



# Description of Blanket Lines Accident Benefits and Provisions



### Advantages of Hartford Life's Blanket Lines Program:

- 24-hour protection while at the direction of the policyholder
- Flexible and Comprehensive offering with a wide range of optional enhancements for broader protection;
- Available on a non-contributory basis
- Sold as a separate policy from other group coverages

### What Types of Groups Are Eligible For Coverage?

The Blanket Lines products offer insurance to a wide range of **groups** such as schools, churches, camps, day care centers, youth groups, volunteers, and sports leagues to name a few. The Hartford can provide coverage for members or registered participants of an organization while they are participating in the organization's supervised activities, traveling on group trips or attending special events.

All members of a group, such as a sports team, a camp or a volunteer fire company are covered on a "no-name" basis. That is, the insurer does not need to know the names of the individuals in the group. If they belong to the group, they are covered. Underwriting does not require a detailed census – only the actual number of insured's to be covered.

### When Are They Covered?

Insured persons are generally covered while at the direction and supervision of the policyholder during the applicable policy period. This includes but is not limited to:

- On-site policyholder events
- Off-site events sponsored, sanctioned, or supervised by the policyholder
- Traveling with other insured persons as a group (individual travel may be covered in certain circumstances).



AVAILABLE BLANKET LINES PRODUCTS	
Type of Policy	Description of Covered Group
<b><u>Campers Blanket Health Program (CH)</u></b>	For organizations which have camp programs. The camp may be non-profit or profit-making, day camp or overnight.
<b><u>Sports Blanket Accident (SB)</u></b>	For organizations which offer sports activities as their main objective. This might include such clients as boys clubs, high school sports teams, little leagues; it does not include professional, semi-professional sports, or most adult/college risks.
<b><u>Tripster (SR)</u></b>	For organizations or associations that are traveling for a unique event or purpose.
<b><u>Youth Group (YG)</u></b>	For youth organizations whose primary activity is not sports-oriented. Clients might include church and religious groups, school clubs, or scouting organizations.
<b><u>Special Risk Accident (SR)</u></b>	For covering almost anything not covered by the specialized policies listed above. Clients might include such diverse groups as Chamber of Commerce, Volunteer Hospital Workers, Parent-Teacher Organizations, etc.  However, this program is NOT FOR organizations which offer sports or travel as their primary activity.
<b><u>Student Medical (SR)</u></b>	Available to Private, Charter and Public schools for coverage of student medical expenses arising from accidents that might occur during normal school-time and/or athletic events, etc.



*Benefits available: Subject to state availability and limitations*

Benefit	Brief Description
<b>Accidental Death</b>	Pays the maximum benefit selected for loss of life resulting from a covered accident.
<b>Accidental Dismemberment Coverage</b>	Pays a pro-rated percentage benefit for loss of limbs or sight occurring as a result of a covered accident. The Accidental Death and Dismemberment Benefits can only be purchased in conjunction with the Accident Medical Expense or Weekly Accident Total Disability Benefit.
<b>Accident Medical Expense</b>	Pays incurred expenses for necessary medical or surgical treatment, services or supplies if the first expense is incurred within 26 weeks of the date of accident. For any one accident covered expenses will be paid up to the maximum amount of the plan selected if they are incurred within two years of the date of accident.
<b>Weekly Accident Total Disability</b>	Available only to organizations whose members (and instructors/ supervisors if covered) are otherwise gainfully employed. Pays the weekly benefit selected if an insured person is totally disabled and unable to work as the result of a covered accident. Total disability must commence within 30 days of such accident. Covers up to two years while the insured is unable to work at his usual occupation. It can be purchased with a cost-saving waiting period. This benefit will be written only in conjunction with the Accidental Death and Dismemberment or Accident Medical Expense benefit.



## Definitions:

**Hospital** means an institution which:

- (a) operates pursuant to law;
- (b) primarily and continuously provides medical care and treatment of sick and injured persons on an inpatient basis;
- (c) operates facilities for medical and surgical diagnosis and treatment by or under the supervision of a staff of legally qualified physicians; and
- (d) provides 24 hour a day nursing service by or under the supervision of registered graduate nurses (R.N.).

Hospital does not mean any institution or part thereof which is used primarily as:

- (a) a nursing home, convalescent home or skilled nursing facility;
- (b) an alcohol or drug treatment facility; or
- (c) a place for rest, custodial care or for the aged.

**Injury** means bodily injury of an Insured Person that results directly and independently of all other causes from an accident which occurs while he or she is participating in a Covered Activity.

