



Coverage
as easy as
child's play

Non-Resident Child Care Accident Insurance

Kindergartens

Operation Headstart

Pre-Schools

Short Term Study Schools

Religious Day Schools

Disabled Child Development Programs

(including day care centers, home day care,
nurseries, before/after school care and Latch Key)

What is it?

Nationwide's GrouProtectorSM Non-Resident Child Care Accident Insurance is a practical insurance plan that provides accident medical coverage for accidents that occur during sponsored activities. This coverage extends to participants or participants and staff. 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.

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-0121AO.1 (10/07)



Nationwide[®]
On Your Side

Nationwide Specialty Health[®]



Is there a choice of benefits?

Yes. You may choose any one of the [four](#) classes available.

What are the covered activities?

- Supervised activities (excluding interscholastic sports for grades 7 through 12) sponsored and/or endorsed by the plan sponsor; and
- Direct travel to and/or from such activities

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 the attached application. 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 **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.

which, upon acceptance and approval by **Nationwide Life Insurance Company—Columbus, Ohio 43216**, will become a part of **Specified Hazard Insurance Policy Number 502—** _____ 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 **12:01 A.M.** on ____/____/____ which is the effective date, and ends at **12:01 A.M.** on ____/____/____ which is the termination date (short-term—up to 3-month policy term) OR first renewal date (year-round coverage—12-month policy term).

3. **Covered Activities**

Supervised activities (excluding interscholastic sports for grades 7 through 12) sponsored and/or endorsed by the plan sponsor and direct travel to and/or from such activities. (550)

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

Benefit Provisions	Maximum Benefit Amounts			
	Class 1	Class 2	Class 3	Class 4
Accidental Death & Specific Loss with a \$250,000 overall maximum for any one accident.				
Death	\$5,000	\$5,000	\$7,500	\$5,000
Specific Loss (Face Amount)	15,000	15,000	15,000	15,000
Medical Expense				
Accident				
Deductible	None	None	None	None
Overall Maximum	25,000	25,000	25,000	25,000
Office Use Only	2220P 4220E	2220P 4220E	2220P 4220E	2220P 4220E

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

Policy Term Premium Rates per Eligible Person			
Class	Eligible Persons	<input type="checkbox"/> Medical Expense Primary Plan	<input type="checkbox"/> Medical Expense Excess Plan
All participants or all participants and staff of the plan sponsor’s non-resident:			
1	<input type="checkbox"/> Child care program (including a day care center, home day care, nursery, before/after school care and Latch Key), kindergarten, Operation Headstart, pre-school and short-term study school—up to 3 months coverage (PHI550)	\$2.00	\$1.45
2	<input type="checkbox"/> Child care program (including a day care center, home day care, nursery, before/after school care and Latch Key), kindergarten, Operation Headstart and pre-school – 12 month policy term		
	Summer only program (C38)	2.00	1.45
	9 month half-day program (PHI551-C39)	3.20	2.40
	9 month full-day program (PHI552-C40)	5.75	4.10
	12 month half-day program (PHI553-C41)	4.25	3.10
	12 month full-day program (PHI554-C42)	7.50	5.50
3	<input type="checkbox"/> Montessori, Religious (Christian, Jewish, etc.) and Waldorf day school programs (grades 1 and up)—12 month policy term (PHI556-C36/37 or 44)	10.75	8.25
4	<input type="checkbox"/> Disabled child development program—12 month policy term (PHI558-C73)	9.00	6.50
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 as follows: for up to a 3-month term-in advance; or, for a 12-month policy term-annually in advance based on the total number of eligible persons anticipated to be insured during the policy term** (BF50).

(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 signing below, you agree that you have read all of the Fraud Warnings provided with this application.

Previous Policy Number _____

Date **#13-81450**

Agent's Signature and Number **Surplus Insurance Brokers Agency Inc**

Agent's Phone Number **P O Box 749, South Bend IN 46624-0749**

Agent's E-mail Address _____

GR-9050

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Signature of Applicant _____

Printed Name and Title of Applicant _____

Address of Applicant _____

Applicant's Phone Number _____

Applicant's E-mail Address _____

Premium Report (Must be completed for Application to be accepted)

Program(s): up to 3 mos., up to 9 mos., and/or up to 12 mos.

Program(s) include(s) non-resident: Before/After School Care, Day Care, Disabled Child Development,
 Home Day Care, Kindergarten, Latch Key,
 Montessori Day School, Nursery, Operation Headstart,
 Pre-School, Religious Day School, Study School,
 Waldorf Day School, Other _____

Number of eligible persons anticipated to be insured			Premium Rate per	Premium Due
Participant	Staff	Total	eligible person	
	+	=	x \$	= \$
	+	=	x \$	= \$
	+	=	x \$	= \$
	+	=	x \$	= \$
	+	=	x \$	= \$

Total Premium Due (subject to policy minimum) \$

The 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.**

_____ by _____
 Date Signature of Applicant

_____ Fax Number
 Day Telephone Number

_____ E-mail Address

Note: If additional space is required, use a separate sheet.

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, an insured incurs covered expenses starting within 90 days from the date of the accident causing the injury, 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-9051-2 if the coverage is full-term – 12 months, or GR-9051-4 if the policy is short-term. 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 Renewal & Termination Conditions

If renewable coverage (12-month policy term) is elected, the policy may be renewed with our consent for future terms of one year each by payment of the premium due at the rates in effect at the time of renewal. We may terminate the policy (subject to certain conditions in WV) at **12:01 A.M.** on any renewal date by giving the plan sponsor 31 days (60 days in LA, NV and WI) prior written notice.

If short-term (up to a policy term) coverage is elected, 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.

This Policy Provides Limited Accident Insurance 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 or 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

with agency check payable to:

**Surplus
Insurance
Brokers
Agency Inc.**



Call 800-342-5706

Fax 800-578-7758 • www.surplusins.com

Email quotes: submit@surplusins.com

P O Box 749, South Bend IN 46624-0749

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. For schools with interscholastic sports in grades 7 and above—please contact us. Migrant children programs, public and private grade schools, charter/community schools, individual junior or senior high schools are not eligible under this brochure—please contact us.



Nationwide®
On Your Side

Nationwide Specialty Health®

Underwritten by Nationwide Life Insurance Company.

Administered by Consolidated Health Plans

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