

# USA TRACK & FIELD PARTICIPANT ACCIDENT PROGRAM SUMMARY OF INSURANCE

Effective 11/1/2022 – 11/1/2023



## Eligible Persons

All athletic members, RunJumpThrow Participants, registered officials and volunteer workers of USA Track & Field (USATF)

Coverage is effective from the date of your membership until the expiration date shown on your membership card, or the date the policy ends or the date you are no longer a member of USATF, whichever is earlier

## Covered Activities

The policy provides coverage for accidental bodily injury or accidental death & dismemberment occurring while participating in sanctioned events and registered practices scheduled by policyholder Member Clubs. Practices must be under the direct supervision of the Club's coaches or managers and must be registered with the National Headquarters in advance. Coverage includes travel directly to and from such sanctioned events and practices. Coverage is also provided while competing as a member of an approved international competition, while training at USOC training centers, and while participating in USATF Development Committee activities.

## Coverage Summary

The USA Track & Field Participant Accident insurance program provides Accident Medical and Accidental Death & Dismemberment (AD&D) benefits to **Eligible Persons** who are injured while participating in USATF **Covered Activities**.

Coverage does not include loss from pre-existing conditions or from competing in non-sanctioned events. If an accidental bodily injury results in an Insured Person requiring medical care and treatment within 30 days of the accident, the policy will pay the reasonable and customary medical charges of medically necessary medical services up to the benefit amount.

Medical expenses must be incurred within 52 weeks of the date of accident. The accident medical coverage is secondary to any other available medical/health insurance and is subject to a \$200 deductible per claim.

## Exclusions – Benefits will not be paid for any loss:

1. For which the Eligible Person has no obligation to pay
2. For eyeglasses, contact lenses, other vision or hearing aids
3. For any injury which workers compensation or occupational injury benefits are payable
4. For treatment by a person employed or retained by USATF
5. For any injury occurring while fighting, except in self-defense
6. For treatment required for conditions caused by repetitive motion injuries and not as a result of an accident
7. Caused by or resulting from eligible person's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection. This does not apply to loss resulting from bacterial infection caused by an Accident or from Accidental consumption of a substance contaminated by bacteria
8. Suicide, attempted suicide or loss that is intentionally self-inflicted
9. Caused by or resulting from intoxications or under the influence of any narcotic, unless taken on the advice of a physician and used in accordance with the prescription
10. War

## Underwriting Company

Federal Insurance Company (admitted carrier)  
A.M. Best Rating: A++ (Superior)  
Financial Size: XV (\$2 billion or greater)  
Policy Number: 9906-2044

## Participant Accident Limits

Excess Medical	up to \$10,000
Deductible (per claim)	\$200
Benefit Period	up to 52 Weeks
First Incurred Expense Duration	30 days
Claim must be filed within	90 days
Accidental Death & Specific Loss	up to \$10,000

The first \$5,000 benefit amount is subject to a 20% coinsurance  
The remaining benefit amount is subject to no coinsurance

## How to File a Participant Accident Claim

If you suffer an accident while covered by the terms of this policy, you must send all related medical bills, primary insurance carrier Explanation of Benefit forms and the USATF Group Accident Medical Claim Form to NAHGA Claim Services (plan administrator):

NAHGA Claim Services  
PO Box 189  
Bridgton, ME 04009  
800-952-4320  
207-647-4569 (fax)  
[claims@nahga.com](mailto:claims@nahga.com)  
Policy #9906-2044

Group Accident Medical Claim Form can be obtained online at:  
<https://usatf-prod-cdn.azureedge.net/lang-en-US-quality-65-cache-2-4/getattachment/Home/Top-Utility-Nav-Content/Membership/Group-Accident-Insurance-Summary/Medical-Claim-Form.pdf>

## Beneficiary Designation

You may elect a beneficiary to whom any death benefits shall be payable by submitting written notification to the Plan Administrators on a form approved by the insurance company. The Plan Administrators will provide these forms on request. If you have not elected a beneficiary, the proceeds will be paid in the following descending order: your spouse, your surviving children in equal shares, your parents in equal shares, your siblings in equal shares, or your estate.

*The information contained in this summary is intended to serve only as an outline for general understanding of your insurance and should not be construed as a legal interpretation of the insurance policies written. Reference should be made to the respective policies for complete details including terms, conditions, limitations and exclusions of coverage.*



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