

**Franklin Public Schools
Franklin, Massachusetts 02038**

Action Required

Subject:

Out of State Travel

Date:

November 26, 2019

Dept:

FHS

Reason:

Past practice of the Committee
requires a vote to allow
students/staff to travel outside
of the State/Country

Enclosure

Yes

Background

Recommendation:

DECA Nationals Trip

I recommend approval of the request of Miguel Carmo to take FHS Students to Nashville, TN for the DECA National's Competition from April 29 – May 1, 2020 as detailed.

Action Requested of the School Committee:

Majority vote of the Committee is required.

<u>Vote Tabulator</u>	
A. Bergen:	Y / N T Keenan: Y / N
J D'Angelo:	Y / N MJ Scofield: Y / N
J Pond-Pfeffer:	Y / N D Spencer: Y / N
E Stokes:	Y / N Action: _____

Trip Approval Process for Extended Field Trip

The trip advisor(s) shall submit a proposal to the School Committee providing the following information:

a. Destination – **Nashville, TN (International DECA Competition)-We will be in one of four Marriott hotels in the Vanderbilt section of Nashville. Events will be held at the Music City Center.**

b. Departure/expected return dates – **Depart- 4/29/20 Return: 5/3/20**

c. Itinerary

A. **Depart from Airport early AM on Wednesday 4/29/20 and return Sunday Morning 5/3/19**

B. **Competition/Presentation takes place on Thursday 4/30/20 and Friday 5/1/20**

d. Summary of trip purpose/educational alignment

The activities included in the program include a 30 page written research report and a presentation before a judge. The activities are designed to complement curriculum standards in the classroom and to incorporate authentic experiences through business research and problem solving

Skills Developed - Students will demonstrate skills described by the performance indicators for general marketing and 21st century skills, as well as learn/understand the importance of:

- communications skills—the ability to exchange information and ideas with others through writing, speaking, reading or listening
- analytical skills—the ability to derive facts from data, findings from facts, conclusions from findings, and recommendations from conclusions
- critical thinking/problem-solving skills
- production skills—the ability to take a concept from an idea and make it real
- teamwork—the ability to plan, organize and conduct a group project
- the ability to evaluate group presentations
- priorities/time management—the ability to determine priorities and manage time commitments and deadlines
- economic skills

The marketing research events involve the preparation of a plan based on the results of a customer profile study. The participants must:

- select an actual local business operation
- design a marketing research study of the business's customer profile
- conduct a marketing research study
- identify potential strategies based on an analysis of the research, that could be used to improve the business's employee training program.
- prepare a plan to improve the business's employee training program based on the market research
- prepare a budget for the proposed plan
- present in a role-play situation
 - the design of the research study
 - the findings and conclusions of the research study
 - the plan to promote the strategies to improve the business and/or maintain/increase sales

e.

Trip Expense- Inclusive of all Costs		
	Student	Advisors
Registration	\$164	\$164
Hotel	\$310.44	\$931.32 (This could be cut in half depending on ability to find a roommate)
Plane/Baggage	\$400 (approx.)	\$400(approx.)
Meals	\$200	\$200
Transportation	\$50	\$50
Trip Insurance	TBD	TBD
Total	\$1124.44	\$1745
Cost Variables: Plane ticket could be a lot more or a lot less. Some airlines also charge for baggage. If students choose to participate in DECA activities (Disney World) this would increase the cost. The amount of roommates students have could increase or decrease the cost. Cost details become available as the competition comes closer.		

f. Description on how the trip will be accessible to students from limited income families - **All DECA store profits and fundraisers are shared with students to defray competition costs. DECA also provides financial aid for students in need. Students seeking aid, will have to go through a process.**

g. Accessibility for students with disabilities – **“NON-DISCRIMINATION POLICY DECA Inc. is committed to creating and maintaining a healthy and respectful environment for all of our emerging leaders and entrepreneurs. Our philosophy is to ensure all members, regardless of race, color, religion, sex, national origin, age, disability, sexual orientation, or socio-economic status, are treated equally and respectfully. Any behavior in the form of discrimination, harassment or bullying will not be tolerated. It is the responsibility of all members to uphold and contribute to this climate.”**

h. Number of students needed to support trip – N/A – **if a student qualifies, they are eligible to attend. Students who qualify at the state level will be eligible to compete at the international level. On average 10% of FHS students qualify to compete at the international level. We will also be seeking leadership spots through various school and community outreach events (Up to 4 students if completed).**

i. Number of chaperones in attendance – **1 chaperone for 8 (10 would be the max) students is required by DECA organization. We will have the required chaperones. Miguel Carmo will be the first chaperone. If we have more than 8 (or 10) an additional FHS teacher/staff member will chaperone.**

j. Method of transportation and/or travel agency/organization information – **Organized through the DECA organization: We are hoping to depart out of TF Green in Providence, RI. (or Logan Airport in Boston, MA). DECA provides shuttle transportation for a nominal fee. Depending on the amount of students who qualify, Uber or another ride sharing service may be used.**

k. Documentation that all students, advisors and chaperones will have full trip insurance – **Documentation will be provided as students qualify and purchase plane tickets. Advisors and students will have trip insurance. Trip insurance is included from DECA as part of the registration cost. We will check on the plane ticket portion and if we can buy insurance through the airline as well. If possible, students may opt out of airline portion of the insurance.**

l. Emergency plan including medical care plan including plan for administration of medication – **Student list will be forwarded to the nurse. If the student has any medication needs, a plan for administering medication will be developed at that point. Student and parent phone numbers will be collected prior to the trip. Students will be directed to call 911 in an emergency. In the case of an unexpected event, students will be advised to first contact their parents to let them know they are safe, then contact the advisor/chaperone. Students will have cell phone number of the advisor/chaperone. (DECA is currently developing an emergency plan for their ICDC event.)**

m. CORI for Chaperones – **all chaperones have been or will have been, CORI's by the Franklin Public Schools.**

n. Extended Field Trip Waiver- **Attached. Will be completed by Parent/Guardians prior to the trip.**

Proposal should be submitted to principal for initial approval then forwarded to Superintendent of Schools

The Superintendent will review and present to the School Committee as an Action Item without requirement of presentation by the tripadvisor.

FRANKLIN PUBLIC SCHOOLS
EXTENDED FIELD TRIP WAIVER
WAIVER AND RELEASE OF LIABILITY

- I/We, _____, as parent(s) or guardian(s) hereby acknowledge my/our knowledge of and consent to the participation in a school-sponsored trip to **DECA International Conference** _____ on **April 29- May 3** _____,

- Location **Nashville, TN** Date **April 29- May 3**

(said trip referred hereinafter as “**the released activity**”) by _____, a minor child and student enrolled in Franklin Public Schools.

- For good and valuable consideration, the sufficiency of which I/We hereby acknowledge, I/We do hereby waive, release and forever discharge **Franklin Public Schools**, the **Town of Franklin**, and their respective employees, agents, board members, officials, servants, volunteers, and representatives (hereinafter collectively referred to as “**the released parties**”), and others for whom **the released parties** may have legal responsibility, from and against any and all actions, claims, demands, causes of action, responsibility and liability for injuries, losses, or damages, including but not limited to personal injury, bodily injury, and/or property damage, which I/We may have had in the past, may now have, or may have in the future as a parent/guardian of said minor child arising in any way, directly or indirectly, from said minor child’s participation in **the released activity**, and any travel related thereto.
- For good and valuable consideration, the sufficiency of which I hereby acknowledge, I/We do hereby agree to indemnify and hold harmless, including the costs of defense, **the released parties**, and others for whom **the released parties** may have legal responsibility, from and against any and all actions, claims, demands, causes of action, responsibility and liability for injuries, losses, or damages, including but not limited to personal injury, bodily injury, and/or property damage, which arise in any way, directly or indirectly, from said minor child’s participation in **the released activity** and/or any travel related thereto.

- I/We hereby acknowledge and agree that participation in **the released activity** is completely voluntary, that the minor child and I/We are free to choose to not participate in **the released activity**. I understand that the minor child's participation in **the released activity**, and/or any travel related thereto, may involve a risk of serious personal injury, bodily injury and/or property damage. I/We understand and acknowledge that I/We am/are consenting to the minor child's participation in **the released activity** with full knowledge of the dangers involved therewith. I/We hereby agree, on my/our own behalf and on behalf of the minor child, to expressly assume and accept any and all risks of personal injury, bodily injury and/or property damage, with full knowledge that **the released parties**, and others for whom **the released parties** may have legal responsibility, will not be liable for any such injury or damage.
- I/We hereby represent that I/We am/are the custodial parent(s) and/or guardian(s) of _____ and have full legal authority to execute this Waiver and Release of Liability on behalf of the minor child, on my/our own behalf, and on behalf of my/our family as a parent and/or guardian of the minor child.
- I/We have been advised by the Franklin Public Schools of recent and applicable travel advisories on travel for American citizens issued by the United States Department of State. We have undertaken such investigation of the effects of these travel advisories as we deem necessary. We hereby declare that the participation of the student in the released activity/trip is voluntary and undertaken with full knowledge of the risks inherent in participation in the trip.
- I hereby agree to provide emergency contact information, medical information and insurance information regarding my child to the Franklin Public Schools as requested by Franklin Public Schools prior to my child's participation in the released activity.

I/We hereby acknowledge that I/We have had full opportunity to read and review this Waiver and Release of Liability and understand its contents. I/We execute this Waiver and Release of Liability voluntarily and freely.

THIS IS A RELEASE OF CLAIMS AND WAIVER OF LIABILITY
READ CAREFULLY BEFORE SIGNING

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

Witness to Signature(s): _____ Date: _____

Witness Print Name: _____

DECA

INTERNATIONAL CAREER DEVELOPMENT CONFERENCE 2019



CHAPTER REGISTRATION KIT
APRIL 27-30 | ORLANDO



DECA INTERNATIONAL CAREER DEVELOPMENT CONFERENCE

The DECA International Career Development Conference (ICDC) is the culmination of the DECA year. More than 19,000 high school students, teacher-advisors, business professionals and alumni gather for several days of DECA excitement.

DECA members demonstrate their college and career ready knowledge and skills by participating in DECA's industry-validated Competitive Events Program, aligned with Career Clusters, National Curriculum Standards and 21st Century Skills in the areas of marketing, finance, hospitality, management and entrepreneurship. These members have qualified to attend based on superior performance at the district and association level. More than 1,000 business professionals serve as expert judges to evaluate DECA members' mastery of these concepts.

In addition, thousands of members participate in DECA's Emerging Leader Series, which helps them attain 21st Century Skills in the areas of collaboration and teamwork, communication, critical thinking and problem solving and creativity. One highlight is the involvement of executive mentors who provide college and career advice.

Thousands of DECA advisors and educators participate in administering DECA's Competitive Events Program and Emerging Leader Series while also participating in professional learning activities.

CLASSROOM CONNECTION

DECA's International Career Development Conference supports educational initiatives.

- Career Clusters®
- National Curriculum Standards
- 21st Century Skills
- Common Core State Standards
- Project-based Learning
- Personal Financial Literacy



The National Association of Secondary School Principals has placed this program on the NASSP National Advisory List of Contests and Activities for 2018-2019.

CONFERENCE FACTS



13,000

finalists from 55 chartered associations vying for international honors in DECA's Competitive Events Program.



3,000

DECA members engaging in leadership development activities preparing to be college and career ready.



1,000

business leaders who will serve as judges for international competition.



100+

exhibitors from a wide variety of colleges and businesses.



2,000

DECA advisors coaching their students and attending Advisor Professional Learning.



**ORANGE COUNTY
CONVENTION CENTER**

9800 International Dr,
Orlando, FL 32819
occc.net
407-685-9800



#DECAICDC



Visit decadirect.org for
previews and highlights.



Join the event at
<http://bit.ly/decaicdc19>

IN THIS REGISTRATION KIT

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Delegate Conduct Practices and Procedures

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Permission Form

DECA

CONFERENCE OVERVIEW

2019



INTERNATIONAL CAREER DEVELOPMENT CONFERENCE

FRIDAY, APRIL 26

8:00 AM – 6:00 PM	REGISTRATION <i>For Chartered Association Advisors</i>	W206
8:00 AM – 9:00 PM	HEADQUARTERS + TOURS BOOTH	W206
8:00 AM – 9:00 PM	SHOP DECA (<i>blazers only</i>)	W205AB
10:00 AM – 2:00 PM	TOURS BOOTH	Hilton Walt Disney World Resort
12:00 PM – 9:00 PM	DECA 5K RUN/WALK <i>Pre-Registration</i>	W206
6:30 PM	CHARTERED ASSOCIATION ADVISOR DINNER (<i>by invitation only</i>)	W305AB

SATURDAY, APRIL 27

7:00 AM – 3:00 PM	TOURS BOOTH	Hilton Walt Disney World Resort
7:00 AM – 8:30 PM	HEADQUARTERS + TOURS BOOTH	W206
7:00 AM – 8:30 PM	SHOP DECA + BLAZER SHOP	W205AB
7:30 AM	DECA 5K RUN/WALK	
9:00 AM	OFFICER CANDIDATE INTERVIEWS	
9:30 AM – 5:00 PM	DECA DAY IN THE PARKS (<i>ticket purchase required</i>)	Walt Disney World Resort® Universal Orlando Resort™
9:30 AM	EVENT DIRECTORS' + ASSISTANT EVENT DIRECTORS' BRIEFING	W207-W208
1:00 PM – 5:00 PM	EXHIBIT + CAMPAIGN BOOTH SET-UP	WB2
5:00 PM	PARADE OF CHARTERED ASSOCIATIONS REHEARSAL	WA1-4
6:00 PM	EXECUTIVE MENTOR WELCOME (<i>by invitation only</i>)	
8:30 PM	GRAND OPENING SESSION	WA1-4
12:30 AM	CURFEW <i>Chapters and chartered associations may set earlier curfew times.</i>	Assigned Hotel

SUNDAY, APRIL 28

7:00 AM – 5:00 PM	HEADQUARTERS + TOURS BOOTH	W206
7:00 AM – 5:00 PM	SHOP DECA + BLAZER SHOP	W205AB
7:30 AM	VIRTUAL BUSINESS CHALLENGE BRIEFING (<i>required</i>)	
8:00 AM – 11:30 AM	SCHOOL-BASED ENTERPRISE ACADEMY FOOD OPERATIONS <i>Sponsored by Otis Spunkmeyer, an ARYZTA Brand</i>	
8:00 AM – 4:00 PM	CAREER EXHIBITS + CAMPAIGN BOOTHS + SHOP DECA <i>(Advisors only from 8:00 AM - 9:00 AM)</i>	WB2
8:00 AM – 5:00 PM	COMPETITIVE EVENT BRIEFING + TESTING	
8:30 AM – 4:00 PM	EMERGING LEADER SERIES	
9:00 AM – 3:00 PM	ADVISOR PROFESSIONAL LEARNING SERIES <i>Sponsored by PepsiCo Chilled DSD</i>	
9:30 AM – 1:00 PM	EXECUTIVE MENTOR PROGRAM	
12:00 PM	MDA LUNCHEON <i>Sponsored by Muscular Dystrophy Association (by invitation only)</i>	
12:30 PM – 4:00 PM	SCHOOL-BASED ENTERPRISE ACADEMY RETAIL OPERATIONS <i>Sponsored by Otis Spunkmeyer, an ARYZTA Brand</i>	
4:00 PM	VOTING DELEGATES' BRIEFING + CANDIDATE CAMPAIGN SESSION	
12:30 AM	CURFEW <i>Chapters and chartered associations may set earlier curfew times.</i>	Assigned Hotel

Events will be held in the **ORANGE COUNTY CONVENTION CENTER** unless otherwise noted.

MONDAY, APRIL 29

7:00 AM – 5:00 PM	SHOP DECA	W205AB
7:00 AM – 7:00 PM	HEADQUARTERS + TOURS	W206
7:30 AM	JUDGES' ORIENTATION	WB1 + WB3-4
8:00 AM – 4:00 PM	CAREER EXHIBITS + CAMPAIGN BOOTHS + SHOP DECA	WB2
8:00 AM – 7:00 PM	COMPETITIVE EVENT PRELIMINARY COMPETITION	
8:30 AM – 10:30 AM	JOHNSON & WALES SCHOLARSHIP AWARD BREAKFAST <i>Sponsored by Johnson & Wales University (by invitation only)</i>	
8:30 AM – 3:30 PM	EMERGING LEADER SERIES	
9:00 AM – 3:00 PM	ADVISOR PROFESSIONAL LEARNING SERIES <i>Sponsored by PepsiCo Chilled DSD</i>	
NOON – 1:30 PM	CHARTERED ASSOCIATION OFFICER/ADVISOR LUNCHEON <i>Sponsored by U.S. Army (by invitation only)</i>	
12:30 PM	JUDGES' ORIENTATION	
2:00 PM – 3:30 PM	LEADERSHIP RECOGNITION <i>(by invitation only)</i>	
3:30 PM – 4:30 PM	COMPETITIVE EVENTS UPDATE WORKSHOP <i>(Advisors Only)</i>	
7:00 PM – 11:00 PM	DECA NIGHT AT UNIVERSAL STUDIOS FLORIDA™ <i>(ticket purchase required)</i>	Universal Orlando Resort™
12:30 AM	CURFEW <i>Chapters and chartered associations may set earlier curfew times.</i>	Assigned Hotel

TUESDAY, APRIL 30

7:30 AM – 10:30 AM	JUDGES' ORIENTATION	WB3-4
7:30 AM – 6:00 PM	HEADQUARTERS + TOURS	W206
8:00 AM	ACHIEVEMENT AWARDS SESSION	WA1-4
8:30 AM – 6:00 PM	SHOP DECA + FINALIST T-SHIRT + RECOGNITION ITEMS	W205AB
8:30 AM – 6:00 PM	COMPETITIVE EVENT FINAL COMPETITION	WB3-4
NOON	BUSINESS + ELECTION SESSION	
2:00 PM – 3:00 PM	WRITTEN REPORT + CERTIFICATE RETURN <i>(Chartered Association Advisor or Designee Only)</i>	
7:00 PM – 8:00 PM	SCHOLARSHIP + NATIONAL ADVISORY BOARD RECEPTION <i>Sponsored by National Advisory Board Partners (by invitation only)</i>	
8:30 PM	GRAND AWARDS SESSION	WA1-4
12:30 AM	CURFEW <i>Chapters and chartered associations may set earlier curfew times.</i>	Assigned Hotel

WEDNESDAY, MAY 1

9:00 AM – 1:00 PM	NEW EXECUTIVE OFFICER ORIENTATION	Rosen Centre
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Tentative: 1.10.19. Check deca.org/icdc for updates.

