

# Group Personal Accident Certificate



**ZURICH**

ZURICH AMERICAN INSURANCE COMPANY  
1299 Zurich Way  
Schaumburg, Illinois 60196

This is a summary of the insurance We provide on behalf of the **Policyholder** to **You** if **You** are within a class of **Eligible Persons** described in Section I - Schedule of Benefits and Coverages and if the required premiums are paid when due.

**THIS INSURANCE EVIDENCED BY THIS CERTIFICATE PROVIDES ACCIDENT COVERAGE ONLY. THE POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.**

**BENEFITS ARE REDUCED UPON ATTAINMENT OF SPECIFIED AGES.**

**THIS IS A SUMMARY OF COVERAGE ONLY WHICH SUMMARIZES AND EXPLAINS THE PARTS OF THE POLICY WHICH APPLY TO YOU.**

**FOR ALL TERMS AND CONDITIONS OF COVERAGE, PLEASE REVIEW THE POLICY ISSUED TO THE POLICYHOLDER AND ON FILE WITH THEM AT THEIR PLACE OF BUSINESS. YOU CAN OBTAIN A COPY OF THE POLICY FROM THE POLICYHOLDER.**

**THIS CERTIFICATE IS NOT AN INSURANCE POLICY. IN THE EVENT OF A CONFLICT OF PROVISIONS BETWEEN THE POLICY AND THIS CERTIFICATE, THE PROVISIONS OF THE POLICY WILL GOVERN.**

**PLEASE READ THIS CERTIFICATE CAREFULLY.**

**POLICYHOLDER:** Association for Entrepreneurship USA (AFEUSA)  
666 Dundee Road #1603  
Northbrook, IL 60062

**POLICY NUMBER:** GPA 4470993

**POLICY INCEPTION:** October 1, 2021

**POLICY PERIOD:** October 1, 2021 to Continuous

(All Insurance begins and ends at 12:01 a.m. at the **Policyholder's** Address)

**[CERTIFICATE NUMBER:** [XXXXXXXX-XX]]  
[Coverage Effective Date: XX/XX/XXXX]

**[PREMIUM:** [\$00.00] Payable [Monthly]

**INSURED:** [Insured's Name]  
[Street Address]  
[City, State Zip]]

**COVERED PERSONS:** [Spouse's/[Domestic Partner's] Name]  
[Dependent Child(ren)'s Name(s)]

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**SECTION I – SCHEDULE**

**A. CLASSIFICATION AND ELIGIBILITY**

**1. Classification of Covered Persons**

The following individuals are eligible to become **Covered Persons**:

Class I: Association for Entrepreneurship USA Member under the age of 65

If a **Covered Person** suffers an **Injury** resulting in a **Covered Loss**, and he or she is covered under more than one Class, **We** will pay only one benefit, the largest benefit.

**Eligibility of the Insured's Dependents:**

**Dependent Child(ren)** of a Class I Eligible Persons are eligible to become **Covered Persons** if a parent becomes an **Insured**.

**Spouse/Domestic Partner** of Class I Eligible Persons are eligible to become **Covered Persons** if the **Eligible Person** becomes an **Insured**. Such **Spouse/Domestic Partner** must be under age 65.

A legally married **Spouse/Domestic Partner** will not be eligible for coverage as a **Dependent** if the **Spouse/Domestic Partner** is also an **Insured** under the **Policy**. If You and Your legally married **Spouse/Domestic Partner**, legally separated **Spouse/Domestic Partner**, or former **Spouse/Domestic Partner** are both **Insureds** under the **Policy**, only one **Insured** may select an option covering their mutual **Dependents**.

**B. REPORTING AND NOTICE ADDRESS(ES)**

Claim Reporting:

90 Degree Benefits  
 1-800-239-3503  
 2810 Premiere Pkwy, Ste 400  
 Duluth, Ga 30097  
[www.90DegreeBenefits.com](http://www.90DegreeBenefits.com)  
 EDI Payor ID: XXXXX

**C. SCHEDULE OF HAZARDS, COVERAGES AND BENEFITS**

Plan 8

HAZARDS applicable to Class I **Contributory**:

Hazard
H-1 24 Hour Accident Protection

COVERAGES applicable to Class I **Contributory**:

