



2018-2019

\$25,000

# Student Accident Insurance



## Who is eligible

The policy is available to all enrolled students.

## Who pays the premium

Coverage is purchased by the parent or guardian of enrolled students.

## Coverage term

Coverage is effective when the premium is received by the school administrator or the effective date of the policy, whichever is later. Coverage expires at 12:01 a.m. of the first day of the next school year or the anniversary of the policy, whichever is earlier. Individual coverage ends when affiliation is ended with the participating school.

## PLAN ADMINISTRATOR

**Relation Insurance Services**  
**700 Central Parkway**  
**Stuart, FL 34994**  
**772.287.7650 • 800.431.2221**

Coverage becomes effective on the earliest of the following: (1) the first day of school, if signed enrollment form and premium are received before the seventh school day, or (2) the date enrollment form and premium are received by the school administrator.

**Choose from the following** school approved insurance plans

**School time accident coverage** - Insurance coverage for the hours and days when school is in session and while attending school-sponsored and supervised activities on or off the school premises.

**Includes:**

- Activities during school year
- Travel to and from school
- School-supervised and sponsored activities
- Class trips
- Religious services
- During all school sponsored sports activities except Sr. High football, soccer, hockey or lacrosse

**Full-time 24-hour accident coverage** - Insurance coverage is in force around the clock.

**Includes:**

- Any covered activity, regardless of location
- 24-hour-a-day coverage, including summer
- Weekends and vacation periods
- Protection at home or while away
- During all sports activities except Sr. High football, soccer, hockey or lacrosse

**Sr. High football accident coverage** - Insurance coverage is ONLY provided for school sponsored and supervised Sr. High School football games, tryouts, preseason and post-season play, including travel to and from games and/or practice. Choose coverage for the full football season or just for spring football. This plan can be purchased by itself or with Sr. High soccer, hockey or lacrosse coverage. And, in addition to either the School Time or 24-Hour plans.

**Sr. High soccer, hockey or lacrosse accident coverage** - Insurance coverage is ONLY provided for school sponsored and supervised Sr. High School soccer, hockey or lacrosse games, tryouts, preseason and post-season play, including travel to and from games and/or practice. This plan can be purchased by itself, with Sr. High football, or with just Sr. High spring football. And, in addition to either the School Time or 24-Hour plans.

# Accident Insurance Protection

Providing a maximum of \$25,000 Accident Medical Expense

## Primary Excess Medical Coverage

Provides for payment of Usual and Customary (U&C) expenses Incurred for treatment of an injury caused by a covered accident, subject to the maximums stated in the policy. Covered expenses must be for appropriate treatment and the first expense must be incurred within 90 days following the covered accident. To be payable, expenses must be incurred within 365 days after the accident. We will pay the first \$350 of covered expenses. Additional expenses will only be payable when they are in excess of benefits payable under any other Health Care Plan. All benefits will be based on the normal charge, in the absence of insurance, made by the provider for any appropriate treatment, but not more than the prevailing charge in the area for like services by a provider with similar training and experience. Where appropriate, usual and customary charges will be based on a relative value schedule appropriate to the area and the type of service provided.

