

Sentry Life Insurance Company  
1800 North Point Drive  
Stevens Point, WI 54481  
1(800) 533-7827



**Policy Number:** 04-DR048-5498

**Name and Address of Policyholder:** Bandera ISD  
PO Box 727  
Bandera, TX 78003

**Policy Effective Date:** August 2, 2010 / Football: August 2, 2010

**Policy Termination Date:** August 2, 2011 / Football: last day football season

"We," "Us," "Our," "Sentry," and "Company" are used in this Policy to refer to the Sentry Life Insurance Company.

This Policy is a contract between Us and the Policyholder and is issued in consideration of the statements made in the application and the payment of premium. We promise to pay benefits for loss covered by this Policy in accordance with its provisions.

**Description**

Except where specifically stated otherwise, this Policy covers the Insured only for Injury sustained while:

1. Participating in or attending any Regularly Scheduled Activity of the School. The activity must be supervised by a person authorized by the School.
2. Traveling directly (uninterruptedly) to and from a Regularly Scheduled Activity with other members as a group. The travel must be supervised by a person authorized by the School.
3. Traveling directly to and from the Insured's residence and the meeting place for the purpose of participating in the Regularly Scheduled Activity.

This Policy takes effect and terminates on the dates stated on the face page of this Policy. Coverage is provided to the School for the Insureds for the term or terms stated in this Policy. All periods of insurance shall begin and end at 12:01 A.M. Standard Time at the address of the Policyholder.

**BLANKET STUDENT ACCIDENT INSURANCE  
THIS IS ACCIDENT ONLY COVERAGE AND  
DOES NOT PROVIDE COVERAGE FOR SICKNESS**

**SCHEDULE OF BENEFITS**  
**MANDATORY OR VOLUNTARY PLAN 4 (BSC 867)**

**Hospital and Professional Services**

Injury must be treated within 60 days after the Accident occurs.

Services must be received within 1 year from the date of the Injury. Expenses incurred after 1 year from the date of the Injury are not covered even though the service is a continuing one or one that is necessarily delayed beyond 1 year from the date of the Injury.

**Maximums and Benefit Period (All maximums are subject to the COVERAGE AND LIMITATIONS as stated below.)**

Maximum Medical Expense for each Injury: \$25,000

Maximum Medical Expense for football Injuries: \$25,000

Maximum Medical Expense for Extended Dental (Voluntary Only): \$25,000

Maximum Medical Expense for Injuries involving motor vehicles: \$5,000

Death Benefit: \$10,000

Single Dismemberment Benefit: \$5,000

Double Dismemberment Benefit: \$10,000

Benefit Period: 1 Year

**Deductible**

The Deductible is the greater of:

1. \$0.00; or
2. The amount paid or payable for the same Injury by all other insurance sources.

**EXCESS COVERAGE PROVISION APPLICABILITY**

The Excess Coverage provision does apply.

**COVERAGE AND LIMITATIONS (All limitations are stated per Injury.)**

***Hospital/Facility Services***

**Inpatient**

1. HOSPITAL ROOM AND BOARD: 100% of Reasonable Expenses for hospital semi-private room rate
2. HOSPITAL INTENSIVE CARE: 100% of Reasonable Expenses
3. INPATIENT HOSPITAL MISCELLANEOUS: Reasonable Expenses to \$400 for the 1<sup>st</sup> day, \$350 each day thereafter with a maximum of \$5,000 including Radiology and Diagnostic Imaging as provided for in 3. and 4. under ***Other Services***

**Outpatient**

1. OUTPATIENT HOSPITAL MISCELLANEOUS (Except Physician's services and x-rays paid as below): Reasonable Expenses to a maximum of \$150 for outpatient hospital care and service treatment at a hospital emergency room or outpatient department, including lab
2. HOSPITAL EMERGENCY ROOM PHYSICIAN: Reasonable Expenses to a maximum of \$60 for outpatient emergency room physician

3. FREE - STANDING AMBULATORY SURGICAL FACILITY (OTHER THAN EMERGENCY ROOM): Reasonable Expenses to a maximum of \$1,500

**Physician's Services**

1. SURGICAL: 80% of Reasonable Expenses to a maximum of \$2,000. Only one surgery covered per incision
2. ASSISTANT SURGEON: Reasonable Expenses to 25% of surgery benefit paid only if surgeon is paid
3. ANESTHESIOLOGIST: Reasonable Expenses to 25% of surgery benefit paid only if surgeon is paid
4. PHYSICIAN'S NON-SURGICAL TREATMENT (EXCEPT AS IN 5. BELOW): Other than a Surgeon; Reasonable Expenses to a maximum of \$25 per visit
5. PHYSICIAN'S OUTPATIENT TREATMENT IN CONNECTION WITH PHYSICAL THERAPY AND/OR SPINAL MANIPULATION:  
Inpatient or outpatient chiropractic treatment by a licensed physician – Reasonable Expenses to a maximum of \$25 per visit and a per Injury maximum of \$350

