

Appalachian Mountain Club  
Participant Accident & Emergency Sickness Medical including Emergency Evacuation Policy  
Summary of Benefits

**Insurer:** National Union Fire Insurance Company of Pittsburgh, PA  
**Policy No:** SRG 0009157651  
**Policy Term:** 6/15/2020 to 6/15/2021  
**Insured Persons:** Class 1: All registered Participants of AMC while participating in domestic activities – Full Excess\* Medical for Injury or Emergency Sickness.  
Class 2: All registered Participants of AMC while participating in activities internationally Primary Medical\*\* for Injury or Emergency Sickness

**Covered Activities:** Specified Trip (24 Hour Coverage) includes all trips sponsored by the PH. Trips will start at the Covered Person's home or other place designated by the PH. It will end on the first of the following dates to occur: the date a Covered Person returns home; the date a Covered Person returns to a place designated by the PH.

**Accident & Emergency Sickness Medical:**

Coverage Type:  
Medical Maximum: \$5,000.00  
Medical Deductible: \$0.00  
Maximum Benefit Period: 1 year from date of covered accident  
Incurral Period: Within 30 days from date of covered accident

*Class 1: \* With Excess Medical Expense coverage, the insured must first submit bills to their own health insurance. This insurance will then coordinate claims to pay the deductibles, co-insurance limitations, and/or balances up to the policy limits. If there is no other valid and collectible insurance available, then this policy becomes primary medical coverage for injury due to an accident while participating in Policyholder sponsored activity. This policy does not cover medical expenses due to sickness nor illness.*

*Class 2: \*With Primary Medical Expense: If an injury results in incurring eligible expenses for any of the services on the Schedule of Benefits, this plan will provide eligible medical benefits after the deductible.*

Accidental Death Principal Sum: \$5,000.00  
Accidental Dismemberment Principal Sum: \$5,000.00  
Paralysis Principal Sum \$5,000.00

**Accidental Dismemberment**

For the loss of:	Principal Sum
Both Hands	100 %
Both Feet	100 %
Sight of Both Eyes	100 %
One Hand & One Foot	100 %
Speech & Hearing	100%
Hand or Foot & Sight of One Eye	100%
Hand or Foot	50 %
Sight of One Eye	50 %
Speech or Hearing in Both Ears	50 %
Thumb & Index Finger of One Hand	25 %

## Paralysis

Quadriplegia	100 %
Triplegia	75 %
Paraplegia	75 %
Hemiplegia	50 %
Uniplegia	25 %

Aggregate Limit: \$300,000.00  
Aggregate Applies to: Accidental Death & Dismemberment

### Additional Information:

Emergency Sickness Benefit:	\$5,000 max. Both Classes
Emergency Evacuation Benefit:	\$200,000 max. (Covered Accident) Outside 50-mile radius of Participants home
Repatriation Benefit:	\$200,000 max. (Covered Accident) Outside 100-mile radius of Participants home

Premium: \$500.00 Minimum Premium with Trip Audits and additional premium due each Quarter

### Disclaimers:

This policy does not meet Minimum Creditable Coverage standards and will not satisfy the mandate for health insurance. It does not cover medical expenses due to sickness nor illness.

This summary provides a brief overview of coverage due to an injury caused by an accident while participating in activities sponsored by the policyholder. It neither modifies nor supersedes the insuring agreement, terms, conditions and exclusions of the referenced policy, which constitutes the sole agreement between the insurer and the insured. Fred C. Church's authority to act on behalf of an insurer varies. As a result, your Fred C. Church representative will confirm in writing when changes to your coverage, including the placement of new coverage, have been effectuated. This policy is based on underwriting information provided by you and your carriers and/or vendors. In the event there have been significant changes, or we are missing material data, you must supply the data to us so that we, in turn, can forward to the underwriters.

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