DECA

COMPETITIVE EVENTS

2019





As an integral part of the classroom curriculum, DECA's industry-validated competitive events are aligned with the National Curriculum Standards in the career clusters of marketing, business management and administration, finance, and hospitality and tourism. DECA's flagship evaluation process involves students in both a written component such as an exam or report and an interactive component with an industry professional serving as a judge. DECA's competitive events directly contribute to every student being college and career ready when they graduate from high school.

QUALIFICATIONS FOR ENTERING INTERNATIONAL CONFERENCE COMPETITIVE EVENTS

1. All participants must be active members of DECA with the current year's dues on file with DECA Inc. prior to March 1 of the current school year.
2. All participants and written entries must be approved and authorized for entering competition by their chartered association through official competitive events registration forms.
3. All participants and written entries must meet the specifications set forth for each activity.
4. All participants must have participated in chartered association, district and/or local competition, or qualified through online competition.
5. All entry forms and creative entries must be submitted by the chartered association advisor or designee according to announced deadlines.
6. A participant may enter only one of the competitive events with a participatory component during DECA's international conference.
7. No additions or substitutions may be registered for competition after the deadline set forth by DECA Inc.
8. A written entry may not be entered in more than one international conference competitive event during a given year.
9. Once a written entry is entered in international conference competition, the identical content material may not be entered again in international conference competition.
10. All participants must attend the briefing sessions scheduled for their competitive event during the international conference.
11. Participants are required to follow the official DECA dress code.
12. All written entries must include a signed copy of DECA's Written Event Statement of Assurances and Academic Integrity.
13. Participants must bring a photo ID to all event briefings, testing sessions and presentations. If a photo ID is not available, an advisor must verify the participant's identity.
14. All participants must be housed at their assigned official conference hotel.



DECA COMPETITIVE EVENTS

PRINCIPLES OF BUSINESS ADMINISTRATION EVENTS

Principles of Business Management and Administration **PBM**

Principles of Finance **PFN**

Principles of Hospitality and Tourism **PHT**

Principles of Marketing **PMK**

TEAM DECISION MAKING EVENTS

Business Law and Ethics Team Decision Making **BLTDM**

Buying and Merchandising Team Decision Making **BTDM**

Entrepreneurship Team Decision Making **ETDM**

Financial Services Team Decision Making **FTDM**

Hospitality Services Team Decision Making **HTDM**

Marketing Management Team Decision Making **MTDM**

Sports and Entertainment Marketing Team Decision Making **STDM**

Travel and Tourism Team Decision Making **TTDM**

INDIVIDUAL SERIES EVENTS

Accounting Applications Series **ACT**

Apparel and Accessories Marketing Series **AAM**

Automotive Services Marketing Series **ASM**

Business Finance Series **BFS**

Business Services Marketing Series **BSM**

Entrepreneurship Series **ENT**

Food Marketing Series **FMS**

Hotel and Lodging Management Series **HLM**

Human Resources Management Series **HRM**

Marketing Communications Series **MCS**

Quick Serve Restaurant Management Series **QSRM**

Restaurant and Food Service Management Series **RFSM**

Retail Merchandising Series **RMS**

Sports and Entertainment Marketing Series **SEM**

PERSONAL FINANCIAL LITERACY EVENT

Personal Financial Literacy **PFL**

BUSINESS OPERATIONS RESEARCH EVENTS

Business Services Operations Research **BOR**

Buying and Merchandising Operations Research **BMOR**

Finance Operations Research **FOR**

Hospitality and Tourism Operations Research **HTOR**

Sports and Entertainment Marketing Operations Research **SEOR**

CHAPTER TEAM EVENTS

Community Service Project **CSP**

Creative Marketing Project **CMP**

Entrepreneurship Promotion Project **EPP**

Financial Literacy Promotion Project **FLPP**

Learn and Earn Project **LEP**

Public Relations Project **PRP**

ENTREPRENEURSHIP EVENTS

Innovation Plan **EIP**

Start-Up Business Plan **ESB**

Independent Business Plan **EIB**

International Business Plan **IBP**

Business Growth Plan **EBG**

Franchise Business Plan **EFB**

INTEGRATED MARKETING CAMPAIGN EVENTS

Integrated Marketing Campaign-Event **IMCE**

Integrated Marketing Campaign-Product **IMCP**

Integrated Marketing Campaign-Service **IMCS**

PROFESSIONAL SELLING AND CONSULTING EVENTS

Financial Consulting **FCE**

Hospitality and Tourism Professional Selling **HTPS**

Professional Selling **PSE**

ONLINE EVENTS

Stock Market Game **SMG**

Virtual Business Challenge-Accounting **VBCAC**

Virtual Business Challenge-Fashion **VBCFA**

Virtual Business Challenge-Hotel Management **VBCHM**

Virtual Business Challenge-Personal Finance **VBCPF**

Virtual Business Challenge-Restaurant **VBCRS**

Virtual Business Challenge-Retail **VBCRT**

Virtual Business Challenge-Sports **VBCSP**

Not all chartered associations offer all events. Please check with your chartered association advisor for events offered in your chartered association.

DECA ICDC 2019 REGISTRATION KIT



RECOGNITION AND AWARDS

DECA's competitive events provide recognition in a number of different areas. The following list describes the recognition provided at ICDC:

CERTIFICATE OF ACHIEVEMENT: All competitors will receive a Certificate of Achievement recognizing the achievement necessary to qualify to participate in the International Career Development Conference.

CERTIFICATE OF EXCELLENCE: Competitors scoring a combined total score of 70% or better on the competitive event components will earn a Certificate of Excellence.

ACHIEVEMENT AWARDS: For each event with an exam, the highest ten individual scores on the exam will receive a silver-ribbon medallion. For each Principles of Business Administration Event, Team Decision Making Event, Individual Series Event, Personal Financial Literacy Event, Integrated Marketing Campaign Event and Professional Selling and Consulting Event, participants with top scores in each section of the presentation component will each receive a silver-ribbon medallion. In all events, the top two overall scores in each section will be considered finalists and receive blue-ribbon medallions.

GRAND AWARDS: The top ten finalists will be called to the stage and receive red-white-blue ribboned medallions with first, second and third places receiving trophies.

CASH AWARDS: All competitive event first place winners will receive a minimum of \$100. Sponsored events provide larger awards.

SPONSORED EVENTS

DECA gratefully acknowledges the corporations and organizations that generously sponsor these competitive events.

Unless otherwise noted, each sponsoring organization provides the following awards for international competitors:

1 st Place	\$1,000
2 nd Place	\$500
3 rd Place	\$250
4 th -10 th Place	\$100 each

ACCOUNTING APPLICATIONS SERIES **ACT**



Association
of International
Certified Professional
Accountants®

APPAREL AND ACCESSORIES MARKETING SERIES **AAM**

MEN'S WEARHOUSE®

AUTOMOTIVE SERVICES MARKETING SERIES **ASM**



BUYING AND MERCHANDISING OPERATIONS RESEARCH **BMOR**

PiperJaffray®

COMMUNITY SERVICE PROJECT **CSP**



HOSPITALITY SERVICES TEAM DECISION MAKING **HTDM**



HOSPITALITY AND TOURISM OPERATIONS RESEARCH **HTOR**

PiperJaffray®

INTEGRATED MARKETING
CAMPAIGN-PRODUCT **IMCP**



PERSONAL FINANCIAL
LITERACY **PFL**



PRINCIPLES OF BUSINESS
MANAGEMENT AND
ADMINISTRATION **PBM**



PRINCIPLES OF
MARKETING **PMK**



SPORTS AND ENTERTAINMENT
OPERATIONS RESEARCH **SEOR**

PiperJaffray

DECA HOTEL
CHALLENGE **VBCHM**

THE J. WILLARD AND ALICE S.
MARRIOTT FOUNDATION

AWARDS

1st Place \$6,000 per team
2nd Place \$3,000 per team
3rd Place \$1,500 per team
4th Place \$900 per team

VIRTUAL BUSINESS
CHALLENGES

ACCOUNTING
VBCAC

FASHION
VBCFA

PERSONAL FINANCE
VBCPF

RESTAURANT
VBCRS

RETAIL
VBCRT

SPORTS
VBCSP



AWARDS

1st Place \$1,000 per team
2nd Place \$500 per team
3rd Place \$250 per team



EVIDENCE OF STUDENT LEARNING

TRANSCRIPTS

Supporting college and career readiness, DECA's competitive events transcripts express each member's performance rated against National Curriculum Standards identified as essential knowledge and skills and 21st Century Skills. DECA transcripts provide evidence of student learning and achievement as demonstrated by their participation in DECA's Competitive Events Program at the International Career Development Conference.

DECA transcripts are an exceptional tool to provide feedback for both advisors and members in helping them assess areas for improvement in course instruction and student learning.

The transcripts provide ranking and performance measures for each instructional area on the career cluster exam and feedback for each performance indicator and/or evaluation criterion the judge evaluates.

Because of the structure of DECA's competitive events program, all data is normalized and should be viewed as a snapshot of performance rather than a competition ranking.

DECA transcripts are yet another tool in demonstrating DECA's commitment to integrating DECA into classroom instruction, applying learning, connecting to business and promoting competition. DECA members may wish to use their DECA transcripts as part of their portfolios when applying for scholarships, to college or for jobs.

Learn more and order transcripts at www.deca.org.

CERTIFICATIONS

Over the past few years, more graduation requirements have been placed upon students. One of these common requirements is that students must obtain an industry certification or credential in order to graduate, aligned to the diploma the student seeks.

DECA members who take the Hospitality and Tourism Cluster Exam at ICDC and score at least 70% will be eligible for American Hotel and Lodging Educational Institute (AHLEI) Certified Guest Services Professional Certification. AHLEI's Certified Guest Services Professional Certification will cost DECA members \$20 compared to AHLEI's pricing of \$50 for AHLEI members and \$70 for non-members. Learn more at <https://www.ahlei.org/Certifications/AHLEI-Professional-Certification>.

Chapter advisors can order certifications through the marketplace on the online membership system.

Category

	Normal score	International
Comprehensive Exam	85	91
Preliminary Case Study	92	92
Final Case Study	92	88
Overall	177	96

Student: Hugh Young
School: DECA High School
Location: Reston, VA
Competitive Event: Buying and Merchandising Team Decision Making

2013 International Career Development Conference

Comprehensive Exam

	Raw score	VA	Int	%ile	low	mid	high
Channel Management	67	55	82				
Communication Skills	100	98	99				
Economics	100	98	99				
Emotional Intelligence	83	38	53				
Financial Analysis	83	71	89				
Information Management	75	69	77				
Market Planning	75	67	84				
Marketing-Information Management	53	16	53				
Operations	100	98	99				
Product/Service Management	82	60	76				
Professional Development	100	98	99				
Promotion	92	93	98				
Selling	100	98	99				

Preliminary Case Study

	Met	Int	%ile	NV	BE	ME	EE
1. PI #1 - Describe marketing functions and related activities.	✓	95					
2. PI #2 - Explain customer/client/business buying behavior	✓	93					
3. PI #3 - Demonstrate connections between company actions and results.	✓	89					
4. PI #4 - Explain the nature and scope of purchasing.	✓	90					
5. PI #5 - Select vendors.	✓	93					
6. PI #6 - Place orders/reorders.	✓	89					
7. PI #7 - Identify quality-control measures.	✓	95					
8. Clarity of expression	✓	99					
9. Organization of ideas	✓	78					
10. Shown evidence of mature judgment	✓	99					
11. Effective participation of both team members	✓	80					
12. Overall impression and responses to the judge's questions	✓	99					

Final Case Study

	Met	Int	%ile	NV	BE	ME	EE
1. PI #1 - Assess information needs.	✓	92					
2. PI #2 - Apply information to accomplish a task.	✓	88					
3. PI #3 - Obtain needed information efficiently.	✓	73					
4. PI #4 - Evaluate quality and source of information.	✓	76					
5. PI #5 - Describe the need for marketing information.	✓	97					
6. PI #6 - Explain the nature and scope of the marketing information management function.	✓	35					
7. PI #7 - Identify information monitored for marketing decision making.	✓	97					
8. Clarity of expression	✓	97					
9. Organization of ideas	✓	90					
10. Shown evidence of mature judgment	✓	97					
11. Effective participation of both team members	✓	97					
12. Overall impression and responses to the judge's questions	✓	69					

Key: NV=No value, BE=Below Expectations, ME=Meets Expectations, EE=Exceeds Expectations
Met Prof. = If this box is checked, the judge felt that the student possessed enough knowledge and skill to be employed in an entry-level position in the career area.



DECA

EMERGING LEADERS SERIES 2019





DECA'S EMERGING LEADER SERIES is designed to empower DECA members to provide effective leadership through goal setting, consensus building and project implementation.

Aligned with 21st Century Skills in the areas of critical thinking and problem solving, communication, collaboration and creativity, and innovation, DECA's Emerging Leader Series prepares members to be effective leaders in college and careers. All of these academies are available during the DECA International Career Development Conference, and Elevate and Empower are also available at the DECA Emerging Leader Summit.

 <p>IGNITE</p>	 <p>ELEVATE</p>	 <p>EMPOWER</p>	 <p>ASPIRE</p>	 <p>THRIVE</p>
<p>ULTIMATE MEMBER Ignite your spark for DECA! As an emerging leader, you have great potential to take advantage of all that DECA offers. Now's your time to gain an edge as you learn how you can take your personal DECA experience to the next level and ignite your passion for DECA.</p>	<p>ULTIMATE CHAPTER LEADER Elevate your leadership in DECA by becoming the ultimate DECA chapter leader! Discover your personal leadership style and how you can use that to take your chapter to the next level. Now's your time to elevate your DECA status from member to chapter leader.</p>	<p>ULTIMATE ASSOCIATION OFFICER As a DECA association officer, one of your main responsibilities is to empower the members you serve. Learn how to effectively perform your role as an association leader, design an effective strategic plan and employ empowering communications strategies and methods.</p>	<p>ULTIMATE GRADUATE As you soon graduate, the sky is the limit for your aspirations. Do you know what to expect in college or how to be successful in your career? Learn how to leverage your DECA experience to your advantage in college, interviews and internships. Aspire to get on the fast track to college and career success.</p>	<p>ULTIMATE CHAPTER Now it's time to thrive with other high performing chapters and continue to develop your toolbox of collaboration, communications, critical thinking and creativity skills.</p>

Participation in DECA's Emerging Leader Series at ICDC is the primary conference activity for members, except for Empower. Empower is limited to chartered association officers, who may also participate in DECA's Competitive Events Program. Register through your chartered association advisor using the name of the academy.



DECA

SCHOOL-BASED ENTERPRISE ACADEMY 2019





SBE ACADEMY + COMPETITION

Sponsored by



Gold certified and gold re-certified School-based Enterprises (SBE) are eligible to bring one to three student manager(s) to the SBE Academy at the International Career Development Conference (ICDC) with approval of their chartered association advisor. During the SBE Academy, students experience professional development sessions, network with other SBEs, and compete in front of judges with a prepared oral presentation based on one of the 10 instructional areas covered in the chapter certification project.

The academy and competition presentation will consist of two tracks: food operations (SBEF) and retail operations (SBER). The presentation must be entered in the category in which the written chapter certification project received certification – food operations or retail operations. Information about the academy and competition presentation topic are available at www.deca.org/sbe.

DECA SBE PROGRAMS SUPPORT 21ST CENTURY SKILLS AND EMPLOYABILITY DEVELOPMENT

Experience working within a DECA SBE provides students the opportunity to learn skills that aren't necessarily learned in the classroom. DECA SBE provides students with the same valuable learning experience of any co-op or part-time job without requiring students to leave school. By working in a real business within the school, students are provided real-world experience vital to developing 21st century skills and preparing for future careers.

	Critical Thinking & Problem Solving	Collaboration & Teamwork	Communication	Creativity & Innovation
SBE ACADEMY	Identify and ask significant questions that clarify various points of view and lead to better solutions.	Demonstrate ability to work effectively and respectfully with diverse teams.	Listen effectively to decipher meaning, including knowledge, values, attitudes and intentions.	Develop, implement and communicate new ideas to others effectively.
SBE COMPETITION	Use various types of reasoning (inductive, deductive, etc.) as appropriate to the situation.	Exercise flexibility and willingness to be helpful in making necessary compromises to accomplish a common goal.	Articulate thoughts and ideas effectively using oral, written and nonverbal communication skills in a variety of forms and contexts.	Demonstrate originality and inventiveness in work and understand the real-world limits of adopting new ideas.

DECA

EXECUTIVE OFFICER CAMPAIGNS 2019





EXECUTIVE OFFICER CANDIDATES + ELECTIONS

Each association is expected to participate in the election of the executive officers for the upcoming year. The estimated number of voting delegates allocated to your association is provided below. Voting delegates should attend both the campaign session and election session. Each association not running a candidate may submit the name of a student member to serve on the nominating committee, however, space on this committee is limited. The form will be sent in March.

Executive officer candidates should download and review all materials at www.deca.org. Applications must be received at DECA Inc. on or before **March 4, 2019**. The DECA chartered association advisor is the only person authorized to initiate executive officer candidate nominations for the high school division.

VOTING DELEGATES

These are estimated voting delegate allocations based on 2017-2018 membership. According to the High School Division Bylaws, the apportionment will be made based on membership sixty (60) days prior to the annual meeting. DECA Inc. staff will send the official voting delegate allocation on March 1, 2019.

ASSOCIATION	VOTING DELEGATE
	2+(___% of 300)
Alabama	4
Alaska	2
Arizona	9
Arkansas	5
California	8
Colorado	14
Connecticut	6
Delaware	2
Florida	16
Georgia	19
Germany	3
Guam	2
Hawaii	3
Idaho	3
Illinois	7
Indiana	7
Iowa	3
Kansas	4

ASSOCIATION	VOTING DELEGATE
	2+(___% of 300)
Kentucky	5
Louisiana	3
Maine	2
Maryland	4
Massachusetts	10
Michigan	14
Minnesota	8
Mississippi	4
Missouri	12
Montana	3
Nebraska	4
Nevada	5
New Hampshire	3
New Jersey	16
New Mexico	5
New York	11
North Carolina	13
North Dakota	3

ASSOCIATION	VOTING DELEGATE
	2+(___% of 300)
Ohio	9
Oklahoma	5
Ontario	22
Oregon	4
Pennsylvania	9
Puerto Rico	6
Rhode Island	2
South Carolina	4
South Dakota	2
Tennessee	10
Texas	22
Utah	6
Vermont	2
Virginia	22
Washington	17
West Virginia	3
Wisconsin	17
Wyoming	3

DECA

ADVISOR PROGRAMS 2019





ADVISOR PROFESSIONAL LEARNING

Sponsored by



"This Is How We Do DECA" is professional learning for DECA advisors by DECA advisors. It's designed to provide effective practices for using DECA to integrate into classroom instruction, apply learning, connect to business and promote competition. Drop in for just one session, or put together your own two-day schedule. You drive the professional learning you'll receive.

