

2013-2014 School Year



Student Accident Insurance



ABOUT OUR COMPANY



Myers-Stevens and Toohy offers insurance with the individual in mind, global awareness with local access and state-of-the-art technology matched with well-founded personal service.

Founded in 1970, we are a fully licensed broker/administrator providing insurance solutions to a wide variety of educational systems throughout the Western and Midwestern States including: School Districts, Private Schools, Risk Management Pools, JPA's, Universities, Colleges, Amateur/Youth Sport Programs and Booster Clubs.

Why Student Accident Insurance Is Important

Many students enrolled in your district currently have little or no health insurance. As such, districts generally use our programs to:

- Facilitate compliance with relevant sections of State law or Board policy where applicable;
- Lessen financial barriers and improve lower-income students' access to extra curricular activities;
- Reduce the likelihood of otherwise uninsured school-related injuries and legal costs to the district;
- Offer a community service to families.

Company Highlights

- Full Service Administration
- Bilingual Customer Service
- On-Site Claims Adjudication
- Loss Analysis & Claims Reporting
- Group & Individual Billings
- Student Accident & Sickness Plans
- Multiple Student Accident-Only Plan Options and Benefit Levels
- Conveniences to Parents- easy payment options and verification cards issued to every enrolled student
- Custom Plans – Tell us what you need, we'll provide a quote
- Catastrophic Injury Plans
- Exchange Student Worldwide Medical Plans
- Industry Leader for over 43 years



VOLUNTARY PARTICIPATION

We offer two distinct schedules of benefits for the District to choose from (detailed on pages 7 & 8). Each schedule includes several levels of accident coverage: a School-Time, Full-Time (24/7) or Tackle Football only basis. In addition, we offer a Student Accident & Sickness Plan and Dental Accident Plan. Coverages are described below and enrollment instructions are described on page 10.

Tackle Football Accident Plans

Covers injuries caused by accidents occurring:

- While practicing or playing in interscholastic high school tackle football activities which are School-sponsored and directly supervised, including spring practice and summer conditioning, weight training and passing league; and
- While traveling for football in a School Vehicle or traveling directly and without interruption between School and off-campus sites for such activities provided travel is arranged by and is at the direction of the School.

NOTE: Football coverage can be made effective as early as May 1st, 2013.

Order your materials now!

Full-Time (24/7) Accident Plans

Covers injuries caused by accidents occurring 24 hours a day, anywhere in the world, except while participating in interscholastic tackle football.

School-Time Accident Plans

Covers injuries caused by accidents occurring:

- While on School premises during the hours and on the days when the School's regular classes are in session, including one hour immediately before and one hour immediately after regular classes, while the Covered Person is continuously on the School premises; and
- While participating in or attending School-sponsored and directly supervised activities including interscholastic athletic activities and non-contact spring football (except interscholastic high school tackle football); and
- While traveling directly and without interruption: to or from residence and School for regular attendance; or School and off-campus site to participate in School-sponsored and directly supervised activities provided travel is arranged by and is at the direction of the School; and
- While traveling in School Vehicles at any time.

Dental Accident Plan

Covers injuries to teeth caused by accidents occurring anywhere in the world, 24 hours a day, including participation in all sports and all forms of transportation. The "Benefit Period" under the dental plan provides accident dental benefits for up to one year from the date of first Treatment. However, the benefit period for an Injury may be extended each year, provided that: coverage is renewed prior to October 1, the student remains enrolled in grades P-12, and written notice is received by the Company at the time of injury that further Treatment will be deferred to a later date.

Coverage is not limited to treatment of sound, natural teeth. We pay up to 100% of the Usual, Customary and Reasonable charges for Treatment of injured teeth, including repair or replacement of existing caps and crowns. (We do not pay for damage to or loss of dentures or bridges or damage to existing orthodontic equipment.)

