Accidents aren’t supposed to happen...

but they do.

Our Student Accident product protect millions of kids in thousands of schools throughout the nation.

Accidentes no suelen suceder...

pero a veces suceden.

Nuestro producto de accidentes para estudiantes protege a millones de niños de escuelas en todo el país.

Enroll Online
Regístrese por Internet

www.k12specialmarkets.com

K-12 Accident plans that are available through your school:

- School time Accident Only
- 24-Hour Accident Only
- Interscholastic Sports

Seguro Escolar de Accidentes para Estudiantes (K-12) disponible a través de su escuela:

- Accidentes en la escuela
- Accidentes las 24 horas al día
- Deportes Interescolares

Underwritten by Special Markets Insurance Consultants, Inc. For further details of the coverage including costs, benefits, exclusions and any reductions or limitations, and the terms under which the policy may be continued in force, please refer to www.k12specialmarkets.com. Student is able to purchase the coverage only if his/her school district is a policyholder with the insurance company.

Endorsado por Special Markets Insurance Consultants, Inc. Para más detalles de la cobertura incluyendo costos, beneficios, excepciones, reducciones ó limitaciones y los términos bajo los que la póliza puede continuar en vigor, por favor consultar en www.k12specialmarkets.com. El estudiante puede comprar la cobertura solamente si su distrito escolar está asegurado con la compañía de seguros.

For questions, call 800-727-7642

Para preguntas, llame al 800-727-7642

SMIC | Special Markets Insurance Consultants
Insurance for Students, Sports & Leisure Activities
How to Enroll

Enrolling is easy and should only take a few minutes.

Go to www.k12specialmarkets.com and click the “Enroll Now” button.

Cómo Matricularse

Matricularse por internet es fácil y lleva sólo unos minutos.

Vaya a www.k12specialmarkets.com y haga clic en “Enroll Now”.

1. Click on Coverage Details at top
2. Select State and click “Look Up”
3. Click on School or District
4. Click on link to display plan details

Parents can either print and complete the enrollment application to mail with check or money order

OR

You can enroll online:

1. Enroll online by clicking “Enroll Now”
2. Select State and click “Look Up”
3. Choose your school or district
4. Select school location name (if applicable)
5. Check the plan options
6. Complete online application (more than one child can be enrolled on same application)
7. Pay by credit/debit
8. Print ID card

www.k12specialmarkets.com

1. Haga clic en “Coverage Details” en la parte superior
2. Selleccione su estado y haga clic en “Look Up”
3. Haga clic en su escuela o distrito escolar
4. Haga clic en el nombre para mostrar detalles del plan

Parientes pueden imprimir y completar la aplicación para mandarla por correo o por orden de pago.

O TAMBIEN:

Pueden inscribirse via web:

1. Inscribase via web haciendo clic en "enroll now"
2. Seleccione su estado y haga clic en "look up"
3. Elija su escuela o distrito
4. Seleccione el nombre de su escuela (si es posible)
5. Verifique las opciones del plan
6. Complete la aplicación via web (dos o mas niños pueden ser inscriptos en la misma aplicación)
7. Pague con tarjeta de debito o credito
8. Imprima su tarjeta de identificacion

www.k12specialmarkets.com

800-727-7642
2011 – 2012 STUDENT ACCIDENT INSURANCE COVERAGE

OPTIONAL SCHOOL TIME ACCIDENT COVERAGE - Insurance coverage is provided for covered Injuries incurred during the hours and days when school is in session and while attending or participating in school sponsored and supervised activities on or off school premises. Includes participation in: Summer Recreation Activities sponsored by the school; One-Day School Field Trips (no Overnight) and School Sponsored Religious Activities. Coverage is provided for traveling to, during or after such activities as a member of a group in transportation furnished or arranged by the Policyholder and traveling directly to or from their home premises and the school or the site of a covered activity. No coverage is provided while participating in Senior High Interscholastic Sports.

Annual Premium: Gold - $29.00 Silver - $19.00 Bronze - $8.00

OPTIONAL 24-HOUR ACCIDENT COVERAGE - Insurance coverage is provided around the clock, 24 Hours per day. Provides coverage during the weekends and vacation periods including the entire summer. Students are protected while at Home or away, any place, any time, anywhere. No coverage is provided while participating in Senior High Interscholastic Sports.

