

*** * * * ATTENTION PARENTS * * * ***

*** * * * PARENTS – YOU ARE RESPONSIBLE * * * ***

Under State Law, school districts are not liable for accidents, which occur in schools. It is important to understand the school/district “IS NOT” responsible for medical payments or bills for your child.

If your child is injured during ANY SCHOOL, ATHLETIC OR UIL SPONSORED ACTIVITY, all medical charges are “YOUR RESPONSIBILITY”.

Football coverage is a separate benefit and premium. THIS INSURANCE IS PRIMARY INSURANCE TO ALL OTHER EXISTING POLICIES.

The school district has purchased a supplemental accident policy for the 2018-2019 school year, which allows you the opportunity to purchase student accident insurance. You have the option of purchasing:

1. Coverage which includes UIL sponsored activities
2. Coverage without UIL sponsored activities

Please note this is a limited benefit policy and any charges above the policy limits are YOUR RESPONSIBILITY.

Plans include:

1. School time only which covers accidents during school time only
2. 24-hour which covers 24 hours a day, 365 days a year, anyplace and anytime
3. Dental coverage

THIS INSURANCE IS PRIMARY INSURANCE TO ALL OTHER EXISTING POLICIES.

VOLUNTARY STUDENT/ATHLETIC ACCIDENT INSURANCE

	Annual Premiums	
	NO UIL COVERAGE	WITH UIL COVERAGE
School Time Coverage	\$ 25.00	\$115.00
24 Hr. Coverage	\$105.00	\$195.00
Dental	\$ 9.00	\$ 9.00
Football	\$325.00	\$325.00

Please make check payable to: Student Assurance Services

In order to enroll your child in this “Voluntary Student/Athletic Accident Insurance” plan, please remember to:

1. CONTACT THE SCHOOL FOR YOUR APPLICATION or
2. Go online to www.thebrokeragestore.com
3. All major credit cards are accepted
4. For any other questions contact The Brokerage Store, Inc. at 800-366-4810 or 210-366-4800

***The above is just a brief description of rates and benefits available under this plan. This is not a contract, policy, or outline of coverage. All benefits are subject to maximum amounts, limits, exclusions and other policy provisions.

*** * * * ATENCIÓN PADRES * * * ***

*** * * * PADRES – LA RESPONSABILIDAD ES DE USTEDES * * * ***

De acuerdo con las leyes del Estado, distritos escolares no son responsables por accidentes que ocurren en las escuelas. La escuela “NO TIENE” la responsabilidad de pagar los gastos médicos o cuentas incurridas si su hijo hija se lastima durante cualquier evento deportivo o evento escolar patrocinado por UIL.

Si desea cobertura para football, el beneficio es distinto y la prima es adicional.

ESTE SEGURO PAGA PRIMERO Y ANTES QUE CUALQUIER OTRO SEGURO QUE USTED TIENE EN VIGOR.

El distrito escolar ha comprado una póliza suplemental de accidentes para el año escolar de 2018-2019. Esta póliza le da la oportunidad de comprar aseguranza de accidenta para estudiantes. Tened la opción de comprar:

1. Cobertura que incluye actividades patrocinados por UIL
2. Cobertura que no incluye actividades patrocinados por UIL

Favor de reconocer que esta es una póliza de beneficios limitados y **BAJO NINGUNA CIRCUNSTANCIA** pagara todos los gastos médicos de sus hijos. Gastos en exceso de los limites de la póliza son “SU REPONSABILIDAD”.

Planes incluyen:

1. Seguro de horas escolares únicamente, que cubre accidentes durante horas escolares unicamente.
2. Seguro las 24 horas, que cubre las 24 horas al día, 365 días al año, en cualquier lugar alcualquier hora.
3. Seguro Dental.

ESTA ASEGURANZA SERIA PRIMARIA A CUAL QUIR OTRA POLIZA EXISTENTE.

SEGURO VOLUNTARIO SOBRE ACCIDENTES DE ESTUDIANTES EN EVENTOS ESCOLARES Costo Anual

	SIN Cobertura de UIL	CON Cobertura de UIL
Seguro de horas escolares	\$ 25.00	\$115.00
Seguro de 24 horas	\$105.00	\$195.00
Seguro Dental	\$ 9.00	\$ 9.00
Football	\$325.00	\$325.00

Por favor de escribir su cheque al favor de **Student Assurance Services** Para inscribir a sus hijos en este “Seguro Voluntario sobre accidenta de estudiantes en eventos escolares”, es importante saber lo siguiente.

