your policy, certificates (if required in your state), claim forms and instructions.

Special Event Accident/Sickness Insurance Policy Application

Print or type only

which, upon acceptance and approval by **Nationwide Life Insurance Company—Columbus, Ohio 43216** will become a part of **Specified Hazard Insurance Policy Number 502–95–** Office Use Only

1. **Name of Plan Sponsor** (Groups Name)_____

   Permanent Mailing Address Number Street City State Zip County

2. **Policy Term**—The policy term starts at **12:01A.M.** on __/__/__ which is the effective date, and ends at **12:01A.M.** on __/__/__ (the date after the last reported activity) which is the termination date. (The policy term must not exceed 6 months.)

3. **Covered Activities**—The special event activity(ies) checked below which is (are) sponsored and directly supervised by the plan sponsor. (Use PHI Codes)

4. **Maximum Benefit Amounts**—the word "None" means the benefit is not included

Benefit Provisions	Maximum Benefit Amounts		
	Class 1-4	Class 5-8	Class 9
Accidental Death & Specific Loss with a $250,000 overall maximum for any one accident.			
Death	$5,000	$5,000	$5,000
Specific Loss (Face Amount)	10,000	10,000	10,000
Medical Expense			
Accident Deductible	None	None	None
Accident Overall Maximum	25,000	25,000	25,000
Sickness (Overall Maximum)	None	5,000	None
Office Use Only	**2220P 4220E**	**7913P 6913E**	**2220P 4220E**

5. **Premium Rates by Class(es) of Eligible Persons** – check class(es) and Medical Expense Plan desired

Class	Eligible Persons	Daily Premium rates per Eligible Person	
	All participants or all participants and staff in the activity(ies) checked below which is (are) sponsored and directly supervised by the plan sponsor (check only those activities to be insured):	☐ Primary Plan	☐ Excess Plan
1	☐ Adult Study School ☐ Bible School (PHI580)	$ 0.05	$ 0.04
2	☐ Amateur Theater ☐ Amusement/ Water Park Outing ☐ Baton Twirling ☐ Beauty Contest ☐ Dance ☐ Exhibit ☐ Fashion Show ☐ Festival ☐ Fund-Raising Drive ☐ Haunted House ☐ Hay Ride ☐ Museum Outing ☐ Pageant ☐ Parade ☐ Picnic ☐ Prom ☐ Recital ☐ Reunion ☐ Zoo Outing (PHI581)	0.09	0.07
3	☐ Battle Re-Enactment ☐ Biathlon ☐ Bicycling (except BMX) ☐ Boating (except Whitewater) ☐ Bowling ☐ Darts ☐ Donkey Sports ☐ Exercise ☐ Fishing ☐ Golf ☐ Gymnastic ☐ Hiking ☐ Horseback Riding ☐ Hunting ☐ Jogging ☐ Manual Training School ☐ Marathon ☐ Science Field Study ☐ Shooting Match ☐ Skating ☐ Soap Box Derby ☐ Swimming ☐ Triathlon ☐ Volunteer Construction or Repair Work ☐ Walk-A-Thon ☐ Weightlifting (PHI582)	0.24	0.17
4	☐ Martial Arts (Except Competition) ☐ Paintball (PHI586)	2.40	1.70
5	☐ Whitewater Boating/Rafting Trip or Tour (PHI676)	1.05	0.75
6	☐ Air ☐ Backpacking ☐ Bicycle ☐ Volunteer Construction and/or Repair Work ☐ Other Water Trip or Tour (PHI583)	0.35	0.21
7	☐ Cave Exploring/Repelling ☐ Scuba/Skin Diving ☐ Snowboarding ☐ Snow Ski Trip or Tour (PHI585)	2.45	1.75
8	☐ Other Land Trip or Tour (PHI584)	0.17	0.10
9	☐ All spectators for the activity(ies) checked above (PHI587)	0.09	0.07

When a person on a given day is taking part in more than one of the activities checked above, premium should be paid based only on the highest rated activity. The practice and/or play of league sports is excluded.