Accident Plan Rates (One-Time Payment Per Student for Entire School Year)

COVERAGE OPTIONS	Provider Network Package			Scheduled Benefit Package		
	Low-Option	Mid-Option	High-Option	Low-Option	Mid-Option	High-Option
Interscholastic Tackle Football	\$235	\$295	\$339	\$180	\$235	\$338
Full-Time (24/7)	\$225	\$276	\$328	\$165	\$219	\$317
School-Time	\$53	\$68	\$79	\$39	\$63	\$77

Dental Accident Coverage is \$24 if purchased separately or \$18 when added to any purchased Plan(s).

VOLUNTARY PARTICIPATION (CONT.)

Student Accident & Sickness Plan

Covers Injuries sustained and Sickness (subject to the Pre-existing Conditions Limitation) during the period of time for which coverage has been purchased. Coverage protects your student 24 hours a day, anywhere in the world, including participating in all interscholastic sports, except high school tackle football. Repatriation and Medical Evacuation benefits are included.

\$200,000 maximum coverage per Injury • \$50,000 maximum coverage per Sickness • \$10,000 accidental death benefit

There is a \$50 deductible per Injury or Sickness if enrolling prior to December 1, 2013. If enrolling on or after December 1, the deductible per Sickness is increased to \$500 **unless** enrollment occurs within: 1) 30 days of student's transfer into a participating School; 2) 30 days of loss of prior health coverage; 3) 5 days of participation in the first official day of practice for any interscholastic sport.

Any student of a participating School or School District, grades P-12, is eligible to purchase the Student Accident & Sickness Plan. The first payment provides coverage for the remainder of the month premium is received by the Company plus the following month. Thereafter, premium is billed and payable every two months. If subsequent payments are not made for any reason, the student's coverage under the Student Accident & Sickness Plan will end. However, the student will be covered under the School-Time Low-Option Plan, with a \$1,500 maximum per injury, for the remainder of the School Year.

Rates: **\$198** First Payment covers the remainder of that month in which it was paid and the month following
\$310 Subsequent payments cover additional two-month periods

Effective Dates

Coverage begins at 11:59 pm on the day that the Company receives a completed enrollment form and payment of premium. Coverage for all plans may begin as early as May 1, 2013.

Termination Dates

Full-Time (24/7) and Dental coverages end at 12:01 am on the date School begins regularly scheduled classes for the 2014-2015 School Year. Interscholastic High School Tackle Football and School-Time coverages end at 11:59 pm on the closing date of regular classes for the 2013-2014 School Year. Student Accident & Sickness coverage ends at 11:59 pm on the last day of the month for which payment has been made. Coverage may be continued for up to 12 calendar months, or through September 30, 2014, whichever comes first, provided the required payments are made.

Additional Benefits

Accidental death, dismemberment, loss of sight, paralysis and psychiatric/psychological counseling benefits (applies to all voluntary plans except the Dental Accident Plan).

In addition to medical benefits, if, within 365 days from the date of Accident covered by the policy, bodily injuries result in any of the following losses, we will pay the benefit set opposite such loss. Only one such benefit (the largest) will be paid for all such losses due to any one Accident.

- Accidental Death **\$10,000**
- Single dismemberment or entire loss of sight in one eye **\$20,000**
- Double dismemberment or entire loss of sight in both eyes or paraplegia or hemiplegia or quadriplegia **\$30,000**
- Counseling – In addition to the AD&D benefits, we will pay 100% of the Usual, Customary and Reasonable costs of psychiatric/psychological counseling needed after covered dismemberment, loss of sight or paralysis up to: **\$5,000**



VOLUNTARY BENEFITS

The Provider Network Discount (PND) Package

(applies to all voluntary plans except the Dental Accident Plan)

We will pay benefits only for covered Injuries sustained or covered Sickness (subject to the Pre-existing Conditions Limitation) while insured under this School Year's plan. Benefits payable will be based on the Usual, Reasonable and Customary charges incurred for covered medical and dental services, as defined by the Policy, subject to exclusions, requirements and limitations. We do not pay for a service or supply unless it is Medically Necessary and listed in the Description of Benefits, below. Applicable benefits mandated by the state of residence will be included in the covered expenses.

Parents may take their child to any provider they choose; however, seeking treatment through a *First Health* contracted provider may reduce out-of-pocket costs.

