

Marion County Schools

Dear Parents,

Your school is very interested in maintaining a safe environment for all students. However, accidents do happen every day at school. The school cannot assume financial responsibility for medical expenses if students are injured during a school activity. Therefore, the school offers parents the opportunity to enroll their child in the school approved insurance plan. We strongly urge all parents to read this description of coverage and consider the advantages of enrolling your child in the school approved plan.

Select from the following options:

Please choose from ONE OF the following two options:

1. **24 Hour Basic Accident Insurance Plan:** Provides protection during school sponsored and school supervised activities during the regular school term and also while at home, on the weekends, holidays, during vacation periods and the summer months, 24 hours a day, 7 days a week (except interscholastic sports 6-12th grade). **Cost for 24 Hour Coverage during the school term and summer months is \$38.00.**

OR

2. **School Time Basic Accident Insurance Plan:** Provides protection only during school sponsored and school supervised classes and activities during the regular school term (except interscholastic sports 6-12th grade). Does not provide coverage at home or during vacation periods. **Cost for School Time Coverage is \$7.00.**

Second, choose your additional coverage options: (you must purchase the #1, 24 Hour plan, or #2, School Time Plan, to be eligible for these options).

3. **Increased Dental Accident Coverage:** Provides increased dental treatment benefits, up to \$300 per injured tooth, due to covered accidents. **Cost is \$2.00.**

AND/OR

4. **In-Hospital Sickness Benefit Option:** Provides up to \$500 per day of in-hospital confinement benefits if your child is hospitalized due to a covered illness or disease. **Cost is \$40.00 for coverage during the school term and summer months.**

Basic Accident Insurance Coverage Maximum Benefits

<p>Hospital Room/Board including Inpatient Charges: Up to \$1,000.00 per day. (Licensed Hospital only)</p> <p>Outpatient Use of Hospital: \$1,000.00 if major surgery is performed or \$300.00 if minor surgery is performed or no surgery is performed</p> <p>Special Duty Nurses: When hospital- confined, not to exceed UCR</p> <p>Physician (Treatment, Care): First Non-Surgical Visit — \$50.00 Follow-up Visit — \$40.00 First Hospital ER Visit — \$50.00 Hospital ER Follow-up Visit — \$40.00</p> <p>Surgery/Anesthesia: Not to exceed the amounts listed in the 2001 Florida Workers' Compensation Fee Schedule (Part A); Administration of anesthesia 20% of surgery allowance.</p> <p>Plastic/Cosmetic Surgery: \$500.00</p>	<p>Physiotherapy: (manipulation, massage, adjustments, etc.) \$40.00 per day, maximum of \$400.00</p> <p>Dental: \$200.00 per sound natural tooth</p> <p>X-Ray (includes reading x-ray, EEG, EKG): No fracture — \$75.00 If fracture — \$400.00</p> <p>MRI, CAT or other Scans: \$500.00 Maximum Limit</p> <p>Prescription drugs and eye glasses: (UCR)</p> <p>Ambulance: (Air or Ground): \$500.00</p> <p>Crutches: \$50.00</p> <p>Orthopedic Braces: \$400.00</p> <p>Motor Vehicle Injury: \$1,000.00</p> <p>Re-injury or Aggravation of an Existing Condition: \$500.00</p> <p>Maximum Medical Limit: \$25,000.00</p>	<p>Accidental Death: \$1,500.00 (within 180 days of accident)</p> <p>Dismemberment: Single: \$3,750.00 Double: \$7,500.00</p> <p>Interscholastic Sports: grades 6th through 12th not covered</p>
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Protect your child 24/7 at school, home and during vacations for just \$38/year.

Optional In-Hospital Sickness Benefits

If your child enrolls in the In-Hospital Sickness Benefit Option, the policy will pay up to \$500 for each day your child is hospitalized overnight as an in-patient due to a covered illness or disease, up to a maximum policy benefit of \$5,000 for the 12-month period of coverage. No benefits are payable for out-patient expenses. Cost for the In-Hospital Sickness Benefit Option is \$40.00 for coverage during the current school term and summer months.

HOW TO ENROLL: 1) (Cómo inscribirse) Complete the enrollment form below; 2) Make check or money order for correct amount payable (Envíe su cheque con el formulario) to School Insurance of Florida; 3) Write the student's name and school in the memo section of your check or money order; 4) Mail enrollment application and payment to School Insurance of Florida. **Keep your cancelled check or money order receipt as your confirmation of payment. Insurance cards will not be sent to you unless you request an I.D. card and enclose a self-addressed, stamped envelope for us to mail the I.D. card to you. Keep the top part of this form for your records. No premium refunds after the first day of coverage.**

FOR INFORMATION CONTACT: School Insurance of Florida, P. O. Box 784268, Winter Garden, FL 34778-4268. Phone 1-800-432-6915 for parents and school officials. Do not contact the schools for claim or coverage information; contact School Insurance of Florida. **Go to our website, www.schoolinsuranceofflorida.com for more information.**

COVERAGE EFFECTIVE AND TERMINATION DATES: Coverage becomes effective at 11:59 P.M. on the U.S. Postal postmark date of the enrollment envelope or the date payment is received in School Insurance of Florida's office, whichever is the earlier date. The 24 Hour Basic Accident Plan and In-Hospital Sickness Benefit Option Plan coverages terminate at 12:01 A.M. on the first official day that school classes resume the next fall term on August 23, 2011. The At School Basic Accident Plan coverage terminates at 11:59 P.M. on the last day of classes for the regular school term on June 8, 2011.

