

4-H MEMBER INSURANCE FORM

Name of 4-H Member: _____ Current Year: _____

This 4-H Member plans to participate in: 4-H Rodeo 4-H events/activities with horses

If you would like to purchase 4-H insurance for your child, please check all that apply:

___ 4-H group insurance (\$1.50)

___ 4-H group insurance (1.50) + horse project insurance (\$1.00) = \$2.50

___ 4-H rodeo insurance (\$40.00) **ALL 4-H Rodeo Participants MUST complete the Rodeo Declaration Form (on the back of this page) to decline or accept the insurance.**

Policy #12000 coverage is: \$2,500 medical and hospital expenditure resulting from injuries; \$5,000 loss of life; \$10,000 loss of both hands, or both feet, or one hand and one foot, or total and irrecoverable loss of sight in both eyes; \$5,000 loss of any one arm, leg, hand or foot; \$3,000 loss of sight in one eye; \$500 illness; \$500 dental.

Parent/Guardian Signature: _____ Date: _____

Once form is completed, please mail it and your payment to your local county office:

**Perkins County 4-H
PO Box 280
Bison, SD 57620**

If you have any questions, please call (605) 244-5622.

A copy of this form will stay in your local county file.

SOUTH DAKOTA 4-H MEMBER RODEO DECLARATION FORM

NOTE: To ensure coverage, your County 4-H Office must have this form on file as of the 4-H insurance contract date.

First Name: _____ Last Name: _____

Club Name: _____ 4-H County: _____

Complete Box 1 or 2 as is appropriate to your situation; then sign and date at the bottom.

BOX 1: I hereby certify that _____ has insurance coverage equal to or greater than
Name of 4-H Member
the coverage provided by 4-H (See coverage in Box 2 below).
Coverage for this 4-H Member is provided by:
INSURANCE COMPANY NAME: _____
IDENTIFICATION NUMBER: _____
GROUP IDENTIFIATION NUMBER: _____

BOX 2: I wish to purchase 4-H rodeo insurance under the South Dakota's 4-H Rodeo Policy #12000 from American Income Life Insurance Company for _____, at a cost of \$40 per member.
Name of 4-H Member

Benefits:	Coverage:	Exclusions:
<ul style="list-style-type: none">• Annual accident coverage for Registered 4-H members whole participating In an adult-supervised 4-H Club or Extension Sponsored activity;• Primary coverage with no deductible;• Accepted by most major medical providers Nationwide; and• Claim service is simple, fast and friendly – claims Generally paid within 10 business days.	<ul style="list-style-type: none">• Up to \$2,500 for medical/ surgical treatment. X-ray charges, hospital confinement, ambulance expenses and prescriptions for accidents;• \$5,000 for loss of life within 100 days of an accident.• \$10,000 loss of both hands, or both feet, or one hand and one foot, or total and irrecoverable loss of sight in both eyes within 100 days of accident;• \$5,000 loss of any one hand or foot or loss of sight in one eye;• Up to \$500 for illness which manifests itself on the day (days) the policy is in force;• \$500 dental expenses incurred within 52 weeks of an accident involving sound natural teeth.	<ul style="list-style-type: none">• Eyeglass replacement of prescriptions;• Hernia in any form;• Suicide, self-destruction or any attempt therefore;• Pregnancy;• Pre-existing conditions within the last six months;• Loss covered by Worker's Comp or Medicare;• Treatment by self, family members or person employed by policyholder;• Participating in tubing, tobogganing or bobsledding;• Dental treatment other than injury to sound, natural teeth; and• Accident while under the influence of alcohol, drugs or any other intoxicant.

Parent/Guardian Signature: _____ Date: _____

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Revised January 26, 2017