

# Association Accident Insurance

Underwritten by:

Federal Insurance Company  
202B Hall's Mill Road  
Whitehouse Station, NJ 08889

Administered by:

Europ Assistance  
Chubb Travel Assistance Program  
877-352-0785 (Inside the USA)  
877-350-3532 (Canada)

## Important Notice - Please Read this Description of Coverage Carefully

As a handy reference guide, please read this document and keep it in a safe place with Your other insurance documents. This description of coverage is not a contract of insurance but is a summary of the principal provisions of the insurance while in effect. Complete provisions are contained in the Policy which can be obtained from the Policy Administrator.

You may view this document digitally by visiting [Descriptionofcoverage.com](http://Descriptionofcoverage.com) From the website you will have the option to view, download, print, email, or text the terms and conditions to you smart phone. To view the Description of coverage please visit [Descriptionofcoverage.com](http://Descriptionofcoverage.com) and enter code: **FMCA** when prompted.

POLICYHOLDER: Family Motor Coach Association, Inc.  
GROUP POLICY NO.: 9908-76-26  
CLASS DESCRIPTION: Class 1: Current Charter, Full, Life, Full Lifetime and Member Emeritus/Family Associate members of FMCA, as defined in the Bylaws of FMCA. **Dependents of Class 1** are included as **Insured Persons** under this policy

**In the event of a medical emergency call Europ Assistance immediately and reference plan code: 01AH585**

**For medical referrals, evacuation, repatriation  
Vehicle return or other services please call:**

### TRAVEL ASSISTANCE PROGRAM

Chubb Travel Assistance Program  
954-334-8129 (Inside the USA)  
877-352-0785 (Inside the USA toll free)  
  
954-334-7699 (Canada)  
877-350-3532 (Canada toll free)

**Plan Number:** 01AH585  
**Organization:** FMCA  
**Policy Number:** 9908-76-26  
**Assistance Provider:** Europ Assistance USA

1-202-659-7803 (Outside the USA Call Collect)  
OPS@europassistance-usa.com

Visit [www.ChubbTravelAssistance.com](http://www.ChubbTravelAssistance.com) for access to global threat assessments and location based intelligence.

Register to access the site using the Company/Entity Name and Contract Number below:

Company/Entity Name: Chubb A&H  
Contract Number: 16512020

When you call Europ Assistance, please be prepared with the following information:

1. Name of caller, phone no., fax no., relationship to Covered Person;
2. Covered Person's name, age, sex and policy number;
3. A description of the Covered Person's condition;
4. Name, location, and telephone number of the hospital;
5. Name and telephone numbers for the treating doctor; where and when the doctor can be reached;
6. Health insurance information, worker's compensation, or automobile insurance information if the Covered Person had an accident.

"Covered Person" means the person insured under the applicable Chubb policy.

By requesting assistance, you agree to assign to us your rights to recover from any of your responsible insurers any expenses we incurred.

### **WHEN AM I COVERED UNDER THE POLICY?**

You are covered under the policy while on a Trip. Trip means any travel:

- 1) occurring while the insurance is in-force; and
- 2) with a destination that is more than seventy-five (75) miles from Your Permanent Primary Residence. This requirement does not apply if you are a full time Recreational Vehicle driver with no Primary Permanent Residence.

Your Dependents are covered when traveling with You on a Trip.

### **WHAT BENEFITS ARE INCLUDED?**

The following benefits are included in Your coverage. Benefits are provided worldwide.

#### **Accidental Death and Dismemberment**

We will pay the applicable Benefit Amount if an Accident results in a covered Loss not otherwise excluded. The Accident must result from an insured Hazard and occur while the Insured Person is insured under this policy, while it is in force. The covered Loss must occur within one (1) year after the Accident.

Principal Sum: \$5,000

The following are Losses insured and the corresponding Benefit Amounts expressed as a percentage of the Principal Sum:

Accidental:	Percent of Principal Sum
Loss of Life	100%
Loss of Speech and Loss of Hearing	100%
Loss of Speech and Loss of one of: Hand, Foot or Sight of One Eye	100%
Loss of Hearing and Loss of one of: Hand, Foot or Sight of One Eye	100%
Loss of Both Hands, Loss of Both Feet, Loss of Sight of Both Eyes or a combination of any two of Hand, Foot or Sight of One Eye	100%
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%
Loss of One Hand, Loss of One Foot or Loss of Sight of One Eye	50%
Loss of Speech or Loss of Hearing	50%

**Emergency Cash**

If, while You are on a Trip, a mechanical breakdown to a Private Passenger Automobile or Recreational Vehicle occurs and continued travel is not possible, We will reimburse up to the \$250 per day for the cost of food and temporary lodging until travel continuation becomes possible. In no event will We reimburse for more than the 3 days per Trip. We will not pay more than \$1,500 in any 12-month period regardless of the number of Emergency Cash claims incurred in that 12-month period. Limitation on Emergency Cash: Coverage is limited to one (1) Emergency Cash claim per Trip for all Insured Persons traveling together.