Topics from 2018 included:

- | | |
|---|---|
| DECA Chapter Strategy | Growing And Managing Large Chapters |
| DECA Is The Glue In Your Unit Planning | School-based Enterprises: It's A Family Affair! |
| Competitive Events: Beyond The Stage | Building Relations With The Business Community |
| Finding Your Competition Groove | Effective Project Management |
| Tips To Succeed With Written Events | Social Media Mania! |
| Twitter Chats For The #DECAAdvisor | Authentic Learning In The Classroom |
| DECA Virtual Business Challenges | DECA Connects To Business In Three Easy Steps |
| Let's Make Role-Plays Fun In Class! | Entrepreneurship In Action |
| Using Competitive Events For Project-Based Learning | Competitive Events Update |

A complete listing of sessions will be posted on decadirect.org and included in the conference program.



DECA

REGISTRATION + HOUSING 2019



HOUSING INFORMATION

Housing reservations for DECA's International Career Development Conference are submitted to the assigned hotel by the chartered association advisor who receives and verifies the information from chapter advisors.

All attendees must stay in the official DECA property assigned to the chartered association delegation in order to participate in DECA's International Career Development Conference. All attendees must be a registered guest each night of the conference in his or her assigned DECA hotel, for a minimum of four nights, beginning with the night of the opening session.

Each chartered association advisor will receive from DECA Inc. the assigned hotel for the delegation and is asked to register all student delegates, adult advisors/chaperones and spouses by completing the housing form provided by the hotel. When complete, email a copy to the assigned hotel, Christopher Young at christopher@deca.org. Housing forms are due to the hotels no later than **March 21**.

Due to the limited number of multiple housing rooms in the hotels, two-bedded rooms will be used first as a quad for students, then as a twin for adults. Two adults may be assigned to a one-bedded room. A rollaway may be available depending upon the property.

The hotels have been advised to make no charges without a credit card on the room. Because of the large number of students involved, chartered associations are responsible for all charges incurred by their chartered association delegation.

According to the Delegate Conduct Practices and Procedures, any damage to any property or furnishing in the hotel rooms or building must be paid for by the individual or chapter responsible. Chartered associations will be responsible for delegates' conduct.

HOTEL ASSIGNMENTS

ASSOCIATION	HOTEL	ASSOCIATION	HOTEL	ASSOCIATION	HOTEL
Alabama	Hilton Orlando Buena Vista Palace	Maine	Rosen Plaza	Oklahoma	B Resort and Spa Lake Buena Vista
Arizona	Holiday Inn Orlando - Disney Springs Area	Maryland	Fairfield Inn & Suites Orlando at SeaWorld	Ontario	B Resort and Spa Lake Buena Vista
Arkansas	Universal's Cabana Bay Beach Resort	Massachusetts	Hilton Orlando Lake Buena Vista	Oregon	DoubleTree by Hilton Orlando at SeaWorld
California	Renaissance Orlando at SeaWorld	Michigan	Hilton Orlando Buena Vista Palace	Pennsylvania	Rosen Plaza
Colorado	Rosen Shingle Creek	Minnesota	Loews Sapphire Falls Resort at Universal Orlando	Puerto Rico	Holiday Inn Orlando - Disney Springs Area
Connecticut	Renaissance Orlando at SeaWorld	Mississippi	Universal's Cabana Bay Beach Resort	Rhode Island	Embassy Suites by Hilton Orlando International Drive I Drive 360
Delaware	Embassy Suites by Orlando International Drive/Convention Center	Missouri	Rosen Shingle Creek	South Carolina	Universal's Cabana Bay Beach Resort
Florida	Rosen Centre	Montana	Embassy Suites by Hilton Orlando International Drive I Drive 360	South Dakota	Rosen Centre
Georgia	Universal's Cabana Bay Beach Resort	Nebraska	Castle Hotel, Autograph Collection	Tennessee	Universal's Cabana Bay Beach Resort
Hawaii	Hilton Orlando	Nevada	Hilton Garden Inn Orlando at SeaWorld	Texas	Hilton Orlando
Idaho	Embassy Suites by Orlando International Drive/Convention Center	New Hampshire	Embassy Suites by Orlando International Drive/Convention Center	Utah	DoubleTree Suites by Hilton Orlando - Disney Springs™ Area
Illinois	Hilton Orlando Lake Buena Vista	New Jersey	Hilton Orlando	Vermont	Holiday Inn Orlando - Disney Springs Area
Indiana	Universal's Aventura Hotel	New Mexico	SpringHill Suites at SeaWorld	Virginia	Rosen Shingle Creek
Iowa	Fairfield Inn & Suites Orlando at SeaWorld	New York	Rosen Centre	Washington	Hyatt Regency Orlando
Kansas	DoubleTree by Hilton Orlando at SeaWorld	North Carolina	Rosen Shingle Creek	West Virginia	Castle Hotel, Autograph Collection
Kentucky	Hampton Inn by Hilton Orlando International Drive/Convention Center	North Dakota	Hilton Orlando Buena Vista Palace	Wisconsin	Rosen Plaza
Louisiana	Rosen Plaza	Ohio	Hilton Orlando	Wyoming	Hilton Garden Inn Orlando at SeaWorld

DECA GUIDELINES + CONDUCT 2019





ATTENDANCE CRITERIA

The DECA Inc. Board of Directors has specified that there must be a **minimum of one adult advisor for every eight high school division student delegates**. An adult advisor may be any adult named by the chartered association DECA advisor to serve the chartered association in this capacity. He/she must register for the conference, pay the registration fee and be in attendance for the entire period of the conference. There are no restrictions on the number of adult advisors who may attend. In reference to the required minimum, all coordinators, parents, supervisors and teacher educators are eligible.

To be eligible to attend the International Career Development Conference, each high school division member must meet these basic criteria:

- Be an active member of a division of DECA. Membership must be recorded on an official DECA membership roster and be on file with DECA Inc.
- Have the approval of the chartered association DECA advisor.
- Have the approval of the chapter DECA advisor.
- Have the approval of the school administration.
- Have the approval of parent or guardian unless 21 years or older.

Any professional, alumni or collegiate division member meeting the above criteria is eligible to attend the International Career Development Conference.

In addition to the above criteria, high school division members must meet one (1) of the following criteria:

- Be a chartered association participant in one of the international competitive activities. Dues must be paid by March 1.
- Be a DECA Inc. scholarship award recipient.
- Be a chartered association, area or regional officer.
- Be a voting delegate representing his/her chartered association for his/her division.
- Be a delegate to one of the following:
 - ASPIRE
 - ELEVATE
 - EMPOWER
 - IGNITE
 - School-based Enterprise Academy (SBE)
 - THRIVE
- Be a chartered association delegate by receiving special permission from his/her chartered association DECA advisor (limited to 1% of the chartered association's DECA Inc. membership in the high school division).

Allocation for competitors and chartered association representatives are based on each chartered association's membership in the high school division on June 30 of the previous calendar year. Please refer to the allocation schedules included for details.



PRESIDENTIAL GOVERNANCE COMMITTEE

A Governance Committee will be appointed for the High School Division. The purpose of the committee will be to act upon all violations of the **Delegate Conduct Practices and Procedures** within the division. The conduct guidelines were approved by the Board of Directors for DECA Inc. and apply to adult advisors as well as student delegates.

A copy of the **Delegate Conduct Practices and Procedures and ICDC Dress Code** may be found in this section. **The dress code applies to all participants while in the convention center and convention facilities.** The Board of Directors of DECA Inc. requires every student delegate to read and complete these forms as partial completion of ICDC attendance requirements. Please make sufficient copies for your delegates to sign and return to you prior to the International Career Development Conference. Chartered association advisors may wish to bring these forms with them to the conference for possible reference. PLEASE DO NOT MAIL TO DECA INC.

The chartered association advisor will be notified (in writing) of all violations. Notices may require the committee to assemble and take such action as is outlined in the **Conference Conduct Practices and Procedures**.

CODE OF ETHICS FOR ADULT ADVISORS

DECA offers training to those students who have a career objective in the field of marketing, finance, hospitality, management or entrepreneurship. Individual conduct and appearance is a phase of this training. This phase of the education program becomes apparent at DECA's International Career Development Conference.

Since a good example is one method of teaching, and students participating in the conference are impressionable, a **Code of Ethics** is set for adult advisors.

It becomes the responsibility of each and every participant to see that proper conduct is adhered to at all times. Violations of these practices and procedures will be referred to the president of the Board of Directors for DECA Inc.

- Advisors shall conduct daily meetings with participants for progress reports, time schedules and other activities.
- Advisors shall keep an agenda for each student so that they may be reached at any time during the conference.
- Each chartered association shall arrange to have one advisor on call at all times.
- Each advisor shall be responsible for seeing that participants adhere to all conduct practices and procedures.
- The rules as stated in the **Delegate Conduct Practices and Procedures** and the **Dress Code** are called to your attention for review and should govern the behavior of advisors as well as students.

NON-DISCRIMINATION POLICY

DECA Inc. is committed to creating and maintaining a healthy and respectful environment for all of our emerging leaders and entrepreneurs. Our philosophy is to ensure all members, regardless of race, color, religion, sex, national origin, age, disability, sexual orientation, or socio-economic status, are treated equally and respectfully. Any behavior in the form of discrimination, harassment or bullying will not be tolerated. It is the responsibility of all members to uphold and contribute to this climate.



DELEGATE CONDUCT PRACTICES AND PROCEDURES

The Board of Directors for DECA Inc. requires each delegate attending the International Career Development Conference to read and complete the **Attendance Permission Form** and return to the **DECA chartered association advisor** as partial completion of attendance requirements.

- The term “delegate” shall mean any DECA member, including advisors, attending conferences (high school, collegiate, alumni, professional).
- There shall be no defacing of public property. Any damage to any property or furnishing in the hotel rooms or building must be paid for by the individual or chapter responsible.
- Delegates must wear identification badges and wristbands at all times.
- Delegates shall refrain from using inappropriate or profane language at all times.
- Delegates shall refrain from written, verbal, physical or electronic activities that may lead to harassment, hazing, bullying or damaging property.
- The use of any harassment against anyone on the basis of race, color, creed, national origin, ancestry, age, gender, sexual orientation, or disability is prohibited.
- Delegates shall respect the rights and safety of other hotel guests.
- Delegates shall not possess alcoholic beverages, narcotics or weapons in any form at any time under any circumstances.
- Delegates shall refrain from gambling—playing cards, dice or games of chance for money or other things of value.
- Use of tobacco products and electronic cigarettes by delegates is prohibited at all DECA functions.
- Delegates must adhere to the dress code at all times.
- Delegates must not dress or behave in a manner than can be interpreted as sexually explicit.
- Students shall keep their adult advisors informed of their activities and whereabouts at all times.
- No delegate shall leave the hotel (except for authorized events) unless permission has been received from chapter and chartered association advisors.
- Delegates should be prompt and prepared for all activities.
- Delegates should be financially prepared for all activities.
- Delegates are required to attend all sessions and activities assigned including workshops, competitive events, committee meetings, etc., for which they are registered unless engaged in some specific assignment scheduled at the same time.
- Delegates will spend nights at their assigned hotel and in their assigned room. No guests allowed during curfew hours. Delegates will be quiet at curfew.
- Curfew will be enforced. Curfew means the delegate will be in his/her assigned room.
- Chartered associations will be responsible for delegates’ conduct.
- Delegates ignoring or violating any of the above rules will subject their entire delegation to being unseated and their candidates or competitive events participants to being disqualified. Individual delegates may be sent home immediately at their own expense.
- Tasteful casual wear will be accepted during specific social functions as designated during orientation.



DECA

DRESS CODE

Professional appearance is an important aspect of the overall preparation of DECA members for the business world. To that end, DECA supports a dress code for its career-based functions that exemplifies the highest standards of professionalism while being non-discriminatory between genders.

DECA's board of directors has developed the following official dress standards for the International Career Development Conference. Students, advisors and chaperones must follow the dress code.

Competitors must wear an official DECA blazer during interaction with the judges. While official DECA blazers are not required during briefing and testing, professional business dress is required. Professional dress should also be worn to all conference sessions including workshops and special meal functions such as luncheons.

For a more polished, professional appearance, it is recommended that attendees wear appropriate hosiery/socks.

All skirts and dresses must be at or below the knee.

AN OFFICIAL DECA BLAZER IS REQUIRED TO RECEIVE RECOGNITION OR AN AWARD ON STAGE.

WHEN APPEARING BEFORE JUDGES AND ON-STAGE

- Official DECA blazer
- Dress slacks or dress skirt or business dress
- Collared dress shirt and appropriate neckwear (necktie, ascot, scarf) or Dress blouse
- Dress shoes

DECA GENERAL SESSIONS, MEAL FUNCTIONS, EVENT BRIEFING, MANUAL REGISTRATION AND TESTING

- Business suit or sport coat or blazer (blazer optional)
- Dress slacks, dress skirt or business dress
- Collared dress shirt, dress blouse or dress sweater
- Blazer optional
- Dress shoes
- Necktie/scarf (optional)

DECA BUSINESS CASUAL

- Casual slacks (e.g., Dockers), blouse or shirt, socks and casual shoes.
- Jeans, t-shirts and athletic shoes are not included in business casual attire.

UNACCEPTABLE DURING DECA ACTIVITIES

- Skin-tight or revealing clothing
- Midriff-baring clothing
- Swimwear
- Athletic clothing
- Leggings or graphic designed hosiery/tights
- Clothing with printing that is suggestive, obscene or promotes illegal substances
- Unacceptable types of dress shoes include boat shoes, canvas or fabric shoes, flip flops or casual sandals, athletic shoes, industrial work shoes and hiking boots.

When judging adherence to the dress code, DECA asks that advisors, teachers and chaperones use observation as the tool for assessing compliance. DECA does not support or condone the touching of students or their clothing as a means of determining whether or not a student is following the dress code guidelines.

Any medical exceptions to this code must be documented in the conference headquarters prior to the beginning of the conference. This is the responsibility of the local advisor.



ATTENDANCE PERMISSION FORM

ATTENDANCE

This is to certify that _____ has my permission to attend the above named DECA activity. I also do hereby on behalf of him/her absolve and release the school officials, the DECA chapter advisors and the assigned chartered association DECA staff from any claims for personal injuries or illness which might be sustained while he/she is en route to and from or during the DECA sponsored activity.

EMERGENCY

Any medical exceptions to this code must be documented in the conference headquarters prior to the beginning of the conference. This is the responsibility of the local advisor.

I authorize the advisor to secure the services of a physician or hospital, and to incur the expenses for necessary services in the event of accident or illness, and I will provide for the payment of these costs:

LOCAL HOSPITALS

Celebration Hospital
400 Celebration Place
Celebration, FL 34747
(P) 407-303-4000

WALK-IN CLINIC

Paramount Urgent Care
8972 Turkey Lake Rd #400
Orlando, FL 32819
(P) 407-226-1906

Dr. P. Phillips Hospital
9400 Turkey Lake Road
Orlando, FL 32819
(P) 407-351-8500

We have read and agree to abide by the delegate conduct practices and procedures and dress code. We also agree that the school officials, the DECA chapter advisors, the chartered association DECA staff, or the Conference Conduct Committee members have the right to send the student home from the activity at our expense, provided that he/she has violated the delegate conduct practices and procedures and/or his/her conduct has become a detriment.

Student Signature

Parent/Guardian Signature

Phone

Chapter Advisor Signature

School Official Signature

Insurance Company Name

Policy Number



DECA

PERMISSION FORM ICDC DRESS CODE

HIGH SCHOOL DIVISION INTERNATIONAL CAREER DEVELOPMENT CONFERENCE

I certify that a permission form that includes an explanation of the ICDC dress code has been completed for each student attending the International Career Development Conference.

Chartered Association DECA Advisor

State/Province

This form should be turned in at conference registration on April 26.



DELEGATE INFRACTION NOTICE

TO: _____
Name of Chartered Association Advisor or State Supervisor State/Province

It has been reported that _____ of your state/
province delegation violated the following delegate conduct practice and/or procedure:

- | | |
|---|-----------------------------------|
| _____ Dress code | _____ No identification badge |
| _____ Defaced public property | _____ In unauthorized place |
| _____ Possession of alcoholic beverages/
narcotics | _____ Curfew regulations |
| _____ Use of alcoholic beverages/narcotics | _____ Unauthorized date |
| _____ Smoking in DECA blazer while
officially representing state/province
association of DECA | _____ Unauthorized transportation |
| | _____ Other (please specify) |

on _____ at _____
date time

For the benefit of the thousands of DECA members who will be privileged to attend the International Career Development Conference in future years, it is necessary for all current ICDC delegates to abide by established conference rules. The exemplary image of DECA must be upheld.

A word of caution to those who care should be sufficient.

Major infraction reports require appropriate action by the Conference Conduct Committee.

Please bring this notice to the immediate attention of all parties involved.

Date

Chairman
Presidential Governance Committee

DECA ATTRACTION TICKETS 2019





DECA ATTRACTION TICKET OPTIONS

2019 DECA International Career Development Conference Tour Package



DECA 5K RUN/WALK

APRIL 27 | 7:30 AM

\$30

Pre registration

\$40

On site



DECA NIGHT AT UNIVERSAL STUDIOS FLORIDA™

APRIL 29
6:00 PM – 11:00 PM

\$95

This special ticket gives DECA members access to the park during these hours. Once the park closes to the public, DECA members will have private access until 11:00 p.m. Many of your favorite attractions will be open, as well as dining and retail operations. A DJ will play your favorite songs and there will be opportunities for character meet and greets.

This cost includes DECA transportation, which must be used as this is a special event, and a \$25 voucher for food or gift items. Ticket valid only during the date and time noted. Non-refundable. Quantities limited.



UNIVERSAL ORLANDO RESORT™ THEME PARKS

UNIVERSAL STUDIOS FLORIDA™

UNIVERSAL'S ISLANDS OF
ADVENTURE™

UNIVERSAL'S VOLCANO BAY™

\$110

Gate Price: \$170 plus tax

1 Day Park-to-Park

Universal Studios Florida™ and
Universal's Islands of Adventure™

\$140

Gate Price: \$264 plus tax

2 Day Park-to-Park

Universal Studios Florida™ and
Universal's Islands of Adventure™

\$175

Gate Price: \$279 plus tax

3 Day Park-to-Park

Universal Studios Florida™, Universal's Islands of
Adventure™ and Universal's Volcano Bay™



WALT DISNEY WORLD® RESORT MAGIC KINGDOM® PARK

EPCOT®

DISNEY'S HOLLYWOOD STUDIOS®

DISNEY'S ANIMAL KINGDOM® PARK

\$95

Not available at the gate

1 Day, 1 Park after 1:00 PM

\$65

Not available at the gate

1 Day, 1 Park after 5:00 PM

\$245

Gate Price: \$274 plus tax

2-Day Park Hopper

\$305

Gate Price: \$370 plus tax

3-Day Park Hopper

Transportation is not provided, except for the DECA NIGHT AT UNIVERSAL STUDIOS FLORIDA on Monday, April 29. DECA will sell optional transportation wristbands for use on Saturday, April 27 only. The transportation wristbands will be good for one round trip to one location (Disney's Transportation Center or Universal Orlando Resort) and will be color coded.