The minimum premium per policy term is **$225** if the medical expense primary plan has been elected and **$175** if the medical expense excess plan has been elected.

6. **The Policy is to cover all eligible persons** which include: ☐ participants only (06), or ☐ participants and staff (09).

7. **It is understood and agreed that:** (a) the premium will be paid entirely by the plan sponsor with no contribution made by the eligible persons toward the cost of the insurance; and (b) **premium will be paid with the application based on the total premium due as shown on the Premium Report.**

(NY) Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

By sending your check to Nationwide Life Insurance Company ("Nationwide"), you give your consent to Nationwide to authorize our financial institution to convert your check into an electronic fund transfer. Please be aware that your bank account may be debited as soon as the same day we receive your payment and you will not receive a canceled check.

By signing below, you agree that you have read all of the Fraud Warnings provided to you with this Application.

Previous Policy Number

Signature of Applicant

Date

Printed Name and Title of Applicant

Agent's Signature and Number 10-0090561

Address of Applicant

Agent's Phone Number (229) 942-9025

Applicant's Phone Number

Agent's E-mail Address kirk@fullercenter.org

Applicant's E-mail Address

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Premium Report (must be completed and sent in with the Application.)

Age range of participants (not staff): to years of age

Covered Activity	Dates of Activities	Number of eligible persons anticipated to be insured				Daily premium per eligible person		Premium per day		Total number of days		Premium Due
		Participant		Staff	Total							
			+	=		x $	= $		x		= $	
			+	=		x $	= $		x		= $	
			+	=		x $	= $		x		= $	
			+	=		x $	= $		x		= $	
			+	=		x $	= $		x		= $	
			+	=		x $	= $		x		= $	
										Total Premium Due (Subject to policy minimum*)		$

***The annual minimum premium per policy term is $225 for primary medical coverage and $175 for excess medical coverage.**

I certify that to the best of my knowledge and belief: (1) the preceding information is correct and complete; (2) premium is being paid for the total number of eligible persons who are anticipated to be insured during the policy term; and (3) **the premium is being paid entirely by the plan sponsor with no contribution made by the eligible persons toward the cost of the insurance.**

Date by Signature of Applicant

Day Telephone Number Fax Number

E-mail Address

Note: If additional space is required, use a separate sheet. For authorized checking account withdrawal (also called Automated Clearing House or "ACH") or credit card payment call 1-800-525-8669.

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Here are the benefits

Death Benefit—If, as a result of injury, an insured dies within one year from the date of the accident causing the injury, we will pay the death benefit less any specific loss benefit paid because of the same accident. The one year limit does not apply in a PA or WV contract.

Specific Loss Benefit—If, as a result of injury, an insured suffers a specific loss within one year from the date of the accident causing the injury, we will pay:

Specific Loss	% of Face Amount
Each Arm	75%
Each Leg	75%
Each Hand	50%
Each Foot	50%
Sight of Each Eye	50%
Speech	50%
Hearing of Each Ear	25%
Thumb & Index Finger of Same Hand	25%

The total payment for all of the specific losses of an insured because of any one accident will not be more than the face amount. No specific loss benefit will be paid if the death benefit applies. The loss of the thumb and index finger of the same hand benefit will not be paid if the loss of the hand or arm benefit applies. The loss of the hand or foot benefit will not be paid if the loss of the arm or leg benefit applies.

Medical Expense Benefit—If, as a result of injury or sickness, an insured incurs covered expenses starting within 90 days from the date of the accident causing the injury or the date sickness (if applicable) begins, we will pay, less the deductible (if any) shown in the application and not to exceed the overall maximum benefit amount, all covered expenses incurred within 3 years from such date.

