

Common Exclusions

In addition to any benefit or coverage specific exclusion, benefits will not be paid for any loss which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the Description of Benefits section or Covered Conditions section of the Policy:

1. Intentionally self-inflicted injury, suicide, or auto-eroticism or any attempt while sane or insane;
2. Commission or attempt to commit a felony or an assault;
3. Commission of or active participation in a riot or insurrection;
4. Declared or undeclared war or act of war or any act of declared or undeclared war unless specifically provided by this Policy;
5. Release, whether or not accidental, or by any person unlawfully or intentionally, of nuclear energy or radiation, including sickness or disease resulting from such release;
6. A Covered Loss that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, the Company will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days;
7. Flight in, boarding or alighting from, an Aircraft or any craft designed to fly above the Earth's surface:
 - a. except as a fare-paying passenger on a regularly scheduled commercial airline;
 - b. being flown by the Insured Person or in which the Insured Person is a member of the crew;
 - c. being used for:
 - i. crop dusting, spraying or seeding, giving and receiving flying instruction, fire fighting, sky writing, sky diving or hang-gliding, pipeline or power line inspection, aerial photography or exploration, racing, endurance tests, stunt or acrobatic flying; or
 - ii. any operation that requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on);
 - d. designed for flight above or beyond the earth's atmosphere;
 - e. including an ultra-light or glider;
 - f. being used for the purpose of parachuting or skydiving;
 - g. being used by any military authority, except an Aircraft used by the air mobility command or its foreign equivalent;
8. Travel in any Aircraft owned, leased or controlled by the Policyholder, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the Policyholder if the Aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year;
9. Bungee-cord jumping, parachuting, skydiving, parasailing, hang-gliding;
10. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, including exposure, whether or not accidental, to viral, bacterial or chemical agents whether the loss results directly or non directly from the treatment except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
11. Medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice unless it occurs during treatment of injuries sustained in a Covered Injury;
12. A cardiovascular, event or stroke resulting, directly and independently of all other causes, from exertion, as verified by a Physician, while the Insured Person participates in a Covered Activity;
13. Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
14. The Insured Person's intoxication. The Insured Person is conclusively deemed to be intoxicated if the level in his blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be under the influence of alcohol if operating a motor vehicle, regardless of whether he is in fact operating a motor vehicle, when the injury occurs. An autopsy report from a licensed medical examiner, law enforcement officers report, or similar items will be considered proof of the Insured Person's intoxication;
15. Operating any type of vehicle or conveyance while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Insured Person has been provided a written warning against operating a vehicle or conveyance while taking it. Under the influence of alcohol, for purposes of this exclusion, means Intoxicated, as defined by the motor vehicle laws of the state in which the Covered Loss occurred.
16. Travel in or on any on-road and off-road motorized vehicle except a golf cart or other vehicle the Company specifically agrees to cover, that does not require licensing as a motor vehicle;
17. Participation in any motorized race or contest of speed;
18. An accident if the Insured Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the Insured Person holds a valid learners permit and (b) the Insured Person is receiving instruction from a driver's education instructor;
19. Injuries compensable under Workers' Compensation law or any similar law
20. Participation in any sports activity not specifically authorized, sponsored and supervised by the School, whether or not it takes place on School premises or during normal School hours, during a Covered Activity, including but not limited to snowboarding, skateboarding, motorcycle racing, racing rocket-powered, jet propelled or nuclear-powered vehicles;

Voluntary Student Accident Insurance Plans

21. Aggravation, during a Covered Activity, of an injury the Insured Person suffered before participating in that Covered Activity, unless the Company receives a written medical release from the Insured Person's Physician;
22. Participation in any team sport or any other athletic activity, except participation in a Covered Activity.

In addition, benefits will not be paid for services or treatment rendered by any person who is:

1. employed or retained by the Policyholder;
2. living in the Insured Person's household;
3. an Immediate Family Member including Eligible Domestic Partner of either the Insured Person or the Insured Person's spouse; or
4. the Insured Person.

Excluded Expenses, the following will not be considered Covered Expenses unless coverage is specifically provided.