Coverage	Benefit Amount
C-1 Accident Medical Expense Coverage: Accident Medical Expense Benefit	Maximum Benefit of \$10,000 per <b>Covered Person</b> per <b>Accident</b> subject to a \$250 Deductible per <b>Covered Person</b> per <b>Accident</b> .
C-3 Accidental Death/Catastrophic Injury Coverage: Accidental Death Benefit	<b>Principal Sum</b> \$20,000 as set forth in the <b>Principal Sum</b> Schedule.
Accidental Dismemberment and Covered Loss of Use Benefit	<b>Covered Loss</b> of: 1. Both Hands or Both Feet: 100% of the <b>Principal Sum</b> 2. One Hand and One Foot: 100% of the <b>Principal Sum</b> 3. One Hand or One Foot plus the loss of Sight of One Eye: 100% of the <b>Principal Sum</b> 4. Sight of Both Eyes: 100% of the <b>Principal Sum</b>

Coverage	Benefit Amount
	5. Speech and Hearing in Both Ears: 100% of the <b>Principal Sum</b> 6. Speech or Hearing in Both Ears: 50% of the <b>Principal Sum</b> 7. One Hand; One Foot; or Sight of One Eye: 50% of the <b>Principal Sum</b> 8. Thumb and Index Finger of the Same Hand: 25% of the <b>Principal Sum</b> 9. Hearing in One Ear: 25% of the <b>Principal Sum</b>  <b>Covered Loss of Use of:</b> 1. Four Limbs: 100% of the <b>Principal Sum</b> 2. Three Limbs: 100% of the <b>Principal Sum</b> 3. Two Limbs: 75% of the <b>Principal Sum</b> 4. One Limb: 50% of the <b>Principal Sum</b>

D. Principal Sum Schedule

Class I		
Contributory:		
Plan 8 \$20,000		
<p>The <b>Principal Sum</b> for covered <b>Dependents</b> will be a percentage of the <b>Insured's Principal Sum</b>, on the date of <b>Accident</b>, which is determined by multiplying <b>Your Principal Sum</b> by the percentage below.</p>		
<u>Plan Selected</u>	<u>% Spouse/Domestic Partner</u>	<u>% Child(ren)</u>
Spouse/Domestic Partner only:	50%	0%
Dependent Child(ren) only:	0%	20%
Spouse/Domestic Partner and Dependent Child(ren):	50%	20%
<p>In no event will the amount be greater than the <b>Insured's Principal Sum</b>.</p> <p>At age sixty-seven (67) the <b>Principal Sum</b> for the Accidental Death Benefit will be reduced based on the <b>Covered Person's</b> original <b>Principal Sum</b> per the following schedule:</p>		
Age at Date of Loss	Percent of Original Principal Sum	
67	50%	

**SECTION II – ELIGIBILITY AND EFFECTIVE DATES OF INSURANCE**

Your Effective Date of Insurance:

Enrollment:

An **Eligible Person** may enroll for coverage under the **Policy** by making written or electronic application for coverage on an enrollment form furnished or approved by **Us**. Coverage will not become effective until the **Eligible Person** has enrolled himself or herself and his or her eligible **Dependents** and paid the required premium, if any.

Open Enrollment Period: **Eligible Persons** may enroll themselves and their eligible **Dependents** during an Open Enrollment Period, subject to providing satisfactory evidence of insurability on a form or electronic application approved by **Us**. Other changes including increases, decreases or terminations may also be restricted to Open Enrollment Periods.

### SECTION III – DEFINITIONS

This section applies to all Hazards, Coverages and Benefits unless otherwise stated.

**Accident or Accidental** means an unintended or unforeseeable event or occurrence that occurs during the **Policy** term.

**Air Travel Carrier** means any civilian aircraft with a current and valid normal, transport, or commuter type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor or an equivalent certification from a foreign government. This aircraft must be operated by a pilot with a current and valid:

1. medical certificate; and
2. pilot certificate with a proper rating to pilot such aircraft.

**Certificate(s)** means this Group Personal Accident Insurance Certificate.

**Contributory** means that **You** are required to pay all or a portion of the premium.

**Covered Loss** means a loss which meets the requisites of one or more benefits or additional benefits, results from an **Injury**, and for which benefits are payable under the **Policy**.

**Covered Person** means any person who has insurance under the terms of the **Policy**. It includes **You**, and **Your Spouse/Domestic Partner** and/or **Dependent Child(ren)** if a **Plan** covering the **Spouse/Domestic Partner** and/or **Dependent Child(ren)** is selected.

**Dependent** means **Your Spouse/Domestic Partner** and **Dependent Child(ren)**, as defined in this section. The **Dependent** will only be a covered **Dependent** if a **Plan** covering **Dependents** is selected.