Information about ordering and ticket pick up hours and locations will be included in the ICDC Registration Kit. DECA Inc. does not recognize or accept any responsibility for tours arranged through travel agents or individuals. DECA's official tours are promoted and sold only through DECA Inc. All tours are subject to change or cancellation at any time. Pre-orders must be paid in full when tickets are picked up or a credit card, check or cash payment will be necessary.

DECA ICDC 2019 REGISTRATION KIT

Philadelphia Indemnity Insurance Company

Administrative Office
One Bala Plaza, Suite 100, Bala Cynwyd, PA 19004
Tel: 800-873-4552

POLICYHOLDER: Distributive Education Clubs of America
GROUP POLICY NUMBER: PHPA016129
POLICY EFFECTIVE DATE: 3/8/2018
POLICY ISSUE DATE: 3/26/2018
POLICY TERM 3/8/2018 to 3/8/2019
STATE OF ISSUE: Virginia

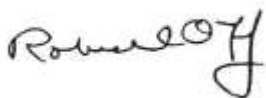
Philadelphia Indemnity Insurance Company, herein called the Company or We, Us or Our, in consideration of the Application for this Policy and the timely payment of Premiums, agrees, subject to the terms and conditions of the Policy, to insure the Policyholder's eligible members.

This Policy describes the terms and conditions of insurance. It goes into effect, subject to its applicable terms and conditions, at 12:01 AM on the Policy Effective Date shown above, at the Policyholder's address. It will remain in effect for the duration of the Policy Term shown above if premium is paid according to agreed terms.

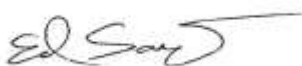
This Policy terminates at 12:01 AM on the last day of the Policy Term unless the Policyholder and We have agreed to continue this Policy for an additional Policy Term. The laws of the State of Issue shown above govern this Policy.

We and the Policyholder agree to all of the terms of this Policy.

IN WITNESS WHEREOF Philadelphia Indemnity Insurance Company has caused this Policy to be executed on its Issue Date, to take effect on the Effective Date.



President & CEO
Philadelphia Indemnity Insurance Company



Secretary
Philadelphia Indemnity Insurance Company

- **BLANKET ACCIDENT POLICY** •
- **NON-PARTICIPATING** •

THIS POLICY PAYS BENEFITS FOR SPECIFIC LOSSES FROM ACCIDENTS ONLY.
IT DOES NOT PAY BENEFITS FOR SICKNESS

IMPORTANT INFORMATION REGARDING YOUR INSURANCE

In the event you need to contact someone about this insurance for any reason please contact your agent. If no agent was involved in the sale of this insurance, or if you have additional questions you may contact the insurance company issuing this insurance at the following address and telephone number:

Philadelphia Indemnity Insurance Company Incorporated, One Bala Plaza, Suite 100, Bala Cynwyd, PA 19004.

If you have been unable to contact or obtain satisfaction from the company or the agent, you may contact the Virginia State Corporation Commission's Bureau of Insurance at:

Bureau of Insurance, P.O. Box 1157, Richmond, Virginia 23218-1157, 1-877-310-6560, (804) 371-9741 or 1-800-552-7945 (VA Only).

Written correspondence is preferable so that a record of your inquiry is maintained. When contacting your agent, company or the Bureau of Insurance, have your policy number available.

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SCHEDULE OF BENEFITS

This Policy is intended to be read in its entirety. In order to understand all the conditions, exclusions and limitations applicable to its benefits, please read all the policy provisions carefully.

Eligible Persons: All registered participants of the policyholder

CONDITIONS OF COVERAGE

The benefits provided by this Policy will be paid, subject to applicable conditions, limitations and exclusions, under the following coverages.

Policyholder Coverage

Personal Deviations covered No

Covered Activities Participation in and attendance at the following Policyholder Supervised and Sponsored activities: Standard conference activities as well as other related activities which present no greater risk than the

forementioned activities. This policy is subject to quarterly audits

ACCIDENT INDEMNITY BENEFITS

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Principal Sum \$25,000
Loss must occur within 365 days of the Covered Accident

Schedule of Covered Losses

Covered Loss	Benefit
Loss of Life	100% of the Principal Sum
Loss of Two or More Hands or Feet	200% of the Principal Sum
Loss of Sight of Both Eyes	200% of the Principal Sum
Loss of One Hand or Foot and Sight in One Eye	200% of the Principal Sum
Quadriplegia	200% of the Principal Sum
Paraplegia	200% of the Principal Sum
Hemiplegia	200% of the Principal Sum
Loss of One Hand or Foot	100% of the Principal Sum
Loss of Sight in One Eye	100% of the Principal Sum
Loss of Speech	100% of the Principal Sum
Loss of Hearing in Both Ears	100% of the Principal Sum
Loss of Thumb and Index Finger of the Same Hand	50% of the Principal Sum

Aggregate Limit of Indemnity \$500,000
Applies to: All Conditions of Coverage

Not more than the Aggregate Limit of Indemnity specified above will be paid for all Covered Losses suffered by all Covered Persons insured under this Accidental Death and Dismemberment Benefit as the result of any one Covered Accident that occurs under one of the Conditions of Coverage, as specified above. If this amount does not allow all Covered Persons to be paid the amounts this Policy otherwise provides, the amount paid will be the proportion of the Covered Person's loss to the total of all losses, multiplied by the Aggregate Limit of Indemnity.

ACCIDENT MEDICAL EXPENSE BENEFITS

Any benefit limits and Benefit Percentages for Accident Medical Expense Benefits apply, unless otherwise specified, on a per-Covered Person, per-Covered Accident basis. Any applicable Deductibles must be satisfied within the time periods specified before benefits are payable.

Scope of Coverage Applicable to Accident Medical Benefits

Full Excess Medical Expense Other Health Plan Reduction	50%
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Medical Expense Benefits

Total Maximum for all Accident Medical Expense Benefits	\$5,000
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First Covered Expenses must be Incurred within	180 days after a Covered Accident
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Benefit Period	52 weeks from the date of the Covered Accident
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Deductible	\$ 0
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applies to	each Covered Accident
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does not	include Covered Expenses paid under another Health Care Plan
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Covered Expenses

In-Patient Hospital Services

Daily ICU or CCU Benefit	100%
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Daily In-Hospital Benefit	100% of the average Semi-private room rate
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Miscellaneous Services	100% per Hospital Stay
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Ambulatory Medical Center	100%
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Emergency Room Treatment	100%
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Physician Services

Surgery Benefit	100%
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Assistant Surgeon	100%
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Physician's Surgical Facilities	100%
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Second Opinion or Consultation	100%
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Physician's Assistant	100%
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Anesthesia Benefit	100%
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Inpatient Visits	100%
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Office Visits	100%
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Outpatient X-ray, CT Scan, MRI and Laboratory Tests	100%
Outpatient Physiotherapy	100%
Nursing Services	100%
Ambulance Services	100%
Medical Equipment Rental	100%
Medical Services and Supplies	100%
Dental Services	100%
Prescription Drug Benefit	100%

RATE TABLE

Premium Rates	\$300.00
Minimum Premium	\$300.00
Contributions	The cost of this insurance is paid by the Policyholder. Minimum and deposit premiums are fully earned and non-refundable.
Mode of Premium Payment	Annual
Premium Due Date	Policy Effective Date

GENERAL DEFINITIONS

Please note that certain words used in this Policy have specific meanings. The words defined below and capitalized within the text of this Policy have the meanings set forth below.

Aircraft means a vehicle which has a valid certificate of airworthiness and is being flown by a pilot with a valid license to operate the Aircraft.

Beneficiary means in the case of death of the Covered Person, a person named by the Covered Person to receive benefits provided by this Policy.

Benefit Percentage means the percentage of Covered Expenses We pay that are Incurred by the Covered Person after he satisfies any applicable Deductible. Benefit Percentages are shown in the *Schedule of Benefits*.

Certificate means the evidence of the Covered Person's coverage under this Policy. Coverage is subject to the Policy provisions. The Certificate is not the Policy.

Company or We, Us, Our, means Philadelphia Indemnity Insurance Company, domiciled in Pennsylvania.

Covered Accident means a sudden, unforeseeable, external event that results, directly and independently of all other causes, in an injury or loss and meets all of the following conditions:

1. occurs while the Covered Person is insured under this Policy;
2. is not contributed to by: disease; sickness; or mental or bodily infirmity; and
3. is not otherwise excluded under the terms of this Policy.

Covered Activity means any recurring activity that is shown in the *Schedule of Benefits* and:

1. takes place under one of the Conditions of Coverage specified in the *Schedule of Benefits*; and
2. is sponsored; organized; scheduled; or otherwise provided by the Policyholder.

Covered Expenses means the lesser of the reasonable and customary charge and the maximum benefit shown, for services or supplies listed, in the *Schedule of Benefits* and described in the *Accident Medical Expense Benefits* section of this Policy. Covered Expenses must be Incurred by a Covered Person for treatment for injuries sustained in a Covered Accident.

Covered Injury means any bodily harm that results directly and independently of all other causes from a Covered Accident.

Covered Loss means accidental death; dismemberment; or other Injury covered under the Policy.

Covered Person means an Eligible Person, as defined in the *Schedule of Benefits*, for whom an enrollment form has been accepted by Us and required premium has been paid when due and for whom coverage under this Policy remains in force.

Deductible means the amount of Covered Expenses that each Covered Person must incur before benefits are paid under this Policy.

He, Him or His means an individual, male or female.

Health Care Plan means any arrangement, whether individually purchased or incidental to employment or membership in an association or other group, which provides benefits or services for: health care; dental care; disability benefits; or repatriation of remains. A Health Care Plan includes group, blanket, franchise, family or individual:

1. insurance policies;
2. subscriber contracts;
3. uninsured agreements or arrangements;
4. coverage provided through: Health Maintenance Organizations; Preferred Provider Organizations; State or Federal Exchanges; Insurance Cooperatives and other prepayment; group practice and individual practice plans;
5. medical benefits provided by any governmental plan or coverage or other benefit law, except:
 - a. a state-sponsored Medicaid plan; or
 - b. a plan or law providing benefits only in excess of any private or non-governmental plan;
6. other valid and collectible medical or health care benefits or services.

Hospital means an institution that meets all of the following:

1. it is licensed as a Hospital pursuant to applicable law;
2. it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons;
3. it is managed under the supervision of a staff of medical doctors;
4. it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.);
5. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis;
6. it charges for its services.

The term Hospital does not include a clinic facility or unit of a Hospital for:

1. rehabilitation; convalescent; custodial; or educational or nursing care;
2. the aged, drug addicts or alcoholics; or
3. a Veteran's Administration Hospital or Federal Government Hospitals unless the Covered Person incurs an expense.

Hospital Stay means a confinement in a Hospital, ordered by a Physician, over one or more nights when room and board and general nursing care are provided at a per diem charge made by the Hospital. The Hospital Stay must result directly and independently of all other causes from a Covered Accident. Separate Hospital Stays due to the same Covered Accident will be treated as one Hospital Stay unless: (a) separated by at least 90 days; or (b) a Covered Person returns to Active Service for 30 or more days between Hospital Stays.

Incurred or Incurs means an obligation to pay for a Covered Expense for treatment, service or purchase of supplies, deemed to be the date it is provided to the Covered Person.

In-Patient means a Covered Person who is confined for at least one full day's Hospital room and board. The requirement that a person be charged for room and board does not apply to confinement in a Veteran's Administration Hospital or Federal Government Hospital. In such case, the term "Inpatient" shall mean a Covered Person who is required to be confined for a period of at least a full day as determined by the Hospital.

Maximum Benefit means the most we will pay for each Benefit stated in the Schedule of Benefits.

Nurse means a licensed registered nurse (R.N.) or a licensed practical nurse (L.P.N.) who is not:

1. the Covered Person;
2. a parent, sibling, spouse or child of the Covered Person or the Covered Person's spouse;
3. a person living in the Covered Person's household; or
4. a person employed or retained by the Policyholder.

Out-Patient means a Covered Person who receives treatment, services and supplies while not an Inpatient in a Hospital.

Personal Deviation means any activity which:

1. is neither reasonably related to or incidental to the purpose of travel for which coverage is provided by this Policy; and
2. the Covered Person performs before, during or after covered travel.

When coverage is provided during a Personal Deviation, the time period covered is shown in the *Conditions of Coverage* section of the *Schedule of Benefits*.

Physician means a licensed health care provider practicing within the scope of his license and rendering care and treatment to a Covered Person that is appropriate for the condition and locality and who is not:

1. employed or retained by the Policyholder; or
2. living in the Covered Person's household; or
3. a parent, sibling, spouse or child of the Covered Person.

Policy means a legal contract between the Policyholder and Us which describes the terms and conditions of insurance subject to its provisions, limitations and exclusions.

Policyholder means the company or organization that elects to provide this Policy to their employees, members or participants.

Policy Effective Date means the date this Policy takes effect as shown on the face page.

Pre-existing Condition means a disease; or physical condition of the Covered Person, for which medical advice or treatment was received by the Covered Person during the twelve (12) months prior to the effective date of the Covered Person's coverage.

Schedule of Benefits means the outline of the Coverages and Benefits provided by this Policy.

Usual and Customary Charge means the normal charge, in the absence of insurance, made by the provider of any treatment, but not more than the prevailing charge in the area:

1. for a like service by a provider with similar training or experience; or
2. for a supply that is identical or substantially equivalent.

The final determination of all Usual and Customary Charges rests solely with Us.

ELIGIBILITY, EFFECTIVE DATE AND TERMINATION PROVISIONS

Policy Effective Date

We agree to provide Blanket Accident Insurance Benefits described in this Policy in consideration of the Policyholder's application and payment of the initial premium when due. Insurance coverage begins on the Policy Effective Date shown on this Policy's first page as long as the Minimum Participation requirement shown in the *Schedule of Benefits* has been satisfied.

Eligibility

An individual becomes eligible for insurance under this Policy on the date he meets all of the requirements of one of the Covered Classes and completes any Eligibility Waiting Period, as shown in the *Schedule of Benefits*. An Eligible Person may be insured under only one Covered Class, even though he may be eligible under more than one Covered Class.

Effective Date for Individuals

Insurance becomes effective for an Eligible Person on the latest of the following dates:

1. the effective date of this Policy;
2. the date the individual becomes eligible.

Effective Date of Changes

Any increase or decrease in the amount of insurance for the Covered Person resulting from a change in benefits provided by this Policy or a change in the Covered Person's Covered Class will take effect on the date of such change. Increases will take effect subject to any Active Service requirement.

Termination of Insurance

The insurance on a Covered Person will end on the earliest date below:

1. the date the person is no longer in an Eligible Class;
2. the end of the last period for which premium is paid subject to the grace period;
3. the date this Policy terminates.

Termination will not affect a claim for a Covered Loss resulting from a Covered Accident that occurs before the termination date. However, in no instance will benefits extend beyond the earlier of:

1. the end of the Benefit Period; and
2. the date benefits equal to any applicable Benefit Limit or Maximum, as shown in the *Schedule of Benefits*, have been paid;
3. the date benefits paid equal any applicable Policy Aggregate Maximum, as shown in the *Schedule of Benefits*.

GENERAL PROVISIONS

Entire Contract; Changes

The Policy (including any endorsements or amendments), and the signed application of the Policyholder are the entire contract. A copy of any application of the Policyholder will be attached to the Policy when issued. Any statements made by the Policyholder or Covered Persons will be treated as representations and not warranties. No such statement shall: void the insurance; reduce the benefits; or be used in defense of a claim for loss incurred; unless: it is contained in a written application; and a copy is provided to the person who made such statement (or their beneficiary or representative).

To be valid, any change or waiver must be in writing. It must: be signed by our President or Secretary; and be attached to the Policy. No agent has authority to change or waive any part of the Policy.

Misstatement of Fact

If a Covered Person has misstated any fact, all amounts payable under this Policy will be such as the premium paid would have purchased had such fact been correctly stated.

Misstatement of Age

If the Policy holder has misstated the age of any Covered Person, all amounts payable under this Policy will be such as the premium paid would have purchased had such fact been correctly stated.

Certificates of Insurance

We will make available for delivery to each person insured certificates outlining the insurance coverage and to whom benefits are payable under the Policy.

Assignment

The rights and benefits under this Policy, except for rights to reimbursement for ambulance, dental and oral surgeon services, may not be assigned and any attempt to assign will be void. Benefits payable for ambulance, dental, and oral surgeon services will be paid directly to the person providing such services provided that We are presented with a valid assignment of benefits by the person providing such services.

Incontestability

We will not contest the validity of this Policy, except for nonpayment of premiums, after it has been in force for two years from its date of issue. No statement made by a Covered Person relating to his or her insurability will be used in contesting the validity of the insurance with respect to which such statement was made:

1. After the insurance has been in force prior to the contest for a period of 2 years during the lifetime of the person about whom the statement was made; and
2. Unless the statement is contained in a written instrument signed by him or her.

Reporting Requirements

The Policyholder or its authorized agent must report all of the following to Us by the premium due date:

1. the number of persons insured on the Policy Effective Date;
2. the number of persons who are insured after the Policy Effective Date;
3. the number of persons whose insurance has terminated;
4. any additional information required by Us.

Clerical Error

A Covered Person's insurance will not be affected by error or delay in keeping records of insurance under this Policy. If such error or delay is found, We will adjust the premium fairly.

Conformity with Statutes

Any provisions in conflict with the requirements of any state or federal law that applies to this Policy are automatically changed to satisfy the minimum requirements of such laws.

Compensation Insurance

This Policy is not in place of and does not affect any requirements for coverage under any Workers' Compensation law.

CLAIM PROVISIONS

Notice of Claim

Written or authorized electronic/telephonic notice of claim must be given to Us within 90 days after a Covered Loss occurs or begins or as soon as reasonably possible. If written or authorized electronic/telephonic notice is not given in that time, the claim will not be invalidated or reduced if it is shown that such notice was given as soon as was reasonably possible. Notice can be given: to Us at Our Administrative Office, One Bala Plaza, Suite 100, Bala Cynwyd, PA 19004; to such other place as We may designate for the purpose; or to Our authorized agent. Notice should include the Policyholder's name and policy number and the Covered Person's name and address.

