

STUDENT ACCIDENT INSURANCE

IMPORTANT POINTS

1. This is accident insurance. It is NOT a personal health or sickness policy.
2. To be eligible for this coverage, the activity must be University Sponsored, Scheduled, and Supervised.
3. All events must be directly supervised by a University employee. Student employees do not meet this qualification.
4. Coverage IS NOT in effect until Application and payment are received by the System Office of Risk Services.
(Identification of organization code and fund number is acceptable for UA departments.)
 - * The System Office of Risk Services' fax machine is on 7 days a week, 24 hours a day. You will receive a fax or email confirmation of our receipt of your applications. Please provide us with your fax number or email address.
 - * Please provide the Class/Group Enrollment sheet or a list of the student names to be insured along with the application form.
4. Application forms must be complete.
 - * Always forward a complete Application Form along with your Class/Group Enrollment Sheet(s).
 - * You must complete all the blanks and classify your activity. Including modes of travel and destination.
5. Use the correct classification for your activity.
 - * If you have any questions regarding how to correctly classify your activity, please call the System Office of Risk Services, (907) 450-8157. The insurance carrier may not extend coverage if a class activity is under classified. For example, activities involving outdoor field trips, such as boating, hiking, or skiing, would be considered Class II. Examples of Class I activities include classroom activities, field trips to museums, conferences, restaurant tours, etc.
6. Distribute Insurance brochure.

DEPARTMENTS/SUPERVISORS: It is the responsibility of the sponsoring departments/supervisors to ensure all student applicants receive the Student Accident Information brochure outlining the general coverage information.

STUDENTS: Please contact the System Office of Risk Services at (907) 450-8157 if you do not receive a brochure upon signing up for insurance, or you may download a brochure from our website at http://www.alaska.edu/risksafety/g_forms-library.broch.pdf



STUDENT ACCIDENT INSURANCE APPLICATION

COVERAGE DOES NOT GO INTO EFFECT UNTIL THE APPLICATION AND PAYMENT ARE RECEIVED BY THE SYSTEM OFFICE OF RISK SERVICES

Campus _____ Department _____ Contact Person _____ Phone _____ Email / Fax _____
 Name/Description/Location of Course/Activities: _____

 Mode of Transportation: _____ Dates of Coverage: _____

★ DEPARTMENTS/SUPERVISORS - *Must make available to each student requesting coverage, the Student Accident Information brochure outlining the general coverage information.*

★ FOR AN EVENT TO BE ELIGIBLE FOR THIS COVERAGE, THE EVENT MUST BE UNIVERSITY SPONSORED, SCHEDULED AND SUPERVISED.
 SUPERVISOR : _____ Title: _____ Date: _____
All events must be directly supervised by a University of Alaska employee. Student employees do not meet this qualification.

DEPARTMENT GUIDE FOR PREMIUM CALCULATION			
UNIVERSITY OF ALASKA ACTIVITIES			
✓ Class Type			Ref#
<input type="checkbox"/>	Low Hazard Field Trips/Activities— tours, classroom activities, seminars, etc.	\$1.05 per day x #of days _____ x # of Students _____ = _____	I
<input type="checkbox"/>	Hazardous Field Trips/Activities—mountain climbing, camping, boating, etc. <i>(Does NOT include Emergency Evacuation and Repatriation coverage)</i>	\$2.60 per day x #of days _____ x # of Students _____ = _____	II
<input type="checkbox"/>	Hazardous Field Trips/Activities – INCLUDES Emergency Evacuation & Repatriation of Remains Coverage. This coverage is recommended when students will be participating in remote travel where medical treatment is limited or unavailable.	\$2.60 per day x # of days _____ x # of Students _____ = _____ \$2.50 x # of persons _____ + _____ Total = _____	VII
<input type="checkbox"/>	Foreign Travel—Premiums are quoted individually, based on trip itinerary. Please provide the System Office of Risk Services a copy of the itinerary, AT LEAST 30 DAYS PRIOR to departure, to enable enough lead time to provide you with the cost in a timely manner.		IV
UNIVERSITY OF ALASKA COURSES			
<input type="checkbox"/>	On the Job Training— internships (allied health, mechanics, food prep, etc.)	\$.65 per week x # of weeks _____ x # of Students _____ = _____	III
<input type="checkbox"/>	Physical Education Classes - aerobics, tennis, etc.	\$1.15 per week x # of weeks _____ x # of Students _____ = _____	V
<input type="checkbox"/>	Flight Training	\$71.00 per course (6 months max.) x # of Students _____ = _____	VI
<input type="checkbox"/>	Automotive, Construction, Diesel and Welding Technology – classes and field trips	\$4.55 per semester x # of Students _____ = _____	IX
<input type="checkbox"/>	Alaska Marine Highway Oiler Internship Participants – while working on board the vessel.	\$322.00 per year x # of persons _____ = _____	VIII

