

Parents:



Your School Officials Have Chosen to Offer This Plan of Insurance For Your Child. It is Limited to Accidental Injuries.

STUDENT ACCIDENT INSURANCE

See also these 2 optional plans

Student Life Insurance

Dental Accident Insurance



For more program information, or to purchase coverage online, log onto our website at www.BollingerSchools.com

Personal Administration and Claims Service by the People of



Bollinger Specialty Group

BOLLINGER, INC., A SUBSIDIARY OF
ARTHUR J. GALLAGHER & CO.

101 JFK Parkway, Short Hills, NJ 07078
Telephone 800-526-1379
www.BollingerSchools.com

TRUST-EXCL-NX-3

Choose from **3** Optional Plans to Round Out Your Child's Protection

1 School Sponsored Student Accident Insurance Plan

This plan covers medical expenses incurred from an Accident 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.

CHOOSE FROM TWO PLANS OF PROTECTION FOR YOUR CHILD

A. School Time Only Protection covers most regularly scheduled school sponsored and supervised activities including regular school session, summer school, travel, directly and uninterrupted, to and from school activities with other members as a group and to and from your home and the meeting place for participating in a school activity.

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 legally qualified physician, surgeon (other than a member of the family), dentist or registered nurse, hospital services, ambulance services, or X-rays are rendered. The Initial treatment must be rendered within 60 days from the date of injury. Monumental Life Insurance Company will pay the Usual and Customary expenses incurred for necessary medical, dental or hospital care subject to the provisions of the plan selected and the limitations and exclusions outlined in this brochure. Benefits are limited to treatment rendered within 5 years from the date of the Injury. This student accident insurance plan is underwritten by Monumental Life Insurance Company.

DEFINITIONS

“**Accident**” means an unexpected, external and sudden event that is independent of any other cause and occurs while the insured is covered under this policy. “**Injury**” means bodily injury caused by an accident. The injury must occur while the policy is in force and while you are covered under the policy. The injury must be sustained while you are participating in an activity covered by the policy. “**Usual and Customary Charges**” mean those charges for necessary treatment and service performed and supplies furnished which are usual and reasonable as compared to charges for like treatment, service and supplies in the geographic area where the treatment is performed. “**Regularly Scheduled Activity**” means all school functions which are organized and scheduled solely by the school on or off premises. This would include: (1) classes which are under sole direct supervision of qualified school authorities; and (2) school sponsored and supervised travel to and from such activities.

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

PHYSIOTHERAPY: Diathermy, heat treatment, adjustment, manipulation or massage is covered up to the Reasonable and Customary charge in the hospital. Coverage is also provided for necessary treatment in the doctor's office, or by a Sports Medicine Center or similar facility up to the Reasonable and Customary charge provided the treatment is rendered by a licensed physician or registered physical therapist, is

payable up to \$50 per visit subject to a 10 visit maximum.

HOSPITAL: Hospital room and board expenses are covered up to the semi-private room rate. Inpatient hospital miscellaneous expenses are payable up to the Reasonable and Customary charges subject to a \$5,000 maximum per injury. Outpatient hospital and miscellaneous expenses are payable subject to a \$300 maximum per Injury.

PHYSICIANS: Non-surgical doctor services (includes office visits) will be paid up to \$50 per injury. Emergency Room physician charges are payable up to a maximum of \$100 per Injury.

SURGERY: In or out of the hospital up to the Reasonable and Customary charges subject to a \$5,000 maximum per Injury. Surgery in an Ambulatory Facility is subject to a \$1,000 maximum per Injury.

ANESTHESIA: Paid up to a maximum of 30% of the Surgical Allowance.

NURSING SERVICES: Up to a maximum of \$75 per Injury.

ORTHOPEDIC APPLIANCES: Up to the Reasonable and Customary charges subject to a maximum of \$2,500 per Injury.

AMBULANCE: To the hospital in emergency situations will be paid up to the Reasonable and Customary charges subject to a maximum of \$1,000 per Injury.

DENTAL TREATMENT: Covers treatment of sound natural teeth, caps, and crowned teeth, caused by a covered accident up to the Reasonable and Customary charges subject to a maximum of \$800 per tooth.