Claim Forms

We will send claim forms for filing proof of loss when We receive notice of a claim. If such forms are not sent within 15 days after We receive notice, the Covered Person will be deemed to have complied with the proof requirements by submitting, within the time fixed in this Policy for filing proof of loss, written or authorized electronic proof of the nature and extent of the loss for which the claim is made.

Claimant Cooperation Provision

Failure of a claimant to cooperate with Us in the administration of the claim may result in termination of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Proof of Loss

Written or authorized electronic proof of loss must be given to Us within 90 days after the date of loss. In the case of a claim for loss of time for disability, written or authorized electronic proof of the loss must be given to Us within 90 days after the commencement of the period for which We are liable. Subsequent written proof of the continuance of the disability must be given to Us every 6 months. Failure to furnish such proof within the prescribed time will not invalidate or reduce any claim if it was not reasonably possible to furnish the proof within that time and the proof is given as soon as reasonably possible. In no event, except in the absence of legal capacity, will proof of loss be accepted if it is sent later than one year from the time proof is otherwise required.

Time of Payment of Claims

All benefits payable under the Policy other than benefits for loss of time will be payable within sixty (60) days after Our receipt of written or authorized electronic proof of loss. Subject to written or authorized electronic proof of loss, all accrued benefits payable under the Policy for loss of time will be paid monthly during the continuance of the period for which We are liable. Any balance remaining unpaid at the termination of such period will be paid as soon as possible.

Payment of Claims

All benefits will be paid in United States currency. Benefits for loss of life will be payable in accordance with the Beneficiary provision and these Claim Provisions. All other proceeds payable under this Policy, unless otherwise stated, will be payable to the Covered Person or to his estate.

If We are to pay benefits to the estate or to a person who is incapable of giving a valid release, We may pay up to \$5,000 to a relative by blood or marriage whom We believe is equitably entitled. Any payment made by Us in good faith pursuant to this provision will fully discharge Us to the extent of such payment and release Us from all liability.

Beneficiary

The beneficiary is the person or persons the Covered Person names or changes on a form executed by him and satisfactory to Us. This form may be in writing or by any electronic means agreed upon between Us and the Policyholder. Consent of the beneficiary is not required to affect any changes or to make any assignment of rights or benefits permitted by this Policy, unless the beneficiary has been designated as an irrevocable beneficiary.

A beneficiary designation or change will become effective on the date the Covered Person executes it. However, We will not be liable for any action taken or payment made before We record notice of the change at our Home Office.

If more than one person is named as beneficiary, the interests of each will be equal unless the Covered Person has specified otherwise. The share of any beneficiary who does not survive the Covered Person will pass equally to any surviving beneficiaries unless otherwise specified.

If there is no named beneficiary or surviving beneficiary, or if the Covered Person dies while benefits are payable to him, We may make direct payment to the first surviving class of the following classes of persons:

1. Spouse;
2. Child or Children;
3. mother or father;
4. sisters or brothers;
5. estate of the Covered Person.

Physical Examination and Autopsy

We, at Our own expense, have the right and opportunity to examine the Covered Person when and as often as We may reasonably require while a claim is pending and to make an autopsy in case of death where it is not forbidden by law.

Legal Actions

No action at law or in equity may be brought to recover under this Policy less than 60 days after written or authorized electronic proof of loss has been furnished as required by this Policy. No such action will be brought more than three years after the time such written proof of loss must be furnished.

Recovery of Overpayment

If benefits are overpaid, We have the right to recover the amount overpaid by either of the following methods.

1. A request for lump sum payment of the overpaid amount.
2. A reduction of any amounts payable under this Policy.

If there is an overpayment due when the Covered Person dies, We may recover the overpayment from the Covered Person's estate.

ADMINISTRATIVE PROVISIONS

Cancellation

We or the Policyholder may cancel this Policy, after the first year, by giving Us 60 days advance written notice. Any premium rate guarantee will not affect Our or the Policyholder's right to cancel this Policy.

If a premium is not paid when due, We will cancel this Policy at the end of the last period for which premium was paid, subject to the Grace Period provision. Premium Due Dates are shown in the *Schedule of Benefits*.

Cancellation will not affect a claim for a Covered Loss resulting from a Covered Accident that occurred before the cancellation date.

Grace Period

A Policy Grace Period of 31 days will be granted for payment of required premiums due after the first premium, unless:

1. We do not intend to renew this Policy beyond the period for which premium has been accepted; and
2. written notice of Our intention not to renew is delivered to the Policyholder at least 90 days before the premium is due.

This Policy will be in force during the Policy Grace Period. If the required premiums are not paid during the Policy Grace Period, insurance will end on the last day of the Grace Period. The Policyholder is liable to Us for any unpaid premium for the time this Policy was in force.

Premiums

All premium rates are expressed in, and all premiums are payable in, United States currency. The premiums for this Policy will be based on the rates, as set forth in the *Schedule of Benefits* or subsequently changed, the plan and amounts of insurance in effect for Covered Persons and the premium mode selected, as shown in the *Schedule of Benefits*. If a Covered Person's insurance amounts are reduced due to age, premium will be based on the amounts of insurance in force on the day before the reduction took place. We will provide notifications of premiums due or premium changes, by mail to the most current address in our files, to the Policyholder.

Premium Payment

The total premium paid by the Policyholder is the sum of premiums for all Covered Persons including any amounts contributed toward the cost of this insurance by Covered Persons. The initial premium is due on the Policy Effective Date and each succeeding premium is due on the next succeeding Premium Due Date, as shown in the *Schedule of Benefits*, unless the Policyholder and We agree to another mode of premium payment. Premiums are paid at our Administrative Office or to Our authorized agent.

If any premium is not paid when due, this Policy will be cancelled as of the Premium Due Date of the unpaid premiums, except as provided in the Grace Period provision.

Changes in Premium Rates

We may change the premium rates from time to time with at least 31 days advance written notice to the Policyholder. No change in rates will be made until 12 months after the Policy Effective Date. An increase in rates will not be made more often than once in a 12-month period. However, We reserve the right to change rates at any time if any of the following events take place:

1. the terms of this Policy change;
2. the number of Covered Persons increases or decreases by more than 10% since the later of the Policy Effective Date and the first day of the current Policy term;
3. coverage is reinstated following failure to pay premium during the Grace Period;
4. a change in any federal or state law or regulation is enacted, adopted or amended to the extent that it affects Our benefit obligations under this Policy; or
5. the Policyholder fails to provide sufficient information, as required by Us, to confirm adequacy of premiums and rates currently being paid.

Any increase or decrease in rate will take effect on the date of the applicable change specified above. A pro-rata adjustment will apply from the date of the change to the end of any period for which premium has been paid.

Premium Audit

We will have the right to audit books and records of the Policyholder at its place of business and during regularly-scheduled business hours, in order to determine the accuracy of premium paid.

Reinstatement

This Policy may be reinstated if it lapsed for nonpayment of premium. Requirements for reinstatement are written application of the Policyholder satisfactory to Us and payment of all overdue premiums. Any premium accepted in connection with a reinstatement will be applied to the earliest period for which premium was not previously paid.

CONDITIONS OF COVERAGE

This section describes the Conditions of Coverage under which benefits provided by this Policy become payable. Any benefits are payable only once, even though more than one Condition of Coverage may apply. Please read these and the Common Exclusions sections in order to understand all of the terms, conditions and limitations of coverage.

POLICYHOLDER COVERAGE

We will pay benefits provided by this Policy, subject to all applicable conditions and exclusions, when a Covered Person suffers a Covered Loss resulting, directly and independently of all other causes, from a Covered Accident that occurs during one of the Covered Activities shown in the *Schedule of Benefits*.

The Covered Activity must take place:

1. under one of the Conditions of Coverage shown in the *Schedule of Benefits*; and
2. on the premises of the Policyholder during normal hours of operation or during another scheduled time; or
3. at another site designated by the Policyholder where the Covered Activity is scheduled.

This Coverage also includes travel only within the United States, Canada and Mexico and only directly and without interruption;

1. between the Covered Person's home or another meeting place designated by the Policyholder and the site of the Covered Activity; and
2. by common carrier providing transportation to the site of the Covered Activity or by a private passenger automobile driven by an adult with a valid drivers' license.

Travel Coverage for Overnight Covered Activities Covered Travel also includes travel by any common carrier providing transportation to a Covered Activity within the United States, Canada or Mexico when the Covered Person's participation in or attendance at it requires him to be away from his normal residence for a stay of one or more nights. Coverage for travel to any Covered Activity that takes place outside the United States, Canada or Mexico will be covered only if We have agreed to it in writing.

Exclusions This coverage will not be in effect during

1. the Covered Person's Personal Deviation; or
2. during travel to any Covered Activity that takes place outside the United States, Canada and Mexico unless we have agreed to provide it in advance.

Other exclusions that apply to this coverage are in the *Common Exclusions* section.

COMMON EXCLUSIONS

In addition to any benefit-specific exclusions, benefits will not be paid for any Covered Injury or Covered Loss which, directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the *Description of Benefits* Section:

1. intentionally self-inflicted Injury, suicide or any attempt thereof while sane or insane;
2. commission or attempt to commit a felony or an assault;
3. commission of or active participation in a riot or insurrection;
4. bungee jumping; parachuting; skydiving; parasailing; hang-gliding;
5. declared or undeclared war or act of war;
6. flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface, except as a fare-paying passenger on a regularly scheduled commercial or charter airline;
7. travel in or on any off-road motorized vehicle except a golf cart or any other vehicle We specifically agree to cover not requiring licensing as a motor vehicle;
8. participation in any motorized race or contest of speed;
9. an accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license; except while participating in Driver's Education Program;
10. sickness; disease; bodily or mental infirmity; bacterial or viral infection or medical or surgical treatment thereof; except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
11. travel or activity outside the United States, Canada or Mexico;
12. travel in any Aircraft owned, leased or controlled by the Policyholder or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the Policyholder, if the Aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year;
13. the Covered Person's intoxication as determined according to the laws of the jurisdiction in which the Covered Accident occurred;
14. voluntary ingestion of any: narcotic; drug; poison; gas; or fumes; unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
15. injuries compensable under Workers' Compensation law or any similar law unless excluded from coverage under such laws;

We will not pay benefits for:

16. services or treatment rendered by a Physician, Nurse or any other person who is:
 - a. employed or retained by the Policyholder;
 - b. providing homeopathic, aroma-therapeutic or herbal therapeutic services;
 - c. living in the Covered Person's household;
 - d. who is a parent; sibling; spouse; or child of the Covered Person;
17. any Hospital Stay or days of a Hospital Stay that are not appropriate for the condition and locality.
18. A Covered Person's Covered Loss if:
 - a. he was driving a private passenger automobile at the time of the Covered Accident that resulted in the Covered Loss; and
 - b. he was intoxicated, as that term is defined by the law of the jurisdiction in which the Covered Accident occurred.

SCOPE OF COVERAGE APPLICABLE TO MEDICAL EXPENSE BENEFITS

Covered expenses and any applicable Deductibles are shown in the *Schedule of Benefits*.

Other Health Care Plan Benefits

When another Health Care Plan provides benefits in the form of services rather than cash payments, We will consider the reasonable cash value of such service in determining whether any Deductible has been satisfied, or any amount by which any benefit provided by this Policy will be reduced.

Full Excess Medical Expense

We will pay Covered Expenses:

1. after the Covered Person has satisfied any applicable Deductible; and
2. only when they are in excess of amounts payable by any Other Health Care Plan whether or not claim has been made for benefits it provides.

We will pay benefits without regard to any Coordination of Benefits provision in such Health Care Plan.

Any Covered Expenses payable under this provision will be reduced by the the Other Health Care Plan Reduction Percentage shown in the *Schedule of Benefits* if:

1. the Covered Person has coverage under another Health Care Plan;
2. the Other Health Care Plan is an HMO, PPO or similar arrangement; and
3. the Covered Person does not use the facilities or services of the HMO, PPO or similar arrangement.

Covered Expenses will not be reduced for emergency treatment within 24 hours after a Covered Accident which occurred outside the geographic servc area of the HMO, PPO or similar arrangement. This provision only applies when the Covered Person is covered for in-network benefits only.

HMO or Health Maintenance Organization means any organized system of health care that provides health maintenance and treatment services for a fixed sum of money agreed and paid in advance to the provider or service.

PPO or Preferred Provider Organization means an organization offering health care services through designated health care providers who agree to perform those services at rates lower than non-Preferred Providers.

ACCIDENT MEDICAL EXPENSE BENEFITS

We will pay benefits shown in the *Schedule of Benefits* for Covered Expenses Incurred by a Covered Person, subject to all applicable conditions and exclusions, for treatment of an injury that resulted directly and independently of all other causes from a Covered Accident.

Benefits will be paid:

1. when Covered Expenses Incurred exceed any applicable Deductible within the number of days from the date of the Covered Accident specified in the *Schedule of Benefits*; and
2. as long as the first expense has been Incurred within the number of days specified in the *Schedule of Benefits*; and
3. until any applicable Benefit Period shown in the *Schedule of Benefits* has expired; and
4. until the total of Covered Expenses paid equals any applicable Benefit Limit or maximum Benefit shown in the *Schedule of Benefits*; and
5. until benefits paid equal the Maximum for Accident Medical Expense Benefits shown in The *Schedule of Benefits*.

Covered Expenses

Inpatient Hospital Services

Room and Board Expenses – We will pay for

1. confinement in an intensive or coronary care unit, up to the maximum daily benefit shown in the *Schedule of Benefits* for each day of such confinement; and
2. any other confinement, up to the maximum daily benefit shown in the *Schedule of Benefits* for each day of the Hospital Stay.

Miscellaneous Expenses – We will pay the Miscellaneous Expenses charged by a Hospital or ambulatory surgical center for outpatient surgery. Miscellaneous Expenses include, but are not limited to: X-ray; laboratory; in-Hospital physiotherapy; nurse services; orthopedic appliances; pre-admission tests; and all necessary charges other than room and board, for services received during a Hospital Stay.

Ambulatory Medical Center

We will pay Covered Expenses Incurred for medical or surgical treatment provided in a licensed facility that provides ambulatory surgical or medical treatment and is not a Hospital or Physician's office.

Emergency Room Treatment

We will pay Covered Expenses Incurred for outpatient emergency room treatment performed in a Hospital, up to the Maximum Benefit shown in the *Schedule of Benefits*. When emergency room treatment is immediately followed by admission to a Hospital, such treatment will be a Hospital Covered Expense.

Physician Services – We will pay Covered Expenses for Covered Expenses listed below.

Surgery

1. Covered Expenses charged for performing a surgical procedure. We will pay up to 100% of the Maximum Benefit for a surgical procedure shown in the *Schedule of Benefits*; and
2. Covered Expenses charged by an assistant surgeon assisting a Physician performing a surgical procedure
3. Covered Expenses charged for treatment of fractured and dislocated bones; operations that involve cutting, incision and/or suturing of wounds; or any other surgical procedure, including aftercare, which is given in the outpatient department of a Hospital or an ambulatory surgical center
4. Any braces, splints or other devices required after surgery to ensure proper healing

Use of Physician's Surgical Facilities – Covered Expenses charged for the use of a Physician's surgical facilities.

Second Opinion or Consultation – Covered Expenses charged by a Physician for a second surgical opinion or consultation.

Physician's Assistant – Covered Expenses charged by a Physician's Assistant for other than pre- or post-operative care, second opinion or consultation:

1. or in-Hospital visits; and
2. for office visits.

Anesthesia and its administration – Covered Expenses charged by a Physician for anesthesia and its administration.

In-Hospital or Office Visits – Covered Expenses charged by a Physician for other than pre- or post-operative care, second opinion or consultation;

1. for in-Hospital visits; and
2. for office visits.

Outpatient X-ray, CT Scan, MRI and Laboratory tests

We will pay Covered Expenses Incurred, when prescribed by a licensed Physician, for X-ray except dental X-rays; CT Scans; MRI's; and laboratory tests.

Outpatient Physiotherapy

We will pay Covered Expenses Incurred for outpatient physiotherapy, when prescribed by a licensed Physician, which includes: (a) acupuncture; (b) microthermy; (c) chiropractic adjustment; (d) manipulation; (e) diathermy; (f) massage therapy; (g) heat treatment; and (h) ultrasound treatment.

Nursing Services

We will pay Covered Expenses Incurred for services other than routine Hospital care, rendered by a Nurse.

Ambulance Services

We will pay Covered Expenses Incurred for ground or air ambulance service to transport a Covered Person from the place where a Covered Accident occurred to the nearest medically appropriate facility. We will pay Covered Expenses Incurred for ground or air ambulance transportation from the nearest medical facility to another appropriate medical facility if a Physician specifies in writing that specialized care not available in the first facility to which the Covered Person was transported is necessary to treat his injury.

Medical Equipment Rental

We will pay Covered Expenses Incurred for rental or, if less, for purchase of:

1. a wheelchair or hospital bed; or
2. other medical equipment that has permanent or temporary therapeutic value for the Covered Person and that can only be used by him. Permanent or therapeutic value is determined solely by Us. Examples of items that are not covered include but are not limited to: computers; motor vehicles and modifications thereof; and ramps and installation costs.

Medical Services and Supplies

We will pay Covered Expenses Incurred for:

1. blood and blood transfusions, including processing and administration; and
2. cost and administration of oxygen and other gasses.

We will not pay for storage of blood for any reason.

Dental Services

We will pay Covered Expense Incurred for dental treatment, including X-rays, for injury to a tooth:

1. with no fillings or cavities or only fillings or cavities that do not undermine the tooth cusps; and
2. for which pulpal tissues are healthy and intact; and
3. for which periodontal tissue shows little or no signs of active or chronic inflammation. For insurance review purposes, each tooth unit is evaluated under these criteria rather than a blanket rating of the whole mouth.

Covered Expenses include: examinations; X-rays; restorative treatment; endodontics; oral surgery; initial braces required for treatment of an injury; and treatment of gingivitis resulting from trauma.

Covered Expenses must be Incurred within the Benefit Period shown in the *Schedule of Benefits*. If there is more than one way to treat a dental problem, We will pay based on the least expensive procedure if that procedure meets commonly accepted standards of the American Dental Association.

Prescription Drugs

We will pay Covered Expenses Incurred for drugs that

1. can only be obtained through a Physician's written prescription; and
2. are approved for such prescription use by the Federal Drug Administration (FDA).