Loss resulting from sickness or disease, except a pus-forming infection that occurs through an accidental wound, is not considered as resulting from Injury.

**Insured Person** is defined in the Schedule.

**Physician** means a legally qualified physician or surgeon, other than the Insured Person or a physician or surgeon who is related to the Insured Person by blood or marriage.

**Reasonable Expenses** means fees and prices which do not exceed those generally charged for similar Medical Care in the local area where received by the Insured Person. An expense is considered to be incurred on the date the Medical Care is rendered.

**We, us or our** means the Hartford Life and Accident Insurance Company.



## Standard Exclusions:

The Policy does not cover loss resulting from or for:

1. intentionally self-inflicted Injury, suicide, or attempted suicide, whether sane or insane;
2. war or act of war, whether declared or undeclared;
3. Injury sustained while in the armed forces (land, water or air) of any country or international authority;
4. Injury sustained while in or on, boarding or alighting from, being struck or run down by, any aircraft except as an airline passenger on an aircraft: (a) operated by a passenger airline on a regularly scheduled trip over its established route or that is chartered by that airline; or (b) any transport type aircraft operated by the Military Airlift Command (MAC) of the United States or any national government recognized by the United States;
5. repair, replacement, examination for prescriptions, or fitting of: (a) eyeglasses; (b) contact lenses; or (c) hearing aids;
6. dental work or treatment on natural teeth which is not necessary for the repair or relief of Injury;
7. repair or replacement of existing dentures, partial dentures, braces, fixed or removable bridges, or other artificial dental restoration;
8. repair or replacement of artificial limbs or orthopedic braces;
9. Injury for which the Insured Person is eligible to receive Workers' Compensation benefits or similar benefits, regardless of whether he or she has applied for the benefits;
10. Injury sustained while the Insured Person is voluntarily taking drugs which federal law prohibits dispensing without a prescription, including sedatives, narcotics, barbiturates, amphetamines or hallucinogens, unless the drug is taken as prescribed or administered by a licensed Physician;
11. Injury sustained by an Insured Person during or as a result of his or her commission of a felony or while incarcerated for a felony, except that this exclusion will not be applicable upon acquittal or dismissal of the felony charges;
12. Injury sustained as a result of the Insured Person's being legally intoxicated from the use of alcohol while operating a motor vehicle;
13. Expenses incurred for services, treatment, supplies or facilities rendered by: (a) the Policyholder's health service or infirmary; or (b) any Physician or nurse employed or retained by the Policyholder;
14. Expenses covered under any automobile reparations insurance (no-fault) or automobile insurance medical payments benefit.



***ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) BENEFIT***

If the Insured Person’s Injury results in any of the losses listed in the table below within 180 days after the date of the accident, we will pay the sum shown opposite the loss. We will not pay more than the Principal Sum shown for each Insured Person for all losses due to the same accident. The Principal Sum amount is shown in the Schedule.

<b>LOSS:</b>	<b>BENEFIT:</b>
Life.....	Principal Sum
Both Hands or Both Feet or Sight of Both Eyes.....	Principal Sum
One Hand and One Foot.....	Principal Sum
Either Hand and Sight of One Eye .....	Principal Sum
Either Foot and Sight of One Eye.....	Principal Sum
Speech and Hearing in Both Ears.....	Principal Sum
Either Hand or Foot.....	One-half the Principal Sum
Sight of One Eye.....	One-half the Principal Sum
Speech or Hearing in Both Ears.....	One-half the Principal Sum
Thumb and Index Finger on the Same Hand.....	One-quarter the Principal Sum

**Loss** means, with respect to:

- (a) hand and feet, actual severance through or above wrist or ankle joints;
- (b) sight, speech and hearing, entire and irrecoverable loss thereof;
- (c) thumb and index finger, actual severance through or above the metacarpophalangeal joints.



***ACCIDENT MEDICAL EXPENSE BENEFIT***

We will pay the Reasonable Expenses incurred by an Insured Person, in excess of the Deductible Amount, for Medical Care due to:

- (a) Injury, if the first expense is incurred within 26 weeks after the accident; and
- (b) the expense is incurred within 2 years after the accident.

We will not pay:

- (a) more than the Maximum Benefit for all expenses incurred as the result of any one accident; or
- (b) for expenses incurred more than 2 years after the accident.

We will not pay:

- (a) more than the Maximum Dental Limit for all expenses incurred for dental treatment, services and supplies; or
- (b) more than the Maximum Benefit for all Medical Care and dental treatment, services and supplies,

as the result of any one accident.

The Deductible Amount will be applied separately to each accident. The Deductible Amount, Maximum Dental Limit and Maximum Benefit are shown in the Schedule.