To find participating *First Health* medical providers nearest you, call 800-226-5116 or log on to www.myfirsthealth.com.

PERCENTAGES SHOWN BELOW ARE PERCENTAGES OF USUAL, REASONABLE AND CUSTOMARY CHARGES.

	LOW OPTION	MID OPTION	HIGH OPTION	STUDENT ACCIDENT & SICKNESS PLAN
Plan Name	MAXIMUMS PER ACCIDENT			
TACKLE FOOTBALL ACCIDENT PLAN	\$25,000	\$50,000	\$75,000	\$50,000 Maximum per Sickness
FULL-TIME (24/7) ACCIDENT PLAN	\$50,000	\$100,000	\$150,000	\$200,000
SCHOOL-TIME ACCIDENT PLAN	\$25,000	\$50,000	\$75,000	Maximum per Accident
Deductible - per condition	\$250	\$100	\$50	\$50/\$500*
COVERED EXPENSES	BENEFIT MAXIMUMS			BENEFIT MAXIMUMS
Hospital Room & Board (Semi-Private Room Rate)	80%	80%	90%	80%
Inpatient Hospital Miscellaneous Charges	80% to \$2,000/Day	80% to \$2,500/Day	90% to \$3,000/Day	80% to \$4,000
Intensive Care Unit	80% to \$2,000/Day	80% to \$2,500/Day	90% to \$3,000/Day	80%
Hospital Emergency Room (room & supplies) incurred within 72 hours of an Injury	100%	100%	100%	80%
Outpatient Surgical (room & supplies)	80% to \$2,000	80% to \$2,500	90% to \$5,000	80% to \$4,000
Physician Non-Surgical Treatment and Examination (excluding physical therapy); including Consultation (when referred by attending Physician)	80%	80%	90%	80%
Surgeon Services	80%	80%	90%	80%
Assistant Surgeon Services	80%	80%	90%	80%
Anesthesiologist Services	80%	80%	90%	80%
Physiotherapy (includes related office visits) When prescribed by a Physician	80% to \$400	80% to \$750	90% to \$1,000	80% to \$2,000
X-Ray Examinations (includes reading)	80% to \$400	80% to \$750	90% to \$1,000	80%
Diagnostic Imaging - MRI, Cat Scan	80%	80%	90%	80%
Ambulance (from site of an emergency directly to the hospital)	100%	100%	100%	80%
Laboratory Procedures, Registered Nurse Services, and Rehabilitative Braces	80%	80%	90%	80%
Durable Medical Equipment	80% to \$400	80% to \$750	90% to \$1,000	80% to \$1,000
Out-Patient Prescription Drugs (for Injuries only)	80%	80%	90%	80%
Dental Services (including dental x-rays) for Treatment due to a covered Accident	80%	80%	90%	80%
Eyeglass Replacement (for replacement of broken eyeglass frames or lenses resulting from a covered Accident requiring medical Treatment)	\$300	\$300	\$300	80%
Medical Evacuation & Repatriation	\$0	\$0	\$0	100% to \$10,000

*If enrolling on or after Dec. 1, deductible per sickness is increased to \$500. See Student Accident & Sickness description, on page 4, for exceptions.

VOLUNTARY BENEFITS (CONT.)

The Scheduled Benefit Package

(applies to all voluntary plans except the Dental Accident Plan)

We will pay benefits only for covered Injuries sustained or covered Sickness (subject to the Pre-existing Conditions Limitation) while insured under this School Year's plan. Benefits payable will be based on the Usual, Reasonable and Customary charges incurred for covered medical and dental services, as defined by the Policy, subject to exclusions, requirements and limitations. We do not pay for a service or supply unless it is Medically Necessary and listed in the Description of Benefits, below. Applicable benefits mandated by the state of residence will be included in the covered expenses.

Parents may take their child to any provider they choose; however, seeking treatment through a *First Health* contracted provider may reduce out-of-pocket costs.

To find participating *First Health* medical providers nearest you, call 800-226-5116 or log on to www.myfirsthealth.com.

