

What is excluded under this coverage?

The Policy does not cover Loss nor provide benefits for:

- Expenses for treatment on or to the teeth, except for treatment resulting from Injury to natural teeth;
- Eyeglasses, hearing aids, and examination for the prescription or fitting there of;
- Suicide, attempted suicide or intentionally self-inflicted Injury;
- Injury due to participation in a riot;
- Cosmetic surgery;
- Loss resulting from air travel, except as a fare-paying passenger on a commercial airline;
- Injury resulting from any declared or undeclared war;
- Injury while in the armed forces of any country;
- Injury covered by any worker's compensation or occupational disease law;
- Treatment provided in a government Hospital unless the Insured is legally obligated to pay such charges;
- Infections except pyogenic or bacterial infections caused wholly by a covered Injury;
- Claims occurring while parachuting or hang-gliding;
- Expenses covered by any other policy;
- Hernia in any form;
- Sickness or disease, in any form;
- Fighting (unless an innocent victim);
- Injuries due to intramural tackle football, hockey or rugby. All other intramural activities are covered;
- All intercollegiate sport participation including off season conditioning.
- Injuries resulting from the use of any illicit drug and/or narcotic unless administered on the advice of a physician.

Note: The listed exclusions are for illustration and does not list all exclusionary terms of the policy.

Important Notes:

- 1) The Member Accident Protection Program is NOT a substitute for health insurance. It provides NO protection for sickness or illness. Every member of the fraternity must be certain that they obtain health insurance coverage from their parents or other source.
- 2) Coverage applies to United States students only. Coverage does not apply in Canada.
- 3) Policy requires reporting within 180 days. A delay in reporting can cause your claim to be denied or have your benefit payments delayed.

Underwritten by:



Glen Allen, VA 23060

Servicing Agent

The Willis HRH logo consists of the text "Willis HRH" in white, set against a dark blue background with a yellow border.

Founded to serve the needs of fraternal organizations.

Committed to improving the risk management programs of our clients.

Insurance and Risk Management Services

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MEMBER ACCIDENT PROTECTION PROGRAM

A Benefit of Membership
of the
Sigma Phi Epsilon Fraternity

Effective: 6/30/09 - 6/30/2010

What is The Member Accident Protection Program?

The member accident protection program of the fraternity is a benefit of membership. The program is intended to compliment the health insurance of every undergraduate member of the fraternity for injuries as a result of an accident. The premium for this program is paid by the fraternity and the program may be cancelled or changed at the sole discretion of the fraternity at any time. The information provided is for informational purposes only and is not intended to replace the insurance contract. For specific information regarding any claim, please contact Willis HRH.

Who is an Insured Person under the member accident program?

All eligible undergraduate members, associate members/pledges of the fraternity are insured for covered injuries which are incurred while the policy is in force and occur while:

- In good standing with the fraternity. Membership will be verified with the (inter)national administrative office of the fraternity so be certain your membership has been reported and all pledge, initiation, undergraduate dues and risk management\insurance fees have been paid; and
- Enrolled as a student at an institution of higher learning where there is an undergraduate chapter of the fraternity, except during appropriate holiday or summer breaks. If a covered injury occurs during a holiday or summer break, the eligible member will have had to have been an enrolled student during the prior school term and continuing at an institution of higher learning the following term.

What Protection is provided?

The following limits of protection are provided;

- \$25,000 Accident Medical Expense and/or Dental Accident Injury Maximum
- \$ 5,000 Accidental Dismemberment and/or Accidental Death Benefit
- 52 Week Benefit Period
- \$0 Deductible

How are benefits paid?

- Additional benefits will be paid only when eligible medical expense is not recoverable from any other insurance policy, service contract or workers' compensation policy. This policy will reimburse deductibles and co-pays of health insurance programs.
- Benefits for any one accident shall not exceed, in the aggregate, the Medical Expense Maximum.
- In the absence of any other applicable coverage, this coverage is primary.

What is Accidental Dismemberment?

When, because of a covered injuries, the Insured sustains any of the following losses within 52 weeks after the date of the accident, the Company will pay benefits for loss of:

Paraplegic or Greater.....	100%
Two or more members	100%
One member	50%

Member is defined as hand, foot or sight of eye. The percentage shown is applied to the Accidental Dismemberment Principal Sum. Loss means severance of the limb at or above the joint and total and irrecoverable loss of the entire sight. Loss must occur within 52 weeks after the date of the accident. Only one of the amounts (the largest applicable) will be paid for any one accident.

What is Accidental Death?

The Company will pay the Accidental Death Principal Sum when a covered injury results in the Insured's death. Death must occur within 52 weeks of the covered accident. If Accidental Dismemberment Benefits have been paid for a loss resulting from the same accident, the Accident Death Benefit will not be payable. To receive benefits, loss must be independent of sickness and all other causes.

To whom are claims reported?

Willis HRH
12231 Emmet Street Ste 5
Omaha, NE 68164
Phone (800) 736-4327
Facsimile (800) 328-0522
E-Mail: Claims@Willis.com
www.WillisFraternity.com

When you call to report a claim you will need to reference that you are reporting this claim as a member of the fraternity program and provide the name of the fraternity and the university/college at which you are a member.