

July 31, 2007

Dear Policyholder:

There are several Federal Laws requiring notices of privacy practices. One such law is the Gramm-Leach-Bliley Act (GLBA) which permits banks, investment companies and insurance companies to provide financial services. This same law requires UnitedHealthcare **StudentResources**, to share in writing our attached Notice of Financial Privacy Practices with our policyholders.

We have always understood the importance of protecting the confidentiality and security of nonpublic personal information about you and your students that we may possess. We believe that we maintain appropriate physical, electronic and procedural safeguards to maintain the confidentiality and security of your nonpublic personal information. UnitedHealthcare **StudentResources** does not sell customer information or share it with outside organizations for their own marketing purposes.

Please feel free to share our Financial Privacy Practices with your students. You can also access our other Privacy Policies at our website www.uhcsr.com.

You are a valued policyholder and we thank you for choosing UnitedHealthcare **StudentResources**. We appreciate your business.

NOTICE OF FINANCIAL PRIVACY PRACTICES

We know that the privacy of your personal information is important to you. UnitedHealthcare **StudentResources** wants you to know how we protect your privacy and the measures we take to safeguard your information.

In order to provide you with insurance products of the highest quality and with the service you deserve, it may be necessary for us from time to time to collect nonpublic personal and financial information about you (the "Information") and, in certain situations, to share that Information with others. The following notice describes our policies and practices with regard to your Information.

HOW WE PROTECT YOUR INFORMATION

We maintain physical, electronic and procedural safeguards to protect the Information against unauthorized access and use. We restrict access to the Information to those employees who need access to provide products and services to you and your dependents. The personnel who have access are trained in the proper handling of the Information. Employees who violate this strict level of confidentiality are subject to our disciplinary process.

CATEGORIES OF INFORMATION THAT WE COLLECT

In the normal course of business we may collect the following types of Information:

- * Information you provide on applications and other forms (including name and address)
- * Data about your transactions with us (such as types of products you have purchased and your account status)
- * Information gathered on our Web sites through online forms, site visit data and online information-collecting devices known as "cookies"

HOW WE USE YOUR INFORMATION

We may share your Information within the UnitedHealthcare Companies or with non-affiliated companies as described below:

- * We may share your information among the UnitedHealthcare Companies as permitted by law, including for routine business administration.
- * We may share information with non-affiliated companies as allowed by law, such as firms that perform services on our behalf, including the administration and marketing of our products. We require these companies to meet strict privacy standards.
- * We may disclose information to non-affiliated entities when required by law, such as to respond to a subpoena, to prevent fraud or to comply with an inquiry by a government agency.

ACCURACY OF YOUR INFORMATION

We strive to maintain the accuracy of Information that is in our possession about you. In order to help us maintain accuracy, you have the right to reasonably access your information. If you believe any information in our possession is inaccurate, a request can be made to amend or delete the information that you believe to be erroneous. If we concur with the request, we will amend or delete the information in question. You may write our Privacy Office at the address below to receive our complete policy on accessing and amending the Information.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised Notice effective for the Information we already have about you as well as any Information we receive in the future. If we make any material changes to our policies or practices, we will provide you with a copy of a revised Notice. We will post a copy of the current Notice on our websites. The Notice will contain in the top right-hand corner, the effective date.

You may contact our Privacy Office at:

Privacy Office, UnitedHealthcare StudentResources, 2301 W. Plano Pkwy, Suite 300, Plano, Texas 75075

THE MEGA LIFE AND HEALTH INSURANCE COMPANY

POLICY HOCKINSON SCHOOL DISTRICT ADDRESS MARGARET BATES 17912 N E 159TH ST Brush Prairie, WA 98606	POLICY NUMBER 2007-119535-1 <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"></td> <td style="width: 35%; text-align: center;">FOOTBALL</td> <td style="width: 35%; text-align: center;">OTHER COVERAGE</td> </tr> <tr> <td>Effective Date</td> <td style="text-align: center;">8/15/2007</td> <td style="text-align: center;">9/5/2007</td> </tr> <tr> <td>Expiration Date</td> <td style="text-align: center;">9/4/2008</td> <td style="text-align: center;">9/4/2008</td> </tr> <tr> <td>Deductible Amount</td> <td colspan="2"></td> </tr> </table>		FOOTBALL	OTHER COVERAGE	Effective Date	8/15/2007	9/5/2007	Expiration Date	9/4/2008	9/4/2008	Deductible Amount		
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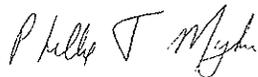
THE MEGA LIFE AND HEALTH INSURANCE COMPANY

hereinafter called the Company, agrees, subject to all provisions, conditions, exclusions and limitations of this policy to pay the benefits provided by this policy for loss resulting from a cause covered by this policy.

COVERAGE TYPE	POLICY TYPE	PREMIUM
At School / PK-12	Budget	\$25.00 EACH
At School / PK-12	Economy	\$32.00 EACH
At School / PK-12	Preferred	\$44.00 EACH
24 Hour / PK-12	Budget	\$73.00 EACH
24 Hour / PK-12	Economy	\$100.00 EACH
24 Hour / PK-12	Preferred	\$172.00 EACH
Extended Dental / PK-12	Extended Dental	\$8.00 EACH
Football / High School	Budget	\$82.00 EACH
Football / High School	Economy	\$98.00 EACH
Football / High School	Preferred	\$149.00 EACH
24 Hour Summer Only / PK-12	Budget	\$18.00 EACH
24 Hour Summer Only / PK-12	Economy	\$25.00 EACH
24 Hour Summer Only / PK-12	Preferred	\$44.00 EACH

This policy is issued in consideration of the application and payment of the premiums. Premiums as specified above are payable for each Covered Person.

Non Renewable One Year Term Insurance - This policy will not be renewed.