**Dependent Child(ren)** means the **Insured's** unmarried child(ren) and those of the **Insured's Spouse/Domestic Partner** who rely on the **Insured** for support, and are either: 1) less than twenty-six (26) years of age; or 2) less than thirty (30) years of age and (i) is an Illinois resident, (ii) served as a member of the active or reserve components of any of the branches of the Armed Force of the United States, and (iii) has received a release or discharge other than a dishonorable discharge; or who satisfy neither 1) nor 2), but who prior to his or her termination of coverage became incapable of self-sustaining employment by reason of mental or physical handicap. The **Dependent Child(ren)** will only be covered **Dependent Child(ren)** if a **Plan** covering **Dependent Child(ren)** is selected.

**Domestic Partner** means a same or opposite sex person who qualifies as a **Domestic Partner** under the law of the state of residence. A **Domestic Partner** will only be a covered **Domestic Partner** if a **Plan** covering **Your Domestic Partner** is selected.

**Eligible Person** means an individual who:

1. is in an Eligible Class as described in the Classification and Eligibility part of SECTION I - SCHEDULE; and
2. has satisfied the **Waiting Period** as described in the Classification and Eligibility part of SECTION I - SCHEDULE, if any.

**Hospital** means an institution which:

1. operates pursuant to law;
2. primarily and continuously provides medical care and treatment to sick and injured persons on an inpatient basis;
3. operates facilities for medical and surgical diagnosis and treatment by or under the supervision of **Physicians**; and
4. provides twenty-four (24) hour nursing service by or under the supervision of graduate registered nurses (R.N.).

**Hospital** includes institutions meeting the above definition that provide services on a formal arrangement basis with another institution.

**Hospital** does not mean any institution or part thereof which is used primarily as:

- a. a nursing home, convalescent home, or skilled nursing facility;
- b. a place of rest, custodial care, or for the aged;
- c. a clinic; or
- d. a place for the treatment of mental illness, alcoholism or substance abuse.

However, a place for the treatment of mental illness, alcoholism or substance abuse will be regarded as a **Hospital** if it is:

- (1) part of the institution that meets the requirements in subparagraphs 1 - 4 above; and
- (2) listed in the American Hospital Association Guide as a general **Hospital**.

**Hospital Confined or Hospital Confinement (Hospitalization)** means a stay by the **Covered Person** confined to a bed in a **Hospital** for which a room charge is made. The **Hospital Confinement** must be on the advice of a **Physician**, it must be **Medically Necessary**, and the result of **Injuries** sustained in an **Accident** or for rehabilitative care and treatment for **Injuries** sustained in an **Accident**. **Hospital Confinement** also means the period of **Hospital Confinement** that starts while the **Policy** is in force. If the **Hospital Confinement** follows a previously covered **Hospital Confinement**, it will be deemed a continuation of the first **Hospital Confinement** unless (1) the later **Hospital Confinement** is the result of an entirely unrelated **Injury** or (2) the **Hospital Confinements** are separated by ninety (90) days or more. **Hospitalization** that begins prior to the end of one calendar year and continues into the next calendar year will be considered one **Hospital Confinement**.

**Injury** means a bodily injury caused directly by an **Accident**, independent of sickness, disease, bodily infirmity, or any other cause, occurring on or after the **Covered Person's** Effective Date of coverage and while coverage is in force for the **Covered Person**.

**Insured** means a **Member** who is eligible for coverage under the **Policy** as provided in the Classification and Eligibility part of SECTION I - SCHEDULE, and who completes the enrollment material, if required.

**Medically Necessary** means a medical service or treatment:

1. is essential for the diagnosis, treatment or care of the **Injury** for which it is prescribed or performed;
2. meets generally accepted standards of medical practice; and
3. is ordered by a **Physician**.

**Member** means a person or organization approved as a member of the **Policyholder** under the governing documents (such as the declaration and bylaws) of the **Policyholder**.

**Non-Contributory** means that no contribution of premium payments from **You** is required.

**Physician** means a person who is:

1. a doctor of medicine, osteopathy, or psychology that **We** recognize or are required by law to recognize (other than a chiropractor);
2. licensed to practice in the jurisdiction where care is being given;
3. practicing within the scope of that license; and
4. not **Related** to the **Covered Person** by blood or marriage.