**Other Services**

1. REGISTERED NURSES' SERVICES: 100% of Reasonable Expenses not including anesthesiology
2. PRESCRIPTIONS (DISPENSED BY A LICENSED PHARMACIST) - OUTPATIENT: 100% of Reasonable Expenses
3. X-RAYS (INCLUDES INTERPRETATION) - OUTPATIENT: Reasonable Expenses to a maximum of \$250
4. DIAGNOSTIC IMAGING (MRI, CAT SCAN) - INCLUDES INTERPRETATION - OUTPATIENT: 100% of Reasonable Expenses to a maximum of \$500
5. GROUND AMBULANCE: Reasonable Expenses to a maximum of \$300 for one trip per Injury from accident scene to hospital
6. DURABLE MEDICAL EQUIPMENT - INCLUDES ORTHOPEDIC APPLIANCES: Reasonable Expenses to a maximum of \$250 when ordered by attending physician
7. DENTAL TREATMENT: Reasonable Expenses to a maximum of \$200 per tooth; injury to sound natural teeth only. Treatment must be received within 60 days of Injury
8. REPLACEMENT OF EYEGLASSES, HEARING AIDS, CONTACT LENSES, IF MEDICAL TREATMENT IS ALSO RECEIVED FOR THE COVERED INJURY: Reasonable Expenses to a maximum of \$200

**SCHEDULE OF BENEFITS**  
**MANDATORY PLAN 3 (BSC 869)**

**Hospital and Professional Services**

Injury must be treated within 60 days after the Accident occurs.

Services must be received within 1 year from the date of the Injury. Expenses incurred after 1 year from the date of the Injury are not covered even though the service is a continuing one or one that is necessarily delayed beyond 1 year from the date of the Injury.

**Maximums and Benefit Period (All maximums are subject to the COVERAGE AND LIMITATIONS as stated below.)**

Maximum Medical Expense for each Injury: \$25,000

Maximum Medical Expense for football Injuries: \$25,000

Maximum Medical Expense for Injuries involving motor vehicles: \$5,000

Death Benefit: \$10,000

Single Dismemberment Benefit: \$5,000

Double Dismemberment Benefit: \$10,000

Benefit Period: 1 Year

**Deductible**

The Deductible is the greater of:

1. \$0.00; or
2. The amount paid or payable for the same Injury by all other insurance sources.

**EXCESS COVERAGE PROVISION APPLICABILITY**

The Excess Coverage provision does apply.

**COVERAGE AND LIMITATIONS (All limitations are stated per Injury.)**

***Hospital/Facility Services***

**Inpatient**

1. HOSPITAL ROOM AND BOARD: 100% of Reasonable Expenses for hospital semi-private room rate
2. HOSPITAL INTENSIVE CARE: 100% of Reasonable Expenses
3. INPATIENT HOSPITAL MISCELLANEOUS: Reasonable Expenses to \$600 for the 1<sup>st</sup> day, \$350 each day thereafter with a maximum of \$5,000 including Radiology and Diagnostic Imaging as provided for in 3. and 4. under ***Other Services***

**Outpatient**

1. OUTPATIENT HOSPITAL MISCELLANEOUS (Except Physician's services and x-rays paid as below): Reasonable Expenses to a maximum of \$200 for outpatient hospital care and service treatment at a hospital emergency room or outpatient department, including lab
2. HOSPITAL EMERGENCY ROOM PHYSICIAN: Reasonable Expenses to a maximum of \$100 for outpatient emergency room physician

3. FREE - STANDING AMBULATORY SURGICAL FACILITY (OTHER THAN EMERGENCY ROOM): Reasonable Expenses to a maximum of \$2,000

**Physician's Services**

1. SURGICAL: 80% of Reasonable Expenses to a maximum of \$3,000. Only one surgery covered per incision
2. ASSISTANT SURGEON: Reasonable Expenses to 25% of surgery benefit paid only if surgeon is paid
3. ANESTHESIOLOGIST: Reasonable Expenses to 25% of surgery benefit paid only if surgeon is paid
4. PHYSICIAN'S NON-SURGICAL TREATMENT (EXCEPT AS IN 5. BELOW): Other than a Surgeon; Reasonable Expenses to a maximum of \$40 per visit
5. PHYSICIAN'S OUTPATIENT TREATMENT IN CONNECTION WITH PHYSICAL THERAPY AND/OR SPINAL MANIPULATION:  
Inpatient or outpatient chiropractic treatment by a licensed physician – Reasonable Expenses to a maximum of \$40 per visit and a per Injury maximum of \$500

**Other Services**

1. REGISTERED NURSES' SERVICES: 100% of Reasonable Expenses not including anesthesiology
2. PRESCRIPTIONS (DISPENSED BY A LICENSED PHARMACIST) - OUTPATIENT: 100% of Reasonable Expenses
3. X-RAYS (INCLUDES INTERPRETATION) - OUTPATIENT: Reasonable Expenses to a maximum of \$250
4. DIAGNOSTIC IMAGING (MRI, CAT SCAN) - INCLUDES INTERPRETATION - OUTPATIENT: 100% of Reasonable Expenses to a maximum of \$800
5. GROUND AMBULANCE: Reasonable Expenses to a maximum of \$400 for one trip per Injury from accident scene to hospital
6. DURABLE MEDICAL EQUIPMENT - INCLUDES ORTHOPEDIC APPLIANCES: Reasonable Expenses to a maximum of \$400 when ordered by attending physician
7. DENTAL TREATMENT: Reasonable Expenses to a maximum of \$250 per tooth; injury to sound natural teeth only. Treatment must be received within 60 days of Injury
8. REPLACEMENT OF EYEGLASSES, HEARING AIDS, CONTACT LENSES, IF MEDICAL TREATMENT IS ALSO RECEIVED FOR THE COVERED INJURY: Reasonable Expenses to a maximum of \$300

