

STUDENT ACCIDENT INSURANCE CREDIT PAYMENT FORM

INDICATE PREMIUM SELECTED AND COMPLETE THE REQUESTED ENROLLMENT INFORMATION FOUND ON THE REVERSE SIDE OF THIS FORM.

Please charge \$ _____ to the following credit card: VISA® or MasterCard® Card Expiration Date _____
Credit Card Number _____ Security Code (on back of card, 3 digits) _____ (Month) ____ (Year) ____
 _____ Student Assurance Services, Inc.

Print Cardholder Name _____ Date ____ / ____ / ____

Cardholder Signature _____

Cardholder Address _____
(Street) _____ (City) _____ (State) _____ (Zip) _____

Telephone Number (_____) _____ - _____

FORM T-1508

ENROLLMENT ENVELOPE FOR STUDENT ACCIDENT INSURANCE

STUDENT'S LAST NAME _____ (one letter in each box)

STUDENT'S FIRST NAME _____ M.I. _____

Please Print
 Address _____
(Street) _____
(City) _____ (State) _____ (Zip) _____

Email Address _____

Name of School _____

Name of District _____

Student's Age _____ Grade _____ Phone _____

X _____
(Signature of Parent or Guardian) _____ (Date) _____

COVERAGE PLANS		One Time Annual Premiums	
		With Major Expense Benefit	
	Full Time Coverage (with NO Interscholastic Sports Coverage)	<input type="checkbox"/> \$89	<input type="checkbox"/> \$173
	Full Time Coverage (with All Interscholastic Sports Coverage except Football Grades 9-12)	<input type="checkbox"/> \$154	<input type="checkbox"/> \$238
	School Time Coverage (with NO Interscholastic Sports Coverage)	<input type="checkbox"/> \$14	
	School Time Coverage (with All Interscholastic Sports Coverage except Football Grades 9-12)	<input type="checkbox"/> \$79	
	Football Coverage Grades 9-12 (The Major Expense Benefit will NOT apply)	<input type="checkbox"/> \$178	
	Extended Dental Coverage	<input type="checkbox"/> \$7	

TOTAL PREMIUM _____

Make Checks payable to: **STUDENT ASSURANCE SERVICES, INC.**
 *Please write student's name on the front of check. **NO REFUNDS**

DATE RECEIVED BY SCHOOL _____
(Must be dated by a school official)

FORM T-1508

ENROLLMENT ENVELOPE FOR STUDENT ACCIDENT INSURANCE

Please fill-out the attached enrollment information, select the desired coverage, and return with the correct premium as soon as possible, or fill-out the credit card payment option. Coverage becomes effective the later of: the Master Policy Effective Date; or 12:01AM following the date the envelope containing the enrollment form and premium is received by the School, the Company or its authorized agent. Interscholastic sports coverage will expire on the last day of the authorized season of the current school year. School-Time and Full-Time Coverages end the first day of school next year. NOTE - You can purchase this insurance anytime between the Master Policy effective and expiration date during the current school year.

REMEMBER TO FILL-OUT ALL REQUESTED INFORMATION AND RETURN ALONG WITH YOUR PREMIUM OR CREDIT CARD PAYMENT INFORMATION WITHIN THE PROVIDED ENVELOPE.

In order to make coverage effective, Please return this completed enrollment form as soon as possible.

STUDENT ACCIDENT INSURANCE



Parents & Guardians

- *Does your child have adequate insurance?*
- *Do you have a deductible or co-pay with your current coverage?*
- *Protect your child with one of our affordable plans designed to meet your needs.*



1-800-328-2739
www.sas-mn.com

STUDENT
ASSURANCE
SERVICES
INCORPORATED

**NOTE: This is a Blanket Term Non-Renewable
Accident Policy — It is a Limited Benefit Policy.**

Medical Benefits (What the plan pays)

When injury covered by this policy results in treatment by a Licensed Physician within 60 days from the date of accident, the Company will pay the Usual and Customary Charges incurred for necessary Services and Supplies as listed below, for charges actually incurred within one year from the date of injury up to the specified Maximum Medical Benefit of \$50,000 per injury.

