

**PARENTS:**

Your School Officials have made available this plan of Economical Group Insurance for your child. It is limited to accidental injuries.

---

---

# **Group Student Accident Insurance:**

---

---

**SEE ALSO THESE 2 OPTIONAL PLANS**

- ★ Student Life Insurance (Page 4)
- ★ Dental Accident Insurance (Page 7)

For more program information, log onto our website at  
[www.BollingerSchools.com](http://www.BollingerSchools.com)



## School Sponsored Student Accident Insurance Plan

This plan underwritten by Monumental Life Insurance Company, Cedar Rapids, Iowa, covers medical expenses incurred from **Accidental Bodily Injuries** such as: (1) broken arm from falling off bicycle, (2) concussion from being hit in the head in gym class, or (3) lacerated foot from stepping on broken glass. This plan does not cover medical expenses incurred from **sickness** such as: (1) measles, (2) mumps, (3) appendicitis, or (4) allergies.

**Definitions:**

**"Injury"** means *bodily injury resulting directly and independently of all other causes from a specific accident.*

**"Usual and Customary Charges"** means *those charges which in the Company's experience are normally made by the majority of physicians in that area.*

### THIS PLAN DOES NOT COVER THE FOLLOWING:

- (a) Injuries sustained as a result of practice or participation in interscholastic sports and related activities in any form, or from traveling as a team member to or from such activities.
- (b) Injuries sustained as a result of practice or participating in Senior High School interscholastic tackle football.
- (c) Congenital defect.
- (d) Injury or sickness for which Worker's Compensation or similar occupational benefits are available.
- (e) Injuries sustained as result of snow skiing, or snowboarding, unless school sponsored, scheduled and supervised.
- (f) Loss sustained or contracted by being intoxicated or under the influence of any narcotic unless administered on the advice of a physician.
- (g) Injuries sustained as a result of operating, riding in or on, entering into, alighting from, or being struck by a motorized engine-driven 2, 3, or 4 wheel vehicle, go-cart, dune buggy, snowmobile, all terrain vehicle, or similar vehicle.
- (h) Any active participation in a war, riot, terrorist act, or insurrection either declared or undeclared.
- (i) Self inflicted injuries, suicide or attempt thereat.
- (j) Bacterial infections (except pyogenic infections due to accidental open cuts), sickness or disease of any kind such as strep throat, mononucleosis, or tonsillitis.
- (k) Hernia.
- (l) Vegetation or ptomaine poisoning, unless resulting from an accident or external wound.
- (m) Service or treatment rendered as part of the school services by a physician or any other person retained by the school.
- (n) Dental implants.

(THIS IS A SUMMARY ONLY. FOR EXACT POLICY TERMS AND EXCLUSIONS, SEE THE MASTER POLICY HELD BY THE SCHOOL.)

### Choose from Two Plans for Your Child

**A. School Time Only Protection** covers most school sponsored and supervised activities including regular school session, summer school, direct travel to and from regular school sessions, direct and uninterrupted travel to and from school activities, as well as participation in school activities (except for those listed as exclusions on page 2).

**B. 24-Hour Round-the-Clock Protection** provides coverage on a 24-hour per day basis – during school hours, after school, evenings, weekends, holidays and summer vacation -- anywhere in the world until school reopens in September.

**BENEFITS:** are provided for accidental injuries for which medical treatment by a physician, surgeon, dentist, or registered nurse, hospital services, ambulance services, or X-rays are rendered. The initial treatment must be rendered within 90 days of accident, and benefits are limited to treatment rendered within 260 weeks of the date of accident. All claims must be submitted to the company within 90 days from the date of accident.

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

**SURGERY:** Up to the Usual and Customary charge is allowed. Anesthesia is also covered up to the Usual and Customary charge.

**PHYSICIAN'S VISITS:** Non-surgical doctor visits will be paid up to the Usual and Customary charge, as determined by the Company.

**NURSING SERVICES:** Services for a graduate registered nurse will be paid up to the Usual and Customary charge.

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

**AMBULANCE:** Services of a licensed ambulance unit are covered for reasonable and necessary services up to the Usual and Customary charge.