**Plan** means the Hazards, Coverages and/or Benefits as set forth in the Schedule.

**Policy** means the Group Personal Accident Policy issued to the **Policyholder**.

**Policyholder** means the entity named on the face page of the **Policy**.

**Principal Residence** means the country of the legal domicile of the **Covered Person**.

**Principal Sum** means the amount of insurance applicable to the **Covered Person** as stated in the Principal Sum Schedule.

**Related** means a person who is a **Spouse/Domestic Partner**, sibling, parent, step-parent, grandparent, aunt, uncle, niece, nephew, son, daughter, or grandchild or similar relationship in law.

**Spouse**, if used in the **Policy**, means **Your** legally married **Spouse** under age 75. A **Spouse** will only be a covered **Spouse** if a **Plan** covering **Your Spouse** is selected.

**War or Act of War** means the hostile contention by means of armed forces, carried on between nations, states, or rulers, or between citizens in the same nation or state.

**We, Us, and Our** refers to Zurich American Insurance Company.

**You or Your** means the **Insured** to whom a **Certificate** is issued.

#### SECTION IV – HAZARDS

Subject to all the terms, conditions, limitations, and exclusions set forth in the **Policy**, the Hazards are also subject to the following additional terms, conditions, limitations, and exclusions.

The Hazards insured against by the **Policy** are:

H-1 24 Hour Accident Protection Coverage

An **Injury** sustained by a **Covered Person** resulting in a **Covered Loss** anywhere in the world.

Additional Hazard Limitations:

For purposes of this hazard only, the following additional limitation applies:

Coverage for air travel is limited to a **Covered Loss** sustained by **Covered Person** as a passenger, during a trip while riding in or on, boarding, or alighting from:

1. an **Air Travel Carrier**; or
2. any aircraft which is not subject to a certificate of airworthiness; whose design and customary and regular purpose is for transporting passengers; and which is operated by the Armed Forces of the United States of American or the Armed Forces of any foreign government.

#### SECTION V – COVERAGES

Coverages afforded and Benefits payable are based on the Hazards insured against as set forth in SECTION I - SCHEDULE.

C-1 Accident Medical Expense Coverage:

Accident Medical Expense Benefit

<i>Accident Medical Expense Schedule</i>		
Benefit	Maximum Benefit per <b>Covered Person</b> per <b>Accident</b>	Deductible per <b>Covered Person</b> per <b>Accident</b>
Accident Medical	As set forth in the <b>SCHEDULE</b>	As set forth in the <b>SCHEDULE</b>

We will pay the **Usual and Customary** expenses for **Medically Necessary Covered Medical Service(s)** incurred by the **Covered Person** due to an **Injury** resulting from an **Accident**, up to the Maximum Benefit set forth in the Accident Medical Expense Schedule. Coverage is provided in excess of the deductible(s) set forth in the Accident Medical Expense Schedule provided that:

1. the first treatment or service occurs within thirty (30) days of the **Injury**; and
2. the medical expenses are incurred within fifty-two (52) weeks of the **Injury**.

For purposes of this benefit only, the following additional definitions apply:

**Covered Medical Service(s)** means any of the following services:

1. **Hospital** room and board expenses: the daily room rate when a **Covered Person** is **Hospital Confined** and general nursing care is provided and charged for by the **Hospital**. In computing the expenses payable under this benefit, the date of admission will be counted, but not the date of discharge;

2. ancillary **Hospital** expenses: services and supplies including operating room, laboratory tests, anesthesia and medicines (excluding take home drugs) when **Hospital Confined**;
3. medical emergency care (room and supplies) expenses incurred within forty-eight (48) hours of an **Accident** and including the attending **Physician's** charges, X-rays, laboratory procedures, use of the emergency room and supplies;
4. outpatient surgical room and supply expenses for use of the surgical facility;
5. outpatient diagnostic X-rays, laboratory procedures and tests;
6. **Physician** non-surgical treatment/examination expenses (excluding medicines) including the **Physician's** initial visit, each necessary follow-up visit and consultation visits when referred by the attending **Physician**;
7. **Physician's** surgical expenses: If an **Injury** requires multiple surgical procedures through the same incision, **We** will pay only one benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session but through different incisions, **We** will pay for the most expensive procedure;
8. licensed Physician Assistant services;
9. the services of a registered nurse;
10. anesthesiologist expenses for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis;
11. outpatient laboratory test expenses;
12. physiotherapy expenses on an inpatient or outpatient basis limited to one (1) visit per day to a maximum of twelve (12) visits. Expenses include treatment and office visits connected with such treatment when prescribed by a **Physician**, including diathermy, ultrasonic, whirlpool, or heat treatments, adjustments, manipulation, massage or any form of physical therapy;
13. x-ray expenses (including reading charges) but not for dental X-rays unless **Medically Necessary** to evaluate an **Injury**;
14. radiological procedures;
15. diagnostic imaging expenses including Magnetic Resonance Imaging (MRI) and Computed Axial Tomography (CAT) Scan;
16. ambulance expenses for transportation from the emergency site to the **Hospital**;
17. rehabilitative braces or appliances prescribed by a **Physician**. It must be durable medical equipment that:
  - a. is primarily and customarily used to serve a medical purpose;
  - b. can withstand repeated use; and
  - c. generally is not useful to a person in the absence of injury.