 Phillip J. Meyer
 President


 Peggy S. Simpson
 Secretary

Countersigned by _____ Licensed Resident Agent

email: rebecca.dudley@hock.k12.wa.us

The MEGA Life and Health Insurance Company
 UnitedHealthcare Student Resources
 PO Box 164
 Fall City, WA 98024

AUG 21 2007

Client: HOCKINSON SCHOOL DISTRICT
 Address: 17912 N E 159TH ST
 City: Brush Prairie ST: WA Zip: 98606
 County: CLARK Policy #: 2007-119535 Enrollment: 2150

1st Class Day 9/5/07 Last Class Day 6/17/08 Supplies Due ASAP 8/24/07
 1st Athletic Practice 8/15/07 List Sport(s) Football, Soccer, Basketball, Volleyball, Country, Soccer, Hb, Track
 1st Football Practice 8/15/07 Who pays football premium? Parent Wrestling, Softball
 Is Offseason Program Permitted? Yes Is Contact Practice Permitted? Yes
 Sports Coverage begins Aug 1st if signed application received prior to 1st start date
 Exception: Dates set by State Governing Organization

Voluntary Rates:	At School	24 Hour	Football	Dental
	\$44/32/25	\$172/100/73/44/25/18	\$149/98/82	\$8

Grades: (PK - 12) (E) Elementary School (M) Middle School (H) High School
 (EM) Elementary & Middle (MH) Middle & High School

Mandatory Rates:	Product	Grades	#Ins/Enr	Rate	Premium
Athletics & Activities					
At School Including					
Athletics & Activities					

Notes: Primary 100 MS 330
 Int 100 HS 200
 AUG 20 2007

School Official Signature Margaret Bates Printed Name Margaret Bates
 Title Assistant Superintendent Telephone # (360) 448-6400 Email rebecca.dualyn@hock.k12.wa.us
 Agent Name First: _____ Last: Lynda Duffin
 Agent #: 5188 Date: 8/20/07
 Agent Signature: [Signature]

K-12 APPLICATION (04)

THE MEGA LIFE AND HEALTH INSURANCE COMPANY
1331 W. Memorial Road, Suite 112
Oklahoma City, OK 73114

ACCIDENT ONLY POLICY

NON-PARTICIPATING

Effective Date: See Attached

We, THE MEGA LIFE AND HEALTH INSURANCE COMPANY agree with the Policyholder,

See Attached

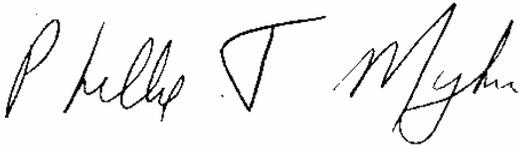
to insure, in accordance with the terms of the policy, those Eligible Persons who are enrolled and for whom required premium is paid.

EFFECTIVE DATE AND POLICY TERM: This is a one year non-renewable term policy. The policy takes effect on the Policyholder's Effective Date and terminates at the expiration of the one year term, or at the time premium is not paid, if sooner. All periods of insurance begin and end at 12:01 A.M. Standard Time at the Policyholder's address.

We have issued the policy in consideration of the Application by the Policyholder and payment of the required premium. It is subject to all of the terms, conditions and limits set forth in the policy.

This policy is issued in and subject to the laws of the jurisdiction of the Policyholder's address.

Signed for Us by:



President

Secretary

**THIS IS A LIMITED ACCIDENT ONLY POLICY.
READ IT CAREFULLY.
BENEFITS ARE NOT PAYABLE FOR LOSS DUE TO SICKNESS.
THIS POLICY PAYS BENEFITS FOR SPECIFIC LOSSES FROM ACCIDENT ONLY.**

Section 2.

TABLE OF CONTENTS

	Section
Insuring Agreements	Face Page
Table of Contents	2
Definitions	3
Scope of Coverage	7
Provisions Concerning Insureds	9
Description of Hazards	11
Description of Benefits	16
Exclusions	21
General Policy Provisions	22
Claim Provisions	24
Schedule of Benefits	25

Section 3.

DEFINITIONS

The terms shown below shall have the meaning given in this section whenever they appear in the policy. Additional terms may be defined within the provision to which they apply.

"Ambulatory Surgical Center" means a surgical or medical center which has:

- permanent facilities for surgery;
- an organized medical staff of Physicians and graduate registered nurses (R.N.); and
- is authorized by law in the jurisdiction in which it is located to perform surgical services and is licensed (if no license is required, officially approved) under the law.

"Benefit Period" means the period of time, as stated in the Schedule of Benefits, between the date of the accident causing the Injury for which benefits are payable and the date after which no further benefits will be paid.

"Core Plan" means insurance:

- under Core Plan Benefits described in the Application or Schedule of Benefits; and
- for which all premium is paid by the Policyholder.

"Covered Medical Expense" means reasonable charges which are:

- not in excess of Usual and Customary Charges;
- not in excess of the Maximum Benefit Amount payable per service as specified in the Schedule of Benefits;
- made for services and supplies not excluded under the policy;
- made for services and supplies which are Medically Necessary;
- in excess of the amount stated as a Deductible, if any; and
- incurred while the policy is in force.

"Deductible" means if an amount is stated in the Schedule of Benefits or any endorsement to this policy as a deductible, it shall mean an amount to be subtracted from the amount or amounts otherwise payable as Covered Medical Expenses before payment of any benefit is made. The deductible shall apply per policy year or per occurrence (for each Injury) as specified in the Schedule of Benefits.

"Dentist" means a legally qualified dentist practicing within the scope of his license and recognized as a dentist in the state where services are rendered. Legally qualified dentist does not include: the Insured; His spouse; His child; His parent; His brother; His sister; or a person living with Him.

"Emergency Medical Condition" means a medical condition that manifests itself by such acute symptoms of sufficient severity, including severe pain that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in:

- placing the health of the individual or, with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy;
- serious impairment to bodily functions; or
- serious dysfunction of any bodily organ or part.

"He", "Him" and "His" includes "She", "Her" and "Hers".

Section 3.

DEFINITIONS (continued)

"Health Care Plan" means any contract, policy or other arrangement for benefits or services for medical or dental care or treatment under:

- group or blanket insurance, whether on an insured or self-funded basis;
- hospital or medical service organizations on a group basis;
- Health Maintenance Organizations on a group basis;
- group labor management plans;
- employee benefit organization plans;
- professional association plans on a group basis; or
- any other group employee welfare benefit plan as defined in the Employee Retirement Income Security Act of 1974 as amended.

"Hospital" means an institution which:

- is operated pursuant to law;
- is primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis;
- is under the supervision of a staff of Physicians;
- provides 24-hour nursing service by or under the supervision of a graduate registered nurse (R.N.);
- has medical, diagnostic and treatment facilities, with major surgical facilities:
 - on its premises; or
 - available to it on a prearranged basis; and
- charges for its services.