## Other Benefits

**Optional School-Time Accident Coverage** – Coverage and Limitations stated for Hospital and Professional Services selected by the Insured apply. The School-Time Coverage excludes students participating in high school interscholastic tackle football. Additional premium payment is required for this coverage. All provisions in this Policy apply to this coverage. (CPC 201)

**Optional 24-Hour Accident Coverage** –Coverage and Limitations stated for Hospital and Professional Services selected by the Insured apply. The 24-Hour Coverage excludes students participating in high school interscholastic tackle football. Additional premium payment is required for this coverage. All provisions in this Policy apply to this coverage. (CPC 301)

**Optional Football Coverage** – Coverage and Limitations stated for Hospital and Professional Services selected by the Insured apply. Ninth graders who play with 9<sup>th</sup> graders only are not charged for football coverage. Their School-Time or 24-Hour coverage will apply if purchased. Additional premium is required by the Insured for this coverage. All provisions in this Policy apply to this coverage. (CPC 401)

**Optional 24-Hour Dental Coverage** – Injury must be treated within 60 days after the Accident occurs. Benefits are payable within 12 months after the date of Injury. The maximum eligible expenses payable per covered Injury is \$25,000. In addition, when the dentist certifies that treatment must be deferred until after the Benefit Period, deferred benefits will be paid to a maximum of \$1,000. All provisions in this Policy apply to this coverage. Additional premium payment is required for this coverage. (CPC 601)

## DEFINITIONS

Key terms used in this Policy are defined below. They are capitalized wherever they appear in this Policy.

**Accident** means a sudden, unexpected and unforeseen, identifiable event causing bodily Injury, directly produced by specific accidental contact with another body or object. The Accident must occur while the Insured is covered under this Policy.

**Copayment** means the percentage of Reasonable Expenses for Necessary Treatment which We do not pay and which the Insured is responsible for paying. The percentage which We pay is stated in the Schedule of Benefits.

**Deductible** means the Reasonable Expenses for Necessary Treatment which the Insured must incur, per Accident, before We pay any benefits under the Hospital and Professional Services Benefits provision.

**Emergency** means:

1. A situation which requires hospitalization or medical care for an Injury caused by the sudden, unexpected onset of a medical condition with acute symptoms of sufficient severity and pain to require immediate medical care; and
2. In the absence of which one could reasonably expect that one or more of the following would occur:
  - (a) The Insured's health would be placed in serious jeopardy.
  - (b) There would be serious impairment of the Insured's bodily functions.
  - (c) There would be serious dysfunction of any of the Insured's bodily organs or parts.

**Free - Standing Ambulatory Surgical Facility** means any public or private establishment which:

1. Has an organized medical staff;
2. Has permanent facilities that are equipped and operated mainly for the purpose of performing surgical procedures;
3. Provides continuous services of Physicians and registered nurses, whenever a patient is in the facility; and
4. Does not provide services or other accommodations for patients to stay overnight.

**Hospital** means a place that meets all of the following requirements:

1. Has an organized medical staff;
2. Has permanent facilities that are equipped and operated mainly for the purpose of performing surgical procedures;
3. Provides continuous services of Physicians and registered nurses, whenever a patient is in the facility.

Hospital also means a psychiatric hospital as defined by Medicare. It must be eligible to receive payments under Medicare.

A Hospital is mainly not a place for rest, a place for the aged, a place for the treatment of drug addicts or alcoholics, or a nursing home.

**Immediate Family** means the spouse, parents, siblings, or children of the Insured.

**Injury** means bodily injury caused by an Accident. The Injury must occur while this Policy is in force and while the Insured is covered under this Policy. The Injury must be sustained as stated on the face page of this Policy, except where specifically stated otherwise in this Policy.

**Inpatient** means a person confined in a Hospital for at least one full day and charged room and board.

**Insured** means any person, attending a School, for whom insurance is in force under this Policy. A person's insurance takes effect and terminates as stated in the Policy Effective Date and Policy Termination of Insurance provision.

**Loss** means medical expense incurred as a result of a covered Injury. With the respect to the Death, Dismemberment, and Loss of Sight provision, Loss means loss of life or loss of hand, foot or sight, as described in that provision.

**Necessary Treatment** means medical and dental treatment which is:

1. Consistent with "approved and generally accepted medical, surgical or dental practice" for the covered Injury of the Insured, as determined by Us;
2. Accepted as safe, effective and reliable by a medical specialty or board recognized by the American Board of Medical Specialties; and
3. Not "experimental or investigational treatment," as determined by Us.

Determination of "approved and generally accepted medical, surgical or dental practice" in 1. above is Our prerogative. We may consult with appropriate authoritative medical, surgical or dental practitioners.

The fact that a Physician may prescribe, order, recommend or approve a service or supply does not, of itself, make the service or supply a Necessary Treatment.

If services do not meet the criteria above or are not consistent with professionally recognized standards of care with respect to quality, frequency or duration, such services will not be deemed Necessary Treatment.