**Medical Care**, for the purpose of this benefit, means necessary:

- (a) medical or surgical treatment, services and supplies; and
  - (b) Hospital, nursing and ambulance services,
- prescribed by a Physician for the sole purpose of treating the Injury.



***ACCIDENT TOTAL DISABILITY BENEFIT***

We will pay the weekly Benefit for each week of Total Disability of an Insured Person.  
Payment will not:

- (a) be made for the period of time during the Waiting Period at the onset of the Total Disability;
- (b) exceed the Maximum Payment Period.

Total Disability must:

- (a) result from Injury;
- (b) begin within 30 days after the accident; and
- (c) require the care of a Physician.

For Total Disability of less than one week, 1/7 of the benefit will be payable per day. The weekly Benefit, Waiting Period and Maximum Payment Period are shown in the Schedule.

**Total Disability** means the complete and continuous inability of the Insured Person to:

- (a) perform the substantial duties of his or her regular occupation until the weekly Benefit has been paid for 52 weeks during the same period of continuous Total Disability; and thereafter
- (b) engage in any substantial occupation for which he or she is or can be fitted by training, education or experience.



***EXCESS COVERAGE PROVISION***

The amount otherwise payable under the Accident Medical Expense Benefit will be reduced by the total amount of medical care benefits provided by any other Plan.

The amount of benefits provided by other Plans:

- (a) will be determined without reference to any:
  - (1) coordination of benefits provision;
  - (2) non-duplication of benefits provisions; or
  - (3) other similar provisions,

(b) will include any amount to which the Insured Person is entitled, regardless of whether claim is made for the benefits; and

(c) will include the reasonable value of any medical expense services provided as Plan benefits.

**Plan** means:

- (a) group insurance;
- (b) group Hospital, medical service or pre-payment plan;
- (c) labor-management trustee, union welfare, employer organization or employee benefit organization plan;
- (d) governmental programs or coverage required or provided by any statute; or
- (e) Workers' Compensation or similar law.

***Effective Date:***

Each person becomes an Insured Person on the date he or she meets the qualifications stated in the Schedule.

**Termination:** Coverage of each Insured Person ceases on the first to occur of:

- (a) the date the Policy terminates; or
- (b) the date he or she ceases to qualify as an Insured Person.

Termination shall be without prejudice to any claim for loss due to an accident that occurs before the termination date.

### Additional Available Benefits:

Paralysis & Coma	See Loss Schedule
Emergency Room	Up to \$100 for all expenses incurred
Seat Belt	10% of Principal Sum up to \$10,000
Felonious Assault	10% of Principal Sum up to \$10,000
Counseling	3 counseling sessions up to \$500
Home Tutoring	1 month of tutoring sessions up to \$500
Sickness Medical Expense (resident camps only)	Expanded definition under the Accident Medical Expense benefit:  <b>Sickness</b> means sickness or disease that begins while the Insured Person is participating in a Covered Activity. A Sickness is considered to begin when it first manifests itself.
HIV Accident	10% of Principal Sum up to \$10,000



***PARALYSIS AND COMA BENEFIT***

If an Insured Person’s Injury results in any of the following losses within 180 days after the date of the accident, we will pay the sum shown opposite the loss, provided that the Paralysis or Coma:

- (a) continues for 1 consecutive month; and
- (b) is diagnosed by a Physician as reasonably expected to continue for the duration of his or her lifetime.

Benefits for Paralysis and Coma will not be paid until the Insured Person has been paralyzed or in a Coma for 1 month. We will not pay more than the Principal Sum for each Insured Person for all losses due to the same accident. No benefits are payable for any loss due to Sickness under this benefit. The Principal Sum amount is shown in the Schedule.

<b>LOSS:</b>	<b>BENEFIT:</b>
Coma.....	Principal Sum
Movement of Both Upper and Lower Limbs (Quadriplegia).....	Principal Sum
Movement of Both Lower Limbs (Paraplegia).....	One-half the Principal Sum
Movement of Upper and Lower Limbs on One Side of the Body (Hemiplegia).....	One-half the Principal Sum
Movement of Three Limbs (Triplegia).....	Three-quarters the Principal Sum
Movement of One Upper Limb or One Lower Limb (Uniplegia).....	One-quarter the Principal Sum

**Loss** means, with respect to: (a) movement, complete and irreversible paralysis involving the entire arm with respect to an upper limb, and entire leg with respect to a lower limb; and (b) Coma, complete and continuous: (1) unconsciousness; and (2) inability to respond to external or internal stimuli.