Annual Premium: Gold - $130.00 Silver - $84.00 Bronze - $42.00

OPTIONAL 24-HOUR DENTAL COVERAGE (Can be purchased separately or with other coverage) - Insurance coverage is in effect 24 Hours a day. Injury must be treated within 60 days after the Accident occurs. Benefits are payable within 12 months after the date of Injury. The maximum eligible expenses payable per covered Injury is $25,000. In addition, when the dentist certifies that treatment must be deferred until after the Benefit Period, deferred benefits will be paid to a maximum of $1,000. The Student must be treated by a legally qualified dentist who is not a member of the Student’s Immediate Family for Injury to teeth. Coverage is limited to treatment of sound, natural teeth. Annual Premium: $7.00

COVERAGE PERIOD – Coverage under the Optional School-Time Accident Coverage, the Optional 24-Hour Accident Coverage and the Optional 24-Hour Dental Coverage begins on the date of premium receipt but not before the start of the school year activities. Optional School-Time Accident Coverage ends at the close of the regular nine-month school term, except while the student is attending activities exclusively sponsored and solely supervised by the School during the summer. Optional 24-Hour Accident and Dental Coverage ends when school reopens for the following school year. Coverage is available under the plan throughout the school year at the premiums quoted (no pro rata premiums available).

SCHEDULE OF BENEFITS

<table>
<thead>
<tr>
<th>Coverage for Injuries due to Accident only</th>
<th>Maximum Benefit</th>
<th>Gold</th>
<th>Silver</th>
<th>Bronze</th>
</tr>
</thead>
<tbody>
<tr>
<td>School-Time, Option</td>
<td>$100,000</td>
<td>$75,000</td>
<td>$50,000</td>
<td>$50,000</td>
</tr>
<tr>
<td>24-Hour Option</td>
<td>$100,000</td>
<td>$75,000</td>
<td>$50,000</td>
<td>$50,000</td>
</tr>
<tr>
<td>Injuries Involving Motor Vehicles</td>
<td>$10,000</td>
<td>$10,000</td>
<td>$10,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>Death Benefit/Double Amputation Dismemberment</td>
<td>$5,000</td>
<td>$5,000</td>
<td>$5,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>Loss Period for Medical Benefits</td>
<td>Treatment must begin within 60 days from the date of injury</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benefit Period for Medical and AD&amp;D/Loss of Sight Benefits</td>
<td>1 Year</td>
<td>1 Year</td>
<td>1 Year</td>
<td></td>
</tr>
<tr>
<td>Coverage</td>
<td>Primary</td>
<td>Primary</td>
<td>Primary</td>
<td></td>
</tr>
<tr>
<td>Hospital/Facility Services - Inpatient</td>
<td>100% RE*</td>
<td>100% RE*</td>
<td>80% RE*/$200 Maximum**</td>
<td></td>
</tr>
<tr>
<td>Hospital Room and Board (Semi-Private Room Rate)</td>
<td>$10,000 Maximum</td>
<td>$7,500 Maximum</td>
<td>$5,000 Maximum</td>
<td></td>
</tr>
<tr>
<td>Hospital Intensive Care</td>
<td>100% RE*</td>
<td>100% RE*</td>
<td>80% RE*/$200 Maximum**</td>
<td></td>
</tr>
<tr>
<td>Inpatient Hospital Miscellaneous</td>
<td>$10,000 Maximum</td>
<td>$7,500 Maximum</td>
<td>$5,000 Maximum</td>
<td></td>
</tr>
<tr>
<td>Hospital/Facility Services - Outpatient</td>
<td>$750 Maximum</td>
<td>80% to $500 Maximum</td>
<td>$250 Maximum</td>
<td></td>
</tr>
<tr>
<td>Outpatient Hospital Miscellaneous (Except physician services and x-rays paid as below)</td>
<td>$2,000 Maximum</td>
<td>80% to $1,000 Maximum</td>
<td>$500 Maximum</td>
<td></td>
</tr>
<tr>
<td>Free-standing Ambulatory Surgical Facility</td>
<td>$75 Maximum</td>
<td>$50 Maximum</td>
<td>$50 Maximum</td>
<td></td>
</tr>
<tr>
<td>Hospital Emergency Room Physician</td>
<td>$500 Maximum</td>
<td>80% to $350 Maximum</td>
<td>80% to $150 Maximum</td>
<td></td>
</tr>
<tr>
<td>Hospital Emergency Room</td>
<td>$750 Vuit / 5 Vuits Maximum</td>
<td>$40 Vuit / 5 Vuits Maximum</td>
<td>$25 Vuit / 5 Vuits Maximum</td>
<td></td>
</tr>
<tr>
<td>Physician's Services</td>
<td>80% RE* to $3,000 Maximum</td>
<td>80% RE* to $2,000 Maximum</td>
<td>80% RE* to $1,000 Maximum</td>
<td></td>
</tr>
<tr>
<td>Assistant Surgeon</td>
<td>25% of Surgical Benefits</td>
<td>25% of Surgical Benefits</td>
<td>25% of Surgical Benefits</td>
<td></td>
</tr>
<tr>
<td>Anesthesiologist</td>
<td>25% of Surgical Benefits</td>
<td>25% of Surgical Benefits</td>
<td>25% of Surgical Benefits</td>
<td></td>
</tr>
<tr>
<td>Physician's Non-surgical Treatment (Except as below)</td>
<td>$50 per day</td>
<td>$50 Maximum</td>
<td>$25 per day</td>
<td></td>
</tr>
<tr>
<td>Physician's Outpatient Treatment in connection with Physical Therapy and/or Spinal Manipulation</td>
<td>$2,000 Maximum</td>
<td>$1,500 Maximum</td>
<td>$1,000 Maximum</td>
<td></td>
</tr>
<tr>
<td>Other Services</td>
<td>$750 Vuit / 5 Vuits Maximum</td>
<td>$40 Vuit / 5 Vuits Maximum</td>
<td>$25 Vuit / 5 Vuits Maximum</td>
<td></td>
</tr>
<tr>
<td>Registered Nurses’ Services</td>
<td>100% RE*</td>
<td>100% RE*</td>
<td>80% RE*</td>
<td></td>
</tr>
<tr>
<td>Prescriptions - outpatient</td>
<td>100% RE*</td>
<td>100% RE*</td>
<td>80% RE*</td>
<td></td>
</tr>
<tr>
<td>X-rays, includes interpretation - outpatient</td>
<td>$300 Maximum</td>
<td>$250 Maximum</td>
<td>$200 Maximum</td>
<td></td>
</tr>
<tr>
<td>Diagnostic Imaging (MRI, CAT Scan, etc) includes interpretation - outpatient</td>
<td>$1,000 Maximum</td>
<td>$750 Maximum</td>
<td>$300 Maximum</td>
<td></td>
</tr>
<tr>
<td>Ground Ambulance</td>
<td>$500 Maximum</td>
<td>$400 Maximum</td>
<td>$200 Maximum</td>
<td></td>
</tr>
<tr>
<td>Air Ambulance</td>
<td>$1,500 Maximum</td>
<td>$1,000 Maximum</td>
<td>$400 Maximum</td>
<td></td>
</tr>
<tr>
<td>Dental/Ortho Equipment (Includes Ortho Brace &amp; Appliances)</td>
<td>$500 Maximum</td>
<td>$300 Maximum</td>
<td>$100 Maximum</td>
<td></td>
</tr>
<tr>
<td>Replacement of eyeglasses, hearing aids, contact lenses, if medical treatment is also received for the covered injury.</td>
<td>$700 Maximum</td>
<td>$500 Maximum</td>
<td>$150 Maximum</td>
<td></td>
</tr>
<tr>
<td>Dental Treatment to sound, natural teeth due to covered Injury</td>
<td>$2,000 Maximum</td>
<td>$1,500 Maximum</td>
<td>$1,000 Maximum</td>
<td></td>
</tr>
</tbody>
</table>

