

This brochure explains the general purpose of the insurance provided under the issued Group Policy 57 SR 562277 (accident). All coverages are subject to actual policy conditions and exclusions.



**Underwritten by:**  
**Hartford Life and Accident**  
**Insurance Company**  
**Hartford, Connecticut 06115**

This insurance program is arranged by Assured Partners

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**UNIVERSITY OF CALIFORNIA**  
**Agriculture and Natural Resources**

## **UC ANR VOLUNTEERS**



## **ACCIDENT INSURANCE PROGRAM**

This program provides secondary insurance coverage for appointed adult volunteers in programs including Master Gardeners, Master Food Preservers, Master Composters, Nutrition Education, Farm Smart, and others.

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# BLANKET ACCIDENT INSURANCE PROGRAM



## Who is covered?

UC ANR Volunteers are protected when taking part in or attending an approved regularly supervised/sanctioned activity. "Volunteer" means an appointed adult volunteer. One time participants are also covered. They are also covered while traveling to or from a unit activity, and while traveling directly between home and a group meeting place for scheduled activity, except for an auto injury. Note: CA 4-H Volunteers are covered by a separate 4-H policy.

## What is covered?

The UC ANR Volunteer Accident Insurance Program is an "accident" policy. It is designed to provide benefits to group members for certain losses resulting from a covered accidental injury subject to the limitations of the policy. Payment for property damage is not covered by this policy.

## What are the benefits?

### A. Accidental Death

If an injury results in loss of life within 180 days after the date of the accident, The Hartford will pay the Accidental Loss of Life benefit of \$10,000.

### B. Loss of Sight and Dismemberment

If an injury results in loss of sight or dismemberment within 180 days after the date of an accident, The Hartford will pay as shown below:

Accident medical or surgical treatment limit: \$10,000

Accidental Death: \$10,000

Loss of sight both eyes: \$10,000

Loss of both hand or both feet: \$10,000

Loss of one hand and one foot: \$10,000

Loss of either hand or foot and sight in one eye: \$10,000

Loss of either hand or foot: \$5,000

Loss of sight in one eye: \$5,000

**Loss of hand or foot** means severance through or above the wrist or ankle joint. Loss of eye means entire and irrecoverable loss of sight. Loss of thumb and index finger means actual severance through or above metacarpophalangeal joints.

The Hartford will not pay more than the largest amount shown for all losses due to the same accident.

### C. Accident Medical Coverage

Subject to the maximum benefit of \$10,000, The Hartford will pay the reasonable and customary expenses\* for necessary medical or surgical treatment, services or supplies if the first expense is incurred within 52 weeks of the date of the accident. For any one accident, all covered expenses will be paid up to the Maximum Amount if they are incurred within two years from the date of accident. Injury to natural teeth is payable to a maximum of \$250.

## How do I file a claim?

Claim forms can be obtained from your UCCE County Office or Research & Extension Center office. Complete the forms and attach relevant materials i.e., itemized bills, proof of payment, etc. from the accident. If you have paid the claim, please indicate that reimbursement is to go to you. Please be sure that all questions are answered including the type of activity and the County or program location

The local UC ANR office will review, sign and process the forms and submit the claim to the Hartford Claims processor.

### Hartford Claims

P.O. Box 189

Bridgton, ME 04009

Phone: (888) 998-2240

Fax: (207) 647-4569

## Exclusions

This Policy does not cover loss resulting from sickness or disease; intentionally self-inflicted injuries, suicide or attempted suicide, whether sane or insane; flying in any aircraft other than a regularly scheduled airline; injury sustained as a team member while practicing for or participating in any athletic game, event or tournament sponsored by or under the direction of any organized amateur league, conference or association, or traveling to or from such practice or participation; while participating in an activity which constitutes competition between a person and an animal; expenses incurred for the repair or replacement of existing dentures, partial dentures, braces, fixed or removable bridges, or other artificial dental restoration; expenses incurred for the repair or replacement of artificial limbs or orthopedic braces, or expenses covered under any automobile reparations insurance (no fault) or automobile insurance medical payments benefit.

## Appealing Denial of a Claim to The Hartford

On any denied claim, an Insured Person or his representative may appeal to The Hartford for a full and fair review. The claimant may:

- (a) request a review upon written request within 60 days of receipt of claim denial
- (b) Review pertinent documents; and
- (c) Submit issues and comments in writing



\* Reasonable and customary expenses means the amount of such expenses which are not in excess of the average charges made for such medical or surgical treatment, services or supplies in the locality where treatment, services or supplies are received, taking into consideration the nature and severity of the injury.