1. Blood, blood plasma, or blood storage, except expenses by a Hospital for processing or administration of blood.
2. Cosmetic surgery, except for reconstructive surgery needed as the result of a Covered Loss.
3. Any elective or routine treatment, surgery, health treatment, or examination, including any service, treatment of supplies that: (a) are deemed by the Company to be experimental or investigational; and (b) are not recognized and generally accepted medical practice in the United States.
4. Examination or prescriptions for, or purchase, repair or replacement of, eyeglasses, contact lenses, hearing aids, wheelchairs, braces, appliances, orthopedic braces, or orthotic devices.
5. Treatment in any Veteran's Administration, Federal, or state facility, unless there is a legal obligation to pay.
6. Services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay.
7. Rest cures or custodial care.
8. Repair or replacement of existing dentures, partial dentures, braces or bridgework.
9. Personal services such as television and telephone or transportation.
10. Orthopedic appliances used mainly to protect an Injury so that the Covered Person can take part in interscholastic and club sports.
11. Expenses payable by any automobile insurance policy without regard to fault.
12. Treatment of injuries that result over a period of time (such as blisters, tennis elbow, etc.), and that are a normal, foreseeable result of participation in the Covered Activity.
13. Treatment of HIV/AIDS, meaning Human Immunodeficiency Virus or Acquired Immune Deficiency Syndrome or AIDS Related Complex (ARC) regardless of the means by which it was acquired.
14. Repair or replacement of existing artificial limbs, eyes and larynx.
15. Charges for any article of clothing intended for use more than once

Accidental Death & Dismemberment Benefits (Within 180 Days)

Loss of Life.....	\$ 2,000
Loss of Two or More Hands or Feet	\$10,000
Loss of Sight of Both Eyes	\$10,000
Loss of One Hand and One Foot and Sight in One Eye	\$10,000
Loss of One Hand and Foot.....	\$10,000
Loss of Sight in One Eye	\$ 5,000
Loss of One Hand or Foot.....	\$ 5,000
Loss of Thumb and Index Finger of Either Hand.....	\$ 500
Exposure and Disappearance	Included

This insurance provides limited benefits. Limited benefits plans are insurance products with reduced benefits and are not intended to be an alternative to or integrated with comprehensive coverage. Further, this insurance does not coordinate with any other insurance plan. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

How to File a Claim

1. This claim form should be fully completed and submitted within 90 days from the date of accident. Be sure to answer and complete the section regarding "OTHER INSURANCE STATEMENT".
2. Please advise all doctors/hospitals regarding this coverage so they may forward us their itemized bills. However, if you have already been to the doctor/hospital and did not know about this coverage, then please send all of the itemized bills to the address shown below.
3. The bills should include the name of the doctor/hospital, their complete mailing address, telephone number, the date you were seen by the doctor/hospital, what the doctor saw you for (diagnosis) and the specific itemized charges (description of treatment and amount) incurred (including the CPT/procedure code). If this information is not on the bill, we will have to contact the doctor/hospital which will delay the review of your claim. "Balance Due" or "Balance Forward" statements do not contain sufficient information to complete your claim.
4. Only one claim form per accident needs to be submitted. Once completed, make a photocopy for your records, and mail to: **WebTPA: P.O. Box 669; Grapevine, TX 76099-0669; or call 1-877-563-7492 for assistance.**

Enrollment Options

- ◆ Complete and detach the enrollment form.
- ◆ Make Checks or money order payable to Monarch Management Corp. Do Not Send Cash. Credit card payment is also accepted.
- ◆ Clearly print name of child on the check or money order.
- ◆ Send the enrollment form and payment to:
Monarch Management Corp.
3201 Cherry Ridge Drive, Suite D405, San Antonio, TX 78230
- ◆ Your cancelled check, money order stub or credit card statement is your proof of purchase.
- ◆ Keep this for your reference, you will receive no policy.
- ◆ If you have questions about this coverage, please call:
Monarch Management Corp. 1-800-662-2778.



Underwritten by AXIS Insurance Company

Offered by:

Monarch Management Corporation



Enroll Online at www.mmc-ins.com