"Experimental or investigational treatment" means:

1. Medical devices;
2. Drugs and/or pharmaceutical agents; and
3. Procedures or treatments;

as defined below:

(a) Medical device if any of the following applies:

1. It does not have approval from the United States Food and Drug Administration (FDA) to be marketed; or
2. It has a 510K number, and its use is other than for the purpose or in the manner for which the original FDA approval was received (Final determination of the similarity of use per the original approval will be made by Us.); or
3. It has FDA approval to be marketed or has a 510K number, and its use is not in accordance with the FDA approval guidelines/instructions; or
4. The device, alone or in combination with any drug, pharmaceutical agent, other medical device, procedure or treatment performed by a Physician or under a Physician's supervision, is not currently reported by one of the "authorities" listed to be safe and effective for the treatment of the disease or condition for which the device is being used.

(b) Drug and pharmaceutical agent if any of the following applies:

1. It does not have FDA approval to be marketed; or
2. Its use does not conform to FDA licensing; or
3. The drug or pharmaceutical agent, alone or in combination with any drug, pharmaceutical agent, other medical device, procedure or treatment performed by a Physician or under a Physician's supervision, is not currently reported by one of the "authorities" listed to be safe and effective or the treatment of the disease or condition for which such drug or pharmaceutical agent is being used.

(c) Procedure or treatment performed or rendered by a Physician or under a Physician's supervision if any of the following applies:

1. It requires the use of a medical device, drug or pharmaceutical agent which would be considered experimental/investigational under this Policy; or
2. It is not currently reported to be safe and effective by one of the "authorities" listed; or
3. The use of such procedure or treatment, alone or in combination with any drug, pharmaceutical agent, other medical device, procedure or treatment performed or rendered by a Physician or under a Physician's supervision, is not currently reported by one of the "authorities" listed to be safe and effective for the treatment of the disease or condition for which the procedure or treatment is performed or rendered.

"Authorities" mean the following:

(a) Textbooks:

- (i) *Cecil Textbook of Medicine*, (Newest edition, W. B. Saunders Company, Publisher);
- (ii) *Scientific American Medicine*, (Newest update, Scientific American, Inc., Publisher);
- (iii) *Conn's Current Therapy*, (Newest edition, W. B. Saunders Company, Publisher);
- (iv) *Schwartz Principles of Surgery*, (Newest edition, McGraw-Hill, Publisher);
- (v) *Nelson's Textbook of Pediatrics*, (Newest edition, W. B. Saunders Company, Publisher);
- (vii) *Sabiston's Textbook of Surgery*, (Newest edition, W. B. Saunders Company, Publisher).

(b) Periodicals:

- (i) Medical Letter;
- (ii) Journal of American Medical Association;
- (iii) New England Journal of Medicine;
- (iv) Disease-a-Month, (Mosby-Yearbook, Inc., Chicago, IL).

**Other Plan** means any other valid and collectible insurance or self-funded plan such as: individual and family type insurance coverage; group, blanket or franchise insurance, group hospital, medical service, pre-payment, trustee, Union Welfare; Blue-Cross, Blue Shield, group practice or other pre-payment coverage; labor-management plans, or employee benefit organization plans; self-funded ERISA plan, Workers' Compensation Law, Occupational Disease Law or any similar legislation; Medicare; or "No-Fault" auto legislation, where applicable.

**Outpatient** means an Insured receiving care from a Physician, a Hospital or a Free Standing Ambulatory Surgical Facility but who is not undergoing confinement and is not charged room and board.

**Physical Therapy** means any form of physical therapy, whether by machine or hand, by use of exercise, manipulation, massage, adjustment, heat or cold, air, light, water, electricity or sound.

**Physician** means a currently licensed practitioner of the healing arts performing within the scope of a license which is issued under the laws of the state of practice. It does not include the Insured or his/her Immediate Family.

**Reasonable Expense** means the usual, reasonable and customary fee or charge for the services rendered and the supplies furnished in the area where and at the time such services are rendered or supplies furnished, as determined by Us. Such services and supplies must be recommended and approved by a Physician.

**Regularly Scheduled Activity** means the following School functions which are organized and scheduled solely by the School on or off School premises:

1. An activity which is under sole direct supervision of qualified School authorities; and
2. School sponsored and supervised travel to and from such an activity.

**Residence** means the home or land on which the Insured's home is located.

**School** means the Policyholder named on the face page of this Policy.

**Surgical Expense** means expense incurred for (1) a Surgical Procedure; (2) preoperative Necessary Treatment in connection with such procedure; and (3) usual postoperative treatment.

**Surgical Procedure** means (1) a cutting procedure; (2) suturing a wound; (3) treatment of a fracture; (4) reduction of a dislocation; (5) electrocauterization; (6) diagnostic and therapeutic endoscopic procedures; and (7) an operation by means of laser beam.

**Total Disability** means a disability or medical status which results in the Insured's inability to perform the normal activities of a person of like age and sex in good health.

## **POLICY EFFECTIVE DATE AND POLICY TERMINATION DATE**

The insurance of each School or Insured who enrolls for insurance on or before the Policy Effective Date takes effect on the Policy Effective Date, provided the required premium has been paid. Insurance of any School or Insured enrolling for insurance after the Policy Effective Date takes effect on the date of enrollment and Our receipt of the required premium.

The insurance of each School or Insured shall terminate on the earliest of: (1) the end of the period for which premium has been paid unless the renewal premium has been received by the Company or its authorized agent prior to or within 30 days of the next period of coverage; (2) the Policy Termination Date.

## **EXCLUSIONS**

No Benefits are payable for Hospital and Professional Services for the following:

1. Injuries which are not caused by an Accident.
2. Treatment for hernia, regardless of cause, Osgood Schlatter's disease, or osteochondritis.
3. Injury sustained as a result of operating, riding in or upon, or alighting from a two-, three-, or four-wheeled recreational motor vehicle or snowmobile.