Hospital does not include:

- a clinic or facility for:
 - convalescent, custodial, educational or nursing care;
 - the aged, drug addicts or alcoholics;
 - rehabilitation; or
- a military or veterans hospital or a hospital contracted for or operated by a national government or its agency unless:
 - the services are rendered on an emergency basis; and
 - a legal liability exists for the charges made to the individual for the services given in the absence of insurance.

"Hospital Stay" means a Medically Necessary overnight confinement in a Hospital when room and board and general nursing care are provided for which a per diem charge is made by the Hospital.

"Injury" means bodily injury which is:

- directly and independently caused by specific accidental contact with another body or object;
- unrelated to any pathological, functional, or structural disorder;
- a source of loss; and
- sustained while the Insured is covered under the policy.

All injuries sustained in one accident, including all related conditions and recurring symptoms of these injuries, will be considered one injury.

Injury does not include loss which results wholly or in part, directly or indirectly, from disease or other bodily infirmity.

Section 3.

DEFINITIONS (continued)

"Insured" means an Eligible Person for whom proper premium has been paid, and therefore is covered under this policy.

"Intoxicated" means a blood alcohol level which equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the Injury occurred.

"Medically Necessary" means recommended by a Physician and commonly recognized in the Physician's medical profession as proper care or treatment of the patient's condition.

"Negative X-Ray" means an X-ray that shows the absence of a fracture, pathology, or disease.

"Nurse" means a professional, licensed, graduate registered nurse (R.N.), a professional, licensed practical nurse (L.P.N.) or a Certified Registered Nurse Anesthetist (CRNA).

"Optional Plan" means insurance:

- under the Optional Plan Benefits described in the Schedule of Benefits which is available to the Insured at His option; and
- for which premium is paid by the Insured.

"Physician" means a legally qualified physician practicing within the scope of his license and recognized as a physician in the state where services are rendered. Legally qualified physician does not include: the Insured; His spouse; His child; His parent; His brother; His sister; or a person living with Him.

"Physiotherapy" means physical or mechanical therapy, diathermy, ultra-sonic therapy, heat treatment in any form, manipulation or massage administered by a Physician.

"Positive X-Ray" means an X-ray that shows the presence of a fracture, pathology, or disease.

"School" means the participating school or school district where the Insured is enrolled or employed. The school must be a duly accredited (state certified or accredited) primary, elementary, secondary, or collegiate school.

"School Sponsored Activity" means a School authorized function:

- in which the Insured participates;
- which is organized by or under its auspices; and
- which is within the scope of customary activities for such entity.

This includes:

- classes and class trips under the direct supervision of qualified School authorities;
- summer School and recreation; and
- religious services or classes.

"Usual and Customary Charges" means:

- those charges made by a provider for services and supplies rendered to all patients for the same or similar Injuries; and
- those charges made by the majority of providers in the area for similar services or supplies.

No payment will be made under this policy for any expenses incurred which in Our judgement are in excess of the usual and customary charges.

"We", "Our", and "Us" means The MEGA Life and Health Insurance Company.

Section 4.

SCOPE OF COVERAGE

We will provide the benefits described in this policy to all Insureds who suffer a covered loss which:

- is set forth in the DESCRIPTION OF BENEFITS provisions; and
- results directly and independently of all other causes, from bodily Injury which is suffered in an accident; and
- occurs while the person is an Insured under the policy; and
- with respect to Core and Optional Plan benefits, is within the scope of the risks set forth in the DESCRIPTION OF HAZARDS provisions of the policy.

Primary Medical Expense

If an Injury to the Insured results in His incurring Covered Medical Expenses for any of the services specified in the SCHEDULE OF BENEFITS, We will pay the applicable benefit, subject to the Deductible Amount and Coinsurance Percentage (if any).

The Insured must be under the care of a Physician when the Covered Medical Expenses are incurred. The Covered Medical Expense must be incurred:

- solely for treatment of a covered Injury; and
- while the person is insured; or
- during the Benefit Period stated in the Schedule of Benefits.

The first expense must be incurred within 365 days after the date of Injury.

The total of all medical benefits payable under the policy is as shown in the Schedule of Benefits and is subject to the specific maximums shown in the SCHEDULE OF BENEFITS.

WA

Section 4.

SCOPE OF COVERAGE (continued)

Full Excess Medical Expense

If an Injury to the Insured results in His incurring Covered Medical Expenses for any of the services specified in the SCHEDULE OF BENEFITS, We will pay the Covered Medical Expenses incurred, subject to the Deductible Amount and Coinsurance Percentage (if any), that are in excess of Covered Medical Expenses payable by any other Health Care Plan, regardless of any Coordination of Benefits provision contained in such Health Care Plan.

The Insured must be under the care of a Physician when the Covered Medical Expenses are incurred. The Covered Medical Expense must be incurred:

- solely for treatment of a covered Injury; and
- while the person is insured; or
- during the Benefit Period stated in the Schedule of Benefits.

The first expense must be incurred within 365 days after the date of Injury.

Covered Medical Expenses excludes amounts not covered by the primary carrier due to penalties imposed on the Insured for failing to comply with its policy provisions or requirements.

If the Benefit Period is a 2 years / 5 Year Benefit Period, then the following provision applies:

Services must be given within 2 years from the date of Injury. Covered Medical Expenses incurred after 2 years from the date of Injury are not covered even though the service is a continuing one or one that is necessarily delayed beyond 2 years from the date of Injury.

However, if the Insured incurs \$25,000 of Covered Medical Expenses within a 2 year period from the date of Injury, then the periods for which services must be given and Covered Medical Expenses incurred are extended to 5 years.

The total of all medical benefits payable under the policy is as shown in the Schedule of Benefits and is subject to the specific maximums shown in the SCHEDULE OF BENEFITS.

WA

Section 5.

**PROVISIONS CONCERNING INSUREDS
CORE PLAN – MANDATORY COVERAGES**

CORE PLAN: If specifically designated as “ADA” premium on the policy Face Page: School-Time; Full Time 24 Hour; Interscholastic Football; Interscholastic Athletics; or Interscholastic Activities; Accident

Eligibility:

Persons eligible to be insured under the policy are those persons described as a Core Plan Eligible Person in the Application. This includes anyone who may become eligible while the policy is in force.