PERCENTAGES SHOWN BELOW ARE PERCENTAGES OF USUAL, REASONABLE AND CUSTOMARY CHARGES.

COVERED BENEFITS LEVELS	LOW OPTION	MID OPTION	HIGH OPTION	STUDENT ACCIDENT AND SICKNESS PLAN
Plan Name	MAXIMUMS PER ACCIDENT			
TACKLE FOOTBALL ACCIDENT PLAN	\$25,000	\$50,000	\$75,000	\$50,000 Maximum per Sickness
FULL-TIME (24/7) ACCIDENT PLAN	\$50,000	\$100,000	\$150,000	\$200,000
SCHOOL-TIME ACCIDENT PLAN	\$25,000	\$ 50,000	\$ 75,000	Maximum per Accident
Deductible - per condition	\$0	\$0	\$0	\$50/\$500*
COVERED EXPENSES	BENEFIT MAXIMUMS			BENEFIT MAXIMUMS
Hospital Room & Board - Paid up to	\$400/Day	\$500/Day	\$650/Day	80% Semi Private Room Rate
Inpatient Hospital Miscellaneous Charges - Services described below are paid as scheduled.				
All other Miscellaneous charges - Paid up to	\$700/Day	\$900/Day	\$1,600/Day	80% to \$4,000/Day
Intensive Care Unit - Paid up to	\$1,300/Day	\$1,600/Day	\$2,200/Day	80%
Hospital Emergency Room (room & supplies) incurred within 72 hours of an Injury	50%	75%	100%	80%
Outpatient Surgical (room & supplies)	\$700	\$900	\$1,600	80% to \$4,000
Physician Non-surgical Treatment and Examination (excluding physical therapy):				
First Visit	\$50	\$60	\$75	80%
Each Follow Up Visit	\$30	\$35	\$45	80%
Consultation (when referred by attending Physician)	\$150	\$200	\$250	80%
Surgeon Services	50%	70%	90%	80%
Assistant Surgeon Services 25% of Surgical Allowance.....			80%
Anesthesiologist Services 25% of Surgical Allowance.....			80%
Physiotherapy (includes related office visits) When prescribed by a Physician	\$40/Visit to \$480	\$60/Visit to \$600	\$70/Visit to \$840	80% to \$2,000
X-Ray Examinations (includes reading)	50% to \$500	60% to \$500	80% to \$500	80%
Diagnostic Imaging - MRI, Cat Scan	50%	60%	80%	80%
Ambulance (from site of an emergency directly to the hospital)	60%	80%	100%	80%
Laboratory Procedures, Registered Nurse Services, and Rehabilitative Braces	60%	80%	100%	80%
Durable Medical Equipment	60% to \$400	80% to \$600	100% to \$800	80% to \$1,000
Out-Patient Prescription Drugs (for Injuries only)	60%	80%	100%	80%
Dental Services (including dental x-rays) for Treatment due to a covered Accident	60%	80%	90%	80%
Eyeglass Replacement (for replacement of broken eyeglass frames or lenses resulting from a covered Accident requiring medical Treatment)	\$300	\$300	\$300	80%
Medical Evacuation & Repatriation	\$0	\$0	\$0	100% to \$10,000

*If enrolling on or after Dec. 1, deductible per sickness is increased to \$500. See Student Accident & Sickness description, on page 4, for exceptions.

LIMITED ACTIVITIES COVERAGE

*The following coverages may be provided to your district at **no additional charge** in consideration of your district's application and diligent efforts to provide the voluntary Student Accident Coverage materials to the parent/guardian of every student in the district and maintenance of a proper system of signed waiver/proof of insurance (where required by law). Some of these coverages are designed to assist with district compliance of Education Code requirements where applicable.*

NOTE: *To receive these coverages, please complete the Limited Activities Agreement attached to the application.*

Interscholastic Sports Oversight Coverage

Covers injuries to interscholastic athletes who: 1) did not purchase student accident insurance because district personnel inadvertently failed to offer student accident insurance plans to the injured athlete as required by Education Code (where applicable) and 2) did not file a Waiver of Student Insurance, and 3) participated in interscholastic athletics without any insurance coverage. Benefits are paid at 100% of Usual, Reasonable and Customary charges up to a maximum of \$1,500 per Accident.

