



# Basic and Catastrophic Accident Insurance Program for Archdiocese of Galveston-Houston 2016–2017

Policy Form Series: C11695DBG-TX



Insurance underwritten by:  
**National Union Fire Insurance Company of Pittsburgh, Pa.**  
with its principal place of business in New York, NY ("the Company")

## Basic Accident Insurance Coverage (Policy Number SRG 0009147521)

### Eligibility

All registered students of the Archdiocese of Galveston-Houston school grades Pre-K–8 are eligible for this Basic Accident Insurance coverage and are automatically enrolled in this coverage under the Program.

### Covered Activities

Insurance coverage is provided while the Insured is on the Policyholder's premises during the hours (including one hour before and one hour after) and on the days when the Policyholder is in session (including Interscholastic Football) and while the Insured is participating in or attending an authorized and sponsored activity of the Policyholder away from the Policyholder's premises. This includes direct and uninterrupted travel to and from such activities in a vehicle designated by the Policyholder, and to or from the Insured's residence to attend regular Policyholder sessions.

### Benefits

#### Accident Medical Expense Benefit

If an Insured suffers an Injury that, within 90 days of the date of the accident that caused the Injury, requires him or her to be treated by a physician, the Company will pay the Usual and Customary Charges incurred for Medically Necessary Covered Accident Medical Services received due to that Injury, up to a \$25,000 Maximum Amount per Insured for all injuries caused by the same accident. Benefits are payable for charges incurred within 104 weeks after the date of the accident causing the Injury. There is a deductible amount of \$100 per accident.

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

1. services of a physician;
2. private duty nursing by a registered nurse (R.N.) or Licensed Practical Nurse (LPN);
3. laboratory tests;
4. radiological procedures;
5. anesthetics and the administration of anesthetics;
6. blood, blood products and artificial blood products, and the transfusion thereof;
7. physical therapy;
8. occupational therapy;
9. rental of durable medical equipment;
10. artificial limbs, artificial eyes or other prosthetic appliances;
11. medicines or drugs administered by a physician or that can be obtained only with a physician's written prescription;
12. use of an ambulatory medical center;
13. hospital's most common charge for 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);
14. ambulance service to or from a hospital.



#### Deferred Dental Treatment Benefit

If the Insured suffers an Injury to sound, natural teeth and required dental treatment for that Injury must be postponed to a date more than 104 weeks after the date of that Injury due to the physiological changes occurring to an Insured who is a growing child, the Company will pay the Usual and Customary charges incurred for the dental treatment up to the \$1,000 Deferred Dental Treatment Maximum Amount and subject to the Duration as shown below.

Duration of Deferred Dental Treatment means Usual and Customary charges incurred for the deferred dental treatment are covered only if they are incurred on or before the Insured's 21st birthday, except that Usual and Customary charges incurred for deferred root canal therapy are covered only if they are incurred within 104 weeks after the date the Injury is sustained.

#### Texas Department of Human Services Reimbursement

Benefits paid on behalf of an Insured Person must be paid to the Texas Department of Human Services, if such Insured Person is eligible for benefits under this Rider and is also entitled for benefits for the same expense from the Texas Department of Human Services.

## Benefits (Continued)

### Accidental Death and Dismemberment Benefits

If Injury to an Insured results within 365 days of the date of the accident that caused the Injury, in any one of the Losses specified below, the Company will pay the Maximum Amount shown below for that loss.

For Loss Of	Benefit Amount
Life	\$15,000
Both Hands or Both Feet	\$30,000
Sight of Both Eyes	\$30,000
One Hand and One Foot	\$30,000
One Hand and the Sight of One Eye	\$30,000
One Foot and the Sight of One Eye	\$30,000
Speech and Hearing in Both Ears	\$30,000
One Hand or One Foot	\$15,000
The Sight of One Eye	\$15,000
Speech or Hearing in Both Ears	\$15,000
Hearing in One Ear	\$7,500
Thumb and Index Finger of Same Hand	\$7,500

“Loss” of a hand or foot means complete severance through or above the wrist or ankle joint. “Loss” of sight of an eye means total and irrecoverable loss of the entire sight in that eye. “Loss” of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. “Loss” of speech means total and irrecoverable loss of the entire ability to speak. “Loss” of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits. If more than one loss is sustained by an Insured as a result of the same accident, only one amount, the largest, will be paid.

