

Student Insurance 2011-2012

Dear Parent:

Your school officials have purchased student accident insurance for all students in the district. The insurance provides coverage for accidental injuries occurring during normal school hours or while participating in any school sponsored and supervised activities, including gym classes, interscholastic sports and field trips.

Also available for consideration on a voluntary participation basis are 3 optional supplemental coverages through Bollinger, Inc. These are made available to enhance the basic coverage already provided. The following is a brief description of these options:

- **24 Hour Accident Insurance** SA1000GPM (rev. 1/02), SA1000GCM (rev. 1/02)
This option gives you the opportunity to extend your child's "schooltime" coverage to a full 24 hours a day, 365 days a year. Your child will be covered against injuries occurring outside of school, up to \$500,000. The cost to provide this coverage for your child and extend his/her schooltime coverage out to a full 24 hours is \$69.00 per year.

BENEFITS: are provided for accidental injuries for which medical treatment by a legally qualified physician, surgeon (other than a member of the family), dentist or registered nurse, hospital services, ambulance services, or X-rays are rendered. The initial treatment must be rendered within 60 days from the date of injury. Monumental Life Insurance Company will pay the Reasonable and Customary expenses incurred for necessary medical, dental or hospital care subject to the provisions of the plan selected and the limitations and exclusions outlined in this brochure. Benefits are limited to treatment rendered within 5 years from the date of the accident. This student accident insurance plan is underwritten by Monumental Life Insurance Company.

MAXIMUM: The maximum benefit payable for medical expenses as a result of any one injury is \$500,000.

PHYSIOTHERAPY: Diathermy, heat treatment, adjustment, manipulation or massage is covered up to the Reasonable and Customary charge in the hospital. Coverage is also provided for necessary treatment in the doctor's office, or by a Sports Medicine Center or similar facility up to the Reasonable and Customary charge provided the treatment is rendered by a licensed physician or registered physical therapist, to a maximum of \$2,000, unless total medical bills exceed \$25,000 in which case the maximum limit is removed.

HOSPITAL: Hospital room and board expenses are covered up to the semi-private room rate. Hospital miscellaneous expenses are covered up to the Reasonable and Customary charges.

PHYSICIANS: Non-surgical doctor visits will be paid up to the Reasonable and Customary charges.

SURGERY & ANESTHESIA: Up to the Reasonable and Customary charges.

NURSING SERVICES: Covered in full if hospital confined and prescribed by a physician.

ORTHOPEDIC BRACE & APPLIANCES: Up to the Reasonable and Customary charges.

AMBULANCE: Services of a licensed ambulance unit are covered at the Reasonable and Customary charges.

DENTAL TREATMENT: Covers treatment of sound natural teeth, caps, and crowned teeth, caused by a covered accident up to the Reasonable and Customary charges to a \$10,000 benefit maximum.

PRESCRIBED MEDICATIONS: Up to the Reasonable and Customary charges when prescribed by a physician for treatment of a covered accident.

OUTPATIENT LABORATORY TESTS: Covered up to the Reasonable and Customary charges.

EYEGLASSES, CONTACT LENSES AND HEARING AIDS: Up to the Reasonable and Customary charges to a \$500 per accident maximum. This benefit is only payable when contact lenses, eyeglasses or hearing aids are damaged as a result of a covered accident requiring medical treatment.

X-RAYS: Covered up to the Reasonable and Customary charges.

ACCIDENTAL DEATH: \$5,000 will be paid if death occurs within 100 days of the date of a covered accident.

DISMEMBERMENT: The following amounts are payable for dismemberment occurring within 100 days of the date of a covered accident:

Both Hands or Both Feet	\$20,000
The Entire Sight of Both Eyes	\$20,000
One Hand and One Foot	\$20,000
One Hand and the Entire Sight of One Eye	\$20,000
One Foot and the Entire Sight of One Eye	\$20,000
One Hand or One Foot	\$10,000
The Entire Sight of One Eye	\$10,000

Please note that the accident plan outlined on this flyer provides "Excess" coverage. This means that coverage is provided only for those medical expenses not covered by other applicable insurance plans, health maintenance organizations or similar organizations.

