

The Basic Coverage protects you against accidents occurring while you are on School premises and while you are traveling on School related business.

Other Features

- Pays regardless of any other insurance you may have.
 - Coverage provided regardless of health history.
 - Seatbelt Benefit.
 - Coverage can be expanded to full 24-hour protection.

Eligibility

All Superintendents, Assistant Superintendents, Business Managers, Principals, Department Supervisors, Solicitors, and other administrator Personnel are eligible for coverage.

Benefit Cost

Basic \$17.00 per year
24-hour Option \$35.50 per year

Exclusions

No coverage shall be provided under this Policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks even if the proximate or precipitating cause of the loss is an accidental bodily injury: suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury; travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, whether as a Passenger, pilot, operator or crew

member, unless specifically provided by this Policy; declared or undeclared war, or any act of declared or undeclared war unless specifically provided by this Policy; sickness, or disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any either of these; infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition; full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured Person is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded); the Insured Person being under the influence of intoxicants while operating any vehicle or means of transportation or conveyance; the Insured Person being under the influence of drugs unless taken under the advice of and as specified by a Physician; the Insured's Person's commission of or attempt to commit a crime; the medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment; stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm; taking part in any insurrection.

This brochure provides only a brief description of the coverage available. The Policy contains reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in each Policy. If there are any conflicts between this document and each Policy, the Policy shall govern.

Coverage under the Business Travel Accident Insurance Program is issued by the Prudential Insurance Company of America, Newark, NJ. Contract series 83500. Prudential and the Rock logo are registered service marks of the Prudential Insurance Company of America.

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Business Travel Accident Insurance Program *Your personal accident insurance*



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Accidental Death and Dismemberment	Principal Sum
Loss of life, the plan will pay	\$100,000
Loss of two or more members	\$100,000
Loss of speech and hearing in both ears	\$100,000
Loss of one member	\$50,000
Loss of speech and hearing in one ear	\$50,000
Loss of thumb and index finger of same hand	\$25,000

Member means hand, foot or eye.

In no event will total payments for one accident exceed \$100,000.

The Benefits

Seatbelt Benefit

This benefit is payable if an insured person dies as a result of injuries sustained in a covered accident while driving or riding in a private passenger automobile*, and wearing a properly fastened, original, factory-installed seatbelt. That person's death benefit will be increased by \$10,000.

If the seatbelt benefit is payable, and the covered person was positioned in a seat protected by a properly functioning, original, factory-installed airbag that inflates on impact, we will increase the death benefit by an additional \$5,000.

Verification of the actual use of the seatbelt, and that the airbag inflated properly on impact at the time of the accident, must be part of an official report of the accident, or be certified, in writing, by the investigating officer(s).

Coma Benefit

If Injury renders an Insured Person Comatose within 30 days of the date of the accident that caused the Injury, and if the

Optional Coverage extends protection, to a full 24-hours, anywhere in the world, on or off the job, on business . . . on vacation. . . at home. Air travel is included while you are flying as a passenger only, subject to the Exclusions as shown.

Coma continues for a period of 30 consecutive days, the Company will pay a monthly benefit of 1% of the Principal Sum. No benefit is provided for the first 30 days of Coma. The benefit is payable monthly as long as the Insured Person remains Comatose due to that injury, but ceases on the earliest of: 1) the date the Insured Person ceases to be Comatose due to that Injury; 2) the date the Insured Person dies; or 3) the date the total amount of monthly Coma benefits paid for all injuries caused by the same accident equals 100% of the Principal Sum. The Company will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which the Company is liable when the Insured Person is Comatose for less than a full month. Only one benefit is provided for any one month of Coma, regardless of the number of Injuries causing the Coma.

*A validly registered four-wheel private passenger car (or policyholder-owned car) station wagon, jeep, pick-up truck or van-type car.

Enhanced Benefits

Monthly Rehabilitation Expense – If a doctor has determined that rehabilitation is medically necessary to aid an insured in returning to the normal activities of a person of their same age and gender after an accidental bodily injury, an amount that will be equal to the lesser of 1% of the covered amount or \$100 will be paid monthly for up to 12 months.

Felonious Assault – If an insured suffers a covered loss due to a physical attack by another person resulting in bodily harm because of their employment and while they are working for PSBA an additional benefit equal to the lesser of 10% of their covered amount and \$10,000 will be paid.

Return of Remains – If an insured suffers a loss of life and such loss occurs outside a 100 mile radius of their home, the plan will pay the lesser of the amount of Return of Remains expenses and \$1,000. This benefit includes expenses for embalming; cremation; a coffin and transportation of the remains.

Emergency Disaster Response Team

Member – If an insured suffers a covered loss due to an accident that occurs while they are a participating member of PSBA's emergency response team responding to a bona fide emergency while they are working for PSBA, an additional benefit equal to the lesser of 10% of their benefit amount and \$10,000 will be paid.

Additional Benefit for Family Relocation and Accompaniment

– Coverage is provided for family relocation and accompaniment while with the employee or on the way to join the employee on a relocation trip, or while accompanying the insured on an authorized business trip. For a spouse, the amount payable is \$50,000 and for each dependent child, the amount payable is \$10,000.

Effective Date and Continuance of Coverage

Both the Basic and Optional 24-hour plan will be effective 1) the first of the month following receipt of the premium; 2) the effective date for renewal will be December 1.

Please Note:

Reduction Schedule: The amount payable for a loss will be reduced if an Insured Person is age 70 or older on the date of the accident causing the loss with respect to any Benefit provided by this Plan where the amount payable for the loss is determined as a percentage of his or her Principal Sum. The amount payable for the Insured Person's loss under that Benefit is a percentage of the amount that would otherwise be payable, according to following schedule:

Age at Date of Loss	AD&D Principal Sum
Age 69 or Younger	100%
70-74	65%
75-79	45%
80-84	30%
85 and Older	15%

Premium for an Insured Person age 70 or older is based on 100% of the coverage that would be in effect if the Insured Person were under age 70.

“Age” as used above refers to the age of the Insured Person on the Insured Person's most recent birthday, regardless of the actual time of birth.