Effective Dates:

An Eligible Person will become an Insured under the policy, provided proper premium payment has been received, on the later of:

- the Policy Effective Date or the date the school year begins, whichever is later; or
- the date He becomes eligible.

When coverage is provided for Interscholastic Football, Interscholastic Athletics or Interscholastic Activities, coverage will begin on the first official day of practice for each sport and/or activity as specified by the state interscholastic governing body provided proper premium payment has been received.

Termination:

Insurance for an Insured will end on the earliest of:

- the date He is no longer an Eligible Person;
- full time active duty in any Armed Forces of any country. Send Us proof of service. We will refund any premium paid for this time. This does not include Reserve or National Guard active duty or training unless it extends beyond 31 days;
- the end of the period for which the last premium contribution is made; or
- the date the policy terminates.

Termination will not affect a claim for a covered loss due to Injury which occurred while coverage was in effect.

Section 5.

**PROVISIONS CONCERNING INSUREDS
OPTIONAL PLAN – VOLUNTARY COVERAGES**

OPTIONAL PLAN: If specifically designated as “Each” premium on the policy Face Page: School-Time; Full Time 24 Hour; Interscholastic Football; Interscholastic Athletics; or Interscholastic Activities; Accident

Eligibility:

A person is eligible to be insured for Optional Plan benefits under the policy if He is:

- an Optional Plan Eligible Person in the Application.

Effective Dates:

An Eligible Person's Optional Plan coverage takes effect on the later of:

- the policy Effective Date or the date the school year begins, whichever is later, for all Eligible Persons that remit the enrollment form and correct premium to the School or Us on or before the day the school year begins; or
- the date the enrollment form and correct premium are received by the School or Us for those eligible persons who remit the enrollment form and premium after the day the school year begins.

When coverage is provided for Interscholastic Football; Interscholastic Athletics; or Interscholastic Activities, coverage will take effect on the later of:

- the first official day of practice for each sport and/or activity as specified by the state interscholastic governing body provided the enrollment form and correct premium is remitted prior to this date; or
- the date the enrollment form and correct premium are received by the School or Us.

Termination:

Optional Plan coverage for an Insured will end on the date ending the period for which premium contribution has been made.

Termination will not affect a claim for a covered loss due to Injury which occurred while coverage was in effect.

SCHOOL-TIME COVERAGE

Subject to all other provisions of the policy, insurance is provided for an Insured while He is:

- on the School premises:
 - while School is in session (including recess and lunch period); or
 - while School is not in session, if He is involved in a School Sponsored Activity;
- away from School or home:
 - if He is involved in a School Sponsored Activity; and
 - with adult supervision provided by the School;
- traveling directly, without interruption, between His home and the School when School is in session; or
- traveling from His home or the School and the location of a School Sponsored Activity whether or not School is in session; or
- participating in School sponsored and supervised games and practice sessions of interscholastic sports and activities provided for in the Application.

Insured spectators and participants are covered if:

- a School Sponsored Activity is outside the town where the School is located;
- traveling as a group; and
- traveling with adult supervision provided by the School.

When travel is by other than a vehicle provided by the School, covered travel time shall not exceed one hour each way. This includes traveling to and from the Insured's home, School, or a School Sponsored Activity. The covered travel time includes the period before the Insured's required attendance time and the period after the Insured's dismissal or when He completes any extra duties.

Unless otherwise stated, even if coverage was provided under more than one DESCRIPTION OF HAZARDS, We will pay benefits for a covered loss only once (the greatest benefit).

Section 6.

DESCRIPTION OF HAZARDS

FULL TIME 24 HOUR COVERAGE

Subject to all other provisions of the policy, we will pay the benefits described in the policy for any Injury which happens to an Insured.

Unless otherwise stated, even if coverage was provided under more than one DESCRIPTION OF HAZARDS, We will pay benefits for a covered loss only once (the greatest benefit).

Section 6.

DESCRIPTION OF HAZARDS

INTERSCHOLASTIC FOOTBALL

Subject to all other provisions of the policy, insurance is provided for an Insured while:

- actually engaged, as an official representative of the School, in the play or practice of interscholastic football under the supervision of a regularly employed coach or trainer of the School, including managers and trainers; and
- actually being transported in a vehicle provided by the School as a member of a group under the direct supervision of a duly delegated representative of the School for the purpose of participating in the scheduled play or practice of football; and
- participating in spring training, off-season workouts and play-off games (as defined and sanctioned by the state interscholastic governing body) under the supervision of a regularly employed coach or trainer of the School.

Unless otherwise stated, even if coverage was provided under more than one DESCRIPTION OF HAZARDS, We will pay benefits for a covered loss only once (the greatest benefit).

INTERSCHOLASTIC ATHLETICS

Subject to all other provisions of the policy, insurance is provided for an Insured while:

- actually engaged, as an official representative of the School, in the play or practice of interscholastic athletics under the supervision of a regularly employed coach or trainer of the School. Interscholastic athletics are defined by and limited to, unless otherwise noted in the Application, the following athletic competitions as defined and sanctioned by the state interscholastic governing body: Football, unless otherwise specified as excluded in the Application; Baseball; Softball; Basketball; Volleyball; Soccer; Rugby; Golf; Tennis; Rifle; Hockey; Swimming; Track and Field; Equestrian; Wrestling; Boxing; Lacrosse; Skating; Gymnastics; and Cross-Country, including managers and trainers for these interscholastic athletics. Cheerleaders, Drill Team and Pep Squad are excluded under this coverage option; and
- actually being transported in a vehicle provided by the School as a member of a group under the direct supervision of a duly delegated representative of the School for the purpose of participating in the above mentioned athletic competitions; and
- participating in spring training, off-season workouts and play-off games (as defined and sanctioned by the state interscholastic governing body) under the supervision of a regularly employed coach or trainer of the School.

Unless otherwise stated, even if coverage was provided under more than one DESCRIPTION OF HAZARDS, We will pay benefits for a covered loss only once (the greatest benefit).