**Emergency Room Cash**

If, while You are on a Trip, an Accident causes an Insured Person to obtain treatment in an emergency room of a Hospital, We will pay \$250. We will not pay more than \$500 in any 12-month period regardless of the number of Emergency Room Cash claims incurred in that 12-month period. Limitation on Emergency Room Cash: Coverage is limited to one (1) Emergency Room Cash claim per Insured Person during any one Trip.

**Medical Evacuation and Repatriation**

If an Insured Person's Accidental Bodily Injury, disease or illness occurs while on a Trip and requires the Medical Evacuation or Repatriation of the Insured Person while the Insured Person is on a Trip, then We will pay the Covered Expenses for such Medical Evacuation or Repatriation up to \$500,000. The Medical Evacuation or Repatriation must be ordered by a Physician, who certifies that the Medical Evacuation or Repatriation is necessary to prevent death or serious deterioration of the Insured Person's medical condition. The Medical Evacuation or Repatriation must be approved and arranged by Our Assistance Services Administrator.

**Family Travel Expense**

If the Insured Person's Accidental Bodily Injury, disease or illness requires a Medical Evacuation or Repatriation while the Insured Person is on a Trip, and the attending Physician recommends that a family member be at the side of the Insured Person Hospitalized, then We will pay up to \$50,000 for Family Travel Expense, if all the following conditions are met:

- 1) the Insured Person is confined to a Hospital; and
- 2) the Hospital is at least seventy-five (75) miles from the Insured Person's Permanent Primary Residence; and
- 3) all transportation arrangements for an Immediate Family Member are made by Our Assistance Services Administrator and are by the most direct and economical route.

In no event will We pay more than \$50,000 for Family Travel Expense.

With respect to this Medical Evacuation and Repatriation benefit, the Disease or Illness Exclusion does not apply.

**Return of Dependent Children**

If Your Accidental Bodily Injury, disease or illness occurs during a Trip and requires a Hospital stay while You are on a Trip, then We will pay for Your accompanying Dependent Child to return to his or her primary residence. All transportation arrangements must be made by Our Assistance Services Administrator and shall be by the most direct and economical route. The Hospitalization must result in the Insured Person's inability to care for the accompanying Dependent Child. In no event will We pay more than \$50,000. With respect to this Return of Dependent Children benefit, the Disease or Illness Exclusion in Section VI - General Exclusions of the Contract does not apply.

**Return Home**

If Your Accidental Bodily Injury, disease or illness occurs during a Trip and results in You being unable to continue traveling in the Recreational Vehicle due to medically imposed restrictions as determined by a Physician then We will pay, up to \$500,000, to return You to Your Permanent Primary Residence. We will also pay to return the Your Dependents who are travelling with the You to their Permanent Primary Residence. In the event that we are asked to return the Insured Person or dependents to a location other

than their Permanent Primary Residence, We will only reimburse up to what the cost would have been to return the Insured person or their Dependents to their Permanent Primary Residence. Any additional costs shall be the responsibility of the Insured Person. All transportation arrangements must be made by Our Assistance Services Administrator and shall be by the most direct and economical route. In no event will We pay more than \$500,000 regardless of the number of people that are returned home. With respect to this Return Home benefit, the Disease or Illness Exclusion in Section VI - General Exclusions of the Contract does not apply.

### **Return of Mortal Remains**

If the Insured Person's Accidental Bodily Injury, disease or illness occurs during a Trip and results in the Insured Person's loss of life, We will pay the cost for Covered Expenses to return the Insured Person's remains to the Insured Person's Permanent Primary Residence. In the event that We are asked to return the mortal remains to a location other than their Permanent Primary Residence, We will only reimburse up to what the cost would have been to return the mortal remains to their Permanent Primary Residence. Any additional costs shall be the responsibility of the Insured Person. All arrangements must be made by Our Assistance Services Administrator. In no event will **We** pay more than \$50,000. With respect to this Return of Mortal Remains benefit, the Disease or Illness Exclusion in Section VI - General Exclusions of the Contract does not apply

### **Return of Recreational Vehicle**

If Your Accidental Bodily Injury, disease or illness occurs while on a Trip and:

1. You are unable to drive the Recreational Vehicle to Your Permanent Primary Residence due to a medical condition as documented by attending Physician; and
2. no one traveling with You is capable of driving or proficient and competent to drive Your Recreational Vehicle,

then We will pay, up to \$5,000, for eligible Recreational Vehicle Return Expenses to have Your Recreational Vehicle (as well as any additional Private Passenger Automobile, trailer, or travel trailer that is legally hitched to their Recreational Vehicle at the time of the onset of the Accidental Bodily Injury, disease or illness causing loss) returned to Your Permanent Primary Residence. In the event that You elect to have Your Recreational Vehicle returned to a location other than Your Permanent Primary Residence, We will only reimburse up to what the cost would have been to return the Recreational Vehicle to Your Permanent Primary Residence. Any additional costs shall be Your responsibility.

