

Membership Accident Protection Program - Accident Insurance Plan

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 complement the health insurance program 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 canceled or changed at the sole discretion of the fraternity at any time. This summary is provided for informational purposes only and is not intended to replace the insurance contract. For specific information regarding any claim, please contact Holmes Murphy & Associates.

Who is an insured person under the Member Accident Protection Program?

All eligible undergraduate members and associate members/pledges of the fraternity are insured for Covered Injuries that 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 to be certain your membership has been reported and all pledge, initiation, undergraduate dues and risk management/insurance fees have been paid.
- ✓ 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 terms and continuing at an institution of higher learning the following term.

What coverage is provided?

- ✓ **\$100,000** Accident Medical and Dental Expense maximum per occurrence per Covered Person.
- ✓ **\$5,000** Accidental Death and Dismemberment principal sum
- ✓ One-year benefit period

We will provide the benefits described in the Policy to all Covered Persons who suffer a Covered Loss, which:

1. is within the scope of the Description of Benefits and results, directly and independently of disease or bodily infirmity, from a Covered Injury which is suffered in a Covered Accident;

2. occurs while the person is a Covered Person under this Policy; and
3. is within the scope of the risks set forth in the Description of Hazards provisions.

Description of Benefits

Accidental Death and Dismemberment Benefit

If, within one year from the date of a **Covered Accident**, **Covered Injury** from the **Covered Accident** results in a **Covered Loss** listed in the table below, we will pay the percentage of the **Principal Sum** shown in the table. If the **Covered Person** sustains more than one such **Covered Loss** as the result of one **Covered Accident**, we will pay only one amount, the largest to which the **Covered Person** is entitled. This amount will not exceed the **Principal Sum** that applies to the **Covered Person**.

Loss	Percentage of Principal Sum
Principal Sum Amount	\$5,000
Loss of Life	100%
Loss of Both Hands	100%
Loss of Both Feet	100%
Loss of Entire Sight of Both Eyes	100%
Loss of One Hand and One Foot	100%
Loss of One Hand and Entire Sight of One Eye	100%
Loss of Speech and Hearing (both ears)	100%
Loss of One Hand	50%
Loss of One Foot	50%
Loss of Entire Sight of One Eye	50%
Loss of Speech	50%
Loss of Hearing (both ears)	100%
Loss of Hearing in One Ear	50%
Loss of Thumb and Index Finger of the Same Hand	25%

Loss	Percentage of Principal Sum
Quadriplegia (total paralysis of both upper and lower limbs)	100%
Paraplegia (total paralysis of both lower or upper limbs)	100%
Hemiplegia (total paralysis of upper and lower limbs on one side of body)	100%
Uniplegia (total paralysis of one lower or upper limb)	100%

Loss of a hand or foot means complete **Severance** through or above the wrist or ankle joint.

Loss of sight means the total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical, or artificial means.

Loss of speech means total, permanent and irrecoverable loss of audible communication. **Loss of hearing** means total and permanent loss of hearing in one or both ears, which cannot be corrected by any means.

Loss of a thumb and index finger means complete **Severance** through or above the metacarpophalangeal joints (the joints between the fingers and the hand). **Severance** means the complete separation and dismemberment of the part from the body. **Total Paralysis** means complete loss of use and sensation of limbs. Paralysis must occur within the 365-day period from the date of the Covered Accident. The paralysis must be determined by a Physician to be complete and not reversible.

General Exclusions

The general exclusions under this policy include, but are not limited to, the following:

1. Suicide, self-destruction, attempted self-destruction, or intentional self-inflicted Injury while sane or insane.
2. Participation in a riot or insurrection.
3. Elective or cosmetic surgery, except for reconstructive surgery on an injured part of the body.
4. Travel or activity outside the United States.
5. War or any act of war, declared or undeclared unless an act of terrorism.
6. Injury sustained while in the service of the armed forces of any country.

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7. Services or supplies for the treatment of an Occupational Injury or Sickness which are paid under Workers' Compensation.
8. Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not include bacterial infection, which is the natural foreseeable result of an Accidental external bodily injury or accidental food poisoning.
9. Dental care or treatment other than care of sound, natural teeth and gums required on account of injury resulting from an Accident while the Covered Person is covered under this Policy and rendered within 6 months of the Accident.
10. Violation or in violation or attempt to violate any duly enacted law or regulation, or commission or attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation.

For a complete list of exclusions, please see the Policy.

Claim Filing Instructions

Please contact:



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13810 FNB Parkway, Suite 300
Omaha, NE 68154

Phone: (800) 736-4327; (402) 498-0464
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The referenced insurance policy contains the actual terms, coverages, amounts, conditions and complete exclusions. Should there be a discrepancy between statements made in this document and the provisions of the insurance policy, the insurance policy will prevail.