

## 2009 RATES

The following costs are for the benefits specified earlier, which include a SCMAF registration fee. Coverage begins from the date of registration with SCMAF and ends December 31st of the year registered. SCMAF registration is mandatory for participation in this insurance program:

Sport	Youth	Adult	Tournament
Baseball	\$50.00	\$110.00	\$20.00
Basketball	\$50.00	\$110.00	\$20.00
Flag Football	\$50.00	\$110.00	\$20.00
Volleyball	\$50.00	\$110.00	\$20.00
Soccer (Indoor)	\$100.00	\$175.00	\$20.00
Soccer (Outdoor)	\$100.00	\$175.00	\$20.00
Softball	\$50.00	\$120.00	\$20.00
Roller Hockey	\$50.00	\$110.00	\$20.00
Officials (Annual)		\$20.00	\$20.00
Individual Sports (Cheerleading, Track, Gymnastics, Swimming, Tennis)			ALL \$4.00

## IMPORTANT INFORMATION

This brochure is only a brief description of coverage. Upon receipt of the completed enrollment form and payment, we will review it and provided all is in order, issue a claim form. We will notify you of any problems, miscalculations or omissions that would prevent SCMAF from accepting the enrollment form. The underwriting company is Nationwide Life Insurance Company. In the event of any conflict between this brochure and the actual policy, the insurance policy will govern in all cases.

For further information or questions, please call SCMAF at (626) 448-0853 ext. 11 or E-mail SCMAF@scmaf.org.

## YOUR SAFETY IS IMPORTANT!

You know how important safety is to SCMAF's continued success. But the reality is that accidents happen, even in the best programs. The new policy SCMAF is offering will help protect Active players, coaches, and officials.



**Southern California  
Municipal Athletic Federation  
Accident Protection Program**

**www.SCMAF.org**

## DEFINITIONS

### *Who is Covered*

All Players, Coaches and Officials of the Southern California Municipal Athletic Federation (SCMAF), for whom premium has been paid, are covered while competing in SCMAF agency sanctioned, scheduled and supervised leagues and during group organized, conducted, and supervised by the Plan Sponsor or one of its participating members.

## COVERAGES

**ACCIDENT MEDICAL EXPENSE** — Covered Medical and Dental expenses are payable, in excess of any other valid and collectible insurance. The plan will pay up to a maximum of **\$15,000** of usual and customary costs for covered medical expenses incurred within three years of the date of the injury. The first covered expenses must be incurred within 180 days of the accidental bodily injury. A **\$500** deductible applies. The deductible is reduced by amounts paid by your own insurance.

Covered Expenses are the reasonable and customary charges for ambulance service; hospital or surgical center care; medical treatment; nursing care; x-ray and laboratory services; prescription drugs; therapeutic services and supplies; and full policy coverage for dental treatment with deductible for injuries to sound and natural teeth. Home health care is covered when it is required instead of a hospital confinement.

Injury is defined as a bodily injury which is caused by an accident which happens during a covered activity and while the policy is in force and which results in expense covered by the policy.

Reasonable and customary means reasonable in terms of service, care or treatment provided and customary in that the charges are in line with those made by providers of similar training, licensing and experience for a similar service within the same area.

**SCMAF**  
**P.O. Box 3605**  
**South El Monte, CA 90713**  
**(626) 448-0853 Ext. 11**

## ACCIDENTAL DEATH AND SPECIFIC LOSS BENEFIT

**Death**- If, as a result of a covered injury, an insured dies within one year from the date of the accident causing the injury, the plan will pay, subject to the overall maximum for any one accident, a death benefit of \$5,000.

**Specific physical**—If, as a result of a covered injury, an insured suffers a specific loss within one year from the date of the accident causing the injury, the plan will pay up to \$5,000 for all losses according to this schedule:

### **For the Loss of:**

Each Arm	\$3,750
Each Leg	\$3,750
Each Hand	\$2,500
Each Foot	\$2,500
Sight of Each Eye	\$2,500
Speech	\$2,500
Hearing of Each Ear	\$1,250
Thumb and Index Finger of the Same Hand	\$1,250

### **EXCLUSIONS (include but are not limited to):**

The plan will not pay for expenses incurred for eye exams, glasses or contact lenses; hearing aids; treatment by a person employed or retained by SCMAF; care or treatment by a person who resides with the covered person or who is the insured person's spouse's parent, grandparent, spouse, brother, sister or child. Policy or coverage will not pay for loss or expense resulting from intentional self destruction or intentional self-inflicted injury; war or an act of war.

### **APPLICATION**

Any SCMAF team or league in good standing may apply. To apply for coverage, contact your league director or Recreation Department representative. Make the check payable for total premium to SCMAF.

Any questions E-mail [SCMAF@scmaf.org](mailto:SCMAF@scmaf.org) with the Subject heading of Accident Protection Program  
Check, Money order, Visa, MasterCard,  
and Debit Cards are accepted.

[www.SCMAF.org](http://www.SCMAF.org)