INTERSCHOLASTIC ACTIVITIES

Subject to all other provisions of the policy, insurance is provided for an Insured while:

- actually engaged, as an official representative of the School, in the play or practice of interscholastic activities under the supervision of qualified adult supervision of the School. Interscholastic activities are defined by and limited to, unless otherwise noted in the Application, the following activities as defined and sanctioned by the state interscholastic governing body: Football, unless otherwise specified as excluded in the Application; Baseball; Softball; Basketball; Volleyball; Soccer; Rugby; Golf; Tennis; Rifle; Hockey; Swimming; Track and Field; Equestrian; Wrestling; Boxing; Lacrosse; Skating; Gymnastics; Cross-Country; Power Lifting; FHA; FFA; ROTC; Music (Band, Choir, Orchestra) and Academic Contests (such as Drama or Math), including managers, trainers, Cheerleaders, Drill Team and Pep Squad for these interscholastic activities; and
- actually being transported in a vehicle provided by the School as a member of a group under the direct supervision of a duly delegated representative of the School for the purpose of participating in the above mentioned activities; and
- participating in spring training, off-season workouts and play-off games (as defined and sanctioned by the state interscholastic governing body) under the supervision of a regularly employed coach or trainer of the School.

Unless otherwise stated, even if coverage was provided under more than one DESCRIPTION OF HAZARDS, We will pay benefits for a covered loss only once (the greatest benefit).

MEDICAL EXPENSE BENEFITS – INJURY ONLY

We will pay the Covered Medical Expense incurred, subject to any sub-limits, the Deductible Amount and Coinsurance Percentage, up to the Maximum Benefit Amount as shown in the Schedule of Benefits, for the following services:

- Hospital Room and Board charges, up to the average semi-private daily room rate, for each day in the Hospital.
- Intensive Care Unit Benefits. This payment is in lieu of payment for Hospital Room and Board charges for those days.
- Hospital Miscellaneous charges, during a Hospital Stay. Miscellaneous charges include services and supplies such as: the cost of the operating room; laboratory tests; X-ray examinations; anesthesia; drugs (excluding take home drugs) or medicines; therapeutic services; and supplies. If a specific benefit is designated in the Schedule of Benefits for any of these miscellaneous services, no benefits will be paid in excess of the maximum specified therein. Miscellaneous charges do not include charges for telephone, radio or television, extra beds or cots, meals for guests, take home items, or other convenience items.
- Outpatient charges, by a Hospital for:
 - pre-admission testing, confinement must occur within 7 days of the testing; or
 - emergency room treatment;
 - use of surgical facilities.
- Charges for the treatment of Emergency Medical Conditions.
- Surgical charges for:
 - Physician, for primary performance of a surgical procedure. Two or more surgical procedures through the same incision will be considered as one procedure.
 - a Physician, for assistant surgeon duties, a second surgical opinion, or consultation;
 - anesthesia and its administration.
- Charges by a Physician for other than pre- or post-operative care:
 - for in-Hospital visits;
 - for office visits.
- Charges for X-ray and laboratory tests.
- Charges for nursing services, other than routine Hospital care, by or under the supervision of a licensed graduate registered nurse.
- Charges for physiotherapy:
 - while Hospital confined; or
 - as an outpatient.
 Physiotherapy includes:
 - heat treatment;
 - diathermy;
 - microtherm;
 - ultrasonic;
 - adjustment;
 - manipulation;
 - massage therapy;
 - acupuncture.

MEDICAL EXPENSE BENEFITS – INJURY ONLY (continued)

- Surface or air ambulance service:
 - to a Hospital; or
 - between Hospitals or other medical facilities; or
 - from a Hospital upon discharge.
- Rental charges for medical equipment, not to exceed the purchase price, for:
 - a wheelchair;
 - an iron lung; or
 - other medical equipment for which prior approval by Us has been given.
- Charges for medical services and supplies for:
 - oxygen and its administration
 - blood and blood transfusions.
- Charges for dental treatment, for Injury to a tooth which was sound and natural at the time of Injury.
- Ambulatory Surgical Center.
- Orthopedic braces and appliances when prescribed by a Physician and a written prescription accompanies the claim when submitted. Replacement orthopedic braces and appliances are not covered. Orthopedic braces and appliances include durable medical equipment which is equipment that: (1) is primarily and customarily used to serve a medical purpose; (2) can withstand repeated use; and (3) generally is not useful to a person in the absence of Injury. No benefits will be paid for rental charges in excess of purchase price.
- High cost procedures such as MRI's and Cat Scans.
- Prescription drugs.
- Repair and/or replacement of eyeglasses, contact lenses and hearing aids or examinations or prescription therefor when due to a covered Injury.
- Extended Dental Expense - for the replacement of caps, crowns, dentures or other orthodontic appliances, excluding braces when damaged in a covered accident.
- Other Covered Medical Expense: if applicable and as noted on the Schedule of Benefits.
- Home health care when under a written treatment plan approved by a Physician as an alternative to hospitalization. Services must be rendered by a home health agency licensed by the state department of social and health services. A visit of any duration by an employee of a home health agency for the purpose of providing services under the plan of treatment constitutes one visit.
- Hospice care when under a written treatment plan approved by a Physician as an alternative to hospitalization. Services must be rendered by a hospice care agency licensed by the state department of social and health services. A visit of any duration by an employee of a hospice care agency for the purpose of providing services under the plan of treatment constitutes one visit.

No benefits will be paid for services designated as "No Benefits" in the SCHEDULE OF BENEFITS.

WA

EXTENDED DENTAL COVERAGE

We will pay this benefit provided:

- a person is an Optional Plan Eligible Person in the Application; and
- a person is enrolled in the Core Plan coverage; and
- the proper premium has been paid.

Benefits will be paid for Covered Medical Expenses incurred for dental treatment resulting from Injury that was covered under the School-Time; Full Time 24 Hour; or Interscholastic Football coverage for the following services:

- Examinations, diagnosis, X-rays, restorative treatment, endodontics and oral surgery for each Injury up to the maximum as shown in the Schedule of Benefits.
- Expenses incurred toward the cost of a bridge, denture or partial denture or for replacement in any kind of previous dental repairs for each Injury up to the maximum as shown in the Schedule of Benefits.

BLANKET CATASTROPHIC INTERSCHOLASTIC COVERAGE

Benefits will be paid for the Usual and Customary Charges for Covered Medical Expenses incurred for Injury sustained by an Insured in the Covered Activities shown in the Application. All participants must be insured.