In the event that You wish to entrust the return of Your Recreational Vehicle to a friend or family member We will pay, up to \$5,000, for transportation of such person to the location of the Recreational Vehicle and will also reimburse the person for gas and tolls during the return. In addition, We will provide a daily benefit for Travel Expenses while driving. The Benefit Amount for Travel Expenses is \$250 per day for up to 5 days. The Benefit Amount for Travel Expenses is in addition to and not part of the \$5,000 Benefit Amount for Recreational Vehicle Return. Our Assistance Services Administrator shall arrange for transportation of such person to the location of the Recreational Vehicle. With respect to this Return of Recreational Vehicle benefit, the Disease or Illness Exclusion in Section VI - General Exclusions of the Contract does not apply. This benefit does not apply to vehicles located outside of North America.

### **Return of Private Passenger Automobile**

If Your Accidental Bodily Injury, disease or illness occurs while on a Trip and:

1. requires Your Medical Evacuation or Repatriation; and
2. You are unable to drive Your Private Passenger Automobile to Your Permanent Primary Residence,

then We will pay, up to \$5,000, for eligible Private Passenger Automobile Return Expenses to have Your Private Passenger Automobile (as well as any additional Private Passenger Automobile that is legally hitched to their Private Passenger Automobile) returned to Your Permanent Primary Residence. In the

event that You elect to have Your Private Passenger Automobile returned to a location other than your Permanent Primary Residence We will only reimburse up to what the cost would have been to return the Private Passenger Automobile to Your Permanent Primary Residence. Any additional costs shall be Your responsibility.

In the event that You wish to entrust the return of Your Private Passenger Automobile to a friend or family member We will pay, up to \$5,000, for transportation of such person to the location of the Private Passenger Automobile and will also reimburse the person for gas and tolls during the return. In addition, We will provide a daily benefit for Travel Expenses while driving. The Benefit Amount for Travel Expenses is \$250 per day for up to 5 days. The Benefit Amount for Travel Expenses is in addition to and not part of the \$5,000 Benefit Amount. Our Assistance Services Administrator shall arrange for transportation of such person to the location of the Private Passenger Automobile. This benefit is not payable if the Private Passenger Automobile is attached to the Recreational Vehicle.

With respect to this Return of Private Passenger Automobile benefit, the Disease or Illness Exclusion in Section VI - General Exclusions of the Contract does not apply. This benefit does not apply to vehicles located outside of North America.

### **Pet Return**

If Your Accidental Bodily Injury, disease or illness occurs while on a Trip and such Accidental Bodily Injury, disease or illness leaves You unable to care for Your cat or dog, We will pay for the return of such cat or dog to the address of the person that You designate as the pet's authorized caregiver. The pet must have current/up to date vaccinations as required by law to be eligible. You are required to pay for or supply a proper carrier for the pet. All transportation arrangements must be made by Our Assistance Services Administrator and shall be by the most direct and economical route. In no event will We pay more than \$1,000 to return Your pet. In the event of a covered pet return, We will also reimburse for dog or cat boarding with a licensed cattery or kennel. The Benefit Amount for pet boarding is \$100 per day for up to 10 days. The Benefit Amount for pet boarding is in addition to and not part of the Benefit Amount for Pet Return. With respect to this Pet Return benefit, the Disease or Illness Exclusion in Section VI - General Exclusions of the Contract does not apply.

### **Prescription Medication and Glasses Replacement**

If the Insured Person misplaces their medical prescription or damages their eyeglasses or contact lenses while on a Trip and such medical prescription, eyeglasses or contact lenses requires replacement Our Assistance Services Administrator will arrange for and coordinate the shipping of such item. Our payment shall be limited to the cost of shipping such item to the Insured Person by overnight delivery and subject to the maximum Benefit Amount of \$500. The cost of the item is not eligible for reimbursement and is the Insured Person's responsibility.

## WHAT DEFINITIONS APPLY TO MY COVERAGE?

The following definitions are important to Your benefits:

**Accident** or **Accidental** means a sudden, unforeseen, and unexpected event which:

- 1) happens by chance;
- 2) arises from a source external to the Insured Person;
- 3) is independent of illness, disease or other bodily malfunction or medical or surgical treatment thereof;
- 4) occurs while the Insured Person is insured under this policy which is in force; and
- 5) is the direct cause of loss.

