

# ***U.S. NAVAL SEA CADET CORPS***

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August 4, 2000

## **NSCC INFORMATION LETTER 10-00**

**From:** Executive Director, Naval Sea Cadet Corps  
**To:** Distribution

**Subj:** NSCC MEDICAL INSURANCE ACCIDENT COVERAGE

1. **Purpose.** To remind all units of **accident only coverage** of NSCC insurance policy
2. **Background:** Policy coverage is based on an accidental injury and pays under the following conditions:

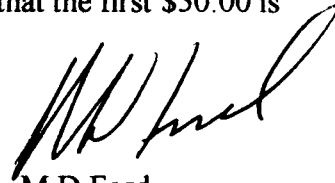
An accident is a sudden, unexpected occurrence from an external force resulting in bodily harm; physical trauma.

When considering claims for payment as an accident, the cause of the condition must meet both of the criteria below.

- Sudden unexpected occurrence
- Injury resulting solely from an external force

3. Based on the above criteria, the following examples of medical conditions are payable under the NSCC policy, abrasions, bites, concussions, contusion, food Poisoning, incision, laceration, poison ivy, puncture, removal of foreign body, Sprains stings strains and sunburn. First time only diagnosis for drug overdose, self-inflicted injury, and suicide are also payable.
4. The insurance company does not consider as covered accidental-injury expenses, Charges for recurrent injuries or pre existing conditions. For example, Tennis Elbow, Runner's Knee, re-sprains; re-strains, allergic reactions, non-traumatic nosebleeds, work-related injuries or re breaks of broken bones still healing. Those charges (expenses) which do not meet the criteria for accident-injury expenses are to be considered as not being covered for NSCC medical insurance purposes and the parents are responsible for the expenses.
5. Unit commanding officers will find that our insurance policy covers most legitimate

accidental injuries. As best you can ensure we do not send someone to a commercial medical facility unless there is a real need. Also note that the first \$50.00 is deductible and the responsibility of the parent.

A handwritten signature in black ink, appearing to read 'M.D. Ford', written in a cursive style.

M.D. Ford  
Executive Director

**Distribution:**  
**Regional/Associate Regional Directors**  
**Commanding Officers**

**AMENDMENT**  
To be attached to and made a part of  
Blanket Policy No. SPS041942  
Issued by

LIFE INSURANCE COMPANY OF NORTH AMERICA  
Philadelphia, Pennsylvania 19192

It is understood effective as of 6/9/2000; the Policy is amended as of that date by the deletion, substitution and addition of the pages indicated below:

Description Of Change:                      **RENEWAL**

As of the above referenced date, the following changes are being made.

In consideration of the payment of premium to be determined by audit, it is hereby understood and agreed that this policy is continued in force for the period of 6/9/2000 to 6/9/2001.

The policy number is amended to:    SPS041942-1020

Pages Removed

None

Pages Added

None

All other terms and conditions of the Policy to which this Amendment is attached remains unchanged.

Insurance Company of North America  
John K. Leonard  
President