If an Insured Person suffers a loss for which a benefit is payable under more than one of the following provisions:

- (a) Accidental Death Benefit;
- (b) Accidental Death and Dismemberment Benefit; or
- (c) Paralysis and Coma Benefit,

only one benefit, the one which would pay the largest Principal Sum amount, will be paid.



### ***SEAT BELT BENEFIT***

If an Insured Person's Injury results in a covered loss under the Accidental Death and Dismemberment Benefit while:

- (a) a passenger riding in; or
- (b) the licensed operator of,

an Automobile, and at the time of the Accident the Insured Person was properly wearing a Seat Belt as verified on the police report, then a Seat Belt Benefit will be payable in addition to the Principal Sum.

The Seat Belt Benefit payable is equal to 10% of the Principal Sum up to \$10,000.

This Seat Belt Benefit does not cover any loss if the Insured Person is operating an Automobile while:

- (a) legally intoxicated from the use of alcohol; or
- (b) under the influence of any intoxicant, excitant, hallucinogen, or any narcotic or other drug or similar substance unless administered under the advice of a Physician

**Accident**, for the purpose of this benefit, means the collision of an Automobile.

**Automobile** means a duly registered, four-wheeled, private passenger car, pick-up truck, van, self-propelled motor home or sport utility vehicle which is not being used as a Common Carrier.

**Common Carrier** means a conveyance operated by a concern, other than the Policyholder, organized and licensed for the transportation of passengers for hire and operated by an employee of that concern.

**Seat Belt** means:

- (a) an unaltered belt, lap restraint or lap and shoulder restraint installed by the manufacturer of the Automobile, or proper replacement parts as required by the Automobile manufacturer's specifications; or
- (b) a child restraint device that meets the standards of the National Safety Council and is properly secured and utilized in accordance with applicable state law and the recommendations of the manufacturer for children of like age and weight.



### ***FELONIOUS ASSAULT BENEFIT***

If an Insured Person's Injury:

- (a) results in a covered loss under the Accidental Death and Dismemberment Benefit; and
- (b) is the result of a Felonious Assault that occurs while the Insured Person is covered under the Policy,

then we will pay a Felonious Assault Benefit in addition to the Principal Sum.

The Felonious Assault Benefit payable is equal to 10% of the Principal Sum up to \$10,000.

This benefit will not be payable for a loss that results from a Felonious Assault committed by:

- (a) a member of the Insured Person's family;
- (b) a member of the household in which the Insured Person lives; or
- (c) the Insured Person's fellow employee.

**Felonious Assault**, for the purpose of this benefit, means a violent or criminal act directed at the Insured Person during the course of:

- (a) a robbery, hold-up, kidnapping; or
- (b) an attempt at any of the above,

which constitutes a felony under the law.

### ***COUNSELING BENEFIT***

If an Insured Person:

- (a) is a victim or witness to a Felonious Assault that occurs while he or she is covered under the Policy; and
- (b) within 90 days of the Felonious Assault incurs expenses for Counseling,

we will pay a Counseling Benefit equal to the lesser of:

- (a) the cost incurred for three (3) counseling sessions; or
- (b) \$500.

**Counseling** means treatment or counseling

- (a) for the psychological reaction or effects resulting from the Insured Person's involvement as a victim or witness to a Felonious Assault;
- (b) provided by a professional or trained counselor.

**Felonious Assault**, for the purpose of this benefit, means a violent or criminal act during the course of:

- (a) a robbery, hold-up, kidnapping or criminal assault; or
- (b) an attempt at any of the above,

which constitutes a felony under the law.



### *HIV ACCIDENT BENEFIT*

We will pay the HIV Accident Benefit if, as a direct result of an Injury, as defined in this benefit, the Insured Person tests HIV positive, subject to the following:

- (a) an incident report (notice of exposure), on a form acceptable to us, which describes the nature of the exposure to HIV, must be filed with the Policyholder within 72 hours and be sent to us, as soon as reasonably possible, after the accident;
- (b) the Insured Person must not have previously tested positive for HIV, or if he or she had previously tested positive for HIV, the Insured Person subsequently tested negative for HIV prior to the date of the accident; and
- (c) the Insured Person must have a preliminary screening test, such as an ELISA or other appropriate Food and Drug Administration (FDA) approved test (other than saliva or urine) testing, for HIV within 72 hours of the Injury at an authorized laboratory other than the laboratory of the Policyholder.