This policy will pay benefits regardless of Other Valid Coverage if the covered claim expense is less than \$200. If the covered claim expense exceeds \$200, benefits shall be paid first by Other Valid Coverage.

- PHYSICIAN'S SERVICES** —
- for surgical operations (fractures, dislocations or repair of lacerations) — 80% of the charges incurred not to exceed \$1,000 per injury.
 - for nonsurgical care — up to \$40 for each treatment (1 treatment per day) not to exceed 6 treatments per injury.

- HOSPITAL CARE** —
- Inpatient Care — the usual daily charge for the hospital's semi-private room not to exceed \$400 per day, plus 80% of miscellaneous charges incurred not to exceed \$500 per injury. Benefits for miscellaneous charges are limited to services not scheduled under Medical Benefits.
 - Outpatient Care — 80% of the miscellaneous charges incurred not to exceed \$500 per injury. Benefits for miscellaneous charges are limited to services not scheduled under Medical Benefits.

RADIOLOGY SERVICES (includes x-ray's, MRI's, CAT scans, bone scans, and charges for reading) — up to \$300 per injury.

DENTAL TREATMENT (in lieu of all other Medical Benefits) — benefits are limited to \$100 for repair and/or replacement of each sound and natural tooth.

AMBULANCE SERVICES — up to \$500 per injury.

ORTHOPEDIC APPLIANCES — up to \$100 per injury.

PRESCRIPTION DRUGS (take home) — up to \$100 per injury.

ACCIDENTAL DEATH AND DISMEMBERMENT

When injury covered by this policy results in Accidental Death or Dismemberment within 180 days from the date of accident, the following benefits will be payable.

Loss of Life.....	\$2,000	Double Dismemberment	\$10,000
Loss of an Eye	\$2,000	Single Dismemberment.....	\$ 2,000

EXCLUSIONS (What the Plan DOES NOT Pay)

- The practice or play of interscholastic sports, including travel to or from such sports coverage is selected.
- Any sickness, disease, infection (unless caused by an open cut or wound) aggravation of a congenital condition, blisters, headaches, hernia of any kind, mental or physical infirmity, Osgood-Schlatter disease, osteochondritis, osteochondritis dissecans, osteomyelitis, spondylolysis, slipped femoral capital epiphysis or orthodontics.
- Injuries for which benefits are payable under Workmen's Compensation or Employer's Liability Laws.
- Repair or replacement of eyeglasses or contact lenses.
- The services of a second or subsequent Licensed Physician when not requested in writing by the attending Licensed Physician.
- Any injury involving a two or three wheeled motor vehicle or snowmobile. Injuries involving any other motor vehicle are covered up to a maximum of \$1,000 per injury.

IT IS NOT THE INTENT OF THIS POLICY TO PROVIDE BENEFITS FOR AN EXISTING MEDICAL PROBLEM. A re-injury will be covered if the insured has been treatment free for a period of 180 days prior to the effective date of the policy.

Premiums & Coverage

POLICY FORMS
GH-159(93)-GHR-531

One Time
Annual Premiums

Full Time Coverage PK-12
(with NO Interscholastic Sports Coverage)

\$89

Covers the student 24 hours a day until school starts next year. Includes coverage while at home, at school, weekends and summer vacation. DOES NOT cover participation in interscholastic sports for Students in the 7th grade or above. The Medical Benefits and Exclusions shown in this illustration apply to this coverage.

Full Time Coverage PK-12 with Major Expense Benefit (with NO Interscholastic Sports Coverage)

\$173

After the maximum benefit has been paid under the Full-Time Coverage, and the non-covered expenses exceed \$3,500, the Company will pay 70% of the remaining Usual and Customary charges up to a maximum of \$15,000 per injury. The Exclusions apply to this benefit. This benefit will apply to sports, if the additional premium has been paid. See FULL-TIME WITH ALL SPORTS AND MAJOR EXPENSE. The Major Expense Benefit will NOT apply to Football Grades 9-12.