1. **Póngase en contacto con su escuela para obtener una solicitud**
2. A través del Internet www.thebrokeragestore.com
3. Toda tarjeta de crédito es aceptable
4. Si tiene preguntas puede llamar a The Brokerage Store, Inc. 800-366-4810 o 210-366-4800

***Esto es únicamente una breve descripción de costos y beneficios disponibles en este plan de seguro. Todos los beneficios son sujetos a montos máximos, límites, exclusiones y otras provisiones de la póliza.

Student Accident Insurance Plans

2018-2019 Plans Especially Designed
For School Districts that Purchase UIL Coverage

ACCIDENT ONLY INSURANCE. NON-RENEWABLE.



- **Student/Athletic Accident Insurance for Grades PK-12**
- **UIL Activities Coverage**

See Details Inside

MARKETED BY



David Cates - Texas Representative
The Brokerage Store
4114 Pond Hill Road • Suite 100
San Antonio, TX 78231
210-366-4800 or Toll Free 800-366-4810
www.thebrokeragestore.com

SALES REPRESENTATIVE

UNDERWRITING COMPANY



Two East Gilman Street • PO Box 1191
Madison WI 53701-1191

National Guardian Life Insurance Company is not affiliated
with the Guardian Life Insurance Company of American,
a/k/a The Guardian or Guardian Life

National Guardian Life (NGL) is a mutual company controlled by its policy owners. For over 100 years, NGL has written many kinds of insurance policies that continue to be serviced today, including group accident and health products. NGL continues to earn high ratings from A.M. Best Company, the leading provider of ratings and financial data for the insurance industry worldwide. NGL's A- (Excellent) rating further attests to their financial strength and ability to meet policy owner obligations. Rating current as of 2/15/18.

This Brochure is only a summary of the insurance coverage. Consult the actual Master Policy for complete details.

Policy Form NSTACCP 1115 TX

SAS-TX-ACC-3/18-NGL

D-5725 TX

INTERSCHOLASTIC ACTIVITIES COVERAGE (UIL - ALL UIL ACTIVITIES) - GRADES 7-12 - premium paid by school

Coverage would be in force for each person for whom the UIL Activities premium has been paid as set forth in the Policy

- (a) while practicing for or competing in Interscholastic UIL Activities which are exclusively sponsored by the Policyholder, as a representative of the School, and while under the direct and immediate supervision of an employee of the Policyholder; and
- (b) while traveling directly to or from such practice or competition in School-provided transportation.
- (c) off-season conditioning, when under the direct supervision of a qualified employee of the Policyholder, including Interscholastic athletes taking physical education for grade, vocational classes, ROTC, FFA, band, cheerleading drill team, and other UIL Activities which are exclusively sponsored and immediately supervised by an authorized employee of the Policyholder.

ALL SCHOOL (SCHOOL-TIME) COVERAGE - includes all UIL Activities - premium paid by school

Coverage would be in force for each person for whom the All School Coverage premium has been paid as set forth in the Policy:

- (a) **while on the School premises;** during the hours and on the days School is in regular session, and during the hours and on the days when School is not in session while the insured is participating in or attending any Sponsored and Supervised Activity; and
- (b) **while away from the School premises;** other than traveling, if participating in a Sponsored and Supervised Activity; and
- (c) **while traveling directly to or from the Insured's residence and School;** for regular School sessions, or for any Sponsored and Supervised Activity in School-provided transportation.

All insurance plans with our Company would be secondary to all other Valid Coverage. A claim must be filed with the other coverage first! This insurance plan does not cover penalties imposed for failure to use providers preferred or designated by the primary coverage.

EFFECTIVE AND EXPIRATION DATES

Interscholastic Activities Coverage (UIL) and All School Coverage becomes effective on the Master Policy effective date 08-01-2018. All coverage expires on the Master Policy expiration date 07-31-2019 or when payment is due and unpaid.