If by reason of an accident occurring while an Insured’s coverage is in force under this Policy, the Insured is unavoidably exposed to the elements and as a result of such exposure suffers a loss for which a benefit is otherwise payable under the Policy, the loss will be covered under the terms of the Policy.

If the body of an Insured has not been found within one year of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which the person was an occupant while covered under the Policy, then it will be deemed, subject to all other terms and provisions of the Policy, that the Insured has suffered accidental death within the meaning of the Policy.

### Heart and/or Circulatory Benefit

(This benefit is not payable in addition to the Accidental Death Benefit.)

If an Insured suffers a heart and/or circulatory malfunction that results in death as a direct result of participating in a covered activity, the Company will pay the \$15,000 Heart and/or Circulatory Maximum Amount provided that: (1) the symptom(s) of such malfunction(s) is (are) first medically treated while the Policy is in force with respect to such Insured and within 48 hours after such participation, and (2) such Insured has not, within the last 5 years prior to the date of such participation in the covered activity, been diagnosed with, or received any medication for any myocardial infarction, angina pectoris, coronary thrombosis or a cerebral vascular incident.





## Catastrophic Accident Insurance Coverage (Policy Number SRG 0009147532)

### Eligibility

All enrolled students of the Archdiocese of Galveston-Houston school grades Pre-K–8 are eligible for this Catastrophic Accident Insurance coverage and automatically enrolled in this coverage under the Program.

### Covered Activities

Insurance coverage is provided while the Insured is enrolled as a full-time student of the Policyholder and is on the Policyholder’s premises, during the hours (including one hour before and one hour after) and on the days when the Policyholder is in session, and during the hours and on the days when the Policyholder is not in session while the Insured is participating in or attending Policyholder sponsored activity, including all sports and school activities, including Interscholastic Football. This includes coverage away from the Policyholder’s premises while the Insured is participating in any activity authorized by the Policyholder and while the Insured is traveling to and from such activity in a vehicle designated by the Policyholder whether or not the Policyholder is in session and while the Insured is traveling directly and uninterruptedly to or from the Insured’s residence to attend regular Policyholder sessions.

### Benefits

#### Accident Medical Expense Benefits

If an Insured suffers an Injury that, within 180 days of the date of the accident that caused the Injury, requires him or her to be treated by a physician, the Company will pay the Usual and Customary Charges incurred for Medically Necessary Covered Accident Medical Services received due to that Injury, up to a \$6,000,000 Maximum Amount per Insured for all Injuries caused by the same accident. The benefit is payable only for such charges incurred after the \$25,000 Deductible has been met. Benefits are then payable for charges incurred within 520 weeks after the date of the accident causing the Injury.

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

1. services of a physician;
2. private duty nursing by a registered nurse (R.N.) or Licensed Practical Nurse (LPN);
3. laboratory tests;
4. radiological procedures;
5. anesthetics and the administration of anesthetics;
6. blood, blood products and artificial blood products, and the transfusion thereof;
7. physical therapy;
8. occupational therapy;
9. rental of durable medical equipment;
10. artificial limbs, artificial eyes or other prosthetic appliances;
11. medicines or drugs administered by a physician or that can be obtained only with a physician’s written prescription;
12. use of an ambulatory medical center;

13. hospital’s most common charge for 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);
14. ambulance service to or from a hospital.

### Catastrophe Cash Benefit

If an Injury to the Insured results within 180 days of the date of the accident that caused the Injury, in Paralysis or Coma, the Company will pay a benefit under the conditions described below, up to the \$1,000,000 Catastrophe Cash Benefit Maximum Amount. In order for a benefit to be payable, the Paralysis or Coma must continue for a Waiting Period of 6 consecutive months, and must be determined by a physician to be permanent and irreversible at the end of that Waiting Period and must result in Disability. The benefit payable is based on the percentage of the \$200,000 Initial Lump Sum and \$6,666.66 Monthly Maximum Amount(s) shown below for the causes of Disability shown below.