MARION STUDENT INSURANCE ENROLLMENT FORM

(Formulario de inscripción de seguro)

Please (✓) the appropriate boxes below and enclose check or money order for a selected amount to School Insurance of Florida. To enroll more than one child call School Insurance of Florida or your school for more enrollment forms or enclose a note with the students' names and explanation of plans selected with this enrollment application.

- \$38.00 24 HOUR BASIC ACCIDENT PROTECTION PLAN Available to all students, PreK-12th grade and Vo Tech students.** Provides accident protection while at school and covered school activities, as well as coverage during weekends, holidays, and all vacation periods, 24 hours a day, 7 days a week, including the summer months! (except interscholastic sports 6-12th grade)
- \$7.00 (grades PreK-12th) SCHOOL-TIME BASIC ACCIDENT PROTECTION PLAN** Accident coverage only while school is in session during regular school term and during school sponsored activities (except interscholastic sports 6-12th grade).

Additional Benefits Options: *You must purchase either the 24 hour or School-Time plan to be eligible for these options:*

- \$40.00 IN-HOSPITAL SICKNESS COVERAGE BENEFIT OPTION** Provides up to \$500 per day for In-Patient Hospital Expense.
- \$2.00 INCREASED DENTAL ACCIDENT COVERAGE OPTION** Increases dental accident benefit to \$300 per tooth.

CHECK # _____

Total amount enclosed (Cantidad incluida): (USD) \$ _____

Please Print Student's Full Name Clearly - One Letter To A Box

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Student's First Name (Primer Nombre del Estudiante)

Last Name (Apellido)

Home Address (Dirección): _____ Home Phone (Teléfono): _____

City (Ciudad): _____ State (Estado): _____ Zip (Código Postal): _____

Name of School your child attends (Nombre de la Escuela)09008: _____ Grade (Grado): _____

Signature of parent or guardian (Firma del padre o guardián): _____ Date (Fecha): _____

The Certificate of Insurance summarizes the policy provisions and benefits. This policy will not pay 100% of all incurred medical expenses. Policy limits and exclusions apply. Policy benefits are payable, subject to the limits specified below, for accidental bodily injury resulting from a covered accident (or covered illness if the optional In-Hospital Sickness Benefit Option is purchased).

POLICY DEFINITIONS: "Covered Accident" means bodily injury of the insured that results directly and independently of all other causes from a covered accident occurring while the policy is in force. Self-inflicted injuries caused by prolonged over exertion, stress or strain, or disease process or aggravation of an existing condition is expressly excluded from coverage under the accident policy.

EXCLUSIONS - WHAT THE POLICY DOES NOT COVER

- 1. The practice or play of interscholastic sports and participation in extracurricular activities, covered by any other school funded policy including travel to or from such practice or play, for students enrolled in 6th to 12th grade.
2. Damage to other than whole, sound, vital and natural teeth or to existing dental bridges, crowns, torations or braces; orthodontic procedure and services.

Additional exclusions for the optional In-Hospital Sickness Benefit: No benefits payable due to pregnancy, child birth, abortion, drug or alcohol intoxication, addiction or treatment expense; mental illness, emotional disorders, or psychiatric care; dental care for any cause including TMJ; any out-patient visit, treatment or service; any pre-existing condition or recurrence thereof; any expense due to accidental bodily injury.

A certificate of insurance summarizes the provisions and benefits of the policy # 09-0108-2011 (filed form # LRS-8985-0100-FL). Any difference between the policy and the certificate will be settled according to the provisions of the policy.

HOW TO FILE A CLAIM:(Para reportar un reclamo, Comuniquese con la oficina de la escuela). Obtain a claim reporting form from your school. Complete the form and mail to School Insurance of Florida, P. O. Box 784268, Winter Garden, FL 34778-4268. Phone 1-800-432-6915. You may also visit our website www.schoolinsuranceofflorida.com.

FLORIDA LAW STATES: Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim or an enrollment form containing any false or incomplete, or misleading information is guilty of a felony of the third degree.

RS0100FL School Policy Number: 09-0108-2011 MARION 2010-2011

To avoid processing delays - sign your check, write your students name in the check memo area, and fill out the application completely.

From: _____
Please Print Name of Parent or Guardian

No. Street

City State Zip



Postage Required Post Office will not deliver without proper postage.

MAIL TO: SCHOOL INSURANCE OF FLORIDA
PO BOX 784268
WINTER GARDEN, FL 34778-4268

