

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.

This insurance program is arranged by Dealey, Renton & Associates

Visit our web site:  
[www.dealeyrenton.com](http://www.dealeyrenton.com)



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

### **DRA**

**Dealey, Renton & Associates  
Insurance Brokers**

**An ESOP Company**

*With offices in*

**Oakland  
Pasadena  
Santa Ana**

The University of California prohibits discrimination or harassment of any person on the basis of race, color, national origin, religion, sex, gender identity, pregnancy (including childbirth, and medical conditions related to pregnancy or childbirth), physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or status as a covered veteran (covered veterans are special disabled veterans, recently separated veterans, Vietnam era veterans, or any other veterans who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized) in any of its programs or activities. University policy is intended to be consistent with the provisions of applicable State and Federal laws. Inquiries regarding the University's equal employment opportunity policies may be directed to: UCANR, Affirmative Action Compliance and Title IX Officer, University of California, Agriculture and Natural Resources, 2801 Second Street, Davis, CA 95618, (530) 750-1397.

**University of California**  
Agriculture and Natural Resources



### **MASTER GARDENER/ MASTER FOOD PRESERVER PROGRAM**



### **ACCIDENT INSURANCE PROGRAM**

**Sponsored by**

**University of California**

**Cooperative Extension**

**Division of Agriculture & Natural**

**Resources**

## Who is covered?

UCCE Master Gardener/Master Food Preserver volunteers are protected when taking part in or attending an approved regularly supervised/sanctioned activity. 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 if an auto injury.

## What is covered?

The UCCE Master Gardener/Master Food Preserver 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 thumb and index finger of either hand: \$2,500

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. 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.

The UCCE County Office will review, sign and process the forms and submit the claim to the Hartford Claims Office.

**Hartford Life Claims**  
**Blanket Lines Unit**  
**P.O. Box 3856**  
**Alpharetta, CA 30023**  
**Toll Free Number: (800) 678-6702**  
**Fax Number: (866) 954-3993**

## 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.