4. Re-Injury or complications of a condition for which medical advice or treatment was recommended by a Physician or received from a Physician within a 6 month period preceding the Policy Effective Date.
5. Injury sustained as a result of practice or play in interscholastic tackle football and/or sports, unless the premium required under the Football and/or Sports Coverage provision has been paid.
6. Any expense for which benefits are payable under a Catastrophic Accident Insurance Program of the State Interscholastic Activities Association.
7. Treatment performed by a member of the Insured's Immediate Family or by a person retained by the School.
8. Injury caused by war or acts of war; suicide or intentionally self-inflicted Injury, while sane or insane (in Missouri while sane); violating or attempting to violate the law; the taking part in any illegal occupation; fighting or brawling except in self defense; being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the Injury occurs; or being under the influence of any drugs or narcotic unless administered by or on the advice of a Physician.
9. Medical expenses for which the Insured is entitled to benefits under any (a) Workers' Compensation act; or (b) mandatory no-fault automobile insurance contract; or similar legislation.
10. Expense incurred for treatment of temporomandibular joint dysfunction and associated myofacial pain.

### **EXCESS COVERAGE**

Benefits will be paid only for such expense that is not recoverable from any Other Plan. We will determine the Amount of benefits provided by Other Plans without reference to any Coordination of Benefits, non-duplication of benefits, or similar provisions. The Amount from Other Plans includes any amount, to which the Insured is entitled, whether or not a claim is made for the benefits. The Student Accident plan is secondary to all other policies.

This provision will not apply if the total Reasonable Expenses incurred for Hospital and Professional Services are less than the amount stated in the Schedule of Benefits under Excess Coverage Applicability.

### **HOSPITAL AND PROFESSIONAL SERVICES**

#### **Benefit**

We will pay Reasonable Expenses incurred for a covered Injury. The Injury must be treated within the number of days stated in the Schedule of Benefits. Services must be given: (1) by a Physician; (2) for Necessary Treatment; and (3) within the time limit stated in the Schedule of Benefits. Benefits are paid to the maximum stated in the Schedule of Benefits for any one Injury for Reasonable Expenses which are in excess of the Deductible and any Copayment. Benefits are subject to the Coverage and Limitations stated in the Schedule of Benefits, the Exclusions stated above and the other provisions of this Policy.

#### **Football and/or Sports Coverage**

Each School or Insured who pays the additional premium required for Football and/or Sports Coverage is insured for Accidents occurring while participating in interscholastic football and/or sports practice or competition. Travel is also covered when going directly and uninterruptedly to and from the practice and competition. Benefits are subject to the Coverage and Limitations stated in the Schedule of Benefits, the Exclusions stated above and the other provisions of this Policy.

#### **Field Trip Coverage**

This coverage applies to students of the School who are participating in one-day field trips. The field trips must be sponsored and directly supervised by the School. The maximum amount payable per covered Injury is stated in the Schedule of Benefits under Field Trip Coverage. Benefits are subject to the Coverage and Limitations stated in the Schedule of Benefits, the Exclusions stated above and the other provisions of this Policy.

There is no additional premium charged for this coverage.

However, coverage for overnight field trips and field trips of more than one day require the payment of additional premium.

### **Religious Education Coverage**

This coverage applies to students of the School while attending religious education classes on any weekday and on Sunday. It also applies while the student is traveling directly and without interruption to and from his or her residence or School and the religious education class. It does not apply to any social or sports activities. The maximum amount payable per covered Injury is stated in the Schedule of Benefits under Religious Education Coverage. Benefits are subject to the Coverage and Limitations stated in the Schedule of Benefits, the Exclusions stated above and the other provisions of this Policy.

There is no additional premium charged for this coverage.

### **OPTIONAL 24-HOUR DENTAL COVERAGE**

#### **Benefit**

Each Insured who pays the additional premium required for this benefit is insured under this provision.

Coverage starts on the date of premium receipt (but not before the start of the School year). It ends when School reopens for the following School year.

This provision covers Accidents occurring anytime and anywhere. The Insured must be treated by a legally qualified dentist who is not a member of the Insured's Immediate Family for Injury to teeth. We will then pay the Reasonable Expenses for Necessary Treatment. Coverage is limited to treatment of sound, natural teeth. The maximum benefit payable under this provision is stated on page 4, **Other Benefits, Optional 24-Hour Dental Coverage**.

#### **Exclusions**

No Benefits are payable under this provision for the following:

1. Injuries which are not caused by an Accident.
2. Re-Injury or complications of a condition which existed prior to the Accident.
3. Orthodontics and damage to or loss of dentures or bridges.

These exclusions are in addition to the General Policy Exclusions with respect to this coverage.

### **OPTIONAL 24-HOUR ACCIDENT COVERAGE**

Each Insured who pays the additional premium required for this benefit is insured under this provision.

Coverage starts on the date of premium receipt (but not before the start of the School year). It ends when School reopens for the following School year.

A person insured under this provision is covered regardless of whether or not the Injury is sustained as stated on the face page of this Policy. All other provisions of this Policy, including all Coverage and Limitations, Maximums and Exclusions, apply to Insureds covered under this provision.

