

USA FIELD HOCKEY PROGRAM UMPIRES & OFFICIALS PARTICIPANT ACCIDENT SUMMARY OF INSURANCE

Effective 12/1/2022 – 12/1/2023



Insured Persons

The following individuals are eligible for coverage under the USA Field Hockey Participant Accident program:

All **Currently Registered Umpires or Officials** of USA Field Hockey.

Covered Activities

The policy provides coverage for accidental bodily injury, accidental death & dismemberment or loss of game officiating fees resulting directly from participation in a Covered Activity as defined below.

Covered Activities include:

- Scheduled games, practices, camps, clinics and related activities sanctioned and/or approved by USA Field Hockey.
- Group travel as a team or club directly to or from scheduled practices, games or sanctioned or approved activities
- Other supervised activities, such as club or team meetings, banquets and usual, non-hazardous fundraisers
- While officiating in any and all amateur field hockey activities and for their duties as an assignor for any field hockey activities. Coverage extends to USA Field Hockey sponsored games, clinics and tournaments, as well as other amateur field hockey play, such as NCAA, high school or other regularly scheduled games.

Coverage Summary

The USA Field Hockey Participant Accident insurance program provides Accidental Medical and Accidental Death & Dismemberment (AD&D) benefits to registered umpires and officials who are injured while serving in that capacity during a Covered Activity.

Coverage does not include loss from pre-existing conditions or from serving as an umpire or official in events not specifically included as a Covered Activity. If an accidental bodily injury results in an Insured Person requiring medical care and treatment within 60 days of the accident, the policy will pay the reasonable and customary medical charges of medically necessary medical services up to the benefit amount.

Medical expenses must be incurred within 2 years of the date of accident. The accidental medical coverage is secondary to any other available medical/health insurance and is subject to a \$100 deductible per claim.

The Accident Medical Expense coverage does not apply to the following charges and services:

- Intentionally self-inflicted injury, suicide or attempted suicide;
- War, or act of war, whether declared or undeclared;
- Injury sustained while taking prescription drugs, unless prescribed or administered by a physician;
- Medical services performed by a person retained or employed by the Team or the Policyholder;
- Dental work or treatment on natural teeth which is not necessary for repair or relief of injury;
- Repair, replacement, exam for prescriptions or fitting of eyeglasses, contact lenses or hearing aids;
- Cosmetic or plastic surgery which is not necessary for repair or relief of injury;
- Injury sustained during commission of a felony

Participant Accident Policy Limits

The policy pays for reasonable Accident Medical Expenses and Accidental Death & Dismemberment benefits per the schedule below:

Accidental Medical Expense Benefits

Maximum Benefit Amount	\$100,000
Deductible (per injury)	\$100
First Incurred Expense Duration	60 Days
Benefit Duration	2 years

Accidental Death & Dismemberment Benefits

Accidental Death Benefit	\$7,500
Accidental Dismemberment Benefit (Principal Sum)	\$7,500
Loss must occur within	180 days

Game Fee Reimbursement

Weekly Maximum Benefit	\$200
Elimination Period (not retroactive):	7 days
Loss must occur within	30 Days
Maximum Benefit	26 Weeks

Underwriting Company

Hartford Life and Accident Insurance Company
A.M. Best Financial Rating: A (Excellent)
Financial Size Category: XV (\$2 billion and above)

Medical Claim Filing Procedures

If you are injured while participating in a USA Field Hockey sanctioned event, please let the on-site Club Official, Coach or Event Director know of your injury so that an Incident Report form can be prepared. If an Incident Report is not prepared to document your injury, your claim may be denied by the Participant Accident carrier.

Should you require medical treatment as a result of your injury, the on-site Club Official, Coach or Event Director will provide you with a Medical Claim form.

The Incident Report form and the Medical Claim form for sanctioned events are also available to all USA Field Hockey affiliated Clubs and USA Field Hockey Members under the Membership/Insurance Information section of the USA Field Hockey website: www.usafieldhockey.com.

The information contained in this summary is intended to serve only as an outline for general understanding of your insurance and should not be construed as a legal interpretation of the insurance policies written. Reference should be made to the respective policies for complete details including terms, conditions, limitations and exclusions of coverage.



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