**Accidental Bodily Injury** means bodily injury, which:

- 1) is Accidental;
- 2) the direct cause of a loss; and
- 3) occurs while the Insured Person is insured under this policy, which is in force.

Accidental Bodily Injury does not include conditions caused by repetitive motion injuries or cumulative trauma not a result of an **Accident**, including, but not limited to:

- 1) Osgood-Schlatter's Disease;
- 2) bursitis;
- 3) Chondromalacia;
- 4) shin splints;
- 5) stress fractures;
- 6) tendinitis; and
- 7) Carpal Tunnel Syndrome.

**Assistance Services Administrator** means the organization that contracts with the Company to provide Medical Evacuation and Repatriation services to the Insured Person.

**Benefit Amount** means the amount stated in the Schedule of Benefits for this Description of Coverage.

**Company** means Federal Insurance Company.

**Conveyance** means any motorized craft, vehicle or mode of transportation licensed or registered by a governmental authority with competent jurisdiction.

### Covered Expenses

1) With respect to Medical Evacuation, Covered Expenses means the cost for:

- 1) a land, water or air Conveyance, required to transport the Insured Person during a Medical Evacuation. Special transportation by, but not limited to, air ambulances, land ambulances and private motor vehicles must:
  - a) be recommended by an attending Physician; and
  - b) comply with the standard regulations of the Conveyance transporting the Insured Person.

The means of transportation that is best suited to accommodate the Insured Person, based on the seriousness of the Insured Person's condition, will be used.

- 2) medical supplies and services which are:
  - a) ordered or prescribed by an attending Physician; and
  - b) are, in the opinion of an attending Physician, necessarily incurred in connection with the Medical Evacuation of the Insured Person.

2) With respect to Repatriation, Covered Expenses means the cost for:

- 1) Repatriation of the Insured Person; and
- 2) medical supplies and services which:
  - a) are ordered or prescribed by an attending Physician; and

- b) are, in the opinion of an attending Physician, necessarily incurred in connection with Repatriation of the Insured Person.

3) With respect to Return of Mortal Remains, Covered Expenses means the cost for medical supplies and services which are necessary for embalming, cremation, transportation and purchase of a shipping container as required by applicable law or regulation.

With respect to Medical Evacuation, Repatriation and Return of Mortal Remains, all transportation arrangements made for the Insured Person will be by the most direct and economical route. All Covered Expenses must be arranged by and receive the prior approval of Our Assistance Service Administrator.

Covered Expenses do not include those expenses incurred by the Insured Person for Accidental Bodily Injury, illness or disease, which occurs while the Insured Person is:

- 1) traveling against the advice of a Physician; or
- 2) traveling for the purpose of obtaining medical treatment.

**Dependent** means a Dependent Child, Spouse, or Domestic Partner of the Primary Insured Person.

**Dependent Child** means the Primary Insured Person's unmarried child from the moment of birth, including a natural child, grandchild, stepchild or adopted child from the date of Placement for Adoption with the Primary Insured Person. The Dependent Child must be:

- 1) under the age of nineteen (19);
- 2) under the age of twenty-five (25) if enrolled as a full-time student at an Institution of Higher Learning; or
- 3) classified as a child who, as a result of being mentally or physically challenged, is permanently incapable of self-support and permanently dependent on the Primary Insured Person for support and maintenance. The incapacity must have occurred while the child was:
  - a) under the age of nineteen (19); or
  - b) under the age of twenty-five (25) if enrolled as a full-time student at an Institution of Higher Learning.

**Domestic Partner** means a person designated in writing by the Primary Insured Person who is registered as a Domestic Partner or legal equivalent under laws of the governing jurisdiction or who:

- 1) is at least 18 years of age and competent to enter into a contract;
- 2) is not related to the Primary Insured Person by blood;
- 3) has exclusively lived with the Primary Insured Person for at least six (6) consecutive months prior to the effective date of coverage;
- 4) is not legally married or separated; and
- 5) as of the effective date of coverage, has with the Primary Insured Person at least two (2) of the following financial arrangements:
  - a) a joint mortgage or lease;
  - b) a joint bank account;
  - c) joint title to or ownership of a motor vehicle or status as a joint lessee on a motor vehicle lease; or
  - d) a joint credit card account with a financial institution.

Neither the Primary Insured Person nor the Domestic Partner can be married to, nor in a civil union with, anyone else.

**Emergency Medical Treatment** means Hospital treatment for a medical condition which:

- 1) arises suddenly and unexpectedly; and
- 2) if left untreated could result in Loss of Life, or in serious deterioration of an Insured Person's medical condition.