**HOSPITAL:** Hospital room and board expenses are covered up to the Usual and Customary charge. Inpatient miscellaneous hospital expenses are covered up to the Usual and Customary charge. Outpatient hospital services are covered up to the Usual and Customary charge for necessary medical services.

**DRUGSTORE PRESCRIPTIONS:** Covered in full up to the Usual and Customary charge.

**DRUGS & MEDICINES:** Covered in the hospital or doctor's office in full.

**APPLIANCES:** Orthopedic appliances and braces are covered in full up to the Usual and Customary charge.

**PHYSIOTHERAPY:** Necessary treatment such as diathermy, heat treatment, adjustment or massage is payable up to the Usual and Customary charge in the hospital, doctor's office, or sports medicine center.

**DENTAL BENEFIT:** Up to the Usual and Customary charge is allowed - not to exceed \$10,000 per accident (treatment must commence within 26 weeks of the date of the accident).

**ACCIDENTAL DEATH:** \$10,000 will be paid if death occurs due to a covered accident.

**DISMEMBERMENT:** The following amounts are payable for dismemberment:

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

**SECOND OPINION:** Coverage is provided for consultations and second opinions up to the Usual and Customary charge in cases in which surgery is contemplated.

**IMPORTANT NOTE:** The Student Accident Insurance outlined above is \$100 excess coverage. This means that benefits will be paid on the first \$100 of covered expenses without regard to any other insurance coverage that may apply. After the first \$100 in benefits have been paid you must go to any other personal or group insurance that may apply before this plan will respond further. If you have no other applicable coverage, this plan will respond on a primary basis.

# 2

## \$10,000 Life Insurance

### **Economical Student Life Insurance Plan: \$10,000.00 Term Coverage**

#### **Anytime, Anywhere Coverage**

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.

#### **Who Can Buy This Policy**

This coverage may be purchased for any child who is in good general health. Policies will not be issued to children who have ever had known indications of, or have been treated for:

- (1) Any form of cancer,
- (2) Cerebral Palsy,
- (3) Heart abnormality or disorder,
- (4) Lung abnormality or disorder,
- (5) Kidney abnormality or disorder.

A misrepresentation of the existence of any of the 5 conditions listed above 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.

#### **A Necessary Part of Your Child's Coverage**

Every parent knows that a child's coverage is not complete without some form of life insurance. Yet, many parents quite often put off obtaining this vital protection, whether because of the cost or because of the inconvenience.

Today, there's no longer a reason to put off getting this necessary coverage. This Student Life Insurance Plan gives you the opportunity to cover your child at an economical cost and with the convenience of group enrollment at school.

#### **Economical Premium**

You can now obtain all this valuable coverage for the low annual premium of \$30.00.

#### **It's Easy to Apply**

To apply, just complete the application form on the back of the application envelope remembering to check the appropriate block and have your child return it to school along with the appropriate premium.

Your child's policy will be sent to you by return mail within 60 days. The policy will go into effect on the 1<sup>st</sup> of the month following approval of the application and premium payment.

**This \$10,000 Student Life Insurance Plan is underwritten by Monumental Life Insurance Company, Cedar Rapids, Iowa.**

# Application for Student Insurance

LAST NAME

FIRST NAME  MIDDLE INITIAL

MALE  FEMALE  DATE OF BIRTH        
MONTH DAY YEAR

STREET ADDRESS

CITY OR TOWN  STATE  ZIP CODE

SCHOOL  GRADE  SCHOOL DISTRICT

PA Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NAME OF PARENT OR GUARDIAN (BENEFICIARY)

PARENT'S SIGNATURE  DATE

## 1 SCHOOL SPONSORED STUDENT ACCIDENT INSURANCE PLAN

<b>A. SCHOOLTIME ONLY PLAN</b> (cost per year)	<b>B. 24 HOUR 'ROUND THE CLOCK' PLAN</b> (cost per year)
<input type="checkbox"/> \$27.00	<input type="checkbox"/> \$103.00

STUDENTS GRADES K-12

EXCL-100X

## 2 STUDENT LIFE INSURANCE \$30.00 TOTAL COST PER YEAR PER STUDENT

Has the proposed insured ever had any known indication of, or ever been treated for any form of cancer, cerebral palsy, heart, lung or kidney abnormality or disorder?

