An overview of our policies and service for 4-H and Extension Professionals

Erin Bain, 4-H and Extension Client Relationship Coordinator - American Income Life Special Risk Division
AIL Special Risk History

- We have been providing coverage for 4-H and Extension programs for over 60 years!
  - Annual Policies have always been $1/year – Special Activities coverage used to start at 5¢!

- Longtime sponsor of NAE4-HA National Meetings

- Other organizations we work with include camps, conference centers, college and university outreach programs, student tour companies, and other youth serving organizations including FFA

- 4-H and Extension currently accounts for over half of total premiums paid and my position was created to help ensure that we are doing all that we can to support and nurture the relationships between our office and the clients we serve.

- Now you’re stuck with me! 😊
How to Find Us Online

- What’s the first thing you do if you don’t have us bookmarked?
  - Google often leads to the American Income Life Insurance Company page which unfortunately has no links for 4-H and Extension Clients.
  - Including Special Risk, 4-H, Extension, etc. in your search helps our site come up faster. OR you can visit us directly at:

- [http://www.americanincomelife.com](http://www.americanincomelife.com)
  - Bookmark it now!
  - Our website has lots of great information and we’re currently working on improving it by regularly posting to a blog and also getting involved with social media.
Types of Policies: Annual and Special Activities

Both Types of Policies Provide:

- Low Cost!
- Blanket coverage for accidents ranging from minor scrapes to major injuries
- Personal and excellent customer service from Special Risk Division Staff
- Freedom to choose your physician, clinic, or medical facility because there are no provider network restrictions
- Primary coverage with no deductible regardless of personal insurance
- Quick Decisions - average claims payment: 10-14 business days
- Reduced stress for Extension Professionals and Volunteers
Annual Coverage
Policies available for all organized 4-H and Extension Clubs/Groups

Annual Policy Highlights:

- Simple application and renewal process. A hard copy application must be mailed in along with premium payment.
- $1/per year for regular members, $2/year for horse members - $10 minimum/year
- Provides coverage for all members during supervised group activities.
- Optional coverage for adult leaders.
- Automatic coverage of new youth members.
- Covers expenses incurred within 52 weeks from the date of accident.
- County-Wide Coverage is available.
APPLICATION FOR
4-H Club Annual Accident Coverage

Name of 4-H Club ____________________________

Name of Leader ____________________________

List Projects ____________________________

Mailing Address ____________________________

City ____________________________ County __________

State ____________________________ Zip Code _________

Desired Effective Date ____________

Phone ____________________________

E-Mail ____________________________

Has this group had one of our annual policies within
the last year? Yes □ No □

# of Regular Members ______ X $1.00 = $ ______

# of Regular Leaders ______ X $1.00 = $ ______

# of Horse* Members ______ X $2.00 = $ ______

# of Horse* Leaders ______ X $2.00 = $ ______

TOTAL ENCLOSED: $ ______

($10.00 minimum)

As authorized leader of the above group I request that a
Master Policy be issued on the effective date requested, or on
the date this application is received, whichever is later. We are
enclosing a check or money order payable to the American
Income Life Insurance Company, PO Box 50150, Indianapolis,
IN 46250, calculated at the rate of $1.00. *($2.00 – horse,
motorcycle & team sports) for each person to be covered.

SIGNED ____________________________

Are Leaders to be insured? Yes □ No □

If “Yes,” list names (attach additional pages if needed):

______________________________________

______________________________________

______________________________________

______________________________________

FOR HOME OFFICE USE ONLY
Policy # ____________________________

Issue Date ____________________________

Date Rec’d ____________________________
# Annual Coverage

Policies available for all organized 4-H and Extension Clubs/Groups

<table>
<thead>
<tr>
<th>Annual Club Coverage</th>
<th>$1 person/year covers up to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical/surgical treatment, X-ray examinations, hospital confinement, ambulance expense (within 52 weeks of accident)</td>
<td>$2,500</td>
</tr>
<tr>
<td>Dental Services (incurred within 52 weeks of the accident)</td>
<td>$500</td>
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<tr>
<td>Loss of life (within 100 days of resulting accident)</td>
<td>$5,000</td>
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<tr>
<td>Loss of both hands, both feet, total sight of both eyes, one hand and one foot (within 100 days of accident)</td>
<td>$10,000</td>
</tr>
<tr>
<td>Loss of one hand, one foot, sight of one eye (within 100 days of accident)</td>
<td>$3,000</td>
</tr>
</tbody>
</table>
Annual Coverage
Policies available for all organized 4-H and Extension Clubs/Groups