Covered expenses means the reasonable and customary charges for local ("local" not applicable in a CT contract) professional ambulance service to or from a hospital and/or surgical center as well as the following reasonable and customary charges for treatment, services and supplies provided or prescribed by a doctor:

(1) hospital or surgical center care;
(2) medical treatment;
(3) nursing care provided by a licensed nurse;
(4) X-rays and lab exams;
(5) prescription drugs and therapeutic services and supplies;
(6) dental treatment as a result of injury to sound, natural teeth (natural teeth in SC); and
(7) the following licensed home health care agency services and supplies provided instead of an otherwise required hospital or skilled nursing home confinement:
   (a) physical, occupational, respiratory and speech therapy,
   (b) the services of a home health aide and
   (c) medical supplies.

If excess medical has been elected, we will not pay benefits for, nor can this plan's deductible (if any) be satisfied by, covered expenses to the extent that they are collectible under certain other policies and/or health plans as stated in the policy.

Coverage is provided under policy form No. GR-9051-3 if Class 5, 6, 7, and/or 8 is elected; or GR-9051-4 if class 5, 6, 7, and/or 8 is not elected. Certain provisions of the policy are summarized in this brochure. All benefits are subject to the policy, which alone constitutes the agreement under which payments are made.

The Termination Conditions

The policy will terminate at **12:01 A.M.** on the termination date shown in the policy application.

An insured's coverage will end on the first of these to occur:

- When he or she is no longer an eligible person
- The date to which premium has been paid
- The termination date of the policy

Termination of coverage will not affect a claim which occurs before the coverage ends.

Classes 1thru 4 and 9 of this policy provide limited accident insurance only and classes 5 thru 8 provide limited health insurance benefits only. The policy does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department.

Important Notice

This policy does not provide coverage for sickness under classes 1 thru 4 and 9. This policy does not provide coverage for legal liability.

Warning

(NY) The insurance offered in this brochure is: (1) not a deposit; (2) not insured by the Federal Deposit Insurance Corporation; and (3) not guaranteed by the bank, trust company, savings bank, savings and loan associations, federal savings association or national bank.

A.M. Best's Rating for Nationwide Life is A+ (Superior). A.M. Best Co. has been a leading independent source of insurer financial ratings since 1899.

Submitting the application

There are 3 ways to submit an application for coverage.

Fax: Fax the completed application, additional team names, if any, and the automated clearing house (ACH) form found at nationwidehealthplans.com/agent-access-sr-grouprotector-brochures.htm to: Nationwide Specialty Health (413) 214-7761

Phone: Call 1(800)525-8669. You will be asked to fax your application to (413) 214-7761 and submit payment by check, Visa® or MasterCard®. Available Mon-Fri 8am-4:30pm EST.

Mail: Mail the completed application, Premium Report and premium payment to:
Nationwide Specialty Health
PO Box 1970
Springfield, MA 01101

Contact Us

Toll Free: 1-800-525-8669
Fax: 1-413-214-7761
E-Mail: grouprotector@consolidatedhealthplan.com
Website: nationwide.com/health

Fraud Warnings

(CA) For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

(LA) Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

(MO) An insurance company or its agent or representative may not ask an applicant or policyholder to divulge in a written application or otherwise whether an insurer has canceled or refused to renew or issue to the applicant or policyholder a policy of insurance. If a question(s) appears in this application, you should not renew it.

(NY) Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

(PA) Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

(PR) Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggregated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a maximum of two (2) years.

(WA) Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

(All Other States) Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and/or civil penalties.

Note: These plans are available in DC, PR, VI and all 50 states. Travel agencies are not eligible. For these various groups, or other options, please contact Nationwide Specialty Health at our Home Office. Activities and/or activity dates not reported and paid with this application require a separate policy.

Nationwide®
On Your Side

Nationwide Specialty Health℠

Underwritten by Nationwide Life Insurance Company.

Administered by Consolidated Health Plans

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