We will also pay Covered Expenses Incurred for drugs that meet (a) above and are prescribed by a Physician for therapeutic use not specifically approved by the FDA. The Covered Expense for a prescription drug is limited to the cost of a generic drug unless substitution of a generic drug is prohibited by law, no generic drug is available, or the Covered Person's Physician specifically request that a non-generic drug be dispensed.

Excluded Expenses

None of the following will be considered Covered Expenses unless coverage is specifically provided.

1. Blood, blood plasma or blood storage except expenses by a Hospital for processing or administration of blood.
2. Cosmetic Surgery or care, or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to:
 - a. cosmetic surgery resulting from an accident, if initial treatment of the Covered Person is begun within 12 months of the date of the Accident;
 - b. reconstruction incidental to or following surgery resulting from a Covered Accident.
3. Any elective or routine: treatment; surgery; health treatment; or examinations; including any service, treatment or supplies that are (a) deemed by Us to be experimental or investigational; and (b) are not recognized and generally accepted medical practice in the United States.
4. Treatment in any Veterans' Administration, Federal or state facility unless there is a legal obligation to pay.
5. Services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay.
6. Rest cures or custodial care.
7. Repair or replacement of: existing dentures; partial dentures; braces; or bridgework.
8. Personal services such as television and telephone, or transportation.
9. Services or treatment provided by an infirmary operated by the Policyholder.
10. Treatment of injuries that result over a period of time, such as blisters, tennis elbow, et al, that are a normal, foreseeable result of participation in the Covered Activity.
11. Treatment or service provided by a private duty nurse.
12. Repair or replacement of existing artificial limbs, eyes and larynx.
13. Treatment of hernia of any kind.
14. Treatment of a Pre-existing Condition, unless we have received a written medical release from his Physician. This exclusion does not apply to loss incurred or disability commencing after the earlier of 1) the end of a continuous period of twelve months commencing on or after the effective date of the Covered Person's coverage during which the Covered Person receives no medical advice or treatment in connection with the disease or physical condition, or 2) the end of the two-year period commencing on the effective date of the Covered Person's coverage under this Policy.

Other Exclusions that apply to this Benefit are in the *Common Exclusions* Section.

ACCIDENT INDEMNITY BENEFITS

This Section describes the Accident Indemnity Benefits provided by this Policy. Benefit amounts and any applicable time requirements and limitations are shown in the *Schedule of Benefits*. Please read this and the *Common Exclusions* section in order to understand all of the terms, conditions and limitations applicable to these benefits.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Covered Loss

We will pay the benefit for any one of the Covered Losses listed in the *Schedule of Benefits*, if the Covered Person suffers a Covered Loss resulting directly and independently of all other causes from a Covered Accident within the applicable time period specified in the *Schedule of Benefits*.

If the Covered Person sustains more than one Covered Loss as a result of the same Covered Accident, benefits will be paid for the Covered Loss for which the largest available benefit is payable.

If a Covered Accident causes the Covered Person's death, the total of all Benefits We will pay for Accidental Death and any other Covered Losses will not exceed the largest Benefit payable for a Covered Loss.

Definitions

Loss of a Hand or Foot means complete Severance through or above the wrist or ankle joint.

Loss of Sight means the total, permanent loss of all vision in one eye which is irrecoverable by natural, surgical or artificial means.

Loss of Speech means total and permanent loss of audible communication which is irrecoverable by natural, surgical or artificial means.

Loss of Hearing means total and permanent loss of ability to hear any sound in both ears which is irrecoverable by natural, surgical or artificial means.

Loss of a Thumb and Index Finger of the Same Hand or Four Fingers of the Same Hand means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand).

Paralysis or Paralyzed means total loss of use of a limb. A Physician must determine the loss of use to be complete and irreversible.

Quadriplegia means total Paralysis of both upper and both lower limbs.

Paraplegia means total Paralysis of both lower limbs or both upper limbs.

Hemiplegia means total Paralysis of the upper and lower limbs on one side of the body.

Severance means the complete and permanent separation and dismemberment of the part from the body.

Exclusions The exclusions that apply to this benefit are in the *Common Exclusions* Section.

PHILADELPHIA INDEMNITY INSURANCE COMPANY
Administrative Office: One Bala Plaza, Suite 100, Bala Cynwyd, PA 19004
800-873-4552

**NOTICE OF PROTECTION PROVIDED BY VIRGINIA LIFE, ACCIDENT AND SICKNESS
LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION**

This notice provides a **brief summary** of the Virginia Life and Health Insurance Guaranty Association ("the Association") and the protection it provides for policyholders. This safety net was created under Virginia law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that a life, annuity or health insurance company licensed in the Commonwealth of Virginia becomes financially unable to meet its obligations and is taken over by its Insurance Department. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with West Virginia law, with funding from assessments paid by other life and health insurance companies licensed in the Commonwealth of Virginia.

The basic protections provided by the Association are:

- Life Insurance
 - \$300,000 in death benefits
 - \$100,000 in cash surrender or withdrawal values
- Health Insurance
 - \$500,000 in hospital, medical and surgical insurance benefits
 - \$300,000 in disability [income] insurance benefits
 - \$300,000 in long-term care insurance benefits
 - \$100,000 in other types of health insurance benefits
- Annuities
 - \$250,000 in withdrawal and cash values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$350,000, except for hospital, medical and surgical insurance benefits, for which the limit is increased to \$500,000.

Note: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Virginia law.

To learn more about the above protections, please visit the Association's website at www.valifega.org or contact:

VIRGINIA LIFE, ACCIDENT AND SICKNESS
INSURANCE GUARANTY ASSOCIATION
c/o APM Management Services, Inc.
1503 Santa Rosa Road, Suite 101
Henrico, VA 23229-5105
804-282-2240

STATE CORPORATION COMMISSION
Bureau of Insurance
P. O. Box 1157
Richmond, VA 23218-1157
804-371-9741
Toll Free Virginia only: 1-800-552-7945
<http://scc.virginia.gov/boi/index.aspx>

Insurance companies and agents are not allowed by Virginia law to use the existence of the Association or its coverage to encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and Virginia law, then Virginia law will control.

PRIVACY POLICY NOTICE

Philadelphia Indemnity Insurance Company

The Philadelphia Indemnity Insurance Company ("PIIC" or "We") value(s) your privacy and we are committed to protecting personal information that we collect during the course of our business relationship with you. The collection, use and disclosure of certain nonpublic personal information are regulated by law. This notice is for your information only and requires no action on your part. It will inform you about the types of information that we collect and how it may be disclosed. This does not reflect a change in the way we do business or handle your information.

INFORMATION THAT WE COLLECT:

We collect personal information about you from the following sources:

- Applications or other forms such as claims forms or underwriting questionnaires completed by you;
- Information about your transactions with us, our affiliates or others; and
- Depending on the type of transaction you are conducting with us, information may be collected from consumer reporting agencies, health care providers, employers and other third parties in order to service your policy.

INFORMATION THAT WE DISCLOSE:

We will only disclose the information described above to affiliates and non-affiliated third parties, as permitted by law, and when necessary to conduct our normal business activities.

For example, we may make disclosures to the following types of third parties:

- Your agent or broker (producer);
- Parties who perform a business, professional or insurance functions for our company, including our reinsurance companies;
- Independent claims adjusters, investigators, attorneys, other insurers or medical care providers who need information to investigate, defend or settle a claim involving you;
- Regulatory agencies in connection with the regulation of our business; and
- Lienholders, mortgagees, lessors or other persons shown on our records as having a legal or beneficial interest in your policy.

We do not sell your information to others for marketing purposes. We do not disclose the personal information of persons who have ceased to be our customers.

PROTECTION OF INFORMATION:

We maintain physical, electronic and procedural safeguards that comply with state and federal regulations to protect the confidentiality of your personal information. We also limit employee access to personally identifiable information to those with a business reason for knowing such information.

USE OF COOKIES:

We may place electronic "cookies" in the browser files of your computer when you access this website. Cookies are text files placed on your computer to enable our systems to recognize your browser and to tailor the information on our website to your interests. We or our third party service providers or business partners may place cookies on your computer's hard drive to enable us to match personal information that we maintain about you so that we are able to pre-populate on-line forms with your information. We also use cookies to help us analyze use of our website to understand which areas of our site are most useful to you. You may refuse the use of cookies by selecting the appropriate settings on your browser. Please note that if you do this, you may not be able to use the full functionality of the website.

YOUR RIGHTS REGARDING YOUR INFORMATION:

You have the right to submit a written request for access to your recorded Personal Information. Within 30 business days of receipt of your request, we must inform you of the nature and substance of your recorded Personal Information, permit you to view and copy it in person, or receive a copy by mail of your recorded Personal Information, and receive names of persons or entities to whom we have disclosed Personal Information about you in the last two years. There are some types of information, however, to which we are not required to give you access. Information collected for the evaluation of a claim, or when the possibility of a lawsuit exists, will not be disclosed. If your records contain medical information, we may ask you to name a licensed medical professional to whom we can send such information so that it may be properly explained. You may be charged a fee if we copy your Personal Information for you.

You have the right to request that we correct, amend or delete any recorded Personal Information that you believe is inaccurate. Within 30 business days of receipt of your request, we will correct, amend or delete the inaccurate recorded Personal Information or notify you the reason(s) that we are unable to make the change. If you disagree with our decision, you have the right to submit a concise statement for your file setting forth the reasons you disagree with us and/or the correct, relevant or fair information. If you request, we will provide you with a summary of our procedures by which you may request correction, amendment or deletion of your recorded Personal Information.

If we use an independent consumer reporting agency or insurance-support organization to prepare a report on you, you have the right to be personally interviewed by them. Information you give during an interview will be included in the report sent to us. If you wish to be interviewed, please tell us how the agency or organization may contact you, and every effort will be made to interview you. Even if you are not interviewed, you have the further right to request that the reporting agency or insurance-support organization provide you with a copy of the report it makes. Information obtained by a report prepared by an insurance support organization may be retained by that organization and disclosed to other persons. Write us at the address in this notice and we will give you the name and address of any agency or support organization we have used to prepare a report on you so that you can contact them directly to find out more about that report.

CONTACT US: Philadelphia Indemnity Insurance Company, One Bala Plaza, Suite 100, Bala Cynwyd, PA 19004 ATTN: Chief Privacy Officer

Philadelphia Indemnity Insurance Company

Administrative Office
One Bala Plaza, Suite 100, Bala Cynwyd, PA 19004
Tel: 800-873-4552

POLICYHOLDER: Distributive Education Clubs of America
GROUP POLICY NUMBER: PHPA016129
POLICY EFFECTIVE DATE: 3/8/2018
POLICY ISSUE DATE: 3/26/2018
POLICY TERM 3/8/2018 to 3/8/2019
STATE OF ISSUE: Virginia

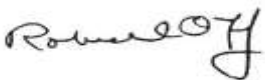
This Certificate of Insurance is issued under the terms of the Blanket Accident Policy issued to the Policyholder. Coverage is only described in the Certificate of Insurance. It is not the insurance contract. The Policy is the only contract under which benefits are paid. The Policy may be examined, upon request, at the office of the Policyholder.

The Policy sets forth the terms and conditions of insurance. It goes into effect, subject to its applicable terms and conditions, at 12:01 AM on the Policy Effective Date shown above, at the Policyholder's address. It will remain in effect for the duration of the Policy Term shown above if premium is paid according to agreed terms.

The Policy terminates at 12:01 AM on the last day of the Policy Term unless the Policyholder and We have agreed to continue this Policy for an additional Policy Term. The laws of the State of Issue shown above govern this Policy.

We and the Policyholder agree to all of the terms of the Policy.

IN WITNESS WHEREOF Philadelphia Indemnity Insurance Company has caused this Certificate to be executed on its Issue Date, to take effect on the Effective Date.



President & CEO
Philadelphia Indemnity Insurance Company



Secretary
Philadelphia Indemnity Insurance Company

- **BLANKET ACCIDENT CERTIFICATE •**
- **NON-PARTICIPATING •**

THE POLICY PAYS BENEFITS FOR SPECIFIC LOSSES FROM ACCIDENTS ONLY.
IT DOES NOT PAY BENEFITS FOR SICKNESS

IMPORTANT INFORMATION REGARDING YOUR INSURANCE

In the event you need to contact someone about this insurance for any reason please contact your agent. If no agent was involved in the sale of this insurance, or if you have additional questions you may contact the insurance company issuing this insurance at the following address and telephone number:

Philadelphia Indemnity Insurance Company Incorporated, One Bala Plaza, Suite 100, Bala Cynwyd, PA 19004.

If you have been unable to contact or obtain satisfaction from the company or the agent, you may contact the Virginia State Corporation Commission's Bureau of Insurance at:

Bureau of Insurance, P.O. Box 1157, Richmond, Virginia 23218-1157, 1-877-310-6560, (804) 371-9741 or 1-800-552-7945 (VA Only).

Written correspondence is preferable so that a record of your inquiry is maintained. When contacting your agent, company or the Bureau of Insurance, have your policy number available.

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SCHEDULE OF BENEFITS

This Policy is intended to be read in its entirety. In order to understand all the conditions, exclusions and limitations applicable to its benefits, please read all the policy provisions carefully.

Eligible Persons: All registered participants of the policyholder

CONDITIONS OF COVERAGE

The benefits provided by this Policy will be paid, subject to applicable conditions, limitations and exclusions, under the following coverages.

Policyholder Coverage

Personal Deviations covered No

Covered Activities Participation in and attendance at the following Policyholder Supervised and Sponsored activities: Standard conference activities as well as other related activities which present no greater risk than the

forementioned activities. This policy is subject to quarterly audits

ACCIDENT INDEMNITY BENEFITS

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Principal Sum \$25,000
Loss must occur within 365 days of the Covered Accident

Schedule of Covered Losses

Covered Loss	Benefit
Loss of Life	100% of the Principal Sum
Loss of Two or More Hands or Feet	200% of the Principal Sum
Loss of Sight of Both Eyes	200% of the Principal Sum
Loss of One Hand or Foot and Sight in One Eye	200% of the Principal Sum
Quadriplegia	200% of the Principal Sum
Paraplegia	200% of the Principal Sum
Hemiplegia	200% of the Principal Sum
Loss of One Hand or Foot	100% of the Principal Sum
Loss of Sight in One Eye	100% of the Principal Sum
Loss of Speech	100% of the Principal Sum
Loss of Hearing in Both Ears	100% of the Principal Sum
Loss of Thumb and Index Finger of the Same Hand	50% of the Principal Sum

Aggregate Limit of Indemnity \$500,000
Applies to: All Conditions of Coverage

Not more than the Aggregate Limit of Indemnity specified above will be paid for all Covered Losses suffered by all Covered Persons insured under this Accidental Death and Dismemberment Benefit as the result of any one Covered Accident that occurs under one of the Conditions of Coverage, as specified above. If this amount does not allow all Covered Persons to be paid the amounts this Policy otherwise provides, the amount paid will be the proportion of the Covered Person's loss to the total of all losses, multiplied by the Aggregate Limit of Indemnity.

ACCIDENT MEDICAL EXPENSE BENEFITS

Any benefit limits and Benefit Percentages for Accident Medical Expense Benefits apply, unless otherwise specified, on a per-Covered Person, per-Covered Accident basis. Any applicable Deductibles must be satisfied within the time periods specified before benefits are payable.

Scope of Coverage Applicable to Accident Medical Benefits

Full Excess Medical Expense Other Health Plan Reduction	50%
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Medical Expense Benefits

Total Maximum for all Accident Medical Expense Benefits	\$5,000
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First Covered Expenses must be Incurred within	180 days after a Covered Accident
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Benefit Period	52 weeks from the date of the Covered Accident
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Deductible	\$ 0
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applies to	each Covered Accident
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does not	include Covered Expenses paid under another Health Care Plan
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Covered Expenses

In-Patient Hospital Services

Daily ICU or CCU Benefit	100%
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Daily In-Hospital Benefit	100% of the average Semi-private room rate
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Miscellaneous Services	100% per Hospital Stay
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Ambulatory Medical Center	100%
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Emergency Room Treatment	100%
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Physician Services

Surgery Benefit	100%
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Assistant Surgeon	100%
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Physician's Surgical Facilities	100%
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Second Opinion or Consultation	100%
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Physician's Assistant	100%
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Anesthesia Benefit	100%
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Inpatient Visits	100%
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Office Visits	100%
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Outpatient X-ray, CT Scan, MRI and Laboratory Tests	100%
Outpatient Physiotherapy	100%
Nursing Services	100%
Ambulance Services	100%
Medical Equipment Rental	100%
Medical Services and Supplies	100%
Dental Services	100%
Prescription Drug Benefit	100%

GENERAL DEFINITIONS

Please note that certain words used in this Policy have specific meanings. The words defined below and capitalized within the text of this Policy have the meanings set forth below.

Aircraft means a vehicle which has a valid certificate of airworthiness and is being flown by a pilot with a valid license to operate the Aircraft.

Beneficiary means in the case of death of the Covered Person, a person named by the Covered Person to receive benefits provided by this Policy.

Benefit Percentage means the percentage of Covered Expenses We pay that are Incurred by the Covered Person after he satisfies any applicable Deductible. Benefit Percentages are shown in the *Schedule of Benefits*.

Certificate means the evidence of the Covered Person's coverage under this Policy. Coverage is subject to the Policy provisions. The Certificate is not the Policy.

Company or We, Us, Our, means Philadelphia Indemnity Insurance Company, domiciled in Pennsylvania.

Covered Accident means a sudden, unforeseeable, external event that results, directly and independently of all other causes, in an injury or loss and meets all of the following conditions:

1. occurs while the Covered Person is insured under this Policy;
2. is not contributed to by: disease; sickness; or mental or bodily infirmity; and
3. is not otherwise excluded under the terms of this Policy.

Covered Activity means any recurring activity that is shown in the *Schedule of Benefits* and:

1. takes place under one of the Conditions of Coverage specified in the *Schedule of Benefits*; and
2. is sponsored; organized; scheduled; or otherwise provided by the Policyholder.

Covered Expenses means the lesser of the reasonable and customary charge and the maximum benefit shown, for services or supplies listed, in the *Schedule of Benefits* and described in the *Accident Medical Expense Benefits* section of this Policy. Covered Expenses must be Incurred by a Covered Person for treatment for injuries sustained in a Covered Accident.

Covered Injury means any bodily harm that results directly and independently of all other causes from a Covered Accident.

Covered Loss means accidental death; dismemberment; or other Injury covered under the Policy.

Covered Person means an Eligible Person, as defined in the *Schedule of Benefits*, for whom an enrollment form has been accepted by Us and required premium has been paid when due and for whom coverage under this Policy remains in force.

Deductible means the amount of Covered Expenses that each Covered Person must incur before benefits are paid under this Policy.

He, Him or His means an individual, male or female.