PRESCRIPTION DRUGS: Up to the Reasonable and Customary charges when prescribed by a physician for treatment of a covered accident.

OUTPATIENT LABORATORY TESTS: Up to the Reasonable and Customary charges subject to the Outpatient Hospital Miscellaneous expense limitation of \$750 per Injury.

EYEGLASSES, CONTACT LENSES AND HEARING AIDS: Up to the Reasonable and Customary charges to a \$1,000 per accident maximum. This benefit is only payable when contact lenses, eyeglasses or hearing aids are damaged as a result of a covered accident requiring medical treatment.

X-RAYS: Paid up to the Reasonable and Customary charges subject to a maximum of \$200 per Injury.

ACCIDENTAL DEATH: \$5,000 will be paid if death occurs within 100 days of the date of a covered accident.

DISMEMBERMENT: The following amounts are payable for dismemberment occurring within 100 days of the date of a covered accident. (See chart to right).

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

THIS PLAN DOES NOT COVER THE FOLLOWING:

(a) Injuries which are not caused by an accident. (b) Injury sustained as a result of practice or play in senior high interscholastic tackle football, unless the premium for such coverage has been paid. (c) Re-injury or complications of a condition for which medical advice or treatment was recommended by or received from a physician within a 2 year period preceding the effective date of the Insured's coverage. (d) Treatment performed by a family member or person retained by the school. (e) Injury due to: acts of war, suicide or intentionally self-inflicted injury, while sane or insane (in Mo. while sane); violating or attempting to violate the law; taking part in any illegal occupation; fighting or brawling except in self-defense, or loss in consequence of being legally intoxicated as defined by the laws of the state in which the loss occurs; or under the influence of any drugs or narcotic unless administered by or on the advice of a Physician. (f) Medical expenses for which the insured is entitled to benefits under any (1) Worker's Compensation act; or (2) mandatory no-fault automobile insurance contract. (g) Expenses for which there is no obligation to pay. (h) Treatment or loss resulting from hernia, regardless of cause, Osgood Schlatter's disease or osteochondritis. (i) Injury sustained as a result of operating, riding in or upon, or alighting from an ATV (all terrain vehicle); or any two, three or four-wheeled recreational motor vehicle or snowmobile. (j) Any expense for which benefits are payable under Catastrophic Accident Insurance Program of the State High School Interscholastic Activities

Association. (k) Bacterial infections, sickness or disease of any kind such as strep throat or tonsillitis, heat exhaustion, sunburn, frostbite, fainting, allergic reactions, except those which occur as a result of accidental ingestion or pus forming infections which occur through an accidental cut or wound. (l) Vegetation poisoning such as poison ivy or poison sumac or ptomaine poisoning. (m) Expenses incurred for treatment of temporomandibular joint dysfunction and associated myofascial pain. (n) Private air travel, to include ballooning or ultra-light aircraft; parachuting; (o) Experimental

procedures. (p) Serving in the armed forces of any country or international authority. (q) 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. Injuries sustained in interscholastic athletic activities for which the school has bought separate other insurance coverage. Interscholastic athletic activities include try-out or final squad members, cheerleaders, twirlers, band members, color guard and equipment managers.

② Dental Accident Insurance 24-Hour Coverage

Underwritten by Monumental Life Insurance Company, Cedar Rapids, IA

\$5,000.00 Maximum Benefit

This plan provides benefits of up to \$5,000 per Injury 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.

The Exclusions

This plan does not provide benefits for:

1. Expenses resulting from accidental injury sustained while the policy is not in force.
2. Treatment necessitated by any reason other than accidental injury.
3. Injury caused by war, act of war, terrorist act, civil commotion, or while in the armed forces.
4. Existing, pre-existing, or congenital dental injuries or defects which are not caused by accidental injury sustained while the policy is in force.

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. This includes all athletics and all forms of transportation.

Sensible Protection 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 a competitive price. In features and benefits, it is the kind of coverage that no child should ever be without.

What Happens if You Have Other Insurance?