Non-Competing Participants Coverage

Covers injuries occurring while traveling in School-provided and operated vehicles to and from athletic events for which they have been selected by the district to directly assist in the noncompetitive activities associated with the events, e.g., members of school bands, cheerleaders, pompom girls and team managers. Benefits are paid at 100% of Usual, Reasonable and Customary charges up to a maximum of \$1,500 per Accident.

One-Day Field Trip Coverage

Covers injuries which occur while your students are attending or participating in School-sponsored one-day field trips which are under the direct and immediate supervision of School personnel.

In order to qualify as a bona-fide "Field Trip", the district must be fully responsible for the students while they are participating in the outing. Benefits are paid at 100% of Usual, Reasonable and Customary charges up to a maximum of \$1,500 per Accident.

Students attending or participating in interscholastic events are not covered under this plan.

Blanket Accidental Death Coverage

Provides a \$2,500 accidental death benefit for all of your students and district employees for loss resulting from covered injuries occurring while attending School or participating in activities sponsored and under the direct and immediate supervision of the School during the regular School Year, including all sports and while being transported in a School-provided and operated vehicle.

Felonious Assault (Counseling Benefit) Coverage

Provides up to a \$1,500 psychiatric or psychological counseling benefit for all of your students for counseling required after a felonious assault. Benefits are provided for any student whose injury occurs during the regular School Year while: traveling directly to or from School; participating in a School-sponsored and supervised activity; or on the School's premises. A felonious assault is an act of violence directed against a student, which results in a bodily Injury for which a student requires and seeks medical Treatment, and the School files a written report with the police within 24 hours of the assault.

OPTIONAL COVERAGES

The following Blanket (100% participation required) coverages are available for District/School purchase. You may call our office for applicable coverage enrollment forms.

School-To-Work Coverage

Covers students for injuries which occur while at an approved worksite and under direct supervision, and while traveling directly and without interruption, at the direction of the School, between School and the worksite and between the worksite and home.

Benefits:	100% Usual, Reasonable and Customary charges for covered expenses	Maximum per Injury	\$25,000
Rate:	\$6.00 per participant	Minimum premium required:	\$250

Short-Term 24-Hour Coverage

Both the frequency and severity of injuries tend to increase when students are not directly supervised. Covers students round-the-clock when participating in School-sponsored, but not necessarily directly supervised activities, such as: ski trips, camping, overnight, amusement parks, etc.

Adult chaperones may be added at the same rate.

Benefits:	100% Usual, Reasonable and Customary charges for covered expenses	Maximum per Injury:	\$25,000
		as underwritten by BCS Insurance Company. Additional catastrophic benefits of up to \$1,000,000 excess medical and up to \$500,000 cash benefit as underwritten by ACE American Insurance Company*.	
		Maximum per emergency sickness:	\$1,000
Rate:	\$1.75 per person per day	Minimum premium required:	\$35

NOTE: Includes Benefits for Emergency Sickness, Remains Repatriation and Medical Evacuation!

* Refer to separate enrollment form for further details.

Interscholastic Tackle Football Tryout Coverage

Covers all students trying out for interscholastic high school tackle football, including non-contact spring football practice and/or while traveling in a School Vehicle to and from football practice.

Benefits:	100% Usual, Reasonable and Customary charges for covered expenses	Maximum per Injury:	\$1,500
Rate:	\$6.00 per person per coverage term	Minimum premium required:	\$50

Powder Puff Football Coverage

Covers students participating in Powder Puff Football activities. Coverage provides for up to two weeks of practice and one game.

Benefits:	100% Usual, Reasonable and Customary charges for covered expenses	Maximum per Injury:	\$1,500
Rate:	\$10.00 per participant	Minimum premium required:	\$50

Elementary Competitor's Team Coverage

Covers students for injuries which occur during elementary level after-school team sports while participating in School-sponsored and School-supervised interscholastic athletics (except interscholastic high school tackle football). Coverage is provided for after-school sports practice, sports contests, and travel in School-provided and operated vehicles to and from sports practice and contests.

