

2008-2009 STUDENT INSURANCE PLANS

24-HOUR-A-DAY COVERAGE RECOMMENDED

- Accidents happen! When they happen to your child, someone must pay the bills.
- Here are affordable accident insurance plans to cover your child either 24 hours a day (24 hour plan) or while in school (at school plan).
- If you have other insurance, these plans may help meet the deductibles and coinsurance gaps in those plans.
- If you have no other insurance, these plans will provide basic coverage.

24-HR-A DAY PLANS	AT SCHOOL	IMPORTANT FACTS
✓	✓	Insurance Coverage becomes effective on the date enrollment form and premium are received by the plan administrator or the effective date of the policy, whichever is later. Once effective, coverage continues until the school's policy terminates. Contact your school or the plan administrator listed on the front cover of this brochure for effective and termination dates of the policy.
✓	✓	PROVIDES COVERAGE DURING THE HOURS THAT SCHOOL IS IN REGULAR SESSION.
✓		PROVIDES COVERAGE 24 HOURS A DAY FOR ALL COVERED ACTIVITIES.
✓	✓	PROVIDES COVERAGE DURING THE TIME NECESSARY FOR TRAVEL BETWEEN THE INSURED'S HOME AND THE BEGINNING OR END OF REGULAR SCHOOL SESSIONS.
✓	✓	PROVIDES COVERAGE WHILE PARTICIPATING IN (OR ATTENDING) ACTIVITIES ORGANIZED, SPONSORED AND SUPERVISED BY THE SCHOOL. Coverage is also provided for travel directly to and from such activities in a vehicle furnished by the school.
	✓	COVERAGE EXPIRES AT THE CLOSE OF THE REGULAR SCHOOL TERM (Coverage will be extended while attending academic classes for credit in the summer, when classroom sessions are exclusively sponsored and solely supervised by the School; however, no coverage will be provided for travel to and from classes.)
✓		COVERAGE CONTINUES WITHOUT INTERRUPTION ALL SUMMER until school re-opens for the following term.

SA-12 To File A Claim: Report accidents to the school official. Simplified forms will be furnished through the principal's office (during vacation time contact the plan administrators). COMPLETE PROOF OF LOSS AND ACCUMULATED BILLS MUST BE RECEIVED BY THE COMPANY WITHIN 90 DAYS UNLESS NOT REASONABLY POSSIBLE.

DEFINITIONS

Hospital – means a facility that: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis or is accredited by the Joint Commission on the Accreditation of Hospitals, the American Osteopathic Association, or the Commission on the Accreditation of Rehabilitative Facilities; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces.

Injury – means bodily injury caused by an accident that: (1) occurs while the Policy is in force as to the person whose injury is the basis

of claim; (2) occurs while such person is participating in a Covered Activity; and (3) results directly and independently of all other causes in a covered loss.

Medically Necessary – means a Covered Accident Medical Service that is: (1) essential for diagnosis, treatment, or care of the Injury for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician and performed under his or her care, supervision or order.

Physician – means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: (1) the Insured; (2) an immediate family member; or (3) retained by the Policyholder.

Usual and Customary Charge(s) – means the charge for the covered service which is the smallest of: (1) the actual charge for the Covered Service; (2) the charge usually made for a Covered Service by the provider who furnishes it; (3) the negotiated rate, if any; and (4) the survey by MDR of prevailing charges made for a Covered Service in the geographic area by those of similar professional standing, the results of which are used to develop a range of fees for each service.

Accident Insurance

Important Notice: The Plan provides **ACCIDENT** insurance only. It does **NOT** provide basic hospital, basic medical, major medical or sickness coverage.

24-Hour-A-Day Coverage

FULL TIME - Covers your child for the entire school year and extends throughout the summer - right up to the day school opens.

Your child's coverage is good **WORLDWIDE, 24-HOURS-A-DAY**. This includes covered accidents:

- ☞ At home
- ☞ At play
- ☞ At school*
- ☞ During **COVERED** travel
- ☞ While engaged in **COVERED** sports*
- ☞ On vacation
- ☞ Scouting, camping etc.

*excludes Sr. High School Football & Sports unless purchased separately

Insurance Protection for each Covered Accident Good All Year 'Round!

SUMMER ONLY - Same coverage as above, but just for the summer!

At School Coverage

Your child is covered while attending regular school sessions. Also covered is travel directly to and from your residence to attend regular school sessions for travel time required, but not more than one hour before or after regular classes. Travel time on the school bus is extended for any additional time needed.

In addition, coverage is provided while participating in (or attending) covered activities exclusively organized, sponsored and solely supervised by the school and school employees, including travel directly to and from the activity in a vehicle furnished by the school and supervised solely by school employees.