Cause of Disability	Percentage of Initial Lump Sum and Monthly Maximum Amount(s):
Coma	100%
Paralysis of Two or More Limbs (Upper and/or Lower)	100%
Paralysis of One Limb (Upper or Lower)	50%
Paralysis of One or More Other Parts of the Body	See NOTE below

NOTE: If the Insured’s Paralysis is a part of the body other than a Limb, the percentage of the Maximum Amount used to determine the benefit payable will be adjusted in proportion to the comparable extent of Paralysis of the listed parts of the body. The final determination of comparable extent will be made through the use of the most current edition of the “Guides to the Evaluation of Permanent Impairment” published by the American Medical Association. (In the event the referenced guide ceases to be published, the Company will select another appropriate measurement of impairment values.)

If the Insured suffers more than one cause of Disability as a result of the same accident, only one Percentage of the Maximum Amount, the largest for any one cause of Disability suffered by the Insured, will be used to determine the benefit payable.

The benefit payable is the percentage of the Initial Lump Sum Maximum Amount shown above, payable at the end of the Waiting Period; followed by a monthly benefit equal to the percentage of the Monthly Maximum Amount shown above, starting one month after the end of the Waiting Period. The monthly benefit is payable monthly as long as the Insured remains continuously Disabled due to the Paralysis or Coma, but ceases on the earliest of: (1) the date the Insured dies; (2) the date the Insured is no longer Disabled due to the Paralysis or Coma; or (3) the date monthly Catastrophe Cash benefits have been paid for the Maximum Number of Months shown for the Catastrophe Cash Benefit in the Benefit Schedule for all Disabilities caused by the same accident.

If the Insured returns to any occupation for which he or she is qualified by reason of education, experience or training on a full or part-time basis, he or she may return to Disability status if: (1) the Insured has not been back to work for longer than 30 days; and (2) the attending Physician certifies a return to Disability status due to the same Paralysis or Coma which caused the original Disability. However, with respect to an Insured for whom the occupational definition of Disabled/Disability is not appropriate, if the Insured engages in any of the usual activities of a person of like age and sex in comparable health, he or she may return to Disability status if: (1) the Insured has not been engaging in such activities for longer than 30 days; and (2) the attending Physician certifies a return to Disability status due to the same Paralysis or Coma which caused the original Disability.

Periods of Disability separated by less than 30 consecutive days will be considered one period of disability unless due to separate and unrelated causes.

The Company reserves the right, at the end of the Waiting Period (and as often as it may reasonably require thereafter) to determine, on the basis of all the facts and circumstances, that the Insured is Disabled due to the Paralysis or Coma, including, but not limited to, requiring an independent medical examination at the expense of the Company.

## Benefits (Continued)

### Brain Death Catastrophe Cash Benefit

If an Insured suffers an Injury that results in Brain Death within 365 days of the date of the accident that caused the Injury, the Company will pay the \$200,000 Brain Death Catastrophe Cash Benefit lump sum. In order for a benefit to be payable, Brain Death must be determined and certified by a physician.

### Accidental Death and Dismemberment Benefits

If injury to the Insured results within 365 days of the date of the accident that caused the Injury, in any one of the Losses specified below, the Company will pay the Maximum Amount shown below for that Loss.

For Loss Of	Benefit Amount
Life	\$10,000
Both Hands or Both Feet	\$20,000
Sight of Both Eyes	\$20,000
One Hand and One Foot	\$20,000
One Hand and the Sight of One Eye	\$20,000
One Foot and the Sight of One Eye	\$20,000
Speech and Hearing in Both Ears	\$20,000
One Hand or One Foot	\$10,000
The Sight of One Eye	\$10,000
Speech or Hearing in Both Ears	\$10,000
Hearing in One Ear	\$5,000
Thumb and Index Finger of Same Hand	\$5,000

“Loss” of a hand or foot means complete severance through or above the wrist or ankle joint. “Loss” of sight of an eye means total and irrecoverable loss of the entire sight in that eye. “Loss” of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. “Loss” of speech means total and irrecoverable loss of the entire ability to speak. “Loss” of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits. If more than one Loss is sustained by an Insured as a result of the same accident, only one amount, the largest, will be paid.