Full Time Coverage PK-12
with All Interscholastic Sports Coverage except Football Grades (9 - 12)

\$154

In addition to the Full-Time Coverage shown above, the All Sports Coverage protects the student while practicing or participating in school-sponsored and school-supervised interscholastic sports including travel in school-provided transportation for grades 7-12. It DOES NOT cover Football for grades 9-12. The Medical Benefits and Exclusions shown in this illustration apply to this Coverage.

Full Time Coverage PK-12 with Major Expense Benefit
(with All Interscholastic Sports Coverage except Football Grades (9 - 12)

\$238

After the maximum benefit has been paid under the basic plan benefits and the non-covered expenses exceed \$3,500, the Company will pay 70% of the remaining Usual and Customary charges up to a maximum of \$15,000 per injury. The Exclusions apply to this benefit. The Major Expense Benefit will NOT apply to Football Grades 9-12.

School Time Coverage PK-12
(with NO Interscholastic Sports Coverage)

\$14

Protects the student while: a) attending regular school sessions; b) participating in or attending school-sponsored and supervised extra-curricular activities; c) traveling directly to and from school for regular school sessions; and while traveling to and from school-sponsored and supervised activities in school provided transportation. DOES NOT cover participation in interscholastic sports for students in the 7th grade or above. Coverage ends the first day of school next year. The Medical Benefits and Exclusions shown in this illustration apply to this coverage.

School Time Coverage PK-12
with All Interscholastic Sports Coverage except Football Grades (9 - 12)

\$79

In addition to School-Time Coverage shown above, the All Sports Coverage protects the student while practicing for or participating in school-sponsored and supervised interscholastic sports including travel in school provided transportation, for grades 7-12. It DOES NOT cover Football for grades 9-12. The Medical Benefits and Exclusions shown in the illustration apply to the Coverage.

Football Coverage Grades 9-12
(The Major Expense Benefit will NOT apply)

\$178

Protects the student while practicing for or participating in school-sponsored and school supervised interscholastic football including travel in school-provided transportation. The Medical Benefits and Exclusions shown in this illustration apply to this coverage.

Extended Dental Coverage PK-12

\$7

Provides up to \$5,000 in benefits for any dental accident. Covers the student 24 hours a day until school starts next year. Treatment must begin within 60 days from the date of injury. Benefits are limited to expenses actually incurred within one year from the date of accident. However, if within the one year period following the date of accident the insured's attending dentist certifies that dental treatment and/or replacement must be deferred beyond one year, the plan will pay the estimated cost of such deferred treatment, but not to exceed \$200 for each tooth. No benefits will be allowed for orthodontics or dental disease and benefits for prosthesis are limited to \$500 per injury including procedures performed to install them. Dental prosthesis includes, but is not limited to crowns, caps, bridges, and implants. The Major Expense Benefit will not apply to this coverage. Endorsement GHR-18(1/95)

THE MEDICAL BENEFITS (What the Plan Pays) AND THE EXCLUSIONS (What the Plan DOES NOT Pay) ARE LISTED ON THE INSIDE OF THIS ILLUSTRATION.

NOTE: THIS IS A BLANKET TERM NON-RENEWABLE ACCIDENT POLICY — IT IS A LIMITED BENEFIT POLICY.



Form T-1508

WHEN AND WHERE WILL MY STUDENT BE COVERED BY THIS INSURANCE?

The choice is yours! This insurance offering describes several enrollment options designed to fit your individual needs. Please review this entire brochure, especially the coverage descriptions, before making your selections.

WHY IS THE SCHOOL PARTICIPATING IN THIS OFFERING?

Students are particularly susceptible to accidental injury. Your school district does not carry insurance to pay for X-rays, stitches, ambulances, etc..