To Use Visa® or MasterCard® Complete and Return This Section:

Charge to my Visa MasterCard

Print Name of VISA or MasterCard Holder _____

The amount charged to my VISA or MasterCard \$ _____ (Minimum Charge \$12.00)
 (Use total enclosed from reverse side)

VISA OR MASTER CARD NUMBER 	EXP. DATE /	3 DIGIT V-CODE
SIGNATURE x	TODAY'S DATE	

▲ TEAR OFF ON PERFORATION ▲

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1. Complete the application form and check the plan and options you want.
2. Make your check or money order for the total enclosed payable as indicated. If using visa or mastercard fill out the above information.
3. Enclose your application and payment and mail today!

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FL-1XSSR

Underwritten by: National Union Fire Insurance Company of Pittsburgh, Pa., with its principal place of business in New York, NY ("the Company"). The Policy is Non-Renewable

What's Covered? THIS IS EXCESS INSURANCE. Benefits are paid up to \$30,000 for covered expenses not paid by other insurance for:

- ACCIDENTS OCCURRING WHILE COVERAGE IS IN FORCE
- LOSS RESULTING DIRECTLY AND INDEPENDENTLY OF ALL OTHER CAUSES FROM ACCIDENTAL BODILY INJURY
- COVERED MEDICAL EXPENSE WHICH BEGINS WITHIN 90 DAYS OF THE DATE OF INJURY AND IS INCURRED WITHIN 52 WEEKS OF THE DATE OF INJURY

BENEFITS ARE PAYABLE FOR USUAL AND CUSTOMARY CHARGES UP TO THE DOLLAR AMOUNTS SPECIFIED BELOW
PREMIUMS WILL VARY DEPENDING ON PLAN SELECTED

COVERAGE & BENEFITS

BENEFITS PER ACCIDENT		OPTIONS			BENEFITS PER ACCIDENT		OPTIONS		
		A	B	C			A	B	C
INPATIENT HOSPITAL EXPENSE	ROOM AND BOARD and MISCELLANEOUS EXPENSE Per Day	\$2,000.00	\$4,000.00	\$6,000.00	IMAGING PROCEDURES including interpretation	X-RAYS, EEG, EKG and CAT SCANS MRI	\$400.00 \$500.00	\$800.00 \$1,000.00	\$1,200.00 \$1,500.00
OUTPATIENT EXPENSE ON SURGERY CLAIMS	FOR AMBULATORY MEDICAL CENTERS or OUTPATIENT DAY SURGERY FACILITIES	\$2,000.00	\$4,000.00	\$6,000.00	AMBULANCE EXPENSE	Ground or Air	\$500.00	\$1,000.00	\$1,500.00
EMERGENCY EXPENSE	INCLUDES EMERGENCY CLINIC and Hospital Outpatient (No Surgery)	\$200.00	\$400.00	\$600.00	DURABLE MEDICAL EQUIPMENT	CRUTCHES and DURABLE MEDICAL EQUIPMENT (must be prescribed by the attending physician for treatment of injury)	\$400.00	\$800.00	\$1,200.00
SURGERY EXPENSE	As Determined by the 1997 Florida Workers' Compensation (W.C.) Surgical Fee Schedule	1.5 x W.C. Schedule	3 x W.C. Schedule	4.5 x W.C. Schedule	SPECIAL NURSING	Special nursing care, prescribed by physician	*U & C	*2 x U & C	*3 x U & C
	PLASTIC & COSMETIC SURGERY ANESTHETIST, Percent of Surgical Allowance	\$500.00 20%	\$1,000.00 20%	\$1,500.00 20%	EYEGLASSES, HEARING AIDS, CONTACT LENSES	Repair or replacement when bodily injury occurs due to covered accidents	*U & C	*2 x U & C	*3 x U & C
PHYSICIAN FEES AND/OR PHYSICAL THERAPY, MANIPULATION AND ADJUSTMENTS	Non-surgical First visit, up to . . . Subsequent visits, up to . . . Maximum visits, per injury	\$50.00 \$40.00 10 Visits	\$100.00 \$80.00 10 Visits	\$150.00 \$120.00 10 Visits	OTHER BENEFITS	Loss must be caused by an injury and occur within 365 days of the covered accident.			
DENTAL EXPENSE	PER SOUND & NATURAL TOOTH (includes expense for braces, crowns, jackets, inlays, fillings, bridges and root canal therapy)	\$200.00	\$400.00	\$600.00	ACCIDENTAL DEATH		\$7,500.00	\$15,000.00	\$22,500.00
					DISMEMBERMENT Loss of one hand, one foot or one eye		\$7,500.00	\$15,000.00	\$22,500.00
PRESCRIPTIONS	Prescribed by Physician for accidental injuries only	*U & C	*2 x U & C	*3 x U & C	Any Combination of hands, feet or eyes		\$15,000.00	\$30,000.00	\$45,000.00

*Benefit paid is limited to the actual charge. THE POLICY PROVIDES BENEFITS FOR USUAL AND CUSTOMARY (U & C) EXPENSES UP TO THE MAXIMUMS LISTED ABOVE FOR NECESSARY MEDICAL SERVICES DETERMINED BY GEOGRAPHIC AREA.