### **OPTIONAL SCHOOL-TIME ACCIDENT COVERAGE**

Each Insured who pays the additional premium required for this benefit is insured under this provision.

Coverage starts on the date of premium receipt (but not before the start of the School year). The Insured's coverage will end at the close of the regular nine-month school term, except while the Insured is attending academic classroom sessions exclusively sponsored and solely supervised by the School during the summer.

A person insured under this provision is covered as stated on the face page of this Policy. All other provisions of this Policy, including all Coverage and Limitations, Maximums and Exclusions, apply to Insureds covered under this provision.

## **DEATH, DISMEMBERMENT, AND LOSS OF SIGHT**

When a covered Injury results in any of the Losses to the Insured which are stated in the Schedule of Benefits for Death, Dismemberment, and Loss of Sight, then We will pay the benefit stated in the schedule for that Loss. The Loss must be sustained within 365 days after the date of the Accident.

The maximum benefit payable under this provision is stated in the **Schedule of Benefits** under **Maximums and Benefit Period:**

1. Life;
2. Both Hands or Both Feet or the Sight of Both Eyes;
3. One Hand and One Foot
4. One Hand and the Sight of One Eye; or
5. One Foot and the Sight of One Eye

Half of the maximum benefit will be paid for the Loss of one Hand, one Foot or the Sight of one eye.

Loss of hand or foot means the actual and complete severance through or above the wrist or ankle. Loss of sight means irrecoverable loss of sight. These Losses will be considered total and irrecoverable if such loss cannot be restored or corrected by medical or surgical treatment.

If the Insured suffers more than one of the above covered losses as a result of the same Accident the total amount We will pay is the maximum benefit.

Benefits paid under this provision will be paid in addition to any other benefits provided by this Policy.

All other provisions of this Policy, including all Coverage and Limitations, Maximums and Exclusions, apply to Insureds covered under this provision.

## **GENERAL PROVISIONS**

### **PREMIUM AND POLICY CONTINUANCE**

**Payment:** The Policyholder's premium payment will be paid in advance for the term of this Policy. The payment will be made to the Company at Our Home Office in Stevens Point, Wisconsin, or to its authorized agent.

**Grace Period:** If We have not delivered to the Policyholder written notice of cancellation, not less than 60 days prior to the premium due date, a grace period of 31 days will be granted. The grace period will apply to premium payments due after the first premium payment. During the grace period this Policy will continue in force subject to Our right to cancel this Policy.

**Renewal:** This Policy may be renewed from term to term. The renewal is subject to Our approval and the Policyholder's payment of the premium.

**Cancellation:** If We decide to cancel this Policy, written notice will be given to the Policyholder at least 60 days before the date this Policy is to be canceled. If We cancel, the earned premium will be computed pro rata and the unearned portion promptly returned.

The Policyholder may also cancel this Policy. To do so the Policyholder must notify Us in writing at least 30 days before the date this Policy is to be canceled. If the Policyholder cancels, the earned premium will be computed according to the short-rate table last filed with the state official having insurance supervision in the state of Policy issue. Cancellation will be without prejudice to any claim arising before the date this Policy ends.

**Policy Administration:** The Policyholder will furnish all information which We may reasonably require with regard to any matters pertaining to this Policy. All documents, books and records which may have a bearing on this Policy will be opened for inspection by Us at all reasonable times while this Policy is in force and until the final determination of all rights and obligations under this Policy.

Clerical error (whether by the Policyholder or by Us), in keeping any records pertaining to the insurance will not invalidate insurance otherwise validly in force, or continue insurance otherwise validly terminated. Upon discovery of such error or delay, an equitable adjustment of premiums will be made.

If any relevant facts pertaining to any Insured's insurance shall be found to have been misstated, an equitable adjustment of the premiums will be made. If such misstatement affects the existence of the amount of insurance, the facts shall be used in determining whether insurance is in force under the terms of this Policy and in what amount.

In connection with the administration of this Policy, the Policyholder shall act as not to discriminate unfairly between individuals in similar situations at the time of such action.

In connection with the administration of this Policy, We shall be entitled to rely upon any action of the Policyholder without being obliged to inquire into the circumstances.

**Entire Contract:** This Policy, including endorsements and attached papers, if any, constitutes the entire contract of insurance. This Policy may be changed from time to time by written agreement between Us and the Policyholder without consent of any Insured or other person.

No changes in this Policy shall be valid unless approved by one of Our officers and unless approval be endorsed and attached to this Policy. No agent has authority to change this Policy or to waive any of its provisions.

The waiver by Us of any provision of this Policy on an occasion shall not be construed as authority, or as a precedent, for the waiver by Us of any provision on another occasion.

## **PAYMENT OF BENEFITS**

**Time Limit of Certain Defenses:** No misstatements, except fraudulent misstatements made by an Insured in the application, if any, shall be used to void this Policy or to deny a claim for loss incurred with respect to such Insured after the insurance has been in force for two years.

No claim for loss incurred commencing after two years from the Insured's effective date shall be reduced or denied on the grounds that a disease or physical condition, not excluded from coverage on the date of loss, had existed prior to the Insured's effective date.

**Statements by Insured:** A copy of the application, if any, of each Insured shall be attached to this Policy when issued. No statement made by an Insured shall void the insurance or reduce benefits unless contained in a written instrument signed by the Insured. All such statements shall be deemed representations and not warranties.