No benefits will be paid for rental charges in excess of the purchase price.
18. prescription drug prescribed by a **Physician**, for **Injuries**;
19. medical equipment rental expenses for a wheelchair or other medical equipment that has therapeutic value for a **Covered Person**. **We** will not cover computers, motor vehicles or modifications to a motor vehicle, ramps and installation costs, eyeglasses and hearing aids; and
20. expenses for blood and blood transfusions; oxygen and its administration.

**Custodial Services** means non-medical care, including, but not limited to, services:

1. related to watching or protecting the **Covered Person**;
2. related to performing, or assisting the **Covered Person** in performing, any activities of daily living such as: walking, grooming, bathing, dressing, getting in or out of bed, toileting, eating, preparing foods, or taking medications that can usually be self-administered;
3. that are not required to be performed by trained or skilled medical personnel;

4. that are prescribed by a **Physician**; and
5. that are provided by persons not **Related** to the **Covered Person**.

**Pre-existing Condition** means a condition for which a **Covered Person** received any diagnosis, medical advice or treatment or had taken any prescription medicines during the six (6) months immediately preceding the **Covered Loss**.

**Sound Natural Teeth** means natural teeth that are unaltered or are fully restored to their normal function and are disease free, have no decay, and are not more susceptible to injury than unaltered natural teeth.

**Usual and Customary** means an amount(s) that: (1) does not exceed the usual cost for similar treatment, services or supplies in the locality in which it is incurred; or for a **Hospital** room and board charge other than for stay in an intensive care unit, does not exceed the **Hospital's** most common charge for semi-private room and board and (2) does not include charges that would not have been made if no insurance existed.

Exclusions:

For purposes of this benefit only, the following additional exclusions apply:

We will not cover the following:

1. cosmetic, plastic or restorative surgery unless **Medically Necessary** for the treatment of the **Injury**;
2. any medical expenses related to pregnancy unless **Medically Necessary** for the treatment of the **Injury**;
3. any expenses for a **Pre-existing Condition**;
4. Injury for which the Covered Person is entitled to benefits under Workers Compensation Benefits, Employer Liability Law, or other similar law;
5. personal comfort or convenience items, such as but not limited to **Hospital** telephone charges, television rental, or guest meals;
6. treatment by any person **Related** to the **Covered Person**;
7. expenses incurred for dental care, treatment, repair or replacement of Sound Natural Teeth unless Medically Necessary for the treatment of the **Injury**;
8. expenses incurred for eye examinations, eye-glasses, contact lenses or hearing aids or the fitting, repair or replacement of these items unless **Medically Necessary** for the treatment of the **Injury**;
9. routine physical examinations and related medical services, or elective treatment or surgery, or experimental or investigative treatments or procedures;
10. a **Medical Repatriation**;
11. expenses incurred for psychological or psychiatric counseling of any kind or any expense for treatment of mental or nervous diseases or disorders;
12. expenses which the **Covered Person** is not legally obligated to pay;
13. expenses for Custodial Services or services provided by a private duty nurse unless such expenses are incurred as a result of an **Injury**;
14. expenses related to the repair or replacement of existing artificial limbs, eyes, or other prosthetic appliances, or rental of existing medical equipment unless for the purpose of modifying the item because the **Injury** has caused further impairment in the underlying bodily condition;
15. treatment involving conditions caused by repetitive motion injuries or cumulative trauma and not a result of an **Injury**;
16. being legally intoxicated.
  - a. A **Covered Person** will be conclusively presumed to be legally intoxicated if the level of alcohol in his or her blood exceeds the amount at which a person is presumed intoxicated under the law of the locale wherein the **Accident** occurred; or
  - b. An autopsy report from a licensed medical examiner, law enforcement officer reports, or other similar items will be considered proof of the **Covered Person's** legal intoxication;