- What is NOT covered under Annual Policies:
  - Eyeglass replacement
  - Denture replacement or repair
  - Suicide
  - Illness*
  - Hernia in any form
  - Losses covered under Workman’s Compensation
  - Injuries sustained during downhill winter sports*
  - Air Travel
  - Children under the age of 5

*Certain illnesses and downhill winter sports can be covered with Special Activities Policies.
Special Activities Coverage
Covers any 4-H or Extension sponsored event for Youth or Adults

Special Activities Policy Highlights
■ Online Application
■ As low as 20¢/person/day – $8 minimum per event
  – Coverage options are outlined on slide 12
■ Includes all registered participants and volunteers in an event regardless of 4-H enrollment
■ Covers accidents and some illnesses (25¢ and 30¢ policies only)
■ No upfront payment is required
■ Can be used for collaborative programs
Submit 4-H/CES Activity Report

Existing policyholders can submit an activity report here. Fill in all required forms (required forms are marked with an asterisk *) and describe your activity in the Activity Description box. Type in the start date, the estimated number of people in your group, the number of days you'll need coverage, and select a plan. When the form is filled out, click 'Submit'.

*Required

- Leader First Name*
- Address*
- Leader Last Name*
- City*
- Group Name*
- State*
- Phone Number*
- Email*
- County*
- ZIP*
- Comments

At least one activity must be filled out below. You may fill out up to 10 activities per submission.

<table>
<thead>
<tr>
<th>Activity Description</th>
<th>Start Date</th>
<th>End Date</th>
<th># of Daily Participants</th>
<th># of Days</th>
<th>Rate</th>
<th>View Rates</th>
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</thead>
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</table>

$8.00 minimum required per event.
## Special Activities Coverage

Covers any 4-H or Extension sponsored event for Youth or Adults

<table>
<thead>
<tr>
<th>Special Activities Coverage</th>
<th>Option A 20¢ person/day</th>
<th>Option B 25¢ person/day</th>
<th>Option C 30¢ person/day</th>
</tr>
</thead>
<tbody>
<tr>
<td>For expense incurred within 52 weeks of the date of Accident for Medical and Surgical Treatment, X-Ray Examinations, Hospital Confinement and Ambulance Expense, up to a maximum of...</td>
<td>$2,500</td>
<td>$3,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>Dental Services incurred within 52 weeks of the Accident, Involving Sound Natural Teeth, up to a maximum of...</td>
<td>$400</td>
<td>$500</td>
<td>$1,000</td>
</tr>
<tr>
<td>Medical and Hospital Expense for Illness having its inception on the day or days this policy is in force, up to a maximum of...</td>
<td>None</td>
<td>$1,000</td>
<td>$1,500</td>
</tr>
<tr>
<td>For Medical Expenses from these specified diseases: Poliomyelitis, Diphtheria, Scarlet Fever, Smallpox, Tetanus, Cerebrospinal Meningitis, Typhoid Fever, Leukemia, or Primary Encephalitis, up to a maximum of...</td>
<td>None</td>
<td>$3,500</td>
<td>$5,000</td>
</tr>
<tr>
<td>For losses within 100 days of the accident which result in the loss of life...</td>
<td>$2,500</td>
<td>$3,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>For losses within 100 days of the accident which cause loss of both hands, both feet, the total sight of both eyes, or one hand and one foot...</td>
<td>$7,500</td>
<td>$7,500</td>
<td>$10,000</td>
</tr>
<tr>
<td>For losses within 100 days of the accident which cause the loss of one hand or one foot or sight of one eye...</td>
<td>$2,500</td>
<td>$2,500</td>
<td>$5,000</td>
</tr>
</tbody>
</table>
Special Activities Coverage
Covers any 4-H or Extension sponsored event for Youth or Adults

