



## Specialized Accident Insurance Protection



## Customized for Hospital Volunteers and Student Nurses

The AHA Volunteer and Student Nurse Insurance Program, developed in collaboration with the American Hospital Association and AXIS Accident & Health, is your cost-effective option for insuring your hospital volunteers and student nurses who are injured while performing authorized hospital volunteer and student nurse activities – whether on or off your hospital's premises. The Program offers flexible benefit levels and premiums that meet the specific needs of your health care organizations – without deductibles or co-payments.

### Questions?

Contact The Allen J. Flood Companies at: [info@ajfusa.com](mailto:info@ajfusa.com) or 1.800.734.9326



The AHA has exclusively endorsed the Accident Insurance for Volunteers & Student Nurses provided by AXIS Insurance Company and administered by The Allen J. Flood Companies.



# A Flexible, Cost-Effective Accident Insurance Program for your Hospital Volunteers and Student Nurses



## Choose from Four Coverage Plans to Best Meet Your Needs

Benefit Maximums	Plan 1	Plan 2	Plan 3	Plan 4
Accident Medical Expense	\$25,000 Full Excess	\$100,000 Full Excess	\$250,000 Full Excess	\$25,000 Primary
Accidental Death	\$25,000	\$25,000	\$25,000	\$25,000
Accidental Dismemberment	up to \$50,000	up to \$50,000	up to \$50,000	up to \$50,000
Paralysis	\$50,000	\$50,000	\$50,000	\$50,000
Daily Hospital Confinement	None	\$100	\$250	None
HIV	\$25,000	\$25,000	\$25,000	\$25,000
Hepatitis	\$25,000	\$25,000	\$25,000	\$25,000
Bereavement & Trauma Counseling	up to \$1,000	up to \$1,000	up to \$1,000	up to \$1,000
<b>Annual Premium Per Volunteer/Student Nurse</b>	<b>\$2.62</b>	<b>\$3.22</b>	<b>\$3.52</b>	<b>\$5.22</b>
<b>Minimum Premium</b>	<b>\$300</b>	<b>\$400</b>	<b>\$500</b>	<b>\$750</b>

### Each plan includes:

- Coverage for Medical Expenses that result from covered accidental injuries
- Coverage for Accidental Death and Dismemberment
- \$50,000 Benefit for Paralysis
- Coverage for Dental Expenses resulting from accidental injuries up to the Plan Maximum
- \$25,000 for HIV
- \$25,000 for Hepatitis B, C, and D
- Up to \$1,000 for Bereavement & Trauma Counseling
- Aggregate Limit of Indemnity \$500,000, applicable to Accidental Death & Dismemberment Benefits only
- **No deductibles**

## The Program Benefits

### Accident Medical Expense Benefit

If an insured person incurs a covered expense due to a covered injury within 365 days from the date of a covered accident, benefits are payable at 100% of the usual and customary charge, up to the Accident Medical Benefit Maximum selected. The first covered expense must be incurred within 60 days of a covered accident.

#### Covered expenses include:

- hospital confinement, including room and board (limited to the average semi-private room rate) and hospital miscellaneous expenses;
- intensive care room and board expenses (This payment is in lieu of payment for hospital room and board expenses.);
- inpatient and outpatient physician visits;
- surgical expenses (Two or more surgical procedures through the same incision will be considered as one procedure. However, the Company will pay up to 150% of the benefit for surgical procedure when more than one surgical procedure is performed during the same surgical session through different operating fields);
- emergency room expenses;
- nursing services;
- x-ray, CT scan, MRI and laboratory tests;
- outpatient medical services and supplies;
- inpatient and outpatient physiotherapy;
- ambulance expenses (ground or air);
- expenses for medical equipment; and
- dental expenses, including x-rays and oral surgery.

**With Plans 1, 2 or 3, benefits are payable on a full excess basis. With Plan 4, benefits will be paid on a primary basis.**

**Full Excess** – Benefits are payable for covered medical expenses that are in excess of benefits paid by any Other Health Care Plan. In the event the insured person has no other coverage, benefits will be payable on a primary basis.

**Primary** – Benefits are payable regardless of any Other Health Care Plan the insured person has in effect.

### Accidental Death, Dismemberment and Paralysis Benefits Included in all Plans

If, within 365 days from the date of the accident, a covered injury results in any of the losses specified, this program will pay the benefit amount listed below in addition to the applicable Accident Medical Expense benefits.