**Notice of Claim:** Written notice of claim must be given to Us within 20 days after the covered loss occurs or begins, or as soon as is reasonably possible. Notice given by or on behalf of the Insured to Us or to any authorized agent of Us shall be deemed notice to Us. The notice should include information sufficient to identify the Insured.

**Claim Forms:** After We receive notice of claim, forms will be sent for filing proof of loss. If the forms are not sent within 15 days, the proof of loss requirements shall be met if, within 90 days after the loss, We are provided with a written statement indicating the nature and the extent of the loss.

**Proofs of Loss:** Written proof of loss must be furnished to the Us within 90 days after the date of Injury. Failure to furnish such proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within such time. In any event, We must receive proof within one year after it is due unless the Insured is legally incapable of doing so.

**Time of Payment of Claims:** We will pay benefits promptly upon receipt of written proof of such loss.

**Payment of Claims:** All or a portion of any benefits provided by this Policy on account of hospital, nursing, surgical or other medical service may, at the Company's option, and unless the Insured requests otherwise in writing not later than the time for filing proof of such Loss, be paid directly to the hospital or person rendering such services. Accidental Death and Dismemberment Benefits are paid to the Insured, or if not living, to the beneficiary.

**Physical Examination and Autopsy:** At Our expense, We may have a claimant examined by a Physician as often as We deem necessary while a case is pending. We also have the right to have an autopsy performed unless forbidden by law.

**Legal Actions:** No action at law or in equity shall be brought to recover on this Policy prior to the expiration of 60 days after written proof of Loss has been furnished in accordance with the requirements of this Policy. No action shall be brought after the expiration of three years after the written proof of Loss is required to be furnished.

**Right of Subrogation.** We shall be fully and completely subrogated to the rights of the Insured against parties who may be liable to provide indemnity or make a contribution for any claim under this Policy. This right does not apply if the Insured is a temporary resident in a state where this is contrary to that state's law.

**Conformity with State Statutes:** On the date this Policy becomes effective, any provisions which do not conform to the statutes of the state in which this Policy is issued, are amended to meet the state's minimum requirements.

**IN WITNESS WHEREOF, SENTRY LIFE INSURANCE COMPANY** has caused this Policy to be signed by its President at Stevens Point, Wisconsin



**President**

Countersigned by \_\_\_\_\_  
Licensed Resident Agent (where required by law)



## IMPORTANT NOTICE

To obtain information or make a complaint:

You may contact your Customer Service Representative at 1-800-533-7827.

You may call Sentry Life Insurance Company's toll-free telephone number for information or to make a complaint at:

**1-800-533-7827**

You may also write Sentry Life Insurance Company at:

**Sentry Life Insurance Company  
Customer Service E2/51  
1800 North Point Drive  
Stevens Point, WI 54481**

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

**1-800-252-3439**

You may write the Texas Department of Insurance:

**P.O. Box 149104  
Austin, TX 78714-9104**

**FAX: (512) 475-1771**

**Web: <http://www.tdi.state.tx.us>**

**E-mail: [ConsumerProtection@tdi.state.tx.us](mailto:ConsumerProtection@tdi.state.tx.us)**

**PREMIUM OR CLAIMS 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 a part or condition of the attached document.

## AVISO IMPORTANTE

Para obtener informacion o para someter una queja:

Puede comunicarse con su representante de servicio del cliente al 1-800-533-7827.

Usted puede llamar al numero de telefono gratis de Sentry Life Insurance Company's para informacion o para someter una queja al:

**1-800-533-7827**

Usted tambien puede escribir a Sentry Life Insurance Company:

**Sentry Life Insurance Company  
Customer Service E2/51  
1800 North Point Drive  
Stevens Point, WI 54481**

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al:

**1-800-252-3439**

Puede escribir al Departamento de Seguros de Texas:

**P.O. Box 149104  
Austin, TX 78714-9104**

**FAX: (512) 475-1771**

**Web: <http://www.tdi.state.tx.us>**

**E-mail: [ConsumerProtection@tdi.state.tx.us](mailto:ConsumerProtection@tdi.state.tx.us)**

### **DISPUTAS SOBRE PRIMAS O RECLAMOS:**

Si tiene una, disputa concerniente a su prima o a un reclamo, debe comunicarse con el la compania primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

**UNA ESTE AVISO A SU POLIZA:** Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

**Sentry Life Insurance Company**  
1800 North Point Drive  
Stevens Point, WI 54481  
1(800) 533-7827



AMENDATORY RIDER

Account Number: **04-DR048-5498**

Group Policy Holder: **Bandera ISD**

This rider takes effect and expires concurrently with the Policy to which it is attached. It is subject to all the provisions, limitations, and conditions of the Policy unless specifically changed by this rider.

This Policy is amended as follows:

The definition of Accident is removed in its entirety and replaced with the following:

**Accident** means a sudden, unexpected and unforeseen, identifiable event producing at the time objective symptoms of an Injury. The Accident must occur while the Insured is covered under this Policy.

All other conditions and provisions remain unchanged.

**SENTRY LIFE INSURANCE COMPANY**



**President**



## Sentry Life Insurance Company

1800 North Point Drive  
Stevens Point, WI 54481  
1 (800) 533-7827

### **IMPORTANT INFORMATION ABOUT COVERAGE UNDER THE TEXAS LIFE, ACCIDENT, HEALTH AND HOSPITAL SERVICE INSURANCE GUARANTY ASSOCIATION** (For insurers declared insolvent or impaired on or after September 1, 2005)

Texas law establishes a system, administered by the Texas Life, Accident, Health and Hospital Service Insurance Guaranty Association (the "Association"), to protect policyholders if their life or health insurance company fails. Only the policyholders of insurance companies which are members of the Association are eligible for this protection which is subject to the terms, limitations, and conditions of the Association law. (The law is found in the *Texas Insurance Code*, Chapter 463.)