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To enroll in any or all of the optional plans, complete this enrollment card and mail it along with the appropriate premium to **Bollinger, Inc., P.O. Box 398, Short Hills, New Jersey 07078**. Your cancelled check is your receipt.

Application for Student Insurance
Monumental Life Insurance Company
Cedar Rapids, Iowa

LAST NAME

FIRST NAME MIDDLE INITIAL

MALE FEMALE DATE OF BIRTH

MONTH DAY YEAR

STREET ADDRESS

CITY OR TOWN STATE ZIP CODE

SCHOOL DISTRICT

NAME OF PARENT OR GUARDIAN (BENEFICIARY)

PARENT'S SIGNATURE DATE

CHECK PLANS DESIRED

1. **24 Hour Accident Insurance**
\$69.00 Total Cost Per Year
2. **Student Life Insurance**
\$30.00 Total Cost Per Year
Has the person to be insured ever had or been treated for: high blood pressure, cancer, diabetes, seizure or paralysis, drug or alcohol abuse; or a disease of the heart, blood, lungs, kidney, liver, brain or circulatory system; or any mental neurological, psychological, muscular, glandular, spinal or immunodeficiency disorders; or AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS-Related Complex)?
 YES NO
 (If "Yes" please give details on separate sheet.) Health Question MUST be answered.
3. **Dental Accident Insurance**
\$16.00 Total Cost Per Year
(You may enroll in any or all plans)

- **\$10,000 Student Term Life Insurance (WL3000IPM)**

This plan covers your child 24 hours a day every day of the year, in school, at play, at home, on vacation - anywhere in the world.

This coverage may be purchased for any child who is in good general health. No medical exam is needed. Acceptance is based on answers to the health questions. A misrepresentation of the existence of any of the conditions listed on the application will result in a rescission of life insurance during the first two years of coverage. The Student Life Insurance Plan covers death from any cause with the exception of suicide during the first two years of coverage. After the policy has been in force for 2 years, there are no exceptions.

You can now obtain this valuable coverage for the annual premium of \$30.00. Upon acceptance, your child's policy will be sent to you by return mail within sixty days. The policy will go into effect on the 1st of the month following acceptance of the application and premium payment.

- **24 Hour Dental Accident Insurance (SDA1000GPM)**

This plan provides benefits of up to \$5,000 per accident for treatment by a legally qualified dentist, who is not a family member, for accidental injury to teeth within sixty days from the date of injury. The plan pays for the Reasonable and Customary expenses for necessary dental treatment that is incurred within one year from the date of Injury. This plan does not cover routine teeth cleaning nor does it cover dental disease, gum disease or orthodontia. This plan pays its benefits regardless of any other insurance you may have.

This plan does not provide benefits for:

1. expenses resulting from accidental injury sustained while the policy is not in force,
2. dental treatment necessitated by sickness, deterioration or disease, for cosmetic, preventive, diagnostic or orthodontic purposes, or by any reason other than accidental injury,
3. injury caused by war or any act of war, or while in the armed forces,
4. existing, pre-existing or congenital dental injuries or defects that are not caused by accidental dental injury sustained within the policy term.

The economical cost for all this valuable protection is \$16.00 per year. Coverage will go into effect on October 1st if the envelope is returned in September. Enrollments received after September 30th will become effective on the 1st of the month following receipt by the Company.

Definition of Injury: "Injury" means bodily injury caused by an accident. The injury must occur while the policy is in force and while the insured is covered under the policy.

Anytime, Anywhere Protection: This plan protects your child for accidental injury to teeth that occurs at any place - at school, at home, at play, on vacation - anytime of day or night the year-round. This includes all athletics and all forms of transportation.

What Happens if You Have Other Insurance? This policy pays its benefits regardless of any other insurance you may have.

The above plans are all underwritten by Monumental Life Insurance Company, Cedar Rapids, Iowa, an AEGON company, and administered by Bollinger, Inc., 101 JFK Parkway, Short Hills, New Jersey 07078. For claims or coverage questions, please contact Bollinger, Inc., toll free at 866-267-0092.

Retain this Description of Coverage for your records.

This is not a policy; a master policy is issued to the school for the 24 hour accident and 24 hour dental accident coverages and is on file for your review. Individual policies will not be issued or sent to you except for the Student Life product. Keep your cancelled check or money order receipt as evidence of coverage.

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