Benefits:	100% Usual, Reasonable and Customary charges for covered expenses	Maximum per Injury:	\$1,500
Rate:	\$5.00 times estimated number of participants in grades K-8	Minimum premium required:	\$200

For this coverage, please complete the Elementary Competitor's Enrollment form included in your renewal application.



EXCLUSIONS

Benefits are not payable for any of the following or loss that results from them:

1. Damage to or loss of dentures or bridges or damage to existing orthodontic equipment.
2. War or any act of war, declared or undeclared.
3. Participation in a riot or civil disorder; fighting or brawling, except in self-defense; commission of or attempt to commit a felony; violating or attempting to violate any duly-enacted law.
4. Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane.
5. Injury or Sickness contributed to by the use of alcohol or drugs unless taken in the dosage and for the purpose prescribed by the Covered Person's Physician.
6. Practice or play in interscholastic high school tackle football (unless separate football coverage is purchased), intercollegiate sports, semi-professional sports, or professional sports. (Does not apply to the Dental Accident Plan.)
7. Injury or Sickness covered by Worker's Compensation or Employer's Liability Laws, or by any coverage provided or required by law including, but not limited to group, group type, and individual automobile "No-Fault" coverage (excluding School Vehicle coverage).
8. Treatment, services or supplies provided by the School's infirmary or its employees, or Physicians who work for the School, or by any member of the Covered Person's immediate family; or for which no charge is normally made.
9. Mental or nervous disorders other than those required by the state of residence.
10. Treatment of Sickness, ailment, or infection (except pyogenic infections or bacterial infections which result from the accidental ingestion of contaminated substances). (Does not apply to the Sickness-Only coverage under the Student Accident & Sickness Plan).
11. The diagnosis and Treatment of non-malignant warts, moles and lesions, acne or allergies, including allergy testing.
12. Injury sustained as a result of riding in or on, entering or alighting from, a two or three-wheeled Motor Vehicle. (Does not apply to the Dental Accident Plan.)
13. Treatment of osteomyelitis, pathological fractures, or detached retina (unless directly caused by an Injury). (Does not apply to the Sickness-Only coverage under the Student Accident & Sickness Plan.)
14. Any expenses related to the Treatment of tonsils, adenoids, epilepsy, seizure disorder, or congenital weakness; or expenses for Treatment of congenital anomalies and conditions arising or resulting directly there from.
15. Any expenses related to the Treatment of hernia.
16. Benefits are not payable under the Student Accident & Sickness Plan for a Sickness that is a "Pre-existing Condition" (a condition for which the Covered Person received medical Treatment, care or advice within 6 months before being insured under the Policy). This exclusion does not apply: (1) after the Covered Person has been insured under the Policy for 6 straight months; or (2) if the Covered Person was covered under prior Creditable Coverage for 6 consecutive months immediately preceding his or her effective date of coverage under the Policy. Prior Creditable Coverage of less than 6 months will be credited toward satisfying the Pre-existing Condition Limitation provided the Covered Person becomes eligible and applies for coverage within 63 days of termination of his or her prior coverage.

Requirements and Limitations

Aggravations of Injuries which did not occur while insured under this plan are paid up to \$500 maximum benefit per policy term. Injuries sustained as a result of riding in or on, entering or alighting from or being struck by a Motor Vehicle are limited to a \$5,000 maximum benefit (up to \$10,000 if vehicle is a School Vehicle). Some Motor Vehicle Injuries are not covered – see Exclusions above for details. School-time and interscholastic high school tackle football injuries should be reported immediately to the school but in no event beyond 60 days from the date of Injury. The first Physician's visit must be within 120 days after the Accident occurs. This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit us from providing insurance, including but not limited to, the payment of claims. A claim form must be filed with Myers-Stevens & Toohey & Co., Inc. within 90 days after the date of loss. The plan pays for covered expenses incurred within a year from the date of the first Physician's visit. However, should the Injury sustained require the removal of surgical pins, continued Treatment for serious burns, or Treatment of a non-union or mal-union fracture, the benefit period will be extended to 104 weeks. Each covered condition may be subject to a deductible – see plan details.