- What is NOT covered under Special Activities Policies:
  - Events with no official 4-H or Extension involvement
  - Spectators or members of the general public
  - Children under the age of 5
  - Eyeglass replacement
  - Suicide
  - Pre-Existing conditions
  - Hernia in any form
  - Any loss caused by or resulting from pregnancy
  - Losses covered under Workman’s Compensation
  - Air Travel
West Virginia 4-H Camps that are over 60 hours in duration must use the above policy at the rate of 44¢/person/day

The application can be found on our website, but is NOT the same as the regular 4-H/CES application! If you submit your application under the normal Special Activities Policy it is not valid.

Use the link below or choose the button on our homepage that says “Submit Camp, College, Travel, and Non-4-H Activity Report”

Direct Link to the Application:
http://www.americanincomelife.com/who-we-serve/camp-college-travel-and-other-non-4-h-coverage-online-application
Knock on Wood?

- Even the most carefully planned and executed Extension program can include an accident (or 3).

- Make sure that you and any Volunteers who are supervising activities are aware of your County/State guidelines for reporting illness/injuries and that those procedures are followed. Be sure that you have your AIL Policy and/or Serial Number available. These can be found in your Confirmation of Coverage e-mail for Special Activities or in the Policy Letter for Annual.

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American Income Life Insurance Company
PO Box 50158 Indianapolis, IN 46250
1-800-649-4820 Fax 1-317-844-2953

March 8, 2016

LINCOLN CO 4-H ARCHERY CLUB
APRIL B. DILLON
115 W MAIN ST
LINCOLNTON, NC 28092

Policy Number: A NC49639
Issue Date: November 07, 2015
Renewal Date: November 07, 2016

Thank you for your application for our annual coverage. You will find your policy enclosed with this letter.

CONFIRMATION OF COVERAGE

Thank you for your recent request for coverage.

Coverage is bound as requested under the Serial and Policy numbers listed below.
DATES ARE BINDING.

Policy #: 717A
Serial #: 95081

Begin Effective Date: 01/06/2016
Activity Description: N. CENTRAL DIST WINTERFEST

Please refer to the serial number for all correspondence.

At the completion of your event send your check with this form or your original remittance form.
Filing a Claim

**IF you have an incident occur during a covered Program/Event follow these steps:**

- If accident/incident needs medical attention, fill out our Claim Form as completely and accurately as possible. The form must be completed by staff or volunteer who is not related to the patient. A PDF of the form is available online here: [http://www.americanincomelife.com/wp-content/themes/ailspecialrisk/documents/ClaimForm.pdf](http://www.americanincomelife.com/wp-content/themes/ailspecialrisk/documents/ClaimForm.pdf).
- The form has detailed instructions including what documentation will be needed to proceed.
- **Claim report must be sent directly to American Income Life within 20 days of the accident.** Claim forms or itemized bills may be mailed, faxed or emailed to claims@americanincomelife.com. Mailing address is AIL Claims, P.O. Box 50158, Indianapolis, IN 46250. The fax number is 317-849-2793.
- Even after the initial Claim report has been submitted, communication between the AIL SRD Office and the Policy Holder (4-H) is very important! Please make sure to keep open lines of communication and follow up with requests ASAP so that we can be sure that your participants are not left with unpaid bills!
Frequently Asked Questions

- Is coverage under your policies considered primary?
- How far in advance do I need to request coverage?
- Why would we need Special Activities Coverage if we already have an Annual Policy?
- We have a *unique* financing situation – How do we pay?
- What do I do if an event is cancelled?
- Is travel covered for Special Activities Policies?
QUESTIONS?

American Income Life – Special Risk Division
Erin Bain, 4-H and Extension Client Relationship Coordinator

ebain@americanincomelife.com

Toll-Free: 800-849-4820 or Direct: 317-436-1005

http://www.americanincomelife.com

P.O. Box 50158
Indianapolis, IN 46250

Fax: 317-849-2793