## Covered expenses per covered accident

<b>Benefit Choices</b>	<b>Basic Benefits</b>	<b>Double Benefits</b>	<b>Triple Benefits</b>
<b>Inpatient hospital services</b>			
Daily room & board and miscellaneous hospital services, up to . . . . .	\$800/day . . . . .	\$1,600/day . . . . .	\$2,400/day . . . . .
<b>Outpatient expenses for surgery</b>			
Ambulatory surgical centers, outpatient day surgery and related facilities, up to . . . . .	\$900 . . . . .	\$1,800 . . . . .	\$2,700 . . . . .
<b>Emergency room services (excluding surgery)</b>			
Outpatient services performed in an emergency room, up to . . . . .	\$250 . . . . .	\$500 . . . . .	\$750 . . . . .
<b>Surgery</b>			
Inpatient surgery, including, pre- and post-operative care Computed from the 1974 California Relative Value Schedule-number of units times unit value of . . . . .	\$150 . . . . .	\$300 . . . . .	\$450 . . . . .
Anesthetist (including administration) and assistant surgeon up to . . . . .	.20% of surgery benefit . . . . .	.40% of surgery benefit . . . . .	.60% of surgery benefit . . . . .
Plastic and cosmetic surgery, up to . . . . .	\$500 . . . . .	\$1,000 . . . . .	\$1,500 . . . . .
<b>Physician's visits (when no surgery benefit is paid)</b>			
Includes physiotherapy, chiropractic treatment or similar therapy, up to . . . . .	\$50 first visit . . . . .	\$100 first visit . . . . .	\$150 first visit . . . . .
. . . . .	\$.35 after (maximum 8 visits) . . . . .	\$.70 after (maximum 8 visits) . . . . .	\$.105 after (maximum 8 visits) . . . . .
<b>X-ray services (except dental X-rays)</b>			
Includes reading and interpretation			
X-rays, CAT scans, up to . . . . .	\$300 . . . . .	\$600 . . . . .	\$900 . . . . .
MRIs, up to . . . . .	\$600 . . . . .	\$1,200 . . . . .	\$1,800 . . . . .
<b>Prescribed drugs and medicines</b>			
Out of hospital, up to . . . . .	\$200 . . . . .	\$400 . . . . .	\$600 . . . . .
<b>Ambulance</b>			
Ambulance to initial treatment facility, up to . . . . .	\$350 . . . . .	\$700 . . . . .	\$1,050 . . . . .
<b>Dental services (includes dental X-rays)*</b>			
Treatment, repair or replacement of sound, natural teeth, up to . . . . .	\$200 per tooth . . . . .	\$400 per tooth . . . . .	\$600 per tooth . . . . .
<b>Prescribed orthopedic appliances (includes crutches)</b>			
In hospital - included in inpatient hospital services above			
Out of hospital, up to . . . . .	\$250 . . . . .	\$500 . . . . .	\$750 . . . . .
<b>Eyeglasses, contact lenses, hearing aids</b>			
Replacement, when broken as the result of a covered injury requiring medical treatment, up to . . . . .	\$200 . . . . .	\$400 . . . . .	\$600 . . . . .

\*If there is more than one way to treat a dental problem, benefits will be paid for the least expensive procedure, provided it meets acceptable dental standards.

## Accidental death, dismemberment, or loss of sight

Provides for payments of benefits in accordance with the following table when loss results from a covered accident. Loss must result within 365 days of the accident. If more than one loss results from any one accident, only the largest amount will be paid.

Benefit Choices	Basic	Double	Triple
Loss of life. . . . .	\$5,000. . . . .	\$10,000 . . . . .	\$15,000
Both hands or both feet, or the sight of both eyes. . . . .	\$10,000. . . . .	\$20,000 . . . . .	\$30,000
One hand and one foot . . . . .	\$10,000. . . . .	\$20,000 . . . . .	\$30,000
One hand and the sight of one eye . . . . .	\$10,000. . . . .	\$20,000 . . . . .	\$30,000
One foot and the sight of one eye . . . . .	\$10,000. . . . .	\$20,000 . . . . .	\$30,000
One hand or one foot, or the sight of one eye . . . . .	\$5,000. . . . .	\$10,000 . . . . .	\$15,000

“Loss” means with regard to hands and feet, complete severance through or above the wrist or ankle joint; with reference to the eye, total, permanent loss of all vision that is irrecoverable by natural, surgical or artificial means. “Severance” means the complete separation and dismemberment of the part from the body.

### Annual Premium

Coverage chosen:	Basic	Double	Triple
School Time Coverage	<input type="checkbox"/> \$8	<input type="checkbox"/> \$16	<input type="checkbox"/> \$24
24-Hour Coverage	<input type="checkbox"/> \$50	<input type="checkbox"/> \$99	<input type="checkbox"/> \$149
Full season football	<input type="checkbox"/> \$50	<input type="checkbox"/> \$99	<input type="checkbox"/> \$149
Spring football only	<input type="checkbox"/> \$19	<input type="checkbox"/> \$38	<input type="checkbox"/> \$58
Soccer, hockey or lacrosse	<input type="checkbox"/> \$19	<input type="checkbox"/> \$38	<input type="checkbox"/> \$58

Benefits for football or soccer, hockey and lacrosse coverage can be purchased in addition to the School Time or 24-Hour plans

**Claims procedure:** In case of accident, notify school immediately. Secure claim form from your school, attach bill(s) to completed claim form and mail to the address indicated on the claim form. **Claims for benefits must be filed within 90 days from date of loss, or as soon as reasonably possible.**

**Important notice:** This information is a brief description of the important features of this insurance plan. It is not a contract. Terms and conditions of coverage are set forth on policy form series BAM-03-1000.00, BAM-09-1000.00, or applicable state versions. This Blanket Accident Medical Insurance Policy is subject to the laws of the jurisdiction in which it is issued. It is not available in all states. Additional exclusions and limitations apply. The availability of this offer may change. You may review a copy of the policy upon request. **Please keep this material as a reference. An individual ID card will not be issued.**