### Texas Department of Human Services Reimbursement

Benefits paid on behalf of an Insured Person must be paid to the Texas Department of Human Services, if such Insured Person is eligible for benefits under this Rider and is also entitled for benefits for the same expense from the Texas Department of Human Services.

### Heart and/or Circulatory Benefit

(This benefit is not payable in addition to the Accidental Death Benefit.)

If an Insured suffers a heart and/or circulatory malfunction that results in death as a direct result of participating in a covered activity, the Company will pay the \$10,000 Heart and/or Circulatory Maximum Amount provided that: (1) the symptom(s) of such malfunction(s) is (are) first medically treated while the Policy is in force with respect to such Insured and within 48 hours after such participation, and (2) such Insured has not, within the last 5 years prior to the date of such participation in the covered activity, been diagnosed with, or received any medication for any myocardial infarction, angina pectoris, coronary thrombosis or a cerebral vascular incident.

### Seat Belt and Air Bag Benefit

If an Insured suffers accidental death such that an Accidental Death benefit is payable under the Policy and the accident causing death occurs while the Insured is operating, or riding as a passenger in, an automobile and wearing a properly fastened, original, factory-installed seat belt, the Company will pay a \$5,000 Seat Belt Benefit Maximum Amount. In addition, if a Seat Belt Benefit is payable and the Insured is positioned in a seat protected by a properly functioning, original, factory-installed Supplemental Restraint System that inflates on impact, the Company will pay a \$5,000 Air Bag Benefit Maximum Amount.



# Definitions

**Ambulatory Medical Center** means a licensed facility providing ambulatory surgical or medical treatment, other than a Hospital, clinic or Physician's office.

**Brain Death** means irreversible unconsciousness with total loss of brain function and complete absence of electrical activity of the brain even though the heart is still beating.

**Coma** means a profound state of unconsciousness from which the Insured cannot be aroused to consciousness, even by powerful stimulation, as determined by a Physician.

**Deductible** means the amount of Usual and Customary Charges for Medically Necessary Covered Accident Medical Services, otherwise payable under this program, that must be incurred by the Insured before Accident Medical Expense benefits become payable. Accident Medical Expense benefits are not payable for charges applied to the Deductible.

**Disabled/Disability** means that the Insured is unable while under the regular care of a Physician, to perform the material and substantial duties of any occupation for which he or she is qualified by reason of education, experience or training. However, with respect to an Insured for whom an occupational definition of Disabled/Disability is not appropriate, Disabled/Disability means that the Insured is unable, while under the regular care of a Physician, to engage in any of the usual activities of a person of like age and sex whose health is comparable to that of the Insured immediately prior to the accident.

**Durable Medical Equipment** refers to equipment of a type that is designed primarily for use, and used primarily, by people who are injured (for example, a wheelchair or a hospital bed). It does not include items commonly used by people who are not injured, even if the items can be used in the treatment of injury or can be used for rehabilitation or improvement of health (for example, a stationary bicycle or a spa).

**Experimental or Investigative** means treatment, a device or prescription medication which is recommended by a Physician, but is not considered by the medical community as a whole to be safe and effective for the condition for which the treatment, device or prescription medication is being used, including any treatment, procedure, facility, equipment, drugs, drug usage, devices, or supplies not recognized as accepted medical practice, and any of those items requiring federal or other government agency approval not received at the time the services are rendered.

**Hospital** means a facility that: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive

nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces, except if there is a legal obligation to pay.

**Immediate Family Member** means a person who is related to the Insured in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

**Injury** means bodily injury: (1) which is sustained as a direct result of an unintended, unanticipated accident that is external to the body and that occurs while the injured person's coverage under the Policy is in force; (2) which occurs while such person is participating in a Covered Activity; and (3) which directly (independent of sickness, disease, mental incapacity, bodily infirmity or any other cause) causes a covered loss.

**Insured** means a person: (1) who is a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Master Application; (2) for whom premium has been paid; and (3) while covered under the Policy.