This is only a brief description of the coverage available under policy series C11695DBG-FL. The Policy may contain definitions, reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in the Policy. If there is any conflict between the contents of this document and the Policy, the Policy shall govern.

**This is an illustration of the benefits available for your child. Please keep for your records. This is not a contract.
The master policy is on file with your School Board.**

EXCLUSIONS

The 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 intentionally self-inflicted injury.
2. hernia, 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. full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.)
6. 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.
7. any condition for which the Insured is paid benefits under any Workers' Compensation Act or similar law.
8. the Insured being under the influence of drugs or intoxicants, unless taken under the advice of a Physician.
9. plastic or cosmetic surgery except for reconstructive surgery on an injured part of the body and repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing Durable Medical Equipment unless due to a covered Injury. Applicable to Accident Medical Expense Only.
10. 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 as a result of Injury up to the Dental Maximum shown in the Benefit Schedule. Applicable to Accident Medical Expense Only.
11. new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless Injury has caused impairment of sight; or repair or replacement of existing eyeglasses or contact lenses unless due to a covered Injury. Applicable to Accident Medical Expense Only.
12. new hearing aids or hearing examinations unless Injury has caused impairment of hearing; or repair or replacement of existing hearing aids unless due to a covered Injury. Applicable to Accident Medical Expense Only.
13. rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company's sole judgment, 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 a Usual and Customary Covered Accident Medical Expense in lieu of such rental expense). Applicable to Accident Medical Expense Only.
14. personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental, or guest meals. Applicable to Accident Medical Expense Only.

LIMITATIONS

1. Benefits are payable to the applicable maximum for covered expenses that are not recoverable from another plan providing medical expense benefits. If the insured is not covered by another plan providing medical expense benefits, the excess provision shall not apply, and benefits are payable to the limits described in the brochure.
2. Injuries resulting from covered motor vehicle accidents, except for medical expenses covered by the Policy in excess of: (a) vehicle liability insurance; (b) medical payment insurance; (c) Personal Injury Protection Insurance.

Claims Administrator
 Maksin Management Corp
 Two Aquarium Drive, Suite 200
 Camden, NJ 08103
 (800) 257-6250

Plan Administrator
 School Insurance Agency
 120-53rd Avenue West
 Bradenton, FL 34207
 (800) 541-8256

Student Insurance Enrollment for eligible students and School District employees. FL-1XSSR
 Underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., with its principal place of business in New York, NY

ANNUAL PREMIUM	
24-HOUR-A-DAY COVERAGE excludes Senior H.S. Football and Sports	
Full Time	Summer Only
<input type="checkbox"/> \$ 62.00 Option A	<input type="checkbox"/> \$15.00 Option A
<input type="checkbox"/> \$124.00 Option B	<input type="checkbox"/> \$30.00 Option B
<input type="checkbox"/> \$170.00 Option C	<input type="checkbox"/> \$42.00 Option C
AT SCHOOL COVERAGE excludes Senior H.S. Football and Sports	
<input type="checkbox"/> \$11.00 Option A	
<input type="checkbox"/> \$20.00 Option B	
<input type="checkbox"/> \$28.00 Option C	
SENIOR HIGH SCHOOL SPORTS Grades 10-12 (Includes Grade 9 when participating with Grades 10-12) excludes At School/24 Hr. Coverage Benefits payable in accordance with Plan A Schedule	
<input type="checkbox"/> \$90.00 Football (Fall & Spring)	
<input type="checkbox"/> \$29.00 Football (Spring Only)	
<input type="checkbox"/> \$59.00 Sports excluding Football	

PLEASE PRINT CLEARLY

School _____ County _____ Grade _____

Person to be covered _____
First Name M Last Name Social Security #

Address _____
No. and Street City State Zip Code

Phone Number _____

I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE TERMS AND CONDITIONS OF THIS COVERAGE AS DETAILED IN THE DESCRIPTION OF COVERAGE.

SIGNATURE OF PARENT OR GUARDIAN _____ Date _____




TOTAL ENCLOSED \$ _____ (Please do not send cash)

MAKE CHECK PAYABLE TO:
SIA (School Insurance Agency)
 OR TO USE **VISA** or **MASTERCARD**.
see instructions on the reverse side of the page.

NEW WEBSITE
 Enroll online at www.schoolinsuranceagency.com

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PLEASE REMEMBER TO:

-  COMPLETE THE APPLICATION FORM AND CHECK THE PLAN AND OPTIONS YOU WANT.
-  MAKE YOUR CHECK OR MONEY ORDER (PLEASE DO **NOT** SEND CASH) FOR THE TOTAL ENCLOSED PAYABLE AS INDICATED. IF USING VISA OR MASTERCARD PLEASE FILL OUT THE INFORMATION ON THE REVERSE SIDE.
-  ENCLOSE YOUR APPLICATION AND PAYMENT AND RETURN TODAY!

 Student Name

PLEASE RETURN TO YOUR SCHOOL