

YOU'VE COVERED ALL THE DETAILS
LET US COVER YOU

Nationwide®



SPECIAL EVENTS

GROUPROTECTORSM
Group Accident Medical Insurance



Nationwide®
On Your Side

ACCIDENTS HAPPEN. But that doesn't have to put you on the spot.

Let Nationwide® help. Our **GROUPROTECTORSM** accident medical insurance provides peace of mind that keeps the focus on fun. Our policy provides medical expense benefits as well as death and specific loss benefits to all special event participants. You can even choose to cover any staff in addition to participants.

Pick the coverage level that's right for your group

GrouProtector offers both primary and excess medical plans. Which one's right for your group?

Primary medical plan

- Ideal for groups with participants generally not covered by other insurance
- Typically the first plan to pay claims after a covered event
- Pays covered expenses regardless of other insurance coverage
- Payments from other insurance coverage may be reduced as needed

Excess medical plan

- Ideal for groups with participants generally covered by other insurance
- Typically the last plan to pay claims after a covered event
- Will not pay covered expenses to the extent paid by other insurance coverage
- Essentially pays for other plans' deductibles and coinsurance
- Also pays remaining expenses after benefits exhausted from other plans

Who in your group is covered?

You have two choices of who can be covered:

- Participants only
- Participants and staff

Whichever option you choose, 100% of those individuals are insured.

What activities are covered?

For a complete list of the types of activities we can cover, please see item #5 on the application.

Any activities you check under item #5 are covered, as long as they are sponsored and directly supervised by your group.

The dates of these activities and the anticipated number of covered individuals must be provided on the premium report as well.

SPECIAL EVENT Accident/Sickness Insurance Policy Application

Print or type only

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 Group's Name

Address 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. Policy term may not exceed 6 months.

3. Covered Activities

The special event activity(ies) checked below which is (are) sponsored and directly supervised by the plan sponsor.
(Use PHI Codes)

4. Maximum Benefit Amounts

The word "None" means the benefit is not included

Benefit Provisions	Maximum Benefit Amounts		
	CLASS 1-4	CLASS 5-8	CLASS 9
ACCIDENTAL DEATH & SPECIFIC LOSS with a \$250,000 overall maximum for any one accident.			
Death	\$5,000	\$5,000	\$5,000
Specific Loss (Face Amount)	10,000	10,000	10,000
MEDICAL EXPENSE			
Accident	Deductible	None	None
	Overall Maximum	25,000	25,000
Sickness	Overall Maximum	None	5,000
			None
OFFICE USE ONLY		2220P 4220E	7913P 6913E
		2220P 4220E	