**Epidemic** means a widespread occurrence of an infectious disease in a specific area at a particular time.

**Family Travel Expense** means actual costs incurred by an Immediate Family Member for:

- 1) the cost of a round trip economy airfare to and from the location where the Insured Person is Hospitalized;
- 2) accommodation expenses while staying at the location where the Insured Person is Hospitalized; and
- 3) travel expenses while traveling to and from visits with the Hospitalized Insured Person.

**Hemiplegia** means complete and irreversible loss of all motion and all practical use of one arm and one leg on the same side of the body that lasts longer than 365 days as determined by a Physician approved by Us.

**Hospital** means a public or private institution which:

- 1) is licensed in accordance with the laws of the jurisdiction where it is located;
- 2) is accredited by the Joint Commission on Accreditation of Hospitals;
- 3) operates for the reception, care and treatment of sick, ailing or injured persons as in-patients;
- 4) provides organized facilities for diagnosis and medical or surgical treatment;
- 5) provides twenty-four (24) hour nursing care;
- 6) has a Physician or staff of Physicians; and
- 7) is not primarily a day clinic, rest or convalescent home, assisted living facility or similar establishment and is not, other than incidentally, a place for the treatment of alcoholics or drug addicts.

**Hospitalization or Hospitalized** means registered as an in-patient and confined to a Hospital while being treated by a Physician. In-Hospital does not include confinement solely for convalescent or nursing care.

**Immediate Family Member** means the **Insured Person's**:

- 1) Spouse or Domestic Partner;
- 2) children including adopted children or stepchildren;
- 3) legal guardians or wards;
- 4) siblings or siblings-in-law;
- 5) parents or parents-in-law;
- 6) grandparents or grandchildren;
- 7) aunts or uncles;
- 8) nieces and nephews.

Immediate Family Member also means a Spouse's or Domestic Partner's children, including adopted children or stepchildren; legal guardians or wards; siblings or siblings-in-law; parents or parents-in-law; grandparents or grandchildren; aunts or uncles; nieces or nephews.

**Institution of Higher Learning** means any accredited public or private college, university, professional trade or vocational school beyond the twelfth (12th) grade.

**Insured Person** means a person, qualifying as a Class member under Section I of the Schedule of Benefits:

- 1) who elects insurance; or
- 2) for whom insurance is elected,
- 3) and on whose behalf premium is paid.

**Loss** means Accidental: (a) Loss of Foot; (b) Loss of Hand; (c) Loss of Hearing; (d) Loss of Life; (e) Loss of Sight; (f) Loss of Sight of One Eye; (g) Quadriplegia; (h) Paraplegia; (i) Hemiplegia; (j) Loss of Speech; (k) Uniplegia; or (l) Loss of Thumb and Index Finger. Loss must occur within one (1) year after the Accident.

**Loss of Foot** means the complete severance of a foot through or above the ankle joint. We will consider such severance a Loss of Foot even if the foot is later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation.

**Loss of Hand** means complete severance, as determined by a Physician, of at least four (4) fingers at or above the metacarpal phalangeal joint on the same hand or at least three (3) fingers and the thumb on the same hand. We will consider such severance a Loss of Hand even if the hand, fingers or thumb are later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation.

**Loss of Hearing** means permanent, irrecoverable and total deafness, as determined by a Physician, with an auditory threshold of more than 90 decibels in each ear. The deafness cannot be corrected by any aid or device, as determined by a Physician.

**Loss of Life** means death, including clinical death, as determined by the local governing medical authority where such death occurs within 365 days after an Accident.

**Loss of Sight** means permanent loss of vision. Remaining vision must be no better than 20/200 using a corrective aid or device, as determined by a Physician.

**Loss of Sight of One Eye** means permanent loss of vision of one eye. Remaining vision in that eye must be no better than 20/200 using a corrective aid or device, as determined by a Physician.

**Loss of Speech** means the permanent, irrecoverable and total loss of the capability of speech without the aid of mechanical devices, as determined by a Physician.

**Loss of Thumb and Index Finger** means complete severance, through the metacarpal phalangeal joints, of the thumb and index finger of the same hand, as determined by a Physician. We will consider such severance a Loss of Thumb and Index Finger even if a thumb, an index finger or both are later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation.

**Medical Evacuation** means the emergency transportation of the Insured Person from the location where such Insured Person is injured or becomes ill to the nearest Hospital where appropriate medical care and treatment can be provided.

**Pandemic** means a widespread occurrence of an infectious disease globally.

**Paraplegia** means complete and irreversible loss of all motion and all practical use of both legs that lasts longer than 365 days, as determined by a Physician approved by Us.

**Permanent Primary Residence** means the U.S. address shown on the Insured Person's state driver's license or state issued identification card.