*RE means Reasonable Expense
**Per Day

2011 – 2012 ENROLLMENT APPLICATION (please print or type)

Student's Last Name | Student's First Name | Student's Middle Initial | Grade
Address | City | State | Zip
Telephone Number
School System | Name of School
Check your selection: GOLD School-Time $29.00 24-Hour Accident $130.00 24-Hour Dental $7.00 SILVER School-Time $19.00 24-Hour Accident $84.00 24-Hour Dental $7.00 BRONZE School-Time $9.00 24-Hour Accident $42.00 24-Hour Dental $7.00
Signature of Parent or Guardian
Total Enclosed: Date

Please make check payable to Gerber Life Insurance Company

GER_0611 PNOSPORS
PRIMARY COVERAGE PROVISION Benefits are payable for covered medical expenses from the first dollar of expense incurred. Benefits are paid in addition to and without regard to payments from other insurance.

MEDICAL BENEFITS When a covered Injury to a student results in treatment by a legally qualified Physician or surgeon (other than a member of the immediate family or person retained by the school) or is Hospital confined, and treatment begins within 60 days from the date of Injury, the Company will pay the benefit as shown in the Schedule of Benefits, subject to the full Primary Coverage Provision above. Only eligible medical expenses incurred by the Insured within 52 weeks from the date of the Accident are covered. Benefits for any one Accident shall not exceed in the aggregate the maximum stated in the Medical Benefit plan purchased. Expenses incurred after one year from the date of Injury are not covered, even though the service is a continuing one, or one that is necessarily delayed beyond one year from the date of Injury.

ACCIDENTAL DEATH, DISMEMBERMENT AND LOSS OF SIGHT When a covered Injury results in any of the Losses to the Insured which are stated in the Schedule of Benefits for Accidental Death, Dismemberment, or Loss of Sight then the Company will pay the benefit stated in the schedule for that Loss. The Loss must be sustained within 365 days after the date of the Accident.