The Maximum Benefit Amount is as shown in the Schedule of Benefits. Payment made under the School's Core Plan and other insurance plans do not reduce the Maximum Benefit payable under this coverage.

This benefit is subject to a Deductible which may be satisfied by:

- the benefit coverage provided under the Core Plan;
- payments collectible from other insurance; or
- Usual and Customary Charges incurred that are not payable by other insurance or under the Core Plan.

The Deductible is as shown in the Schedule of Benefits.

Section 7.

DESCRIPTION OF BENEFITS

ACCIDENTAL DEATH, DISMEMBERMENT, OR LOSS OF SIGHT BENEFIT

If, within 365 days from the date of an accident covered by the policy, Injury from such accident results in one of the specific Losses listed below, the Insured or beneficiary may request Us to pay the Benefit Amount opposite such Loss in lieu of payment under the MEDICAL EXPENSE BENEFIT provision. If the Insured sustains more than one such Loss as the result of one accident, only the largest will be applicable.

<u>LOSS</u>	<u>BENEFIT AMOUNT</u>
Loss of Life	\$10,000.00
Loss of Both Hands	\$20,000.00
Loss of Both Feet	\$20,000.00
Loss of One Hand and One Foot	\$20,000.00
Loss of Entire Sight of Both Eyes	\$20,000.00
Loss of One Hand and Entire Sight of One Eye	\$20,000.00
Loss of One Foot and Entire Sight of One Eye	\$20,000.00
Loss of One Hand	\$10,000.00
Loss of One Foot	\$10,000.00
Loss of Entire Sight of One Eye	\$10,000.00

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 or eyes. The loss of sight must be irrecoverable by natural, surgical or artificial means. Loss of a thumb and index finger of the same hand means complete Severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand) from the same accident.

"Severance" means the complete separation and dismemberment of the part from the body.

Section 8.

EXCLUSIONS

Benefits will not be paid for a loss due to:

- intentionally self-inflicted Injury, suicide while sane or insane or any attempt thereat;
- committing or attempting to commit a felony, or being engaged in an illegal activity;
- participation in a riot or insurrection;
- an act of declared or undeclared war;
- active duty service in any Armed Forces of any country and, in such event, the pro-rata unearned premium will be returned upon proof of service. This does not include Reserve or National Guard active duty or training unless it extends beyond 31 days;
- sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not exclude bacterial infection that is the natural and foreseeable result of an Injury;
- cysts or skin lesions such as blisters or boils, hernia, regardless of how caused;
- services or treatment rendered by a Physician, Nurse or any other person who is:
 - employed or retained by the Policyholder; or
 - who is the Insured or a member of His immediate family;
- flight in an Aircraft, except as a fare-paying passenger;
- snow skiing; scuba diving; bob-sledding; bungee jumping; ballooning; flight in an ultralight aircraft; sky diving; hang-gliding; glider flying; sail planing; or parasailing;
- any Injury where the Insured is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license (except in a Driver's Education Program);
- working on or around any motorcycle or recreational vehicle;
- travel in or upon:
 - a snowmobile;
 - jet ski or ski cycle;
 - any two or three wheeled motor vehicle;
 - any four wheeled all terrain vehicle (ATV);
 - any off-road motorized vehicle not requiring licensing as a motor vehicle;
- any loss for which benefits are paid under state or federal worker's compensation, employers liability, or occupational disease law;
- practice or play in senior high interscholastic football, unless specifically provided for in the Application;
- cosmetic surgery, except for reconstructive surgery due to a covered Injury;
- eyeglasses, contact lenses, hearing aids, or examinations or prescriptions therefore, unless specifically provided for in the Schedule of Benefits;

WA

ENTIRE CONTRACT; CHANGES

The policy, the Policyholder's Application (a copy of which is attached), endorsements, riders and attached papers constitute the entire contract between the parties. All statements made by the Policyholder will, in the absence of fraud, be deemed representations and not warranties.

No change in the policy will be valid until approved by one of Our executive officers. This approval must be endorsed on or attached to the policy. No agent may change the policy or waive any of its provisions.

WORKERS' COMPENSATION INSURANCE

The policy is not in lieu of and does not affect any requirement for coverage under any Workers' Compensation Insurance.

CLERICAL ERROR

Clerical error on Our or the Policyholder's part in keeping records or furnishing records shall not void insurance otherwise in force or continue insurance otherwise terminated under the terms of the policy.

RECORDS MAINTAINED

The Policyholder or its authorized administrator will maintain records of the essential features of each Insured's insurance under the policy.

We shall be permitted to examine the Policyholder's records relating to coverage under the policy. Examination may occur at any reasonable time up to the later of:

- the two year period after the expiration of the Policyholder's coverage; or
- the final adjustment and settlement of all claims under the Policyholder's coverage.

CONFORMITY WITH STATE STATUTES

Any provision of the policy in conflict, on the policy Effective Date, with the laws of the state where it is delivered, is amended to conform to the minimum requirements of such laws.

LEGAL ACTIONS

The Insured may not bring a legal action to recover under the policy for at least 60 days after the Insured has given Us written proof of loss. No such action may be brought after three years from the time written proof of loss is required to be given to Us.

CERTIFICATES OF INSURANCE

Where required by law, a certificate of insurance will be delivered to the Policyholder for delivery to the Insured. Each certificate will list the benefits, conditions and limits of the policy. It will state to whom the benefits will be paid.

SELECTION OR CHANGE OF BENEFICIARY; ASSIGNMENT

The Insured has the right to select or change the beneficiary or to assign His rights or benefits. Unless the rights have been given up, He does not need the consent of the beneficiary to make such a change or to assign His rights or benefits. We will not be bound by any assignment, or any selection or change of beneficiary, until We receive and acknowledge a signed copy of it. When recorded and acknowledged, the selection, change or assignment will take effect as of the date of the request and will not apply to any payments or other action taken by Us before the request was acknowledged. We are not responsible for the validity or sufficiency of any assignment.

SUBROGATION

If We have paid benefits to an Insured for an Injury, and in Our opinion a third party may be liable, We will be subrogated to the extent of such payment and to all rights of the Insured regarding recovery of benefits paid or to any settlement or judgement which results from the exercise of these rights. The Insured agrees to sign papers and do whatever is necessary to transfer His rights to Us. We will exercise such rights on His behalf. The Insured further agrees to furnish Us with all relevant information and documents.

