

REC 1 Recreation Accident Insurance

Pearce & Pearce, Inc.
1-800-222-6491, ext. 134

Enrollment Form

PRIMARY / EXCESS PLANS 100% USUAL & CUSTOMARY

VOLUNTARY BENEFITS

Primary/Excess Insurance - the first \$100 of coverage is Primary - pays without regard to other Insurance. Benefits over \$100 are paid in Excess of other Insurance.

Maximum	\$100,000
Deductible	None
Accidental Death	\$5,000
Accidental Dismemberment	\$10,000

VOLUNTARY RATES

Rates per Participant (Roster Required)

\$6.30 Plan: Youth / Primary-Excess / \$0 Deductible / Voluntary

\$13.55 Plan: Adult / Primary-Excess / \$0 Deductible / Voluntary

\$3.65 Plan: Summer Camp / Primary-Excess / \$0 Deductible / Voluntary

DATES OF INSURANCE

Your insurance is effective on the latter of the policy effective date; or the date you become eligible to be included within a class of persons eligible for coverage under the policy. Your coverage will end on the policy termination date.

PRIMARY / EXCESS PLANS - 100% USUAL & CUSTOMARY EXCLUSIONS

This policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:

1. Suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury.
2. Sickness, disease or infections of any kind; except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning.
3. The Insured's commission of or attempt to commit a felony.
4. Declared or undeclared war, or any act of declared or undeclared war.
5. Participation in any team sport or any other athletic activity, except participation in a Covered Activity.
6. Full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.)
7. Travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured is:
 - a. riding as a passenger in any aircraft not licensed for the transportation of passengers for hire.
 - b. performing, learning to perform or instructing others to
8. Any condition for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law.
9. The Insured being under the influence of drugs or intoxicants, unless taken under the advice of a Physician.

SPECIAL NOTES: 100% Usual & Customary Charge with the following limits:
\$5,000 Surgery Max/ \$1,000 MRI & X-ray Max/ \$1,000 ER Max

NOTICE OF CLAIM

In the event of an accident, the recreation organization must be contacted to obtain an accident claim form. The completed claim form must be received within 60 days of the date of the injury. This form must have all sections completed and signed by an official of the recreation organization and the parent or guardian of the covered participant.

Forward completed claim form and HCFA-1500 or UB-92 to:
Pearce Administration
P.O. Box 2436
Florence, SC 29503
1-888-722-1668

REC 1 Enrollment Form for Recreation Accident Insurance Program

(Please return to your Recreation Organization along with payment)

NAME OF PARTICIPANT

NAME OF PARENT OR GUARDIAN (IF APPLICABLE)

\$6.30 * Youth - Ages 18 and Under (all registered participants)

\$13.55 * Adult Sports - Ages 19 and over participate in sports activities (Except Adult Football)

\$3.65 * Summer Camps

Waiver of Insurance

I do not wish to participate in the Recreation Accident Insurance program offered through my Recreation Organization.

* include payment with this form

Signature of Participant, Parent or Guardian: _____ Date: _____