**Physician** means a licensed practitioner of the healing arts, acting within the scope of his or her license to the extent provided by the laws of the jurisdiction in which medical treatment is provided.  
Physician does not include:

- 1) the Insured Person;
- 2) an Immediate Family Member;
- 3) the Insured Person's employer or business partner; or
- 4) the Policyholder.

**Placement for Adoption** means the assumption and retention by a person of a legal obligation for total or partial support of a child in anticipation of the adoption of the child. The child's placement with a person terminates upon the termination of that legal obligation.

**Policyholder** means the Family Motor Coach Association, Inc.

**Primary Insured Person** means the Insured Person who is a Current Charter, Full, Life, Full Lifetime and Member Emeritus/Family Associate members of FMCA, as defined in the Bylaws of FMCA.

**Private Passenger Automobile** means a motor vehicle with a maximum seating capacity of nine (9) people, manufactured, designed and registered as a private passenger vehicle for travel on public roads.

**Private Passenger Automobile Return Expenses** means the costs incurred to tow the Insured Person's Private Passenger Automobile to the Insured Person's Permanent Primary Residence.

**Proof of Loss** means written evidence acceptable to Us that a loss has occurred.

**Quadriplegia** means complete and irreversible loss of all motion and all practical use of both arms and legs that lasts longer than 365 days, as determined by a Physician approved by Us.

**Recreational Vehicle (RV)** means a motor vehicle or trailer which includes living quarters designed for accommodation. Types of Recreational Vehicle's include but are not limited to motorhomes, campervans, travel trailers and camper trailers, fifth-wheel trailers, popup campers and truck campers.

**Recreational Vehicle Return Expenses** means the costs incurred to return the Insured Person's Recreational Vehicle to their Permanent Primary Residence .

**Repatriation** means the transfer of the Insured Person, from the local Hospital where Emergency Medical Treatment is initially given to another Hospital or to the Insured Person's Permanent Primary Residence.

**Spouse** means the Insured Person's husband or wife who is recognized as such by the laws of the jurisdiction in which the Primary Insured Person resides.

**Travel Expenses** means the costs for meals and lodging.

**Trip** means any travel:

- 1) occurring while the insurance is in-force; and
- 2) with a destination that is more than seventy-five (75) miles from the Insured Person's Permanent Primary Residence. This requirement does not apply to a full time Recreational Vehicle driver with no Permanent Primary Residence.

**Uniplegia** means complete and irreversible loss of all motion and all practical use of one arm or one leg that lasts more than 365 days, as determined by a Physician approved by Us.

**War** means:

- 1) hostilities following a formal declaration of war by a governmental authority;
- 2) in the absence of a formal declaration of War by a governmental authority armed, open and continuous hostility between two countries; or
- 3) armed, open and continuous hostilities between two factions, each in control of territory, or claiming jurisdiction over the geographic area of hostility.

**We, Us** and **Our** means Federal Insurance Company.

**You** and **Your** means the **Primary Insured Person**.

#### **WHAT IS NOT COVERED?**

The following exclusions apply to all benefits or Hazards under this policy. Additional exclusions, limitations or conditions may also apply to specific benefits or Hazards. Please read this entire policy carefully.

**Disease or Illness:** This insurance does not apply to any claims caused by or resulting from, directly or indirectly, the Insured Person's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection, bodily malfunctions or medical or surgical treatment or diagnosis thereof. This exclusion does not apply to the Insured Person's bacterial infection caused by an Accident or by Accidental consumption of a substance contaminated by bacteria.

**Epidemic or Pandemic:** This insurance does not apply to any claims caused by or resulting from, directly or indirectly, an Epidemic or Pandemic as defined by the World Health Organization.

**Illegal Acts:** This insurance does not apply to any claims caused by or resulting from, directly or indirectly, the Insured Person's commission or attempted commission of any illegal act including but not limited to any felony.

**Incarceration:** This insurance does not apply to any claims caused by or resulting from, directly or indirectly any occurrence while the **Insured Person** is incarcerated.

**Intoxication Exclusion Vehicular:** This insurance does not apply to any claims caused by or resulting from, directly or indirectly, the Insured Person being intoxicated, while operating a motorized vehicle at the time of an Accident. Intoxication is defined by the laws of the jurisdiction where such Accident occurs.

**Narcotic Exclusion:** This insurance does not apply to any claims caused by or resulting from, directly or indirectly, the Insured Person being under the influence of any narcotic or other controlled substance at the time of an Accident. This exclusion does not apply if any narcotic or other controlled substance is taken and used as prescribed by a Physician.

**Participation in a Race or Speed Contest:** This insurance does not apply to any claims caused by or resulting from, directly or indirectly, the Insured Person being engaged in or participating in a motorized vehicular race or speed contest.