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

Competitively Priced Premium

The cost for all this valuable protection is \$16.00 per year. To apply, just complete the application and mail it to Bollinger along with the appropriate premium. Coverage will go into effect on October 1 if the envelope is returned to Bollinger in September. Applications received after September 30 will become effective on the 1st of the month following receipt by the Company.

SDA1000GPM

③ Life Insurance Student Life Insurance Plan: \$10,000.00 Term Coverage

Underwritten by Monumental Life Insurance Company, Cedar Rapids, IA

Anytime, Anywhere Protection

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. In Missouri, suicide is no defense to payment of benefits unless the Company can show the child intended suicide when you applied for coverage.

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 a competitive price.

Competitively Priced Premium

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

It's Easy to Apply

Student Life Insurance is available through our website www.BollingerSchools.com. You may purchase coverage online for a cost of \$30 per year.

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

Accident Plan Underwritten by:



Cedar Rapids, Iowa
a Transamerica company

Accident Policy Form Numbers SA1000GPM(REV.1/02), SA1000GPM.LA, SA1000GPM.
NC Accident Certificate Form Numbers SA1000GCM(Not applicable in DC, SC, UT, and
WI), SA1000GCM.LA, SA1000GCM.NH, SA1000GCM.KS

Please store your card in a safe location for future reference.

FRAUD WARNINGS

STUDENT ACCIDENT INSURANCE

Name: _____
Street Address: _____
Town: _____ City: _____ State: _____ Zip: _____
School District: _____

To obtain a claim form, please visit www.BollingerSchools.com

Underwritten by: Monumental Life Insurance Company, Cedar Rapids, IA
Preferred Provider Network: First Health Network
Administered by: Bollinger Specialty Group, P.O. Box 727, Short Hills, NJ 07078, 1-866-267-0092

Retain this Description of Coverage for your records. This is not a policy; a master policy is issued to the school and is on file for your review. Individual policies will not be issued or sent to you. Keep your cancelled check or money order receipt as evidence of payment.

Apply Online!

For your convenience, visit our website WWW.BOLLINGERSCHOOLS.COM

to apply for your child's coverage. Instead of mailing the application below, you may purchase coverage directly online using your credit card!

AR, CO, KY, OH, and OK Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a crime and may be subject to fines or confinement in prison.

DC, NM, and RI Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FL Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of a claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

TN Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

MD Residents: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. FRD1000A.MD13.

DO NOT RETURN THE ENROLLMENT FORM TO THE SCHOOL.

Mail the form and the appropriate premium to: Bollinger, Inc., PO Box 398, Short Hills, NJ 07078. Your cancelled check is your receipt.



TRUST-EXCL-MX-3

Application for Student Insurance

Monumental Life Insurance Company, Cedar Rapids, Iowa, a Transamerica company
PLEASE READ THE FRAUD WARNINGS ABOVE THIS APPLICATION.
LAST NAME, FIRST NAME, DATE OF BIRTH, STREET ADDRESS, CITY OR TOWN, STATE, ZIP CODE, EMAIL ADDRESS, SCHOOL, GRADE, SCHOOL DISTRICT, NAME OF PARENT OR GUARDIAN (BENEFICIARY), PARENT'S SIGNATURE, TODAY'S DATE

CHECK THE PLAN(S) DESIRED.
1 ACCIDENT INSURANCE PLAN
A. SCHOOL TIME ONLY PLAN (Cost per year) \$33.00
B. 24-HOUR 'ROUND THE CLOCK PLAN (Cost per year) \$138.00
2 DENTAL ACCIDENT INSURANCE \$16.00 TOTAL COST PER YEAR
I enclose \$ Total Premium
3 PLEASE NOTE: STUDENT LIFE INSURANCE is available through our website www.BollingerSchools.com. You may purchase coverage online for a cost of \$30 per year.

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. There is no deductible under this policy.
- Dental injuries are excluded under some policies. Our policy provides a dental allowance of up to the Usual and Customary Charges 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.

Questions?

**Give us a call toll free at
800.526.1379**

Monday – Friday, from 8:00 AM to 5:00 PM, Eastern Time

PREFERRED PROVIDER NETWORK



Bollinger Specialty Group

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