If the same accident causes more than one of these losses, benefit for the largest amount will be paid.

Loss of Life	\$25,000
Total Paralysis of upper and lower limbs, both lower limbs, or upper and lower limbs on one side of the body	\$50,000
Loss of any combination of two hands, feet or eyes	\$50,000
Loss of one hand, one foot or sight in one eye	\$25,000
Loss of thumb and index finger of same hand	\$12,500

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 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. Paralysis means loss of use, without severance, of a limb. Paralysis must be determined by a doctor to be complete and not reversible.

**Daily Hospital Benefit**

While the insured person is confined in a hospital as a result of a covered accident, Insurance Plans 2 and 3 will pay a daily benefit amount for each day of continuous confinement from the first day of confinement for up to 365 days for each covered accident. Benefits will be payable in addition to any other benefits payable to the insured person.

Confinement must begin within 3 days of the covered accident and must be at the direction and under the care of a physician.

**HIV Assigned or Volunteer Duties Accident Benefit**

If the insured person suffers a covered loss and tests positive for Human Immunodeficiency Virus (HIV) within one year of the covered accident, benefits will be payable as shown subject to the applicable conditions and exclusions.

**Hepatitis Assigned or Volunteer Duties Accident Benefit**

If the insured person suffers a covered loss and tests positive for Hepatitis B, Hepatitis C, Hepatitis D within one year of the covered accident, benefits will be payable as shown subject to the applicable conditions and exclusions.

If the insured person tests positive for HIV and Hepatitis B, C or D as a result of the same covered accident, only one benefit amount, the largest, will be paid.

**Bereavement and Trauma Counseling Benefit**

If the insured person requires bereavement and trauma counseling due to a death or loss covered under the policy, benefits will be payable at \$100 per session, for up to a maximum of 10 sessions, subject to the applicable conditions

and exclusions. Counseling expenses must be incurred within 30 days of the covered loss.

**Additional Information**

All hospital volunteers and student nurses must be included. Coverage for auxiliaries and board members is optional. You must keep an up-to-date list of all hospital volunteers and student nurses, which must be made available to the Insurance Company when required but need not be submitted with the enrollment form.

**Claim Procedures**

Written notice of claim must be filed within 20 days after the date of the accident, or as soon thereafter as reasonably possible. Itemized bills must be submitted with the claim form no later than 90 days after the occurrence, or as soon as reasonably possible. Claim forms and questions regarding this Insurance Program should be addressed to the Administrator of this Insurance Program.

**The AHA Endorsement**

For more than 100 years, the American Hospital Association has been a powerful symbol of quality AHA Solutions, a subsidiary of the AHA, awards the AHA endorsement only to products and services that help hospitals achieve organizational excellence. Healthcare organizations that select AHA-endorsed products support the AHA's efforts on behalf of the nation's hospitals. AHA Solutions is proud to reinvest its profits in the AHA's mission: creating healthier communities.

**Terms of Coverage**

Benefits are payable for Covered Injuries which result directly and independently of all other causes, from a Covered Accident, while coverage is in effect, up to the Plan Maximum.

**Effective Date of Coverage**

Coverage will go into effect on the first day of the month following the date your application form is received by the program administrator.



**ENROLLMENT FORM for The AHA Volunteer and Student Nurse Insurance Program**

Hospital \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ e-mail address: \_\_\_\_\_

Name & Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Broker (if applicable) Tina Creel

Broker Address 419 Natural Resources Dr.

City Little Rock State AR Zip 72205

Broker Telephone ( 501 ) 224-7878 e-mail address: tcreel@arkhospitals.org

Rate Per Person	Minimum Premium
<input type="checkbox"/> <b>Plan 1</b> – \$2.62	\$300
<input type="checkbox"/> <b>Plan 2</b> – \$3.22	\$400
<input type="checkbox"/> <b>Plan 3</b> – \$3.52	\$500
<input type="checkbox"/> <b>Plan 4</b> – \$5.22	\$750

*Please complete the reverse side...*

Underwritten by  
AXIS Insurance Company

**General Definitions**

**Accident or Accidental:** means a sudden, unexpected, specific and abrupt event that occurs by chance at an identifiable time and place while the Insured Person is covered under this Policy.