NOTICE OF CLAIM

Written notice must be given to Us within 30 days after a covered loss occurs or begins or as soon as reasonably possible. Notice can be given at Our home office or to Our authorized representative. Notice should include the Policyholder's name and the policy number and the Insured's name, address and policy number.

CLAIM FORMS

When We or Our authorized representative receive the notice of claim, We or Our authorized representative will send forms for filing proof of loss. If claim forms are not sent within 15 days after notice is given, the proof requirements will be met by submitting, within the time required under PROOF OF LOSS, written proof of the nature and extent of the loss.

PROOF OF LOSS

Written proof of loss must be furnished to Us at Our home office or to Our authorized representative within 90 days after the date of the loss or as soon as reasonably possible. Proof must, however, be furnished no later than twelve months from the time it is otherwise required, except in absence of legal capacity.

In case of claim for loss for which the policy provides periodic payment contingent upon continuing loss for which We are liable, written proof that the loss continues must be furnished to Us or to Our authorized representative at intervals required by Us.

TIME OF PAYMENT OF CLAIMS

Benefits due under the policy for a loss, other than a loss for which the policy provides installments, will be paid upon receipt of due written proof of such loss.

PAYMENT OF CLAIMS

If the Insured dies, We will pay any accrued benefits at the time of death to the beneficiary or, if no beneficiary is designated and surviving the Insured, then as follows:

- the Insured's parents or legal guardian, if a minor;
- otherwise to the Insured's estate.

If any benefits are payable to the estate or to a person who is incapable of giving a valid release, We may pay up to \$1,000 to any relative by blood or marriage whom We find entitled to the payment. This good faith payment satisfies Our legal duty to the extent of the payment.

All other benefits will be paid to the Insured. All or a portion of the benefits, if any, provided by this policy may be paid directly to the Hospital or person upon whose charges the claim is based. The Insured must make a written request to Us before We can do this. We must receive the request no later than the time for filing proof of loss.

PHYSICAL EXAMINATION AND AUTOPSY

We have the right to have an Insured examined, at Our cost, as often as reasonably necessary while the claim is pending. We may require an autopsy at Our expense unless prohibited by law.

Section11

Schedule of Benefits
Budget Option
WA WASHINGTON BLOCK
2007-200332-1-1
Injury Only

Maximum Benefit	\$50,000 (For each Injury - 24 Hour Coverage Only)
	\$25,000 (For each Injury – All other Injury Coverage)
Deductible	\$0
Benefit Period	52 Week
Primary Medical Expense Basis	Voluntary Coverage
Full Excess medical Expense Basis	Mandatory (ADA) Coverage Only

The policy provides benefits for loss due to a covered Injury up to the Maximum Benefit specified above for each Injury. Provided that medical treatment by a qualified, licensed Physician begins within 365 days from the date of the accident, benefits will be payable for Covered Medical Expenses incurred within 52 weeks from the date of the accident up to the maximum benefit per service as shown below.

The benefits payable are as defined in and subject to all provisions of this policy and any endorsements thereto. Benefits will be paid up to the maximum benefit for each service as scheduled below. Covered Medical Expenses include:

Inpatient

Room & Board:	80% of Semi Private Rate
Hospital Miscellaneous:	\$300 per day
Intensive Care:	\$1,000 per day
Physiotherapy:	\$20 per day / 10 days maximum
(Post-Surgical Physiotherapy is \$35 per day / 10 days maximum.)(Benefits are limited to one visit per day.)	
Registered Nurse:	80% of Usual & Customary Charges
Physician's Visits:	\$40 first day / \$25 each subsequent day
(Benefits are limited to one visit per day and do not apply when related to surgery.)	

Outpatient

Day Surgery Miscellaneous:	\$350 maximum
(Usual and Customary Charges are based on the Outpatient Surgical Facility Charge Index.)	
Physician's Visits:	\$30 first day / \$20 each subsequent day
(Benefits are limited to one visit per day and do not apply when related to surgery or Physiotherapy.)	
Physiotherapy:	\$30 per day / 10 days maximum
(Post-Surgical Physiotherapy is \$35 per day / 10 days maximum.)(Benefits are limited to one visit per day.)	
Medical Emergency:	\$100 maximum
(Treatment must be rendered within 72 hours from the time of the Injury.)	
X-Rays:	50% of Usual & Customary Charges / \$300 maximum
CAT Scan/MRI:	\$350 maximum
Laboratory:	80% of Usual & Customary Charges
Injections:	No Benefits
Prescription Drugs:	80% of Usual & Customary Charges
Orthopedic Braces & Appliances:	\$150 maximum

Inpatient and/or Outpatient

Surgery:	60% of Usual & Customary Charges / \$10,000 maximum
(Specified surgery based on data provided by Ingenix, Inc.)	
Anesthetist/Assistant Surgeon:	25% of Surgery allowance
Ambulance:	One Trip / \$250 maximum
Consultant:	\$300 maximum
Dental:	\$300 per tooth
(Benefits are paid on Injury to sound, natural teeth only.)	
Replacement of Eye Glasses, Contact Lenses, or Hearing Aids:	\$300 maximum
(That are broken as a result of a covered Injury.)	
Motor Vehicle Injury:	Paid as any Other Injury / \$10,000 maximum
Home Health Care:	130 visits per calendar year
Hospice Care:	130 visits per calendar year

Optional Plan – Extended Dental Coverage

Examination and Surgery Maximum:	\$10,000
Bridge and Denture Maximum:	\$250

Section 11

**Schedule of Benefits
Economy Option
WA WASHINGTON BLOCK
2007-200332-1-1
Injury Only**

Maximum Benefit	\$100,000 (For each Injury - 24 Hour Coverage)
	\$50,000 (For each Injury – At School Coverage)
	\$25,000 (For each Injury –Football and All Other Coverage)
Deductible	\$0
Benefit Period	52 Week
Primary Medical Expense Basis	Voluntary Coverage
Full Excess Medical Expense Basis	Mandatory (ADA) Coverage Only

The policy provides benefits for loss due to a covered Injury up to the Maximum Benefit specified above for each Injury. Provided that medical treatment by a qualified, licensed Physician begins within 365 days from the date of the accident, benefits will be payable for Covered Medical Expenses incurred within 52 weeks from the date of the accident up to the maximum benefit per service as shown below.