WHAT KIND OF INSURANCE IS THIS?

This is supplemental accidental bodily injury insurance; it covers accidental bodily injury occurring while the coverage is in force. Illnesses such as measles, sore throats, etc., are not covered.

WHO SHOULD CONSIDER BUYING THIS INSURANCE?

1. All families with no health insurance.
 - (A) If you have no insurance, we will be your primary carrier.
2. Families with policies having deductibles or co-pays.
 - (A) Most family health insurance plans contain a deductible or co-pay provision (often 80%-20%) and we will apply our benefits to the 20%, and/or to the deductible.
 - (B) The larger the deductible or co-pay percentage, the more you can benefit. There is no deductible in our basic plan.

HOW DOES THE MAJOR EXPENSE OPTION WORK?

If your student incurs a major injury costing you thousands of dollars, the Major Expense option allows us to continue to help with medical payments if any of our basic benefits are exhausted. After the maximum benefit has been paid under the Full-Time Coverage or All Sports Coverage (if purchased), and the non-covered expenses exceed \$3,500, the Company will then pay 70% of the remaining Usual and Customary charges up to a maximum of \$15,000 per injury. The Exclusions apply to this benefit.

WHEN AND HOW CAN I ENROLL?

ENROLL ANYTIME! It is to your advantage to enroll early. The premium cannot be prorated. Make check payable to: Student Assurance Services, and enclose in the attached envelope. Write the student's name on the check. Save this illustration with your insurance papers, you will not receive a policy or ID card!

EFFECTIVE AND EXPIRATION DATES

Coverage becomes effective the later of: the Master Policy Effective Date; or 12:01AM following the date the envelope containing the enrollment form and premium is received by the School, the Company or its authorized agent. Interscholastic sports coverage will expire on the last day of the authorized season of the current school year. School-Time and Full-Time Coverages end the first day of school next year.

HOW DO I FILE A CLAIM?

1. Notify the school and obtain a claim form immediately. They will fill out Part A if it's a school injury.
2. Parents complete Part B. **Answer all questions.**
3. Submit copies of your *itemized bills* to your own family insurance first, even if you have a large deductible. You will be sent a report called an Explanation of Benefits (EOB). This Plan is supplemental to all other valid coverage. You must file a claim with your other coverage first! This Plan **DOES NOT** cover penalties imposed for failure to use providers preferred or designated by your primary coverage.
4. Send our claim form, copies of itemized bills and the EOB to:
STUDENT ASSURANCE SERVICES, INC.
PO BOX 196
STILLWATER, MN 55082
5. No claim can be completed until **all of the above documents** have been provided.

NOTE: Student must have been treated by a licensed physician within 60 days of the date of the injury. Proof of claim should be submitted within 90 days from the date of accident, or a reasonable time thereafter not to exceed one year. Itemized bills should be submitted within 90 days from the date of treatment or reasonable time thereafter not to exceed one year. We are responsible only for expenses incurred within one year.



Administered by
STUDENT ASSURANCE SERVICES, INC.
PO BOX 196, STILLWATER, MN 55082
(800) 328-2739 - (651) 439-7098

Underwritten by
Security Life
INSURANCE COMPANY OF AMERICA
MINNETONKA, MINNESOTA

This brochure is a summary of the master insurance policy issued to the educational institution. If there is a discrepancy between this brochure and the master policy, the master policy language will govern.

**HAVE QUESTIONS?
CALL US TOLL FREE AT
(800) 328-2739 OR (651) 439-7098
or www.sas-mn.com**

NOTICE - THE POLICY CONTAINS A PROVISION LIMITING COVERAGE TO USUAL AND CUSTOMARY CHARGES. THIS LIMITATION MAY RESULT IN ADDITIONAL OUT-OF-POCKET EXPENSES FOR THE INSURED

(ID-IL-IN-IA-GA-LA-MI-MN-MS-MT-NE-ND-OH-OK-SD-UT-WI-WY)