**It is possible that the Association may not cover your policy in full or in part due to statutory limitations.**

#### **Eligibility for Protection by the Association**

When a member insurance company is found to be insolvent and placed under an order of liquidation by a court or designated as impaired by the Texas Commissioner of Insurance, the Association provides coverage to policyholders who are:

- Residents of Texas at that time (**irrespective of the policyholder's residency at policy issue**)
- Residents of other states, ONLY if the following conditions are met:
  - 1) The policyholder has a policy with a company domiciled in Texas;
  - 2) The policyholder's state of residence has a similar guaranty association; and
  - 3) The policyholder is *not eligible* for coverage by the guaranty association of the policyholder's state of residence.

#### **Limits of Protection by the Association**

##### ***Accident, Accident and Health, or Health Insurance:***

- For each individual covered under one or more policies: up to a total of \$500,000 for basic hospital, medical-surgical, and major medical insurance, \$300,000 for disability or long term care insurance, and \$200,000 for other types of health insurance.

##### ***Life Insurance:***

- Net cash surrender value or net cash withdrawal value up to a total of \$100,000 under one or more policies on any one life; or
- Death benefits up to a total of \$300,000 under one or more policies on any one life; or
- Total benefits up to a total of \$5,000,000 to any owner of multiple non-group life policies.

##### ***Individual Annuities:***

- Present value of benefits up to a total of \$100,000 under one or more contracts on any one life.

##### ***Group Annuities:***

- Present value of allocated benefits up to \$100,000 on any one life; or
- Present value of unallocated benefits up to a total of \$5,000,000 for one contractholder regardless of the number of contracts.

##### ***Aggregate Limit:***

- \$300,000 on any one life with the exception of the \$500,000 health insurance limit, the \$5,000,000 multiple owner life insurance limit, and the \$5,000,000 unallocated group annuity limit.

**INSURANCE COMPANIES AND AGENTS ARE PROHIBITED BY LAW FROM USING THE EXISTENCE OF THE ASSOCIATION FOR THE PURPOSE OF SALES, SOLICITATION, OR INDUCEMENT TO PURCHASE ANY FORM OF INSURANCE.**

**When you are selecting an insurance company, you should not rely on coverage by the Association.**

Texas Life, Accident, Health and Hospital  
Service Insurance Guaranty Association  
6504 Bridge Point Parkway, Suite 450  
Austin, Texas 78730  
800-982-6362  
www.txlifega.org

Texas Department of Insurance  
P.O. Box 149104  
Austin, Texas 78714-9104  
800-252-3439  
www.tdi.state.tx.us

## IMPORTANT NOTICE

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### What You Should Know About Our Protection of Your Privacy

Protecting the personal information of the individuals we serve is a priority for Sentry Insurance. We collect, retain and use personal information about individuals for the purpose of serving their insurance needs and providing services to them.

This notice describes how we handle personal information of the individuals we serve. It is only for your information. No action on your part is needed.

If you have questions regarding this notice, please write to Corporate Compliance/Privacy, 1800 North Point Drive, Stevens Point, WI 54481

#### What kinds of information are collected and disclosed?

The types of information we may collect about you include:

- Information you provide on applications or other forms, or in your verbal responses to our questions. This may include identifying information such as name, address and information about your assets and income.
- Information about your transactions with us including policies purchased and premium payment history.
- Information we receive from a consumer reporting agency that indicates your credit worthiness and credit history.

We do not sell customer lists or any personal information regarding our customers.

We do not disclose nonpublic personal financial information about customers or former customers to nonaffiliated third parties, except as permitted by law.

We may share personal financial information about you between companies within the Sentry Insurance Group in order to make additional services available to you. For example, auto insurance customers may receive information about life insurance products, and vice versa.

#### How do we safeguard your privacy?

We maintain physical, electronic and procedural safeguards to protect your personal financial information.

We restrict access to nonpublic personal financial data to those employees who need to know that information in order to provide products or services to you.

We communicate to employees in writing the importance of protecting confidential information.

We may amend our privacy policies at any time. If we do, we will inform you in writing.

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This notice applies to each of the following companies. Companies may not be licensed in all states.

*Sentry Insurance a Mutual Company*

*Sentry Casualty Company*

*Sentry Equity Services*

*Sentry Insurance Agency*

*Sentry Life Insurance Company*

*Sentry Life Insurance Company of New York*

*Sentry Lloyds of Texas*

*Sentry Select Insurance Company*

*Parker Services, L.L.C.*

*Parker Stevens Agency, L.L.C.*

*Parker Stevens Insurance Agency of Massachusetts*

*Parker Stevens Agency of Texas*

*Parker Assurance, Ltd.*

*Patriot General Insurance Company*

*Middlesex Insurance Company*

*Dairyland County Mutual Insurance Company of Texas*

*Dairyland Insurance Company*

*Viking Insurance Company of Wisconsin*

*Viking County Mutual Insurance Company*

*Peak Property and Casualty Insurance Corporation*