**Assigned Duties:** means performance of duties, whether for pay or on a volunteer basis, that are: 1. Assigned by the Subscriber; and 2. Assisting, caring for or otherwise involved with, sick or injured persons.

**Covered Accident:** means an Accident that results in a Covered Loss during the Policy Term.

**Covered Expenses:** means expenses actually incurred by or on behalf of an Insured Person for treatment, services and supplies covered by this Policy. Coverage under the Subscriber's Policy must remain continually in force from the date of the Covered Loss or Covered Activity until the date of treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date treatment, service or supply that gave rise to the expense or the charge, was rendered or obtained.

**Covered Injury:** means accidental bodily injury: (1) which is sustained by an Insured Person as a direct result of an unintended, unanticipated Covered Accident that is external to the body and that occurs while the injured person's coverage under the Policy is in force, and (2) which results directly and independently from all other causes from a Covered Accident and (3) which occurs while such person is participating in a Covered Activity. The Covered Injury must be caused through accidental means. All injuries sustained by an Insured Person in any one Covered Accident, including related conditions and recurrent symptoms of these injuries, are considered a single injury.

**Insured Person:** an Eligible Person, as defined in the Schedule of Benefits, for whom required premium has been paid when due and for whom coverage under this Policy remains in force.

**Usual and Customary Charge:** 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.

**Cost of Coverage**

The cost of coverage under this Insurance Program is paid by each Participating Member Hospital.

**Common Exclusions**

In addition to any benefit or coverage specific exclusion, benefits will not be paid for any loss which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the Description of Benefits Section or Covered Conditions Section of the Policy:

1. Intentionally self-inflicted injury, suicide, or auto-eroticism, or any attempt while sane or insane;
2. Commission or attempt to commit a felony or an assault;
3. Commission of or active participation in a riot or insurrection;

4. Declared or undeclared war or act of war or any act of declared or undeclared war unless specifically provided by this Policy;
  5. Release, whether or not accidental, or by any person unlawfully or intentionally, of nuclear energy or radiation, including sickness or disease resulting from such release;
  6. A Covered Accident that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, the Company will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days;
  7. Travel or activity outside the contiguous United States;
  8. Flight in, boarding or alighting from, an Aircraft or any craft designed to fly above the Earth's surface:
    - a. being flown by the Insured Person or in which the Insured Person is a member of the crew;
    - b. being used for:
      - i. crop dusting, spraying or seeding, giving and receiving flying instruction, fire fighting, sky writing, sky diving or hang-gliding, pipeline or power line inspection, aerial photography or exploration, racing, endurance tests, stunt or acrobatic flying; or
      - ii. any operation that requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on);
    - c. designed for flight above or beyond the earth's atmosphere;
    - d. including an ultra-light or glider;
    - e. being used for the purpose of parachuting or skydiving;
    - f. being used by any military authority, except an Aircraft used by the air mobility command or its foreign equivalent;
  9. Travel in any Aircraft owned, leased or controlled by the Subscriber, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the Subscriber if the Aircraft may be used as the Subscriber wishes for more than 10 straight days, or more than 15 days in any year;
  10. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, including exposure, whether or not accidental, to viral, bacterial or chemical agents whether the loss results directly or non directly from the treatment except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
  11. Medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice unless it occurs during treatment of injuries sustained in a Covered Injury;
  12. A cardiovascular, event or stroke resulting, directly and independently of all other causes, from exertion, as verified by a Physician, while the Insured Person participates in a Covered Activity;
  13. Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage
  14. The Insured Person's intoxication. The Insured Person is conclusively deemed to be intoxicated if the level in his blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be under the influence of alcohol if operating a motor vehicle, regardless of whether he is in fact operating a motor vehicle, when the injury occurs. An autopsy report from a licensed medical examiner, law enforcement officers report, or similar items will be considered proof of the Insured Person's intoxication;
  15. Travel in or on any on-road and off-road motorized vehicle except a golf cart, that does not require licensing as a motor vehicle;
  16. Participation in any motorized race or contest of speed;
  17. An accident if the Insured Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the Insured Person holds a valid learners permit and (b) the Insured Person is receiving instruction from a driver's education instructor;
  18. Injuries compensable under Workers' Compensation law or any similar law;
  19. Participation in any sports activity not specifically authorized, sponsored and supervised by the Subscriber, whether or not it takes place on Subscriber premises or during a Covered Activity, including but not limited to snowboarding, skateboarding, motorcycle racing, racing rocket-powered, jet propelled or nuclear-powered vehicles;
  20. Participation in any team sport or any other athletic activity, except participation in a Covered Activity.
- In addition, benefits will not be paid for services or treatment rendered by any person who is:
1. living in the Insured Person's household;
  2. an Immediate Family Member including Eligible Domestic Partner of either the Insured Person or the Insured Person's Spouse; or
  3. the Insured Person.