The benefits payable are as defined in and subject to all provisions of this policy and any endorsements thereto. Benefits will be paid up to the maximum benefit for each service as scheduled below. Covered Medical Expenses include:

Inpatient

Room & Board:	Semi-private room rate
Hospital Miscellaneous:	\$400 per day
Intensive Care:	\$1,400 per day
Physiotherapy:	\$30 per day / 10 days maximum
(Post-Surgical Physiotherapy is \$45 per day / 10 days maximum)(Benefits are limited to one visit per day.)	
Registered Nurse:	90% of Usual & Customary Charges
Physician's Visits:	\$50 first day / \$35 each subsequent day
(Benefits are limited to one visit per day and do not apply when related to surgery.)	

Outpatient

Day Surgery Miscellaneous:	\$450 maximum
(Usual and Customary Charges are based on the Outpatient Surgical Facility Charge Index.)	
Physician's Visits:	\$40 first day / \$30 each subsequent day
(Benefits are limited to one visit per day and do not apply when related to surgery or Physiotherapy.)	
Physiotherapy:	\$40 per day / 10 days maximum
(Post-surgical Physiotherapy is \$45 per day / 10 days maximum.) (Benefits are limited to one visit per day.)	
Medical Emergency:	\$175 maximum
(Treatment must be rendered within 72 hours from the time of the Injury.)	
X-Rays:	70% of Usual & Customary Charges / \$300 maximum
CAT Scan/MRI:	\$400 maximum
Laboratory:	90% of Usual & Customary Charges
Injections:	No Benefits
Prescription Drugs:	85% of Usual & Customary Charges
Orthopedic Braces & Appliances:	\$200 maximum

Inpatient and/or Outpatient

Surgery:	75% of Usual & Customary Charges / \$10,000 maximum
(Specified surgery based on data provided by Ingenix, Inc.)	
Anesthetist/Assistant Surgeon:	25% of Surgery allowance
Ambulance:	One Trip / \$400 maximum
Consultant:	\$400 maximum
Dental:	\$400 per tooth
(Benefits are paid on Injury to sound, natural teeth only.)	
Replacement of Eye Glasses, Contact Lenses or Hearing Aids:	\$400 maximum
(That are broken as a result of a covered Injury.)	
Motor Vehicle Injury:	Paid as any Other Injury / \$10,000 maximum
Home Health Care:	130 visits per calendar year maximum
Hospice Care:	130 visits per calendar year maximum

Usual and Customary Charges are based on data provided by Ingenix, Inc using the 75th percentile.

Optional Plan – Extended Dental Coverage

Examination and Surgery Maximum:	\$10,000
Bridge and Denture Maximum:	\$250

Section 11

**Schedule of Benefits
Preferred Option
WA WASHINGTON BLOCK
2007-200332-1-1
Injury Only**

Maximum Benefit	\$100,000 (For each Injury - 24 Hour Coverage Only)
	\$50,000 (For each Injury – All other Injury Coverage)
Deductible	\$0
Benefit Period	52 Week
Primary Medical Expense Basis	Voluntary Coverage
Full Excess Medical Expense Basis	Mandatory (ADA) Coverage Only

The policy provides benefits for loss due to a covered Injury up to the Maximum Benefit specified above for each Injury. Provided that medical treatment by a qualified, licensed Physician begins within 365 days from the date of the accident, benefits will be payable for Covered Medical Expenses incurred within 52 weeks from the date of the accident up to the maximum benefit per service as shown below.

The benefits payable are as defined in and subject to all provisions of this policy and any endorsements thereto. Benefits will be paid up to the maximum benefit for each service as scheduled below. Covered Medical Expenses include:

Inpatient

Room & Board:	Semi-private room rate
Hospital Miscellaneous:	\$900 per day
Intensive Care:	\$2,000 per day
Physiotherapy:	\$40 per day / 10 days maximum
(Post-Surgical Physiotherapy is \$65 per day/ 10 days maximum.)(Benefits are limited to one visit per day.)	
Registered Nurse:	Usual & Customary Charges
Physician's Visits:	\$75 first day / \$50 each subsequent day
(Benefits are limited to one visit per day and do not apply when related to surgery.)	

Outpatient

Day Surgery Miscellaneous:	\$950 maximum
(Usual and Customary Charges are based on the Outpatient Surgical Facility Charge Index.)	
Physician's Visits:	\$60 first day / \$40 each subsequent day
(Benefits are limited to one visit per day and do not apply when related to surgery or Physiotherapy.)	
Physiotherapy:	\$50 per day / 10 days maximum
(Post-Surgical Physiotherapy is \$65 per day / 10 days maximum.)(Benefits are limited to one visit per day.)	
Medical Emergency:	\$300 maximum
(Treatment must be rendered within 72 hours from the time of the Injury.)	
X-Rays:	80% of Usual & Customary Charges / \$300 maximum
CAT Scan/MRI:	\$600 maximum
Laboratory:	Usual & Customary Charges
Injections:	No Benefits
Prescription Drugs:	Usual & Customary Charges
Orthopedic Braces & Appliances:	\$250 maximum

Inpatient and/or Outpatient

Surgery:	90% of Usual & Customary Charges / \$10,000 maximum
(Specified surgery based on data provided by Ingenix, Inc.)	
Anesthetist/Assistant Surgeon:	25% of Surgery allowance
Ambulance:	One Trip / \$5,000 maximum
Consultant:	\$600 maximum
Dental:	\$600 per tooth
(Benefits are paid on Injury to sound, natural teeth only.)	
Replacement of Eye Glasses,	
Contact Lenses or Hearing Aids:	\$600 maximum
(That are broken as a result of a covered Injury.)	
Motor Vehicle Injury:	Paid as any Other Injury / \$10,000 maximum
Home Health Care:	130 visits per calendar year maximum
Hospice Care:	130 visits per calendar year maximum

Usual and Customary Charges are based on data provided by Ingenix, Inc using the 75th percentile.

Optional Plan – Extended Dental Coverage

Examination and Surgery Maximum:	\$10,000
Bridge and Denture Maximum:	\$250