The maximum benefit payable under this provision is stated in the Schedule of Benefits under Maximums and Benefit Period: 1) Life 2) Both Hands or Both Feet or Sight of Both Eyes; 3) Loss of One Hand and One Foot; 4) Loss of One Hand and Entire Sight of One Eye; 5) Loss of One Foot and Entire Sight of One Eye; 6) Loss of One Hand or Foot; 7) Loss of Sight in One Eye; 8) Loss of Thumb and Index Finger of the Same Hand means complete Severance through or above the wrist or ankle joint. Loss of Sight means the total, permanent Loss of Sight in One Eye. The Loss of Sight must be irrecoverable by natural, surgical or artificial means. Loss of Thumb and Index Finger of the Same Hand means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). Severance means the complete separation and dismemberment of the part from the body. If the Insured suffers more than one of the above covered losses as a result of the same Accident the total amount the Company will pay is the maximum benefit. Benefits paid under this provision will be paid in addition to any other benefits provided by the Policy. Benefits under this provision are subject to all of the other provisions of the Policy, including all Coverage and Limitations, Maximums and Exclusions.

DEFINITIONS Injury means bodily injury caused by an Accident. The Injury must occur while the Policy is in force and while the Insured is covered under the Policy. The Injury must be sustained as stated on the face page of the Policy, except where specifically stated otherwise in the Policy. Accident means a sudden, unexpected and unforeseen, identifiable event producing at the time objective symptoms of an injury. The Accident must occur while the Insured is covered under the Policy. Reasonable Expense means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided. Such services and supplies must be recommended and approved by a Physician.

EXCLUSIONS No Benefits are payable for Hospital and Professional Services for the following: 1) Injuries which are not caused by an Accident; 2) Treatment for hernia, regardless of cause, Ogilvie Schattered’s disease, or osteochondritis; 3) Injury sustained as a result of operating, riding in on or upon, or alighting from a two-, three-, or four-wheeled recreational motor vehicle or snowmobile; 4) Aggravation, during a Regularly Scheduled Activity, of an Injury the Insured sustained before participating in that Regularly Scheduled Activity, unless the Company receives a written medical release from the Insured’s Physician; 5) Injury sustained as a result of practice or play in interscholastic tackle football and/or sports, unless the premium required under the Football and/or Sports Coverage provision has been paid; 6) Any expense for which benefits are payable under a Catastrophic Accident Insurance Program of the State Interscholastic Activities Association; 7) Treatment performed by a member of the Insured’s Immediate Family or by a person retained by the School; 8) Injury caused by war or acts of war; suicide or intentionally self-inflicted injury, while sane or insane (in Missouri while sane); violating or attempting to violate the law, the taking part in any illegal occupation; fighting or brawling except in self-defense; being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the Injury occurs; or being under the influence of any drugs or narcotics unless administered by or on the advice of a Physician; 9) Medical expenses for which the Insured is entitled to benefits under any (a) Workers’ Compensation act; or (b) mandatory no-fault automobile insurance contract; or similar legislation; 10) Expense incurred for treatment of temporomandibular joint dysfunction and associated myofacial pain; and 11) Expenses incurred for experimental or investigational treatment or procedures.

RETAIN THIS DESCRIPTION FOR YOUR RECORDS
This is not a Policy, rather a brief description of the benefits provided under the master policy issued to the school. Please refer to the master policy for further details. IMPORTANT NOTICE – THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS. This brochure has been designed to illustrate the highlights of this insurance. All information in this brochure is subject to the provisions of Policy Form COL-11, underwritten by Gerber Life Insurance Company (the Company). If there is any conflict between this brochure and the Policy, the Policy will prevail. Please see the Master Policy for individual state details.

HOW TO FILE A CLAIM
Written notice of claim must be given to the Company within 90 days after the occurrence or commencement of any loss covered by this policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the Named Insured to the Company, with information sufficient to identify the Named Insured shall be deemed notice to the Company. Written proof of loss must be furnished to the Company at its said office within 90 days after the date of such loss.

In the event of an Accident, students should: 1) Secure treatment at the nearest medical facility of their choice; 2) Obtain a receipt (if payment of any bills were made) and itemized copy of charges from the provider of medical services and send copies of their itemized bills and the original completed and signed student accident claim form to the claims office – mail all correspondence to Administrative Concepts, Inc., 994 Old Eagle School Road, Suite 1005, Wayne, PA 19087-1802; and 3) Call 1-888-293-8229 with any Claims questions.

UNDERWRITTEN BY: Gerber Life Insurance Company MARKETING AGENT: The Young Group, Inc. White Plains, NY 10605 256 West Millbrook, Inc. Raleigh, NC 27609 (919) 846-9798

To apply for coverage, please enroll on-line with a credit card at www.k12specialmarkets.com or cut along the dotted line, complete the form and mail it, along with your check or money order, to the Please Return To: address shown below.

Please Return To: The Young Group, Inc. 256 West Millbrook Road Raleigh, NC 27609