



Construct
your future
with no
concerns

Non-Resident Vocational Rehab Training Programs Accident Insurance

High School Joint
Vocational Schools

Government Job Retraining

Technical Schools

What is it?

Nationwide's GrouProtectorSM Accident Insurance for Non-Resident Vocational Rehabilitation Training Programs is a practical insurance plan that provides accident medical coverage to individuals and groups engaged in a wide variety of activities. 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-0125AO.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 snow skiing and league sports**) 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 Item 5 of the application and “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, act of terrorism; 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, 6 and 7 on page 3. Date and sign where indicated.
2. **For short-term coverage only, 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 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 snow skiing and league sports) sponsored and/or endorsed by the plan sponsor and direct travel to and/or from such activities. (710)

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	\$1,000	\$2,500	\$5,000	\$7,500
Specific Loss (Face Amount)	5,000	5,000	10,000	15,000
Medical Expense				
Accident				
Deductible	None	None	None	None
Overall Maximum	5,000	10,000	25,000	50,000
Office Use Only	1596P 3596E	1820P 3820E	2220P 4220E	5011E

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

Monthly (exposure month or portion thereof) Premium Rates per Eligible Person

Class Eligible Persons Medical Expense Primary Plan Medical Expense Excess Plan

All participants or all participants and staff in the following program(s) sponsored and/or endorsed by the plan sponsor:

Non-resident vocational training program (PHI710)

1	<input type="checkbox"/> Class 1 Benefits (C55)	\$ 0.90	\$ 0.55
2	<input type="checkbox"/> Class 2 Benefits (C55)	1.15	0.70
3	<input type="checkbox"/> Class 3 Benefits (C55)	1.50	1.05
4	<input type="checkbox"/> Class 4 Benefits (C55)	Not Available	1.45

Non-resident rehabilitation training program (PHI711)

1	<input type="checkbox"/> Class 1 Benefits (C54)	\$ 0.90	\$ 0.55
2	<input type="checkbox"/> Class 2 Benefits (C54)	1.15	0.70
3	<input type="checkbox"/> Class 3 Benefits (C54)	1.50	1.05
4	<input type="checkbox"/> Class 4 Benefits (C54)	Not Available	1.45

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. **Check one box for either short-term or year-round coverage:** 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 short-term coverage— in advance as shown on the Premium Report, or in advance based on the total estimated premium due as shown in the Premium Report with an audit at the end of the policy term (only available to groups exceeding \$500 in total premium) (BF80); or, for year-round coverage— the minimum premium with this application with the remainder due quarterly in arrears (BF79).

(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 and sent in with the Application for short term coverage only.)

The premium rate per eligible person is to be calculated as follows:

Short-term coverage: Monthly premium rate per eligible person.

Year-round coverage:

You do not need to complete this report. Send the minimum premium due. You will be billed quarterly, in arrears, for the number of exposure months.

Anticipated Number of Eligible Persons to be Insured			Monthly Premium Rate per Eligible Person	Number of Exposure Months	Premium Due
Participant	Staff	Total			
+		=	x \$	x	= \$

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.

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.

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 and Termination Conditions

If short-term coverage is elected, the policy will terminate at 12:01 A.M. on the termination date shown in the policy application.

If year-round coverage 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. 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.

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

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.



Nationwide®
On Your Side

Nationwide Specialty Health®

Underwritten by Nationwide Life Insurance Company.

Administered by Consolidated Health Plans

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