

## Special Events Accident Insurance

The Diocese of Fort Worth Office of Youth Ministry invites every parish youth ministry to purchase at a very low cost per person/per event:

### **SPECIAL EVENTS ACCIDENT INSURANCE**

Underwritten By: Capitol Insurance Companies

You need to download the 4.6b Special Event Insurance Request Form (PDF)

### **Who Is Covered**

All participants in the covered activity.

### **Covered Activity**

The event or activity specified in the SPECIAL EVENT ACCIDENT INSURANCE REPORT FORM (ENCLOSED IN THIS PACKET) sponsored by the parish youth ministry named in the report form.

### **Medical Expense Benefit**

If the Insured Person incurs eligible expenses as the result of a covered injury, directly and independently of all other causes, the Company will pay the charges incurred for such expense within 52 weeks, beginning on the date of accident. Payment will be made for eligible expenses not to exceed the Maximum Medical Benefit. The first such expense must be incurred within 60 days after the date of the accident.

“Eligible expense: means charges for the following necessary treatment and service, not to exceed the usual and customary charges in the area where provided.

- Medical and surgical care by physician
- Radiology (X-rays)
- Prescription drugs and medicines
- Dental treatment of sound natural teeth
- Hospital care and service in semi-private accommodations, or as an outpatient
- Ambulance service from the scene of the accident to the nearest hospital
- Orthopedic appliances necessary to promote healing

In the coverage the OYM/AC has selected, the Plan does not cover treatment or service for which benefits are payable or service is available under any other insurance or medical service plan available to the Insured Person. In other words, if a young person gets hurt on a covered event, this insurance coverage would only cover your out of pocket expenses – not expenses covered by their primary insurer. If however a young person gets hurt on a covered event and is not covered by any insurance plan, this insurance would cover all expenses (within the parameters named) without any deductible.

### **Accidental Death and Dismemberment Benefit**

If a covered injury results in any of the losses specified below within 100 days after the date of the accident, the Company will pay the applicable amount:

- Full Principal Sum for loss of life
- Full principal Sum for double dismemberment
- 50% of the Principal Sum for loss of one hand, one foot or sight of one eye

“Member” means hand, foot, or eye. Loss of hand or foot means complete severance above the wrist or ankle joint. Loss of eye means the total, permanent loss of sight. If the Principal Sum is payable, no indemnity will be paid for dismemberment. In any event, the Double Dismemberment Indemnity is the maximum amount payable under this Benefit for all losses resulting from one accident.

### **Exclusions and Limitations**

This Plan does not cover any loss contributed or resulting from: Sickness or disease in any form(except pyogenic infections due to an accidental cut or wound); the use of drugs or narcotics, unless administered on the advice of a physician; war or any act of war, whether or not declared, or participation in any riot or civil commotion; air travel or the use of any device or equipment for aerial navigation, except as a fare-paying passenger on a regularly-scheduled commercial airline; suicide or any attempt thereat, or any intentionally self-inflicted injury. Nor does this Plan cover: service provided by (a) any person or facility employed or retained by the Policyholder or member organization, or (b) any member of the Insured Person’s family or household; dental treatment, except as the result of a covered injury; examination for, prescription for, or the purchase of eyeglasses or contact lenses or hearing aids; the repair of eyeglasses or contact lenses or hearing aids; the repair or replacement of any orthopedic appliance or artificial dental restoration; expenses payable under any Workers’ Compensation Law or similar legislation; injury sustained while riding in or on any two or three-wheeled engine-driven or motorized vehicle. The total aggregate benefit under this Plan for two or more persons injured in the same accident is the greater of \$25,000 or two times the maximum individual medical amount selected.

**Note:** Certain of the exclusions or limitations may be modified to meet individual state requirements.

### **Class 1 – Daily Rate 14¢ per person**

Study groups, seminars, Bible schools, dances, beauty contests, outings, picnics, parades, pageants, fairs and exhibits, and similar non-hazardous activities.

### **Class 2 – Daily Rate 36¢ per person**

Hiking, fishing, biking, riding, field trips and similar recreational activities involving physical exertion, manual labor, or the use of mechanical equipment, not subject to ratings as Class 3 or Class 4.

### **Class 3 – Daily Rate 57¢ per person**

Soap Box Derbies, climbing, cave exploration, short-term sporting events, and similar hazardous activities.

### **Class 4 – Daily Rate \$1.14 per person**

Ski groups, ski trips, water skiing, white water rafting, and similar high-hazard activities.

Accidental Death Benefit: \$5,000.00

Medical Benefit Maximum Amount: \$10,000.00

Deductible Amount: None

The Underwriting Company  
Capitol Insurance Companies