Non-Duplication of Benefits (Excess Provision)

In order to keep premium as affordable as possible, these plans pay benefits on a non-duplicating basis. This means, if a person is covered by one or more of these plans and by any other valid insurance or health agreement, any amount payable or provided by the other coverages will be subtracted from the covered expenses and we will pay benefits based on the remaining amount.

This brochure contains a brief description of the benefits available. Rates shown in this brochure include all administrative expenses, commissions and taxes.

FULLFILLMENT AND ENROLLMENT INSTRUCTIONS

"Voluntary" Plans

We consider ourselves to be in a partnership with your district and want to help you meet your student insurance needs by decreasing the number of uninsured injuries to your students.

We will provide your schools with brochures/enrollment forms detailing many options. Every parent of every enrolled student must receive an enrollment form on or before the start of the School Year for optimal results.

We take pride in delivering your materials in an efficient and timely manner and offer the following services:

- Convenient packaging by school site – our boxes are clearly labeled as Student Accident Insurance materials
- Choose the enrollment form that is best for your schools and parents (described below)
- Materials are delivered when and where you indicate – individual sites, district office or district warehouse
- Real-time tracking – instant confirmation of shipment status including date, delivery address and signature verification



Our materials include enrollment envelopes, instruction forms, listing sheets and claim forms.

Your Choice of Enrollment Forms

Choose the type of enrollment envelopes best suited to your Schools' needs:

- **"School-Return" enrollment forms:** These forms instruct the parent to return their completed form to the School. Designated School employees should initial and date the top of the form, log it on our provided "listing sheet" then mail the enrollment forms directly to our office in our postage-paid envelopes **within 15 calendar days**. Coverage will become effective at 11:59 p.m. on the date the School receives the completed enrollment form, provided our procedures are followed. The "School-Return" approach is recommended, particularly for athletics, because students may have coverage made effective immediately.

NOTE: If your district chooses "School-Return" forms, please be sure School personnel are made aware of the proper procedures for accurate effective dates. We are able to assist with any questions.

- **"Mail-Back" enrollment forms:** These forms instruct the parent to mail their enrollment form directly to our Mission Viejo office. Students' coverage will become effective at 11:59 p.m. on the date the enrollment form and premium are received in our office.
- **Spanish language enrollment forms:** These forms are available as needed in the "Mail-Back" format.

Enrollment Instructions

Enclosed you will find your Order Form for the Student Accident Insurance program. Please review the pre-printed information and make any necessary changes.

1. Please make sure your district name, address, phone and other information is correct.
2. Indicate your estimated enrollment for the 2013-2014 School Year.
3. Answer all "yes" and "no" questions.
4. Sign and date.
5. Please complete or update each supply order form where necessary, and provide a requested ship date to receive materials.
6. Complete the Limited Activities Agreement. Please read the statement on the Agreement carefully, sign and date.

Your completed Order Form may be faxed to (949) 348-2630, mailed to our office or emailed to: yestrada@myers-stevens.com.

Avoid misdirected mail and supplies by instructing your School personnel to destroy all "old" enrollment forms relating to the 2012-2013 School Year before they have received their new shipment of supplies for the 2013-2014 School Year.

Need help completing your form? Call our Marketing Department at 800-827-4695 *612.



Plans arranged and administered by:

Myers-Stevens & Toohy & Co., Inc.
CA License #0425842
www.myers-stevens.com



Student Accident and Sickness Plans underwritten by:

BCS Insurance Company
Oakbrook Terrace, Illinois
Rated A – (Excellent) by A.M. Best,
an independent insurance company rating agency

Policyholder: Family Insurance Trust, situated in District of Columbia



ACE American Insurance Company
436 Walnut St., Philadelphia, PA 19106

Catastrophic and Short-Term 24-Hour Plans
underwritten by:

2013 Best rated A+ (Superior)
(A.M. Best Rating ranges from A++ to D)
This rating is an indication of the company's
financial strength and ability to meet obligations to
its insureds.



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