5. Treatment or service provided by a private duty nurse.
6. Treatment of injuries that result over a period of time (such as blisters, tennis elbow, etc.), and that are a normal, foreseeable result of participation in the Covered Activity.
7. Treatment of Hernia of any kind. Hernia means a rupture or protrusion of an organ or part through connective tissues or through a wall of a cavity in which it is normally enclosed.
8. Treatment of an injury resulting from a condition that the Insured Person knew existed on the date of a Covered Loss, unless the Company has received a written medical release from his Physician.
9. Charges for any article of clothing intended for use more than once.
10. Repair or replacement of existing artificial limbs, eyes and larynx.
11. Treatment of an injury resulting from or contributed to by frostbite, fainting or seizures, or heatstroke or heat exhaustion.

Other Exclusions that apply to this Benefit are in the Common Exclusions Section of the Policy.

**Important Information**

This information is a brief description of the important benefits and features of the AHA Hospital Insurance Program provided by AXIS Insurance Company. It is not a contract. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations, and exclusions, are set forth on policy form, BACC-001-0909. Any policy AXIS Insurance Company offers to issue will be subject to the laws of the jurisdiction in which it is issued. AXIS Insurance Company may (1) not be able to offer this coverage in all states and (2) elect at its sole discretion not to offer or quote any specific benefit amount or risk. Please contact the Program Administrator for the availability of coverage in your state. AHA Solutions, Inc., a subsidiary of the American Hospital Association, is compensated for the use of the AHA marks and for its assistance in marketing endorsed products and services.

This insurance provides limited benefits. Limited benefits plans are insurance products with reduced benefits and are not intended to be an alternative to or integrated with comprehensive coverage. Further, this insurance does not coordinate with any other insurance plan. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

By agreement, pricing of endorsed products and services may not be increased by the providers to reflect fees paid to the AHA. To apply, send this application form along with your check payable to: AXIS Insurance Company to:

Program Administrator  
The Allen J. Flood Companies, Inc.  
Two Madison Avenue  
Larchmont, New York 10538  
www.ajfusa.com  
1.800.734.9326

**Accident Medical Expense Benefit Exclusions:**

1. Repair or replacement of existing dentures, partial dentures, braces or bridgework.
2. Personal services such as television and telephone or transportation.
3. Expenses payable by any automobile insurance policy without regard to fault.
4. Treatment of HIV/AIDS, meaning Human Immunodeficiency Virus or Acquired Immune Deficiency Syndrome or AIDS Related Complex (ARC) regardless of the means by which it was acquired (this loss can be considered separately under the HIV benefit).

**ENROLLMENT FORM for The AHA Volunteer and Student Nurse Insurance Program (continued)**

**Computation of Premiums**

The minimum policy premium for Plan 1 is \$300, for Plan 2 is \$400, and for Plan 3 is \$500; the minimum premium for Plan 4 is \$750. Premium is based on the number of hospital volunteers and student nurses, auxiliaries or board members to be covered. All hospital volunteers and student nurses must be covered.

**Coverage for:**

Number of Hospital Volunteers	_____
(Optional)	
Number of Student Nurses, Auxiliaries, Board Members	+ _____
Total	= _____
Rate Per Person	x _____
Annual Premium or applicable Minimum Premium (see above), whichever is greater	= _____

**Effective Date of Coverage**

The insurance goes into effect on the first day immediately following the day your Enrollment Form and Premium payment is received, unless otherwise requested below.

Requested Effective Date: \_\_\_\_\_

The terms and conditions of the requested plan of insurance may vary in certain states as required by the laws of those states. The terms of the policy when issued will govern. It is agreed the insurance applied for will not become effective unless a) this application is received and approved by AXIS Insurance Company based on current rules and requirements; b) the policy is accepted by the applicant; and c) the required premium is paid when due.

**The applicant represents the information contained in this application is true and correct and forms the basis of the requested insurance.**

**Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title \_\_\_\_\_