

under any Workers' Compensation Act or similar law (9) the Insured being under the influence of drugs or intoxicants, unless taken under the advice of a physician.

In addition, Accident Medical Expense benefits are not payable for, and Usual and Customary Charges for Covered Accident Medical Services do not include, any expense for or resulting from any of the following:

(1) repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing Durable Medical Equipment unless for the purpose of modifying the item because injury has caused further impairment in the underlying bodily condition (2) new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement of sound natural teeth damaged or lost as a result of Injury to the Dental Maximum shown in the Benefit Schedule (3) new eye glasses or contact lenses or eye examinations related to correction of vision or related to the fitting of glasses or contact lenses unless for the purpose of modifying the item because Injury has caused further impairment of sight (4) new hearing aids or hearing examinations unless Injury caused impairment of hearing; or repair or replacement of existing hearing aids unless for the purpose of modifying the item because Injury has caused further impairment of hearing (5) rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where expense is incurred (but if in the Company's sole judgement Accident Medical Expense benefits for rental of Durable Medical Equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred the Company may, but is not required to, choose to consider such purchase expense as Usual and Customary Covered Accidental Medical Expense in lieu of such rental expense) (6) personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental, or guest meals (7) any condition for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law.

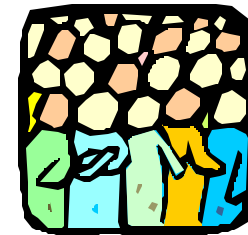
Coverages are underwritten by AIG Life Insurance Company, 600 King St., Wilmington DE 19801, on policy form number C11695. If there is any conflict between this summary of coverage and the policy, the policy will control. This brochure is only a brief summary and does not contain every provision; please refer to the policy for details.



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**Accident Protection
Program
for Volunteers,
Court Referred Sentencing
Participants,
Jail Trustees
and Youth Activities**



The Problem

The statutory workers' compensation coverage provided to CWCP member counties for volunteers is strictly limited to those volunteers defined by Colorado state statute as eligible for workers' compensation. Your county probably also uses volunteers who are not eligible for workers' compensation and you may want coverage for participants in other county programs.

The CTSI Solution

As a county risk manager, you know the importance of safety in your business. But no matter how careful you are, accidents can happen. That's why we offer insurance protection that can cover volunteers and others actively involved in your county's activities.

As administrator of CWCP and provider of risk management services to its members, CTSI, through its broker Arthur J. Gallager & Co. – Denver, has successfully developed a relationship with an insurer that has products available for individual counties and is ready to assist counties in providing insurance protection to non-statutory volunteers, participants of court-referred alter-native sentencing, jail trustee programs and county sponsored youth activities.

Eligible Persons include:

Class I: All registered volunteers of the Volunteer Insurance Program administered by the policyholder, for whom the per position premium has been paid.

Class II: All registered participants of the Court Referred Alternative Sentencing Insurance Program administered by the policyholder, for whom the per sentence premium has been paid.

Class III: All registered participants of the Jail Trustee Insurance Program administered by the policyholder, for whom the per sentence premium has been paid.

Class IV: All registered participants of the County Sponsored Youth Activities Insurance Program administered by the policyholder, for whom premium has been paid.

Eligible volunteers are covered while participating/volunteering in the enrolled county's sanctioned, supervised, and sponsored activities.

The Benefits

This coverage is secondary to any other insurance coverage that the Insured may have. Please refer to the policy for detailed coverage information. If there is any conflict between this brochure and the policy, the policy will control.

Accidental Death:

If injury to the Insured results in death within 90 days of the date of the accident that caused the injury, the company will pay the Accidental Death Benefit under the plan.

Accidental Dismemberment:

If injury to the Insured results, within 90 days of the accident that caused the injury, in any one of the losses specified below, the company will pay the amount specified opposite each loss:

Loss of two or more members or speech & hearing in both ears: The Plan Maximum

Loss of one member or speech or hearing in both ears: One half the Plan Maximum

Loss of thumb and index finger of same hand or hearing in one ear: One quarter of the Plan Maximum

“Member” means hand, foot or eye. “Loss” of hand or foot means complete severance through or above the wrist or ankle joint. “Loss” of sight of an eye means total and irrecoverable loss of the entire sight in that eye. “Loss” of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. “Loss” of speech means total and irrecoverable loss of the entire ability to speak. “Loss” of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits. If more than one Loss is sustained by an Insured as a result of the same accident, only one amount, the largest, will be paid.

Accidental Medical Expense:

After satisfaction of any deductible, the company will pay the Usual and Customary Charges incurred for the covered treatment of any injury occurring as the result of any one accident. The injury to the Insured must, within 60 days of the accident that caused the injury, require treatment by a Physician. Benefits will be paid for up to 52 weeks from the date of the accident not to exceed the maximum amount payable under the plan. Hospital Room and Board benefit expenses are limited to the average semi-private rate and dental treatment is limited to a \$500 maximum to sound natural teeth.

The company will also pay up to \$50 for the repair or replacement of eyeglass frames and up to \$50 for repair or replacement of eyeglass prescription lenses damaged as a result of an accident. The maximum amount the company will pay under this policy is \$25,000 including dental and eyeglass expenses.

This plan pays excess to any other valid and collectible group insurance.

Plan Maximum:

Accidental Death	\$2,500
Accidental Dismemberment	\$2,500
Accidental Medical Expense (Excess)	\$25,000
Dental Expense	\$500
Eyeglass Expense	\$50

For More Information

Contact Brenda Hostetler at CTSI regarding costs or to ask any questions about coverage at 303-861-0507, or email: bhostetler@ctsi.org.

Exclusions

This policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:

(1) suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at self-inflicted injury (2) sickness, disease or infections of any kind except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning (3) the insured's commission of or attempt to commit a felony (4) declared or undeclared war, or any act of declared or undeclared war (5) participation in any team sport or any other athletic activity, except participation in a Covered Activity. This doesn't apply to Class IV participants (6) full-time active duty in the armed forces of any country or international authority, except the National Guard or organized reserve corps duty (unearned premium will be returned if the insured enters military service) (7) travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the insured is: a) riding as a passenger in any aircraft not licensed for the transportation of passengers for hire b) performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft (8) any condition for which the insured is entitled to benefits