Charge Premium to: Org # _____ Fund # _____

Was the premium charged to the student as a lab fee? If YES, please complete the following:
 Premium per student: _____ Dates of Coverage: _____



CLASS/GROUP ENROLLMENT SHEET:

← (Must be accompanied by an application form for the group)

★ **COVERAGE DOES NOT GO INTO EFFECT UNTIL THE APPLICATION, ENROLLMENT SHEET AND PAYMENT ARE RECEIVED BY THE SYSTEM OFFICE OF RISK SERVICES**

This portion of the form must be completed in its entirety. This form may be duplicated as need.

Campus _____ Department _____ Contact Person _____ Phone _____ Email/Fax _____
Name/Class Description/Location of Course/Activities: _____ _____
Mode of Transportation: _____ Dates of Coverage: _____

★ **DEPARTMENTS/SUPERVISOR:** Please distribute, or have made available, to each student requesting coverage, the Student Accident Information brochure outlining the general coverage information.

STUDENTS: Please contact the System Office of Risk Services if you do not receive a brochure upon signing this form, or you may download a brochure from our website at http://www.alaska.edu/risksafety/g_forms-library/broch.pdf

List of students eligible for coverage:

- | | |
|-----------|-----------|
| 1. _____ | 13. _____ |
| 2. _____ | 14. _____ |
| 3. _____ | 15. _____ |
| 4. _____ | 16. _____ |
| 5. _____ | 17. _____ |
| 6. _____ | 18. _____ |
| 7. _____ | 19. _____ |
| 8. _____ | 20. _____ |
| 9. _____ | 21. _____ |
| 10. _____ | 22. _____ |
| 11. _____ | 23. _____ |
| 12. _____ | 24. _____ |

WHAT IS COVERED - continued
Accidental Death & Dismemberment

Accidental Death Benefit - If injury to the insured results in death within 365 days of the date of the accident that caused the injury, the carrier will pay 100% of the maximum amount.

Accidental Dismemberment Benefit - If injury to the insured results, within 365 days of the date of the accident that caused the injury, the carrier will pay 50% of the maximum amount per lost scheduled body part up to the 100% maximum amount.

Coverage Limits are:

Principal Sum \$10,000
 Aggregate Limit \$250,000

WHAT IS EXCLUDED

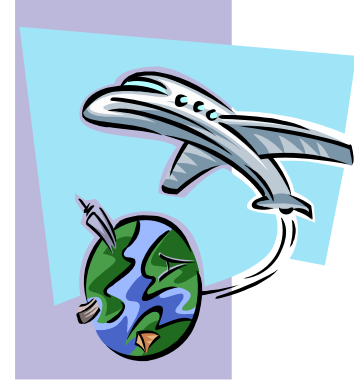
This policy does not cover any loss resulting from the following:

1. Suicide or any attempt by the Insured; or
2. Sickness, disease or infections of any kind; except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning; or
3. Insured's commission of or attempt to commit a felony; or
4. Declared or undeclared war, or any act of declared or undeclared war; or
5. Participating in team sports, except participation in a covered activity; or
6. Full-time active duty in the armed forces of any country or international authority, except the National Guard or organized reserve corps duty; or
7. Any condition for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law; or
8. Insured being under the influence of drugs, unless taken under the advice of a Physician.

The information contained within this brochure is intended to provide a general description of coverage for the student accident insurance and does not attempt to cover all the terms and conditions of the policy. Contact the System Office of Risk Services at (907) 450-8157 if you have questions or would like additional information.

CLASSIFICATIONS

Class 1	Non Hazardous Trips—field trips, class room activities, seminars, etc.	\$1.05 per Day
Class 2	Hazardous Trips—outdoor activities (mountain climbing, camping, boating, etc.)	\$2.60 per Day
Class 3	On the Job Training—internships (health, mechanics, food prep, etc.)	\$.65 per Week
Class 4	Student Foreign Travel—At least 30 days prior to departure, please provide the Statewide Office of Risk Management with itinerary for any student foreign travel. Premiums are quoted per trip.	
Class 5	Physical Education/Recreation Classes—aerobics, tennis, etc.	\$1.15 per Week
Class 6	Flight Training—Students have up to 6 months to complete their course.	\$71.00 per Course
Class 7	Hazardous Trips To include Emergency Evacuation and Repatriation of Remains coverage.	\$2.60 per Day \$2.50 per Student
Class 8	Alaska Marine Highway Oiler Internship participants while on vessel	\$322.00 per Year
Class 9	Automotive, Construction, Diesel and Welding Technology Courses.	\$4.55 per Semester