**Limb** means entire arm or entire leg.

**Medically Necessary** means a Covered Accident Medical Service that: (1) is essential for 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 and performed under his or her care, supervision or order.

**Mental Illness** means any disturbance of emotional equilibrium, as manifested in maladaptive behavior and impaired functioning, caused by genetic, physical, chemical, biologic, psychological, or social and cultural factors. Also called emotional illness, mental/nervous disorder and psychiatric disorder.

**Paralysis** means the complete loss of function in a part of the body as a result of neurological damage, as determined by a Physician.

**Physician** means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) the Insured; 2) an Immediate Family Member; or 3) retained by the Policyholder.

**Usual and Customary Charge(s)** means a charge that: (1) is made for a Covered Accident Medical Service; (2) does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred; and (3) does not include charges that would not have been made if no insurance existed.

## Exclusions

No coverage shall be provided under these Policies 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:

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or autoeroticism.
2. sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these.
3. the Insured's commission of or attempt to commit a crime.
4. 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 including but not limited to diabetes.
5. declared or undeclared war, or any act of declared or undeclared war, except if specifically provided by the Policy.
6. participation in any team sport or any other athletic activity, except participation in a Covered Activity.
7. 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 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).
8. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured is: a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or c. riding as a passenger in an aircraft owned, leased or operated by the Policyholder or the Insured's employer.
9. the Insured being under the influence of intoxicants while operating any vehicle or means of transportation or conveyance.
10. the Insured being under the influence of drugs unless taken under the advice of and as specified by a Physician.
11. the medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment.
12. stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm.
13. any condition for which the Insured is entitled to benefits under any Workers' compensation Act or similar law.
14. the Insured riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground.
15. any loss incurred while outside the United States, its Territories or Canada.

In addition to the above exclusions, Accident Medical Expense benefits are not payable for, and Usual and Customary Charges for Covered Accident Medical Services do not include, any expense for or resulting from any of the following:

1. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing Durable Medical Equipment unless due to a covered Injury;
2. new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement of sound natural teeth damaged or lost as a result of Injury up to the Maximum shown in the Benefit Schedule;
3. new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless due to a covered Injury; or repair or replacement of existing eyeglasses or contact lenses unless due to a covered Injury;
4. new hearing aids or hearing examinations unless due to a covered Injury; or repair or replacement of existing hearing aids unless due to a covered Injury;

5. rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company's sole judgment, Accident Medical Expense benefits for rental of Durable Medical Equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary Covered Accident Medical Expense in lieu of such rental expense);
6. any charge for medical care for which the Insured is not legally obligated to pay;
7. care, treatment or services provided by an Insured or by an Immediate Family Member;
8. routine physical exam and related medical services;
9. personal comfort or convenience items, such as but not limited to, Hospital telephone charges, television rental, or guest meals while confined in a Hospital or for items taken away or home from the Hospital, except Durable Medical Equipment;
10. elective treatment or surgery;
11. Experimental or Investigative treatment or procedures;
12. treatment for temporomandibular dysfunction;
13. care, treatment or services provided by persons retained or employed by the Policyholder; or for supplies, prescriptions or medicines paid for or reimbursable by the Policyholder, or for which a charge is not made;
14. Mental Illness, psychological or psychiatric counseling of any kind, mental and nervous disease or disorders and rest cures;
15. educational or vocational testing or training;
16. treatment of Osgood-Schlatter's disease;
17. detached retina unless due to an Injury;
18. diagnostic tests or treatment, except due to infection which occurs directly from an accidental cut or wound or ingestion of contaminated food;
19. plastic or cosmetic surgery, except due to a covered Injury;
20. charges that are payable under motor vehicle medical benefits;
21. hernia, except as a result of participation in a Covered Activity;
22. any condition for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law.

## Penalty for Non-Compliance

When an Insured is eligible under the policies for benefits in excess of other coverage and the Insured has other coverage that is primary under an HMO, PPO, or similar health service program, a penalty will apply if the Insured does not use the facilities or services of the HMO, PPO, or similar health service program. In such case, the benefits otherwise payable under the Excess provision in the policy will be reduced by 50%. This reduction shall not apply to emergency treatment required within 24 hours of an accident when the accident occurs outside the geographic area served by an HMO, PPO, or similar health service program.