## Primary Excess Accident Medical Coverage

### Not sure which plan is right for you?

Call your school’s plan administrator

**Relation Insurance Services**  
**772.287.7650 • 800.431.2221**

“Health Care Plan” means any arrangement, whether individually purchased or incident to employment or membership in an association or other group, which provides benefits or services for health care, dental care, disability benefits or repatriation of remains. A Health Care Plan includes group, blanket, franchise, family or individual insurance policies, subscriber contracts, uninsured agreements or arrangements, coverage provided through Health Maintenance Organizations, Preferred Provider Organizations and other prepayment, group practice and individual practice plans, medical benefits provided under automobile “fault” and “no-fault” - type contracts, medical benefits provided by any governmental plan or coverage or other benefit law, except a state-sponsored Medicaid plan; or a plan or law providing benefits only in excess of any private or non-governmental plan, and other valid and collectible medical or health care benefits or services.

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# Exclusions and limitations

Benefits will not be paid for injuries caused by:

- (1) suicide, intentionally self-inflicted injury, or any attempt thereof while sane or insane;
- (2) commission or attempt to commit a felony or an assault; or commission of or active participation in a riot or insurrection;
- (3) declared or undeclared war or act of war;
- (4) services or treatment provided by persons who do not normally charge for services, unless there is a legal obligation to pay;
- (5) flight in, boarding or alighting from an aircraft except as a fare-paying passenger on a regularly scheduled commercial or charter airline;
- (6) travel in or on any on-road or off-road vehicle that does not require motor vehicle licensing;
- (7) bungee-cord jumping, parachuting, skydiving, parasailing, hang-gliding;
- (8) an accident if the covered person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless the covered person holds a valid learners permit and the covered person is receiving instruction from a driver's education instructor;
- (9) services or treatment rendered by any person who is employed or retained by the policyholder or living in the covered person's household; a parent, sibling, spouse or child either of the covered person or the covered person's spouse; the covered person;
- (10) cosmetic surgery, except for reconstructive surgery needed as the result of a covered injury;
- (11) injuries compensable under workers' compensation law or any similar law;
- (12) sickness, disease, bodily or mental illness, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound, or accidental ingestion of contaminated food;
- (13) the covered person being legally intoxicated as determined according to the laws of the jurisdiction in which the covered accident occurred or voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a physician and taken in accordance with the prescribed dosage;
- (14) any hospital stay or days of a hospital stay that are not appropriate treatment for the condition and locality;
- (15) participation or practice for non-school sponsored skiing, ice hockey, lacrosse, soccer or tackle football (applicable to school time coverage only);
- (16) taking part in senior high school interscholastic football, soccer, hockey or lacrosse, including travel to and from games and practice, unless these coverages have been elected.

## After selecting the school-approved insurance plan that's best for you:

- Detach and complete the enrollment form
- Enclose a check or money order
- Do not send cash
- Return enrollment form and check or money order to:

**Relation Insurance Services**  
**700 Central Parkway**  
**Stuart, FL 34994**

(Detach Here)

## Student Accident Insurance

2018/2019 Enrollment Form

School name: \_\_\_\_\_

District name: \_\_\_\_\_ Grade/dept: \_\_\_\_\_

Person to be insured: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Policy Number (company use only) \_\_\_\_\_

Coverage chosen:	Basic	Double	Triple
School Time Coverage	<input type="checkbox"/> \$8	<input type="checkbox"/> \$16	<input type="checkbox"/> \$24
24-Hour Coverage	<input type="checkbox"/> \$50	<input type="checkbox"/> \$99	<input type="checkbox"/> \$149
Full season football	<input type="checkbox"/> \$50	<input type="checkbox"/> \$99	<input type="checkbox"/> \$149
Spring football only	<input type="checkbox"/> \$19	<input type="checkbox"/> \$38	<input type="checkbox"/> \$58
Soccer, hockey or lacrosse	<input type="checkbox"/> \$19	<input type="checkbox"/> \$38	<input type="checkbox"/> \$58

Benefits for football or soccer, hockey and lacrosse coverage can be purchased in addition to the School Time or 24-Hour plans

Date: \_\_\_\_\_ Amount enclosed: \_\_\_\_\_ (Do not send cash)

Please include check or money order payable to: **QBE Insurance Corporation**

**There is no obligation to purchase this insurance plan.**

Do you want this insurance?  Yes  No