YES  NO (See page 4 second paragraph)  
(If "Yes" please give details on separate sheet.)

**HEALTH QUESTION MUST BE ANSWERED.**

## 3 DENTAL ACCIDENT INSURANCE \$20.00 TOTAL COST PER YEAR PER STUDENT

I enclose \$ \_\_\_\_\_ Total Premium

THERE IS NO OBLIGATION TO PURCHASE THIS INSURANCE



## Dental Accident Insurance

### 24-Hour Coverage

#### **\$5,000.00 Maximum Benefit**

This plan provides benefits of up to \$5,000 per accident for expenses of a dentist's usual and customary charges for treatment and services begun within 26 weeks of an accidental injury to sound natural teeth. This plan does not cover routine dental work such as check-ups or teeth cleaning, nor does it cover dental disease, gum disease, or orthodontia.

#### **Definition of Injury**

"Injury," means bodily trauma resulting directly and independently of all other causes from a specific accident, and which is not caused by, contributed to, or complicated by congenital defect(s), disease(s) of any kind, or by pre-existing injury(ies) not covered under this Policy.

#### **Exclusions**

This plan does not provide benefits for:

1. Expenses resulting from accidental injury occurring 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 act of war or while in the armed forces.
4. Existing, pre-existing, or congenital dental injuries or defects which are not caused by accidental injury sustained within the policy term.

#### **Benefits for Damage to Artificial Dental Devices**

Benefits of up to \$500.00 are payable for the treatment or repair of caps, crowns, braces, bridges, dentures, fillings or other artificial dental devices when this treatment or repair is necessitated by an accidental injury.

#### **Benefits for Deferred Treatment**

If a dentist determines that treatment cannot be performed during the first 52 weeks after an accidental injury, this plan will pay benefits of up to \$100.00 for necessary treatment performed after that time.

#### **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.

#### **Sensible Coverage for Children's Teeth**

Sound teeth are one of your child's most valuable natural possessions. But they also represent one of the more vulnerable areas to accident. Even an otherwise harmless spill can inflict severe damage to children's teeth, damage that could remain with them permanently.

Today, you can provide your child with dental accident insurance at an economical cost.

**Remember, the more active your child is, the greater the possibility of injury and the more important this coverage becomes.**

#### **What Happens if You Have Other Insurance?**

This policy pays its benefits regardless of any other insurance you may have.

#### **Economical Premium**

The economical cost for all this valuable coverage is \$20.00 per year. To enroll, just complete the Application Form on the back of the enclosed envelope and have your child return it to school. We will send you your child's Certificate of Insurance by return mail within 60 days. Coverage will go into effect on October 1 if the envelope is returned to school in September. Enrollments received after September 30 will become effective on the 1st of the month following receipt by the Company.

**This Student Dental Program is underwritten by the Monumental Life Insurance Company, Cedar Rapids, Iowa**

**Think you already have enough insurance?  
Read why your present insurance coverage  
may be inadequate to cover some injuries . . .**

**HERE ARE REASONS WHY YOUR PRESENT MEDICAL INSURANCE  
MAY FAIL TO FULLY COVER INJURIES TO YOUR CHILDREN.**

- Most individual and group insurance plans have annual deductibles and coinsurance percentages which frequently result in out of pocket expenses to you.
- Dental injuries are excluded under some policies. Our policy provides a dental allowance of up to the usual and customary charge for covered accidental injuries to sound and natural teeth.
- Doctor visits are excluded under some policies, unless the doctor performs surgery of some sort. This policy covers doctor visits even when there is no surgery.
- Under some policies X-Ray coverage is limited. Our policy provides coverage for x-rays, both in and out of hospital for covered accidental injuries.
- There is no deductible under this accident policy as there are under many medical plans.
- Children **DO HAVE ACCIDENTS**. Despite close care and supervision, active children do suffer injuries. For an economical cost, you can buy the coverage necessary for your child.

**Personal Administration and  
Claims Service by the People of**



101 JFK Parkway, Short Hills, NJ 07078  
Telephone (973) 467-0444  
[www.BollingerSchools.com](http://www.BollingerSchools.com)