**Service in the Armed Forces:** This insurance does not apply to any claims caused by or resulting from, directly or indirectly, the Insured Person participating in military action while in active military service with the armed forces of any country or established international authority. However, this exclusion does not apply to the first sixty (60) consecutive days of active military service with the armed forces of any country or established international authority.

**Suicide or Intentional Injury:** This insurance does not apply to any claims caused by or resulting from, directly or indirectly, the Insured Person's suicide, attempted suicide or intentionally self-inflicted injury.

**Trade Sanctions:** This insurance does not apply to benefits under this policy to the extent that We are prohibited from providing coverage or making payment by any type of travel restriction, trade restriction, economic sanction, or embargo imposed by the U.S. government. This exclusion does not apply if the Insured Person has received a license from the U.S. government to engage in the prohibited activity, provided We receive a copy of the license.

**War:** This insurance does not apply to any claims caused by or resulting from, directly or indirectly, a declared or undeclared War.

## **ARE THERE IMPORTANT THINGS TO KNOW WHEN FILING A CLAIM?**

Yes, these are the Claim Provisions:

Answers to specific questions can be obtained by writing the Plan Administrator. To submit a claim please contact the Plan Administrator.

In regard to the Accidental Death, Emergency Cash, and Emergency room cash benefits you may report the claim to Europ Assistance, but you may also report claims directly to Chubb for expedited handling:

**CHUBB Insurance Company**  
**Accident & Health Claims**  
**P.O. Box 5124**  
**Scranton, PA 18505**  
[ACEAandHClaims@Chubb.com](mailto:ACEAandHClaims@Chubb.com)  
**Customer Service : 1-800-336-0627**

### **Reference :**

**POLICYHOLDER:** Family Motor Coach Association, Inc.

**GROUP POLICY NO.:** 9908-76-26

**Claim Notice:** Written Claim Notice must be given to Us or any of Our brokers or appointed agents within twenty (20) days after the occurrence or commencement of any Loss covered by this policy or as soon as reasonably possible. Notice must include enough information to identify the Insured Person and Policyholder. Failure to give Claim Notice within twenty (20) days will not invalidate or reduce any otherwise valid claim if notice is given as soon as reasonably possible.

**Claim Forms:** When We receive notice of a claim, We will send the Insured Person or the Insured Person's designee, within fifteen (15) days, forms for giving Proof of Loss to Us. If the Insured Person or the Insured Person's designee does not receive the forms, then the Insured Person or the Insured Person's designee should send Us a written description of the Loss. This written description should include information detailing the occurrence, type and extent of the Loss for which the claim is made.

**Claim Proof of Loss:** Complete Proof of Loss must be given to Us within ninety (90) days after the date of loss. Failure to give complete Proof of Loss within these time frames will not invalidate or reduce any otherwise valid claim if notice is given as soon as reasonably possible, and in no event later than one (1) year after the deadline to submit complete Proof of Loss, except in cases where the claimant lacks legal capacity. We have a right to examine under oath, as often as We may reasonably require, the Insured Person, the Policyholder or the beneficiary. We may also require the Insured Person, the Policyholder or the beneficiary to provide a signed description of the circumstances surrounding the Loss and their

interest in the Loss. The Insured Person, the Policyholder and the beneficiary will also produce all records and documents requested by Us and will permit Us to make copies of such records or documents.

**Claim Payment:** We will pay the Insured Person or beneficiary the applicable Benefit Amount within sixty (60) days after We receive complete Proof of Loss if the Insured Person, the Policyholder and beneficiary, where applicable, have complied with all the terms of this policy.

**Claim and Suit Cooperation:** In the event of a claim under this policy, the Policyholder, the Insured Person or the beneficiary, if applicable, must fully cooperate with Us in Our handling of the claim, including, but not limited to, the timely submission of all medical and other reports, and full cooperation with all physical examinations and autopsies that We may require. If We are sued in connection with a claim under this policy, then the Policyholder, the Insured Person or the beneficiary must fully cooperate with Us in the handling of such suit. The Policyholder, the Insured Person or the beneficiary must not, except at their own expense, voluntarily make any payment or assume any obligation in connection with any suit without Our prior written consent.

### **ARE THERE ANY OVER-ARCHING PROVISIONS THAT I SHOULD KNOW ABOUT?**

Yes, these are the general provisions. The following provisions apply to the Insured Persons:

#### **Beneficiary:**

The Benefit Amount for covered Loss of Life will be paid to the beneficiary designated by the Insured Person. Any Benefit Amount payable due to the Loss of Life of a Dependent Child will be paid to the Primary Insured Person, absent any beneficiary designation by the Dependent Child.