## Limitation on Multiple Benefits

If an Insured suffers one or more losses from the same accident for which amounts are payable under more than one of the following Benefits provided by these Policies, the maximum amount payable under all of the Benefits combined will not exceed the amount payable for one of those losses, the largest: Accidental Death Benefit, Accidental Dismemberment Benefit.

## Claim Procedures

Written notice of claim must be given to the Company within 20 days after an Insured's loss, or as soon thereafter as reasonably possible. Notice given by or on behalf of the claimant to the Company at AIG Personal Accident Claims, P. O. Box 25987, Shawnee Mission, KS 66225, with information sufficient to identify the Insured, is deemed notice to the Company.



## Important Notice

### To obtain information or make a complaint:

You may call National Union Fire Insurance Company of Pittsburgh, Pa.'s toll free telephone number for information or to make a complaint at:  
800-551-0824

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complains at:  
800-252-3439

### You may write the Texas Department of Insurance:

P.O. Box 149104  
Austin, TX 78714-9104  
FAX: 512-475-1771  
Web: [www.tdi.texas.gov](http://www.tdi.texas.gov)  
Email: [consumerprotection@tdi.texas.gov](mailto:consumerprotection@tdi.texas.gov)

### Premium or claim disputes:

Should you have a dispute concerning your premium or about a claim you should contact the Company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

### Attach this notice to your policy:

This notice is for information only and does not become part or condition of the attached document.

## Aviso Importante

### Para obtener información o presentar una queja:

Puede llamar al número de teléfono gratuito de National Union Fire Insurance Company of Pittsburgh, Pa., para obtener información o presentar una queja:  
800-551-0824

Puede ponerse en contacto con el Departamento de Seguros de Texas para obtener información acerca de compañías, coberturas, derechos o quejas:  
800-252-3439

### Puede escribirle al Departamento de Seguros de Texas:

P.O. Box 149104  
Austin, TX 78714-9104  
FAX: 512-475-1771  
Sitio web: [www.tdi.texas.gov](http://www.tdi.texas.gov)  
Correo electrónico: [consumerprotection@tdi.texas.gov](mailto:consumerprotection@tdi.texas.gov)

### Disputas sobre primas o reclamos:

En caso de que tenga una disputa con respecto a su prima, o acerca de una queja, primero debe ponerse en contacto con la compañía. Si la disputa no se resuelve, podrá ponerse en contacto con el Departamento de Seguros de Texas.

### Adjunte este aviso a su póliza:

Este aviso tiene fines informativos únicamente, y no constituye parte o condición del documento adjunto.

Este documento ha sido traducido del inglés para su conveniencia. Todas las solicitudes de cobertura y todas las políticas o contratos que pueden ser emitidos están escritos únicamente en inglés. Usted puede solicitar una versión en inglés de este documento. Si hay alguna discrepancia, la versión en inglés es el documento oficial.

This document has been translated from English for your convenience. All applications for coverage and all policies or contracts that may be issued are written in English only. You may request an English version of this document. If there is any discrepancy, the English version is the official document.

**IMPORTANT:** This program provides basic and catastrophic accident insurance only. It does not provide comprehensive/major medical coverage and does not satisfy the 'minimum essential coverage' requirements of the Patient Protection and Affordable Care Act.

Please keep this brochure as a general summary of the insurance. This is only a brief description of the accident coverage available under policy series C11695DBG-TX. The issued Policy contains additional reductions, limitations, exclusions, definitions and termination provisions. Full details of the coverage are contained in the Policy on file with the Policyholder. If there is any conflict between this brochure and the Policy, the Policy shall govern in all cases.

Coverage may not be available in all jurisdictions and is subject to actual policy language. Insurance underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., a Pennsylvania insurance company, with its principal place of business at 175 Water Street, 15th Floor, New York, NY 10038. It is currently authorized to transact business in all states and the District of Columbia. NAIC No. 19445. For additional information, please visit our website at [www.aig.com](http://www.aig.com).

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