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

CL	Eligible Persons	Daily Premium rates per Eligible Person	
		<input type="checkbox"/> PRIMARY Plan	<input type="checkbox"/> EXCESS Plan
All participants or all participants and staff in the activity(ies) checked below which is (are) sponsored and directly supervised by the plan sponsor (check only those activities to be insured):			
1	<input type="checkbox"/> Adult Study School <input type="checkbox"/> Bible School (PHI580)	\$0.05	\$0.04
2	<input type="checkbox"/> Amateur Theater <input type="checkbox"/> Amusement/Water Park Outing <input type="checkbox"/> Dance <input type="checkbox"/> Beauty Contest <input type="checkbox"/> Exhibit <input type="checkbox"/> Fashion Show <input type="checkbox"/> Festival <input type="checkbox"/> Fund-Raising Drive <input type="checkbox"/> Haunted House <input type="checkbox"/> Hay Ride <input type="checkbox"/> Museum Outing <input type="checkbox"/> Pageant <input type="checkbox"/> Parade <input type="checkbox"/> Picnic <input type="checkbox"/> Prom <input type="checkbox"/> Recital <input type="checkbox"/> Reunion <input type="checkbox"/> Wedding <input type="checkbox"/> Zoo Outing (PHI581)	0.09	0.07
3	<input type="checkbox"/> Battle Re-Enactment <input type="checkbox"/> Biathlon <input type="checkbox"/> Bicycling (except BMX) <input type="checkbox"/> Bowling <input type="checkbox"/> Donkey Sports <input type="checkbox"/> Boating (except Whitewater) <input type="checkbox"/> Darts <input type="checkbox"/> Exercise <input type="checkbox"/> Fishing <input type="checkbox"/> Golf <input type="checkbox"/> Gymnastic <input type="checkbox"/> Hiking <input type="checkbox"/> Horseback Riding <input type="checkbox"/> Hunting <input type="checkbox"/> Jogging <input type="checkbox"/> Marathon <input type="checkbox"/> Manual Training School <input type="checkbox"/> Science Field Study <input type="checkbox"/> Shooting Match <input type="checkbox"/> Skating <input type="checkbox"/> Soap Box Derby <input type="checkbox"/> Swimming <input type="checkbox"/> Triathlon <input type="checkbox"/> Walk-A-Thon <input type="checkbox"/> Weightlifting (PHI582)	0.24	0.17
4	<input type="checkbox"/> Martial Arts (Except Competition) <input type="checkbox"/> Paintball (PHI586)	2.40	1.70
5	<input type="checkbox"/> Whitewater Boating/Rafting Trip or Tour (PHI676)	1.05	0.75
6	<input type="checkbox"/> Air Trip or Tour <input type="checkbox"/> Backpacking Trip or Tour <input type="checkbox"/> Bicycle Trip or Tour <input type="checkbox"/> Volunteer Construction and/or Repair Work <input type="checkbox"/> Other Water Trip or Tour (PHI583)	0.35	0.21
7	<input type="checkbox"/> Cave Exploring/Repelling <input type="checkbox"/> Scuba/Skin Diving <input type="checkbox"/> Snowboarding <input type="checkbox"/> Snow Ski Trip or Tour (PHI585)	2.45	1.75
8	<input type="checkbox"/> Other Land Trip or Tour (PHI584)	0.17	0.10
9	<input type="checkbox"/> All spectators for the activity(ies) checked above (PHI587)	0.09	0.07

When a person on a given day is taking part in more than one of the activities checked above, premium should be paid based only on the highest rated activity. The practice and/or play of league sports is excluded.

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 with the application based on the total premium due as shown on the Premium Report.

(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 sending your check to Nationwide Life Insurance Company ("Nationwide"), you give your consent to Nationwide to authorize our financial institution to convert your check into an electronic fund transfer. Please be aware that your bank account may be debited as soon as the same day we receive your payment and you will not receive a canceled check. For authorized checking account withdrawal (also called Automated Clearing House or "ACH") call 800.525.8669.

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

Previous Policy Number _____
Date _____
Agent's Signature and Number _____
Agent's Phone Number _____
Agent's E-mail Address _____
GR-9050

Signature of Applicant _____
Printed Name and Title of Applicant _____
Address of Applicant _____
Applicant's Phone Number _____
Applicant's E-mail Address _____

Medical Expense Benefit

If, as a result of injury or sickness, an insured incurs covered expenses starting within 90 days from the date of the accident causing the injury or the date sickness (if applicable) begins, 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);
- (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-9051-3 if Class 5, 6, 7, and/or 8 is elected; or GR-9051-4 if class 5, 6, 7, and/or 8 is not elected. 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.

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 and 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.

Policy Exclusions & Limitations

We will not pay benefits for expenses incurred for:

- (1) the examination, prescription, purchase or fitting of eye-glasses, 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.

PREMIUM REPORT (Must be completed and sent in with the Application.)

Age range of participants (not staff): _____ to _____ years of age

Covered Activity	Dates of Activities	Number of Eligible Persons Anticipated to be Insured			Daily Premium per Eligible Person	Premium per Day	Total Number of Days	Premium Due
		Participant	Staff	Total				
		+	=	X	\$	=	\$	
		+	=	X	\$	=	\$	
		+	=	X	\$	=	\$	
		+	=	X	\$	=	\$	
		+	=	X	\$	=	\$	
		+	=	X	\$	=	\$	
Total Premium Due (Subject to policy minimum*)								\$

***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. For authorized checking account withdrawal (also called Automated Clearing House "ACH") or credit card payment call 800.525.8669.