If the Insured Person has not chosen a beneficiary or if there is no beneficiary alive when the Insured Person dies, then We will pay the Benefit Amount for Loss of Life to the first surviving party in the following order: (a) the Insured Person's Spouse or Domestic Partner; (b) in equal shares to the Insured Person's surviving children; (c) in equal shares to the Insured Person's surviving parents; (d) in equal shares to the Insured Person's surviving brothers and sisters; (e) the Insured Person's estate. All other Benefit Amounts are paid to the Insured Person, unless otherwise directed by the Insured Person or the Insured Person's designee, or unless otherwise noted in this policy. If any beneficiary has not reached the legal age of majority, then We will pay such beneficiary's legal guardian.

#### **Compliance by Policyholder and Insured Person:**

We have no duty to provide insurance under this policy unless the Policyholder, the Insured Person and the beneficiary, if applicable, have fully complied with all the terms and conditions of this policy.

#### **Concealment or Fraud:**

Insurance under this policy is void if: (a) the Policyholder or any Insured Person has intentionally concealed or misrepresented any material fact relating to this policy before or after a Loss; or (b) the Policyholder or any Insured Person files a false report of a Loss.

#### **Governing Jurisdiction and Conformance with Statutes:**

The policy is governed by the laws of the jurisdiction in which it is delivered to the Policyholder. Any terms of this policy which are in conflict with the applicable statutes, laws or regulations of the jurisdiction in which the policy is delivered are amended to conform to such statutes, laws or regulations. Any terms of a Description of Coverage which are in conflict with the applicable statutes, laws or regulations of the jurisdiction in which the Description of Coverage is delivered are amended to conform to the statutes, laws or regulations of the jurisdiction.

**Legal Action Against Us:**

No legal action may be brought to recover on this policy until sixty (60) days after We have been given complete Proof of Loss. No such action may be brought after three (3) years from the time complete Proof of Loss is required to be given. No such action may be brought unless there has been full compliance with all of the terms of this policy. In no case will We be liable for benefits that are not payable under the terms of this policy or that exceed the applicable Benefit Amounts or limits of insurance of the policy.

**Physical Examination and Autopsy:**

We have the right to have the Insured Person examined by a Physician approved by Us, as often as reasonably necessary while a claim is open. We may also have an autopsy done by a Physician, unless prohibited by law. Any examinations or autopsies that We require will be done at Our expense.

**Workers' Compensation:**

The benefits payable under this policy are not in lieu of and do not affect any requirement for workers' compensation insurance.

**NOTICE CONCERNING INSURANCE COMPLAINTS**

**KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS**

**PROBLEMS WITH YOUR INSURANCE? Your satisfaction is very important to us. If you are having problems with your insurance, do not hesitate to contact the insurance company to resolve your problem.**

**ACE American Insurance Company  
CHUBB Customer Service Department  
P.O. Box 1000  
Philadelphia, Pennsylvania 19105-1000  
1-800-352-4462**

**Please include your policy number in any communication with the above addresses.**

This Notice contains important information about the complaint process available to you. Please read this Notice carefully.

You have the right to ask us to assist you in filing a complaint, or dispute our decisions involving your requests for benefit estimates or claims payments. Complaints may be submitted to us in writing, via email or by telephone by you, your designee or your health care provider to the company's address above.

If you complain or appeal a benefit decision, we will keep you informed of the status of our review and will respond in no more than 30 calendar days of receipt of the necessary information. Complaints involving medical necessity decisions will be reviewed by a clinical peer who was not involved in the initial adverse determination.

The following information will be included in our written decision:

- A statement of our understanding of the complaint.
- The principal reasons for the decision, in sufficient detail for your understanding and response, if needed.
- If your claim has been denied on the basis that the service is not medically necessary, or you have been diagnosed with a terminal condition and the service has been denied on the basis that it is experimental or investigational, you may have a right to request an independent review by an outside medical practitioner. Submit your request in writing to the address listed above.
- Your rights to file a complaint and have external review by the Department of Insurance if your claim has been denied on the basis that it is not a covered service. Such complaints should be addressed to:

**Ohio Department Of Insurance  
Consumer Services Division  
50 West Town Street  
3<sup>rd</sup> Floor, Suite 300**

**Columbus, OH 43215  
1-800-686-1526 (Toll-free in OH)  
1-614-644-2673**

**Complaints may also be filed via the internet at: <http://insurance.ohio.gov>**

“Adverse Determination” means a determination made by us that a health care service has been reviewed and, based upon information provided, is not medically necessary or appropriate.

“Complaint” means a written complaint submitted by an insured person or a person including, but not limited to a provider, authorized in writing to act on behalf of the insured person regarding benefits or claims payment, handling, or reimbursement for health care services covered under the policy, including Adverse Determinations.