Health Care Plan means any arrangement, whether individually purchased or incidental to employment or membership in an association or other group, which provides benefits or services for: health care; dental care; disability benefits; or repatriation of remains. A Health Care Plan includes group, blanket, franchise, family or individual:

1. insurance policies;
2. subscriber contracts;
3. uninsured agreements or arrangements;
4. coverage provided through: Health Maintenance Organizations; Preferred Provider Organizations; State or Federal Exchanges; Insurance Cooperatives and other prepayment; group practice and individual practice plans;
5. medical benefits provided by any governmental plan or coverage or other benefit law, except:
 - a. a state-sponsored Medicaid plan; or
 - b. a plan or law providing benefits only in excess of any private or non-governmental plan;
6. other valid and collectible medical or health care benefits or services.

Hospital means an institution that meets all of the following:

1. it is licensed as a Hospital pursuant to applicable law;
2. it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons;
3. it is managed under the supervision of a staff of medical doctors;
4. it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.);
5. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis;
6. it charges for its services.

The term Hospital does not include a clinic facility or unit of a Hospital for:

1. rehabilitation; convalescent; custodial; or educational or nursing care;
2. the aged, drug addicts or alcoholics; or
3. a Veteran's Administration Hospital or Federal Government Hospitals unless the Covered Person incurs an expense.

Hospital Stay means a confinement in a Hospital, ordered by a Physician, over one or more nights when room and board and general nursing care are provided at a per diem charge made by the Hospital. The Hospital Stay must result directly and independently of all other causes from a Covered Accident. Separate Hospital Stays due to the same Covered Accident will be treated as one Hospital Stay unless: (a) separated by at least 90 days; or (b) a Covered Person returns to Active Service for 30 or more days between Hospital Stays.

Incurred or Incurs means an obligation to pay for a Covered Expense for treatment, service or purchase of supplies, deemed to be the date it is provided to the Covered Person.

In-Patient means a Covered Person who is confined for at least one full day's Hospital room and board. The requirement that a person be charged for room and board does not apply to confinement in a Veteran's Administration Hospital or Federal Government Hospital. In such case, the term "Inpatient" shall mean a Covered Person who is required to be confined for a period of at least a full day as determined by the Hospital.

Maximum Benefit means the most we will pay for each Benefit stated in the Schedule of Benefits.

Nurse means a licensed registered nurse (R.N.) or a licensed practical nurse (L.P.N.) who is not:

1. the Covered Person;
2. a parent, sibling, spouse or child of the Covered Person or the Covered Person's spouse;
3. a person living in the Covered Person's household; or
4. a person employed or retained by the Policyholder.

Out-Patient means a Covered Person who receives treatment, services and supplies while not an Inpatient in a Hospital.

Personal Deviation means any activity which:

1. is neither reasonably related to or incidental to the purpose of travel for which coverage is provided by this Policy; and
2. the Covered Person performs before, during or after covered travel.

When coverage is provided during a Personal Deviation, the time period covered is shown in the *Conditions of Coverage* section of the *Schedule of Benefits*.

Physician means a licensed health care provider practicing within the scope of his license and rendering care and treatment to a Covered Person that is appropriate for the condition and locality and who is not:

1. employed or retained by the Policyholder; or
2. living in the Covered Person's household; or
3. a parent, sibling, spouse or child of the Covered Person.

Policy means a legal contract between the Policyholder and Us which describes the terms and conditions of insurance subject to its provisions, limitations and exclusions.

Policyholder means the company or organization that elects to provide this Policy to their employees, members or participants.

Policy Effective Date means the date this Policy takes effect as shown on the face page.

Pre-existing Condition means a disease; or physical condition of the Covered Person, for which medical advice or treatment was received by the Covered Person during the twelve (12) months prior to the effective date of the Covered Person's coverage.

Schedule of Benefits means the outline of the Coverages and Benefits provided by this Policy.

Usual and Customary Charge means the normal charge, in the absence of insurance, made by the provider of any treatment, but not more than the prevailing charge in the area:

1. for a like service by a provider with similar training or experience; or
2. for a supply that is identical or substantially equivalent.

The final determination of all Usual and Customary Charges rests solely with Us.

ELIGIBILITY, EFFECTIVE DATE AND TERMINATION PROVISIONS

Policy Effective Date

We agree to provide Blanket Accident Insurance Benefits described in this Policy in consideration of the Policyholder's application and payment of the initial premium when due. Insurance coverage begins on the Policy Effective Date shown on this Policy's first page as long as the Minimum Participation requirement shown in the *Schedule of Benefits* has been satisfied.

Eligibility

An individual becomes eligible for insurance under this Policy on the date he meets all of the requirements of one of the Covered Classes and completes any Eligibility Waiting Period, as shown in the *Schedule of Benefits*. An Eligible Person may be insured under only one Covered Class, even though he may be eligible under more than one Covered Class.

Effective Date for Individuals

Insurance becomes effective for an Eligible Person on the latest of the following dates:

1. the effective date of this Policy;
2. the date the individual becomes eligible.

Effective Date of Changes

Any increase or decrease in the amount of insurance for the Covered Person resulting from a change in benefits provided by this Policy or a change in the Covered Person's Covered Class will take effect on the date of such change. Increases will take effect subject to any Active Service requirement.

Termination of Insurance

The insurance on a Covered Person will end on the earliest date below:

1. the date the person is no longer in an Eligible Class;
2. the end of the last period for which premium is paid subject to the grace period;
3. the date this Policy terminates.

Termination will not affect a claim for a Covered Loss resulting from a Covered Accident that occurs before the termination date. However, in no instance will benefits extend beyond the earlier of:

1. the end of the Benefit Period; and
2. the date benefits equal to any applicable Benefit Limit or Maximum, as shown in the *Schedule of Benefits*, have been paid;
3. the date benefits paid equal any applicable Policy Aggregate Maximum, as shown in the *Schedule of Benefits*.

GENERAL PROVISIONS

Entire Contract; Changes

The Policy (including any endorsements or amendments), and the signed application of the Policyholder are the entire contract. A copy of any application of the Policyholder will be attached to the Policy when issued. Any statements made by the Policyholder or Covered Persons will be treated as representations and not warranties. No such statement shall: void the insurance; reduce the benefits; or be used in defense of a claim for loss incurred; unless: it is contained in a written application; and a copy is provided to the person who made such statement (or their beneficiary or representative).

To be valid, any change or waiver must be in writing. It must: be signed by our President or Secretary; and be attached to the Policy. No agent has authority to change or waive any part of the Policy.

Misstatement of Fact

If a Covered Person has misstated any fact, all amounts payable under this Policy will be such as the premium paid would have purchased had such fact been correctly stated.

Misstatement of Age

If the Policy holder has misstated the age of any Covered Person, all amounts payable under this Policy will be such as the premium paid would have purchased had such fact been correctly stated.

Certificates of Insurance

We will make available for delivery to each person insured certificates outlining the insurance coverage and to whom benefits are payable under the Policy.

Assignment

The rights and benefits under this Policy, except for rights to reimbursement for ambulance, dental and oral surgeon services, may not be assigned and any attempt to assign will be void. Benefits payable for ambulance, dental, and oral surgeon services will be paid directly to the person providing such services provided that We are presented with a valid assignment of benefits by the person providing such services.

Incontestability

We will not contest the validity of this Policy, except for nonpayment of premiums, after it has been in force for two years from its date of issue. No statement made by a Covered Person relating to his or her insurability will be used in contesting the validity of the insurance with respect to which such statement was made:

1. After the insurance has been in force prior to the contest for a period of 2 years during the lifetime of the person about whom the statement was made; and
2. Unless the statement is contained in a written instrument signed by him or her.

Reporting Requirements

The Policyholder or its authorized agent must report all of the following to Us by the premium due date:

1. the number of persons insured on the Policy Effective Date;
2. the number of persons who are insured after the Policy Effective Date;
3. the number of persons whose insurance has terminated;
4. any additional information required by Us.

Clerical Error

A Covered Person's insurance will not be affected by error or delay in keeping records of insurance under this Policy. If such error or delay is found, We will adjust the premium fairly.

Conformity with Statutes

Any provisions in conflict with the requirements of any state or federal law that applies to this Policy are automatically changed to satisfy the minimum requirements of such laws.

Compensation Insurance

This Policy is not in place of and does not affect any requirements for coverage under any Workers' Compensation law.

CLAIM PROVISIONS

Notice of Claim

Written or authorized electronic/telephonic notice of claim must be given to Us within 90 days after a Covered Loss occurs or begins or as soon as reasonably possible. If written or authorized electronic/telephonic notice is not given in that time, the claim will not be invalidated or reduced if it is shown that such notice was given as soon as was reasonably possible. Notice can be given: to Us at Our Administrative Office, One Bala Plaza, Suite 100, Bala Cynwyd, PA 19004; to such other place as We may designate for the purpose; or to Our authorized agent. Notice should include the Policyholder's name and policy number and the Covered Person's name and address.

Claim Forms

We will send claim forms for filing proof of loss when We receive notice of a claim. If such forms are not sent within 15 days after We receive notice, the Covered Person will be deemed to have complied with the proof requirements by submitting, within the time fixed in this Policy for filing proof of loss, written or authorized electronic proof of the nature and extent of the loss for which the claim is made.

Claimant Cooperation Provision

Failure of a claimant to cooperate with Us in the administration of the claim may result in termination of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Proof of Loss

Written or authorized electronic proof of loss must be given to Us within 90 days after the date of loss. In the case of a claim for loss of time for disability, written or authorized electronic proof of the loss must be given to Us within 90 days after the commencement of the period for which We are liable. Subsequent written proof of the continuance of the disability must be given to Us every 6 months. Failure to furnish such proof within the prescribed time will not invalidate or reduce any claim if it was not reasonably possible to furnish the proof within that time and the proof is given as soon as reasonably possible. In no event, except in the absence of legal capacity, will proof of loss be accepted if it is sent later than one year from the time proof is otherwise required.

Time of Payment of Claims

All benefits payable under the Policy other than benefits for loss of time will be payable within sixty (60) days after Our receipt of written or authorized electronic proof of loss. Subject to written or authorized electronic proof of loss, all accrued benefits payable under the Policy for loss of time will be paid monthly during the continuance of the period for which We are liable. Any balance remaining unpaid at the termination of such period will be paid as soon as possible.

Payment of Claims

All benefits will be paid in United States currency. Benefits for loss of life will be payable in accordance with the Beneficiary provision and these Claim Provisions. All other proceeds payable under this Policy, unless otherwise stated, will be payable to the Covered Person or to his estate.

If We are to pay benefits to the estate or to a person who is incapable of giving a valid release, We may pay up to \$5,000 to a relative by blood or marriage whom We believe is equitably entitled. Any payment made by Us in good faith pursuant to this provision will fully discharge Us to the extent of such payment and release Us from all liability.

Beneficiary

The beneficiary is the person or persons the Covered Person names or changes on a form executed by him and satisfactory to Us. This form may be in writing or by any electronic means agreed upon between Us and the Policyholder. Consent of the beneficiary is not required to affect any changes or to make any assignment of rights or benefits permitted by this Policy, unless the beneficiary has been designated as an irrevocable beneficiary.

A beneficiary designation or change will become effective on the date the Covered Person executes it. However, We will not be liable for any action taken or payment made before We record notice of the change at our Home Office.

If more than one person is named as beneficiary, the interests of each will be equal unless the Covered Person has specified otherwise. The share of any beneficiary who does not survive the Covered Person will pass equally to any surviving beneficiaries unless otherwise specified.

If there is no named beneficiary or surviving beneficiary, or if the Covered Person dies while benefits are payable to him, We may make direct payment to the first surviving class of the following classes of persons:

1. Spouse;
2. Child or Children;
3. mother or father;
4. sisters or brothers;
5. estate of the Covered Person.

Physical Examination and Autopsy

We, at Our own expense, have the right and opportunity to examine the Covered Person when and as often as We may reasonably require while a claim is pending and to make an autopsy in case of death where it is not forbidden by law.

Legal Actions

No action at law or in equity may be brought to recover under this Policy less than 60 days after written or authorized electronic proof of loss has been furnished as required by this Policy. No such action will be brought more than three years after the time such written proof of loss must be furnished.

Recovery of Overpayment

If benefits are overpaid, We have the right to recover the amount overpaid by either of the following methods.

1. A request for lump sum payment of the overpaid amount.
2. A reduction of any amounts payable under this Policy.

If there is an overpayment due when the Covered Person dies, We may recover the overpayment from the Covered Person's estate.

ADMINISTRATIVE PROVISIONS

Cancellation

We or the Policyholder may cancel this Policy, after the first year, by giving Us 60 days advance written notice. Any premium rate guarantee will not affect Our or the Policyholder's right to cancel this Policy.

If a premium is not paid when due, We will cancel this Policy at the end of the last period for which premium was paid, subject to the Grace Period provision. Premium Due Dates are shown in the *Schedule of Benefits*.

Cancellation will not affect a claim for a Covered Loss resulting from a Covered Accident that occurred before the cancellation date.

Grace Period

A Policy Grace Period of 31 days will be granted for payment of required premiums due after the first premium, unless:

1. We do not intend to renew this Policy beyond the period for which premium has been accepted; and
2. written notice of Our intention not to renew is delivered to the Policyholder at least 90 days before the premium is due.

This Policy will be in force during the Policy Grace Period. If the required premiums are not paid during the Policy Grace Period, insurance will end on the last day of the Grace Period. The Policyholder is liable to Us for any unpaid premium for the time this Policy was in force.

Premiums

All premium rates are expressed in, and all premiums are payable in, United States currency. The premiums for this Policy will be based on the rates, as set forth in the *Schedule of Benefits* or subsequently changed, the plan and amounts of insurance in effect for Covered Persons and the premium mode selected, as shown in the *Schedule of Benefits*. If a Covered Person's insurance amounts are reduced due to age, premium will be based on the amounts of insurance in force on the day before the reduction took place. We will provide notifications of premiums due or premium changes, by mail to the most current address in our files, to the Policyholder.

Premium Payment

The total premium paid by the Policyholder is the sum of premiums for all Covered Persons including any amounts contributed toward the cost of this insurance by Covered Persons. The initial premium is due on the Policy Effective Date and each succeeding premium is due on the next succeeding Premium Due Date, as shown in the *Schedule of Benefits*, unless the Policyholder and We agree to another mode of premium payment. Premiums are paid at our Administrative Office or to Our authorized agent.

If any premium is not paid when due, this Policy will be cancelled as of the Premium Due Date of the unpaid premiums, except as provided in the Grace Period provision.

Changes in Premium Rates

We may change the premium rates from time to time with at least 31 days advance written notice to the Policyholder. No change in rates will be made until 12 months after the Policy Effective Date. An increase in rates will not be made more often than once in a 12-month period. However, We reserve the right to change rates at any time if any of the following events take place:

1. the terms of this Policy change;
2. the number of Covered Persons increases or decreases by more than 10% since the later of the Policy Effective Date and the first day of the current Policy term;
3. coverage is reinstated following failure to pay premium during the Grace Period;
4. a change in any federal or state law or regulation is enacted, adopted or amended to the extent that it affects Our benefit obligations under this Policy; or
5. the Policyholder fails to provide sufficient information, as required by Us, to confirm adequacy of premiums and rates currently being paid.

Any increase or decrease in rate will take effect on the date of the applicable change specified above. A pro-rata adjustment will apply from the date of the change to the end of any period for which premium has been paid.

Premium Audit

We will have the right to audit books and records of the Policyholder at its place of business and during regularly-scheduled business hours, in order to determine the accuracy of premium paid.

Reinstatement

This Policy may be reinstated if it lapsed for nonpayment of premium. Requirements for reinstatement are written application of the Policyholder satisfactory to Us and payment of all overdue premiums. Any premium accepted in connection with a reinstatement will be applied to the earliest period for which premium was not previously paid.

CONDITIONS OF COVERAGE

This section describes the Conditions of Coverage under which benefits provided by this Policy become payable. Any benefits are payable only once, even though more than one Condition of Coverage may apply. Please read these and the Common Exclusions sections in order to understand all of the terms, conditions and limitations of coverage.

POLICYHOLDER COVERAGE

We will pay benefits provided by this Policy, subject to all applicable conditions and exclusions, when a Covered Person suffers a Covered Loss resulting, directly and independently of all other causes, from a Covered Accident that occurs during one of the Covered Activities shown in the *Schedule of Benefits*.

The Covered Activity must take place:

1. under one of the Conditions of Coverage shown in the *Schedule of Benefits*; and
2. on the premises of the Policyholder during normal hours of operation or during another scheduled time; or
3. at another site designated by the Policyholder where the Covered Activity is scheduled.

This Coverage also includes travel only within the United States, Canada and Mexico and only directly and without interruption;

1. between the Covered Person's home or another meeting place designated by the Policyholder and the site of the Covered Activity; and
2. by common carrier providing transportation to the site of the Covered Activity or by a private passenger automobile driven by an adult with a valid drivers' license.

Travel Coverage for Overnight Covered Activities Covered Travel also includes travel by any common carrier providing transportation to a Covered Activity within the United States, Canada or Mexico when the Covered Person's participation in or attendance at it requires him to be away from his normal residence for a stay of one or more nights. Coverage for travel to any Covered Activity that takes place outside the United States, Canada or Mexico will be covered only if We have agreed to it in writing.

Exclusions This coverage will not be in effect during

1. the Covered Person's Personal Deviation; or
2. during travel to any Covered Activity that takes place outside the United States, Canada and Mexico unless we have agreed to provide it in advance.

Other exclusions that apply to this coverage are in the *Common Exclusions* section.

COMMON EXCLUSIONS

In addition to any benefit-specific exclusions, benefits will not be paid for any Covered Injury or Covered Loss which, directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the *Description of Benefits* Section:

1. intentionally self-inflicted Injury, suicide or any attempt thereof while sane or insane;
2. commission or attempt to commit a felony or an assault;
3. commission of or active participation in a riot or insurrection;
4. bungee jumping; parachuting; skydiving; parasailing; hang-gliding;
5. declared or undeclared war or act of war;
6. flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface, except as a fare-paying passenger on a regularly scheduled commercial or charter airline;
7. travel in or on any off-road motorized vehicle except a golf cart or any other vehicle We specifically agree to cover not requiring licensing as a motor vehicle;
8. participation in any motorized race or contest of speed;
9. an accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license; except while participating in Driver's Education Program;
10. sickness; disease; bodily or mental infirmity; bacterial or viral infection or medical or surgical treatment thereof; except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
11. travel or activity outside the United States, Canada or Mexico;
12. travel in any Aircraft owned, leased or controlled by the Policyholder or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the Policyholder, if the Aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year;
13. the Covered Person's intoxication as determined according to the laws of the jurisdiction in which the Covered Accident occurred;
14. voluntary ingestion of any: narcotic; drug; poison; gas; or fumes; unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
15. injuries compensable under Workers' Compensation law or any similar law unless excluded from coverage under such laws;

We will not pay benefits for:

16. services or treatment rendered by a Physician, Nurse or any other person who is:
 - a. employed or retained by the Policyholder;
 - b. providing homeopathic, aroma-therapeutic or herbal therapeutic services;
 - c. living in the Covered Person's household;
 - d. who is a parent; sibling; spouse; or child of the Covered Person;
17. any Hospital Stay or days of a Hospital Stay that are not appropriate for the condition and locality.
18. A Covered Person's Covered Loss if:
 - a. he was driving a private passenger automobile at the time of the Covered Accident that resulted in the Covered Loss; and
 - b. he was intoxicated, as that term is defined by the law of the jurisdiction in which the Covered Accident occurred.

