

TO THE PARENTS OR GUARDIANS OF STUDENTS

We are once again offering you the opportunity to purchase Student Accident Insurance for your child. The enrollment form may be obtained from our agency website at www.colonnainsurance.com or the insurance company's website at www.commercialtravelers.com using the access code of 994A.

Please note that while the school has liability insurance, it covers injuries to pupils only if liability is proven against the school. The school does not pay for routine accidental injuries. The student accident insurance pays claims on a primary basis and covers accidental injuries regardless of liability. The exclusions and limitations are explained on the brochure.

SCHOOL-TIME PLAN (to-from-at-school)

* Maximum Accident Medical Benefit	\$250,000.00
* Maximum Dismemberment Benefit	\$ 10,000.00
* Accidental Death Benefit	\$ 2,500.00

	<u>Economy Plan</u>	<u>Superior Plan</u>
* Premium All Grades – Per Pupil	\$14.00	\$28.00

24-HOUR COVERAGE PLAN

* Maximum Accident Medical Benefit	\$250,000.00
* Maximum Dismemberment Benefit	\$ 10,000.00
* Accidental Death Benefit	\$ 2,500.00

	<u>Economy Plan</u>	<u>Superior Plan</u>
* Premium All Grades – Per Pupil	\$68.00	\$136.00

EXTENDED OPTIONAL DENTAL PLAN

* Both Plans – All Grades	
* Premium – Per Pupil	\$ 8.00

If you should have any questions regarding this coverage, please do not hesitate to contact the program administrator, Colonna Insurance Services, LLC, as indicated on the enrollment brochure. The plans do not cover Interscholastic Sports as the Board of Education provides this coverage separately.

COLONNA INSURANCE SERVICES, LLC
&
COMMERCIAL TRAVELERS LIFE INSURANCE COMPANY

CLAIMS REPORTING PROCEDURES

SCHOOL-TIME COVERAGE
REPORTING CLAIMS FOR STUDENTS INJURED DURING
NORMAL SCHOOL HOURS

1. Part A – School Report must be completed and signed by appropriate school person. If your school has its own School Report, it can be attached to the claim form in lieu of Part A. Claim forms can be obtained from the school nurse, school administrative personnel or at www.colonnainsurance.com
2. Send claim form home to parent for completion of Part B – Statement of Parent or Guardian.
3. Parent then mails the claim form, along with any bills pertaining to the claim, Directly to Commercial Travelers as indicated on the claim form.

PLEASE NOTE: THE STUDENT MUST HAVE PURCHASED EITHER THE SCHOOL-TIME COVERAGE OR AROUND-THE-CLOCK PLAN IN ORDER TO BE COVERED IF AN INJURY OCCURS DURING SCHOOL HOURS.

AROUND THE CLOCK COVERAGE
REPORTING CLAIMS FOR STUDENTS INJURED OUTSIDE OF
NORMAL SCHOOL HOURS

1. Parent must complete Part A & B of the claim form. Signature of school official is not necessary. Parent can obtain claim form from the school or visiting www.colonnainsurance.com
2. Parent then forwards the claim form to Commercial Travelers along with any bills Pertaining to the injury.

PLEASE NOTE: THE STUDENT MUST HAVE PURCHASED THE AROUND THE CLOCK COVERAGE IN ORDER TO BE COVERED FOR ANY INJURIES OCCURING OUTSIDE THE NORMAL SCHOOL HOURS.



K-12 Student Accident Insurance Plans

Choose from these school-approved plans . . .

- Around-the-Clock Plan
- Schooltime-Only Plan
- Extended Dental Plan

Online Access

Plan Brochure & Enrollment Form available at www.studentplanscenter.com

- Click **Resources**
- Click **K-12 Brochures & Enrollment Forms**
- Enter access code: **994A**
- Click **Submit**
- Print Brochure & Enrollment form
- Complete and mail today!
- Contact www.colonnainsurance.com to apply on-line with a credit card

If you don't have
online access,
please call
1-888-234-9910

- THE POLICY DOES NOT PROVIDE BENEFITS FOR SICKNESS
- NO COVERAGE PROVIDED FOR INJURIES RESULTING FROM THE PRACTICE OR PLAY OF INTERSCHOLASTIC SPORTS

UNDERWRITTEN BY:

COMMERCIAL TRAVELERS
LIFE INSURANCE COMPANY

70 Genesee Street
Utica, NY 13502

As Policy Form Series No. CTP-7 (CT) (Rev. 08) et al

CONNECTICUT REPRESENTATIVE:

COLONNA
INSURANCE SERVICES, LLC

P.O. Box 4245
Hamden, CT 06514

OLF-CTSA (19) 4A