We must receive notification:

- (1) of the results of that test as soon as reasonably possible; and
- (2) that the results of that test are negative,

and thereafter, the Insured Person must test HIV Positive within 26 weeks of the date of the Injury reported in item (a) above. We must receive notification of HIV Positive test results as soon as reasonably possible.

We will not pay for any cost incurred for HIV tests or any related testing.

The HIV Accident Benefit is 10% of the Principal Sum up to \$10,000.

In no event will benefits be provided for HIV, acquired immune deficiency syndrome (AIDS), AIDS related complex (ARC), or any complications arising therefrom, except as specifically provided in this benefit.

**Injury**, for the purpose of this benefit, means an accidental:

- (a) cutaneous exposure through abraded skin;
- (b) percutaneous exposure; or
- (c) mucocutaneous exposure,

that occurs while the Insured Person is covered under the Policy and participating in a Covered Activity.



**HIV** means human immunodeficiency virus.

**HIV Positive** means the presence of HIV antibodies in the blood of an Insured Person as substantiated through both a positive screening test enzyme-linked immunosorbent assay (ELISA) and a positive supplement test such as Western Blot. All such tests must be approved by the Food and Drug Administration (FDA) with the interpretation of positive results as specified by the manufacturer(s).

### ***HOME TUTORING BENEFIT***

If an Insured Person has a covered loss under the Policy, and such loss prevents the Insured Person from attending his or her regular school on a daily basis, we will pay a Home Tutoring Benefit.

The Home Tutoring Benefit will be the lesser of:

- (a) the cost incurred for one (1) month of Home Tutoring; or
- (b) \$500.

**Home Tutoring** means the use of a tutor or instructor who is:

- (a) certified or licensed as a teacher;
- (b) employed to teach the Insured Person the subject material that the Insured Person would be receiving if he or she could attend his or her regular school; and
- (c) not a member of the Insured Person's immediate family.

### ***EMERGENCY ROOM BENEFIT***

If an Insured Person requires Medical Care at an emergency room of a Hospital:

- a. while covered under the Policy; and
- b. due to Sickness that first occurs while the Insured Person is participating in a Covered Activity,

we will pay an Emergency Room Benefit.

We will not pay:

- a. more than the \$100.00 for all expenses incurred as the result of any one Sickness; or
- b. for expenses incurred more than 24 hours after the Sickness begins.

**Medical Care**, for the purpose of this benefit, means necessary emergency:

- a. medical or surgical treatment, services and supplies; and
- b. Hospital, nursing and ambulance services,

prescribed by a Physician for the sole purpose of treating the Sickness.



**Request for Quote:**

All quoting will be done by The Hartford. To obtain a quote, please download a Request for Proposal application from our website at <http://www.accidentlines.com/> and forward this to [accidentquotes@hartfordlife.com](mailto:accidentquotes@hartfordlife.com). We will be in contact with you regarding your inquiry in a prompt timeframe.

**State Availability:**

The above listed optional benefits are available in most states. Please note that due to state requirements, some benefits may be modified and/or restricted in certain states. Furthermore, some states require a specific minimum number of employees in order to issue a quotation.

**For More Information:**

For additional information, please call your Hartford representative or visit us at [www.accidentlines.com](http://www.accidentlines.com). We also have a flexible companion AD&D program that we market with our Group Life product. We'd be happy to send you additional information about this program as well. This brochure explains the general purposes of the insurance program, but in no way changes or affects the policy as actually issued. In the event of any discrepancy between the brochure and the contract, the terms of the contract apply.

You have a 30 day right from Your original Certificate Effective Date to examine Your certificate. If You are not satisfied, You may return it to Us within 30 days of Your original Certificate Effective Date. In that event, We will consider it void from its Effective Date and any premiums paid will be refunded. Any claims paid under The Policy during the initial 30 day period will be deducted from the refund.

**Underwritten By:**

Hartford Life & Accident Insurance Company, Inc.

Hartford Life Insurance Company, Inc. (New York)



**To Be Used With Policy Form:**

- Form SRP-1400 (HLA) policy
- CH - Form 3782-0 Schedule, 7690-1 (HLA) policy
- SR - Form PA 5948 Schedule, Form 7692 (HLA) policy
- SB - Form 3721-1, Schedule, Form 7691 (HLA) policy
- YG - Form PA-4518-0 Schedule, Form 7694 (HLA) policy
- CH - Form 3782-0 Schedule, Form 7690-A-1 (HL) policy
- SR - Form PA 5948 Schedule, Form 7692 (NY) (HL) policy
- SB - Form 3721-1, Schedule, Form 7691-A (HL) policy
- YG - Form PA-4518-0 Schedule, Form 7694 (HL) policy

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