SCOPE OF COVERAGE APPLICABLE TO MEDICAL EXPENSE BENEFITS

Covered expenses and any applicable Deductibles are shown in the *Schedule of Benefits*.

Other Health Care Plan Benefits

When another Health Care Plan provides benefits in the form of services rather than cash payments, We will consider the reasonable cash value of such service in determining whether any Deductible has been satisfied, or any amount by which any benefit provided by this Policy will be reduced.

Full Excess Medical Expense

We will pay Covered Expenses:

1. after the Covered Person has satisfied any applicable Deductible; and
2. only when they are in excess of amounts payable by any Other Health Care Plan whether or not claim has been made for benefits it provides.

We will pay benefits without regard to any Coordination of Benefits provision in such Health Care Plan.

Any Covered Expenses payable under this provision will be reduced by the the Other Health Care Plan Reduction Percentage shown in the *Schedule of Benefits* if:

1. the Covered Person has coverage under another Health Care Plan;
2. the Other Health Care Plan is an HMO, PPO or similar arrangement; and
3. the Covered Person does not use the facilities or services of the HMO, PPO or similar arrangement.

Covered Expenses will not be reduced for emergency treatment within 24 hours after a Covered Accident which occurred outside the geographic servc area of the HMO, PPO or similar arrangement. This provision only applies when the Covered Person is covered for in-network benefits only.

HMO or Health Maintenance Organization means any organized system of health care that provides health maintenance and treatment services for a fixed sum of money agreed and paid in advance to the provider or service.

PPO or Preferred Provider Organization means an organization offering health care services through designated health care providers who agree to perform those services at rates lower than non-Preferred Providers.

ACCIDENT MEDICAL EXPENSE BENEFITS

We will pay benefits shown in the *Schedule of Benefits* for Covered Expenses Incurred by a Covered Person, subject to all applicable conditions and exclusions, for treatment of an injury that resulted directly and independently of all other causes from a Covered Accident.

Benefits will be paid:

1. when Covered Expenses Incurred exceed any applicable Deductible within the number of days from the date of the Covered Accident specified in the *Schedule of Benefits*; and
2. as long as the first expense has been Incurred within the number of days specified in the *Schedule of Benefits*; and
3. until any applicable Benefit Period shown in the *Schedule of Benefits* has expired; and
4. until the total of Covered Expenses paid equals any applicable Benefit Limit or maximum Benefit shown in the *Schedule of Benefits*; and
5. until benefits paid equal the Maximum for Accident Medical Expense Benefits shown in The *Schedule of Benefits*.

Covered Expenses

Inpatient Hospital Services

Room and Board Expenses – We will pay for

1. confinement in an intensive or coronary care unit, up to the maximum daily benefit shown in the *Schedule of Benefits* for each day of such confinement; and
2. any other confinement, up to the maximum daily benefit shown in the *Schedule of Benefits* for each day of the Hospital Stay.

Miscellaneous Expenses – We will pay the Miscellaneous Expenses charged by a Hospital or ambulatory surgical center for outpatient surgery. Miscellaneous Expenses include, but are not limited to: X-ray; laboratory; in-Hospital physiotherapy; nurse services; orthopedic appliances; pre-admission tests; and all necessary charges other than room and board, for services received during a Hospital Stay.

Ambulatory Medical Center

We will pay Covered Expenses Incurred for medical or surgical treatment provided in a licensed facility that provides ambulatory surgical or medical treatment and is not a Hospital or Physician's office.

Emergency Room Treatment

We will pay Covered Expenses Incurred for outpatient emergency room treatment performed in a Hospital, up to the Maximum Benefit shown in the *Schedule of Benefits*. When emergency room treatment is immediately followed by admission to a Hospital, such treatment will be a Hospital Covered Expense.

Physician Services – We will pay Covered Expenses for Covered Expenses listed below.

Surgery

1. Covered Expenses charged for performing a surgical procedure. We will pay up to 100% of the Maximum Benefit for a surgical procedure shown in the *Schedule of Benefits*; and
2. Covered Expenses charged by an assistant surgeon assisting a Physician performing a surgical procedure
3. Covered Expenses charged for treatment of fractured and dislocated bones; operations that involve cutting, incision and/or suturing of wounds; or any other surgical procedure, including aftercare, which is given in the outpatient department of a Hospital or an ambulatory surgical center
4. Any braces, splints or other devices required after surgery to ensure proper healing

Use of Physician's Surgical Facilities – Covered Expenses charged for the use of a Physician's surgical facilities.

Second Opinion or Consultation – Covered Expenses charged by a Physician for a second surgical opinion or consultation.

Physician's Assistant – Covered Expenses charged by a Physician's Assistant for other than pre- or post-operative care, second opinion or consultation:

1. or in-Hospital visits; and
2. for office visits.

Anesthesia and its administration – Covered Expenses charged by a Physician for anesthesia and its administration.

In-Hospital or Office Visits – Covered Expenses charged by a Physician for other than pre- or post-operative care, second opinion or consultation;

1. for in-Hospital visits; and
2. for office visits.

Outpatient X-ray, CT Scan, MRI and Laboratory tests

We will pay Covered Expenses Incurred, when prescribed by a licensed Physician, for X-ray except dental X-rays; CT Scans; MRI's; and laboratory tests.

Outpatient Physiotherapy

We will pay Covered Expenses Incurred for outpatient physiotherapy, when prescribed by a licensed Physician, which includes: (a) acupuncture; (b) microthermy; (c) chiropractic adjustment; (d) manipulation; (e) diathermy; (f) massage therapy; (g) heat treatment; and (h) ultrasound treatment.

Nursing Services

We will pay Covered Expenses Incurred for services other than routine Hospital care, rendered by a Nurse.

Ambulance Services

We will pay Covered Expenses Incurred for ground or air ambulance service to transport a Covered Person from the place where a Covered Accident occurred to the nearest medically appropriate facility. We will pay Covered Expenses Incurred for ground or air ambulance transportation from the nearest medical facility to another appropriate medical facility if a Physician specifies in writing that specialized care not available in the first facility to which the Covered Person was transported is necessary to treat his injury.

Medical Equipment Rental

We will pay Covered Expenses Incurred for rental or, if less, for purchase of:

1. a wheelchair or hospital bed; or
2. other medical equipment that has permanent or temporary therapeutic value for the Covered Person and that can only be used by him. Permanent or therapeutic value is determined solely by Us. Examples of items that are not covered include but are not limited to: computers; motor vehicles and modifications thereof; and ramps and installation costs.

Medical Services and Supplies

We will pay Covered Expenses Incurred for:

1. blood and blood transfusions, including processing and administration; and
2. cost and administration of oxygen and other gasses.

We will not pay for storage of blood for any reason.

Dental Services

We will pay Covered Expense Incurred for dental treatment, including X-rays, for injury to a tooth:

1. with no fillings or cavities or only fillings or cavities that do not undermine the tooth cusps; and
2. for which pulpal tissues are healthy and intact; and
3. for which periodontal tissue shows little or no signs of active or chronic inflammation. For insurance review purposes, each tooth unit is evaluated under these criteria rather than a blanket rating of the whole mouth.

Covered Expenses include: examinations; X-rays; restorative treatment; endodontics; oral surgery; initial braces required for treatment of an injury; and treatment of gingivitis resulting from trauma.

Covered Expenses must be Incurred within the Benefit Period shown in the *Schedule of Benefits*. If there is more than one way to treat a dental problem, We will pay based on the least expensive procedure if that procedure meets commonly accepted standards of the American Dental Association.

Prescription Drugs

We will pay Covered Expenses Incurred for drugs that

1. can only be obtained through a Physician's written prescription; and
2. are approved for such prescription use by the Federal Drug Administration (FDA).

We will also pay Covered Expenses Incurred for drugs that meet (a) above and are prescribed by a Physician for therapeutic use not specifically approved by the FDA. The Covered Expense for a prescription drug is limited to the cost of a generic drug unless substitution of a generic drug is prohibited by law, no generic drug is available, or the Covered Person's Physician specifically request that a non-generic drug be dispensed.

Excluded Expenses

None of the following will be considered Covered Expenses unless coverage is specifically provided.

1. Blood, blood plasma or blood storage except expenses by a Hospital for processing or administration of blood.
2. Cosmetic Surgery or care, or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to:
 - a. cosmetic surgery resulting from an accident, if initial treatment of the Covered Person is begun within 12 months of the date of the Accident;
 - b. reconstruction incidental to or following surgery resulting from a Covered Accident.
3. Any elective or routine: treatment; surgery; health treatment; or examinations; including any service, treatment or supplies that are (a) deemed by Us to be experimental or investigational; and (b) are not recognized and generally accepted medical practice in the United States.
4. Treatment in any Veterans' Administration, Federal or state facility unless there is a legal obligation to pay.
5. Services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay.
6. Rest cures or custodial care.
7. Repair or replacement of: existing dentures; partial dentures; braces; or bridgework.
8. Personal services such as television and telephone, or transportation.
9. Services or treatment provided by an infirmary operated by the Policyholder.
10. Treatment of injuries that result over a period of time, such as blisters, tennis elbow, et al, that are a normal, foreseeable result of participation in the Covered Activity.
11. Treatment or service provided by a private duty nurse.
12. Repair or replacement of existing artificial limbs, eyes and larynx.
13. Treatment of hernia of any kind.
14. Treatment of a Pre-existing Condition, unless we have received a written medical release from his Physician. This exclusion does not apply to loss incurred or disability commencing after the earlier of 1) the end of a continuous period of twelve months commencing on or after the effective date of the Covered Person's coverage during which the Covered Person receives no medical advice or treatment in connection with the disease or physical condition, or 2) the end of the two-year period commencing on the effective date of the Covered Person's coverage under this Policy.

Other Exclusions that apply to this Benefit are in the *Common Exclusions* Section.

ACCIDENT INDEMNITY BENEFITS

This Section describes the Accident Indemnity Benefits provided by this Policy. Benefit amounts and any applicable time requirements and limitations are shown in the *Schedule of Benefits*. Please read this and the *Common Exclusions* section in order to understand all of the terms, conditions and limitations applicable to these benefits.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Covered Loss

We will pay the benefit for any one of the Covered Losses listed in the *Schedule of Benefits*, if the Covered Person suffers a Covered Loss resulting directly and independently of all other causes from a Covered Accident within the applicable time period specified in the *Schedule of Benefits*.

If the Covered Person sustains more than one Covered Loss as a result of the same Covered Accident, benefits will be paid for the Covered Loss for which the largest available benefit is payable.

If a Covered Accident causes the Covered Person's death, the total of all Benefits We will pay for Accidental Death and any other Covered Losses will not exceed the largest Benefit payable for a Covered Loss.

Definitions

Loss of a Hand or Foot means complete Severance through or above the wrist or ankle joint.

Loss of Sight means the total, permanent loss of all vision in one eye which is irrecoverable by natural, surgical or artificial means.

Loss of Speech means total and permanent loss of audible communication which is irrecoverable by natural, surgical or artificial means.

Loss of Hearing means total and permanent loss of ability to hear any sound in both ears which is irrecoverable by natural, surgical or artificial means.

Loss of a Thumb and Index Finger of the Same Hand or Four Fingers of the Same Hand means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand).

Paralysis or Paralyzed means total loss of use of a limb. A Physician must determine the loss of use to be complete and irreversible.

Quadriplegia means total Paralysis of both upper and both lower limbs.

Paraplegia means total Paralysis of both lower limbs or both upper limbs.

Hemiplegia means total Paralysis of the upper and lower limbs on one side of the body.

Severance means the complete and permanent separation and dismemberment of the part from the body.

Exclusions The exclusions that apply to this benefit are in the *Common Exclusions* Section.

PHILADELPHIA INDEMNITY INSURANCE COMPANY
Administrative Office: One Bala Plaza, Suite 100, Bala Cynwyd, PA 19004
800-873-4552

**NOTICE OF PROTECTION PROVIDED BY VIRGINIA LIFE, ACCIDENT AND SICKNESS
LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION**

This notice provides a **brief summary** of the Virginia Life and Health Insurance Guaranty Association ("the Association") and the protection it provides for policyholders. This safety net was created under Virginia law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that a life, annuity or health insurance company licensed in the Commonwealth of Virginia becomes financially unable to meet its obligations and is taken over by its Insurance Department. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with West Virginia law, with funding from assessments paid by other life and health insurance companies licensed in the Commonwealth of Virginia.

The basic protections provided by the Association are:

- Life Insurance
 - \$300,000 in death benefits
 - \$100,000 in cash surrender or withdrawal values
- Health Insurance
 - \$500,000 in hospital, medical and surgical insurance benefits
 - \$300,000 in disability [income] insurance benefits
 - \$300,000 in long-term care insurance benefits
 - \$100,000 in other types of health insurance benefits
- Annuities
 - \$250,000 in withdrawal and cash values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$350,000, except for hospital, medical and surgical insurance benefits, for which the limit is increased to \$500,000.

Note: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Virginia law.

To learn more about the above protections, please visit the Association's website at www.valifega.org or contact:

VIRGINIA LIFE, ACCIDENT AND SICKNESS
INSURANCE GUARANTY ASSOCIATION
c/o APM Management Services, Inc.
1503 Santa Rosa Road, Suite 101
Henrico, VA 23229-5105
804-282-2240

STATE CORPORATION COMMISSION
Bureau of Insurance
P. O. Box 1157
Richmond, VA 23218-1157
804-371-9741
Toll Free Virginia only: 1-800-552-7945
<http://scc.virginia.gov/boi/index.aspx>

Insurance companies and agents are not allowed by Virginia law to use the existence of the Association or its coverage to encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and Virginia law, then Virginia law will control.

PRIVACY POLICY NOTICE

Philadelphia Indemnity Insurance Company

The Philadelphia Indemnity Insurance Company ("PIIC" or "We") value(s) your privacy and we are committed to protecting personal information that we collect during the course of our business relationship with you. The collection, use and disclosure of certain nonpublic personal information are regulated by law. This notice is for your information only and requires no action on your part. It will inform you about the types of information that we collect and how it may be disclosed. This does not reflect a change in the way we do business or handle your information.

INFORMATION THAT WE COLLECT:

We collect personal information about you from the following sources:

- Applications or other forms such as claims forms or underwriting questionnaires completed by you;
- Information about your transactions with us, our affiliates or others; and
- Depending on the type of transaction you are conducting with us, information may be collected from consumer reporting agencies, health care providers, employers and other third parties in order to service your policy.

INFORMATION THAT WE DISCLOSE:

We will only disclose the information described above to affiliates and non-affiliated third parties, as permitted by law, and when necessary to conduct our normal business activities.

For example, we may make disclosures to the following types of third parties:

- Your agent or broker (producer);
- Parties who perform a business, professional or insurance functions for our company, including our reinsurance companies;
- Independent claims adjusters, investigators, attorneys, other insurers or medical care providers who need information to investigate, defend or settle a claim involving you;
- Regulatory agencies in connection with the regulation of our business; and
- Lienholders, mortgagees, lessors or other persons shown on our records as having a legal or beneficial interest in your policy.

We do not sell your information to others for marketing purposes. We do not disclose the personal information of persons who have ceased to be our customers.

PROTECTION OF INFORMATION:

We maintain physical, electronic and procedural safeguards that comply with state and federal regulations to protect the confidentiality of your personal information. We also limit employee access to personally identifiable information to those with a business reason for knowing such information.

USE OF COOKIES:

We may place electronic "cookies" in the browser files of your computer when you access this website. Cookies are text files placed on your computer to enable our systems to recognize your browser and to tailor the information on our website to your interests. We or our third party service providers or business partners may place cookies on your computer's hard drive to enable us to match personal information that we maintain about you so that we are able to pre-populate on-line forms with your information. We also use cookies to help us analyze use of our website to understand which areas of our site are most useful to you. You may refuse the use of cookies by selecting the appropriate settings on your browser. Please note that if you do this, you may not be able to use the full functionality of the website.

YOUR RIGHTS REGARDING YOUR INFORMATION:

You have the right to submit a written request for access to your recorded Personal Information. Within 30 business days of receipt of your request, we must inform you of the nature and substance of your recorded Personal Information, permit you to view and copy it in person, or receive a copy by mail of your recorded Personal Information, and receive names of persons or entities to whom we have disclosed Personal Information about you in the last two years. There are some types of information, however, to which we are not required to give you access. Information collected for the evaluation of a claim, or when the possibility of a lawsuit exists, will not be disclosed. If your records contain medical information, we may ask you to name a licensed medical professional to whom we can send such information so that it may be properly explained. You may be charged a fee if we copy your Personal Information for you.

You have the right to request that we correct, amend or delete any recorded Personal Information that you believe is inaccurate. Within 30 business days of receipt of your request, we will correct, amend or delete the inaccurate recorded Personal Information or notify you the reason(s) that we are unable to make the change. If you disagree with our decision, you have the right to submit a concise statement for your file setting forth the reasons you disagree with us and/or the correct, relevant or fair information. If you request, we will provide you with a summary of our procedures by which you may request correction, amendment or deletion of your recorded Personal Information.

If we use an independent consumer reporting agency or insurance-support organization to prepare a report on you, you have the right to be personally interviewed by them. Information you give during an interview will be included in the report sent to us. If you wish to be interviewed, please tell us how the agency or organization may contact you, and every effort will be made to interview you. Even if you are not interviewed, you have the further right to request that the reporting agency or insurance-support organization provide you with a copy of the report it makes. Information obtained by a report prepared by an insurance support organization may be retained by that organization and disclosed to other persons. Write us at the address in this notice and we will give you the name and address of any agency or support organization we have used to prepare a report on you so that you can contact them directly to find out more about that report.

CONTACT US: Philadelphia Indemnity Insurance Company, One Bala Plaza, Suite 100, Bala Cynwyd, PA 19004 ATTN: Chief Privacy Officer