Student

Accident

Insurance

**University of Alaska
 System Office of Risk Services
 910 Yukon Drive, 106 Butrovich
 P.O. Box 755240
 Fairbanks, AK 99775-5240
 (907) 450-8157 -- Fax (907) 450-8151
 www.alaska.edu/risksafety**

STUDENT ACCIDENT INSURANCE General Information

Student accident insurance coverage is available to University of Alaska students through the System Office of Risk Services. The specific criteria that must be met in order for the University to make available student accident insurance is that the event/program be:

- ✓ University scheduled;
- ✓ University sponsored; and
- ✓ University Supervised (by UA staff).

It is important to note that the student accident insurance covers injuries, **NOT** personal health or sickness. In addition, this coverage is excess to other insurance policies available to the student. In other words, the insurance picks up expenses after other coverages an injured student may qualify for, under the student's personal insurance policy, spouse's insurance, or parent's insurance have been exhausted.

HOW TO APPLY

To request coverage, please fully complete a Student Accident Insurance Application form and forward it to the System Office of Risk Services, in Fairbanks.

Coverage **IS NOT** in effect until the application and payment are received by the System Office of Risk Services. The form **MUST** be completed and received **PRIOR** to the date for which coverage is requested to go into effect.

PREMIUMS

Premiums for the student accident insurance are based on the type of activity in which the student is participating. If you have any questions regarding how to correctly classify your activity, please call the System Office of Risk Services, (907) 450-8157. The insurance carrier may not extend coverage if a class activity is under classified.

WHAT IS COVERED Accident Medical Coverage

If an insured suffers an injury that, within 90 days of the date of the accident that caused the injury, requires treatment by a Physician, the carrier will pay the usual and customary charges incurred for medically necessary covered accident medical services received due to that injury, up to the maximum amount per insured for all injuries caused by the same accident. This benefit is payable only for such charges incurred within 52 weeks after the date of the accident causing that injury.

Covered Accident Medical Service(s):

- Hospital semi-private room and board (or room and board in an intensive care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room); or use of an Ambulatory Medical Center;
- services of a Physician or a registered nurse;
- ambulance service to or from a Hospital;
- laboratory tests;
- radiological procedures;
- anesthetics and the administration of anesthetics;
- blood, blood products, artificial blood products, and the transfusion thereof;
- physical therapy and occupational therapy;
- rental of Durable Medical equipment;
- artificial limbs, artificial eyes or other prosthetic appliances; or
- medicines or drugs administered by a Physician or that can be obtained only with a Physician's written prescription.

Coverage Limits are:

Type of Coverage:	Excess Other Existing Insurance
Medical:	\$50,000 Max. Limit
Dental	\$250 per Sound Natural Tooth
	\$500 Max. Limit
Deductible:	None

NOTICE OF CLAIM

Notice of a claim must be given to the insurance carrier within 20 days of an accident. Please contact the System Office of Risk Services for a Claim Form should an accident occur.

If you have any questions regarding the coverage, please call (907) 450-8157.

Emergency Evacuation & Repatriation

This coverage can be purchased for hazardous trips for an additional \$2.50 per student, (see Class VII). This coverage is highly recommended for trips to remote sites where the appropriate medical treatment is not available. Emergency Evacuation and Repatriation coverage is automatically included in Class IV, Foreign trips.

Emergency Evacuation -The carrier will pay for covered emergency evacuation expenses reasonably incurred, while participating in a covered activity, if the Physician ordering the emergency evacuation certifies that the severity of the Insured's injury or emergency sickness warrants emergency evacuation. All transportation arrangements made for the emergency evacuation must be by the most direct and economical conveyance and route possible (See AIG Assist).

Repatriation - If an insured suffers loss of life due to an injury or emergency sickness while participating in a covered activity, the carrier will pay for covered expenses reasonably incurred to return the body to its current place of primary residence. (See AIG Assist).

AIG Assist - Assistance Services must make all arrangements and must authorize all expenses in advance for this benefit to be payable. If it was not reasonably possible to contact AIG Assist in advance, the carrier reserves the right to determine whether the benefit will be payable.

Coverage Limits are:

Emergency Evac.	\$50,000 Max. Limit
Repatriation	\$10,000 Max. Limit

Clip and keep on hand, the following information:



UNIVERSITY OF ALASKA
STUDENT ACCIDENT INSURANCE
AIG SRG 804 07 22
1-800-551-0824

ASSISTANCE SERVICES CONTACT:
In the U.S. 1-800-626-2427.
Outside the U.S. 0-713-267-2525 collect.