CLAIMS ADMINISTRATION

Student Assurance Services, Inc. is the claim administrator for this insurance plan. We have dedicated and experienced staff to provide outstanding customer service and claim processing services. We assign each school to a claim processor who can answer your specific questions and provide you with immediate access to information. Our customized computer system has various reporting capabilities to meet your needs.

CLAIMS HANDLING PROCEDURE

1. Parents should notify the school and obtain a claim form immediately. The school will fill out Part A of the claim form if it is a school injury.
2. Parents complete Part B of the claim form. **Answer all questions.**
NOTE: Parents or the School can access and complete a claim form on website www.sas-mn.com. Go to K-12 Student/Parents select "Find My School." then select Texas; and then select the specific school district.
3. Parents should submit copies of the student's **itemized bills** to the student's family insurance first, even if there is a large deductible. The other insurance plan will send a report called an Explanation of Benefits (EOB). This plan is supplemental to all other valid coverage. Parents must file a claim with the other coverage first! This plan **DOES NOT** cover penalties imposed for failure to use providers preferred or designated by the parent's primary coverage.
4. Parents or the School can mail, fax or email the completed claim form, copies of student's itemized bills and the other insurance plan EOBs to:
STUDENT ASSURANCE SERVICES, INC., PO BOX 196, STILLWATER, MN 55082
Fax: (651) 439-0200; Email: claims@sas-mn.com
NOTE: No claim can be completed until all of the above documents have been provided.
5. For claim questions, call Student Assurance Services, Inc. at (800) 328-2739 or (651) 439-7098. The claims staff is available 8:00 a.m. to 4:30 p.m. Central Time, Monday through Friday.
6. Questions can also be emailed to Student Assurance Services, Inc. at info@sas-mn.com.

MEDICAL BENEFITS

When injury covered by this policy results in treatment by a Licensed Physician within 180 days from the date of injury, the Company will pay the Usual and ordinary expenses incurred for necessary covered services and supplies as listed below, for expenses actually incurred within one year from the date of injury up to a **Maximum Medical Benefit of \$25,000 per injury**. This policy will pay benefits only after all other valid and collectible coverage has been paid.

All Amounts Listed Below are Per Injury

	TEXAS VALUE	TEXAS STAR
A. INPATIENT BENEFITS		
1. Hospital Room and Board.....	Semi-private Room Charges	Semi-private Room Charges
2. Intensive Care (in lieu of Hospital Room and Board)	1.5 X Semi-private Room Charges	1.5 X Semi-private Room Charges
3. Hospital Miscellaneous Services (all charges except Room & Board).....	First day up to \$1,000, thereafter up to \$500 per day; max \$5,000	First day up to \$500, thereafter up to \$250 per day; max \$2,500
4. Physician's Non-Surgical Visits (other than Physical Therapy; not paid day of surgery)	First day of treatment up to \$50, subsequent visits up to \$40, maximum 10 visits	First day of treatment up to \$40, subsequent visits up to \$30, maximum 10 visits
5. Physiotherapy (includes whirlpool, diathermy, EMS, massage, manipulation or adjustments in any form, and/or office visits connected therewith).....	Included in Hospital Misc. Benefit	Included in Hospital Misc. Benefit
6. X-ray and Radiology Services	Included in Hospital Misc. Benefit	Included in Hospital Misc. Benefit
7. Registered Nurse	U&C charges	U&C charges
B. OUTPATIENT SURGERY BENEFITS		
1. Day Surgery (facility charge) Room supplies and all other expenses for outpatient surgery	U&C, up to \$2,000	U&C, up to \$1,500
C. OTHER OUTPATIENT BENEFITS		
1. Hospital Emergency Room Charges	U&C, up to \$300	U&C, up to \$200
2. X-ray and Radiology Services	U&C, up to \$250; \$50 reading	U&C, up to \$175; \$25 reading
3. Diagnostic Imaging (includes CAT scans, MRI and bone scans).....	U&C, up to \$750; \$50 reading	U&C, up to \$575; \$25 reading
4. Laboratory Services	U&C, up to \$100	U&C, up to \$50
5. Physician's Non-Surgical Visits (not paid day of surgery)	\$50 per visit, maximum 10 visits	\$40 per visit, maximum 10 visits
6. Physician's Non-Surgical Visits (treatment for concussion)	\$80 per visit, first 2 visits; then paid \$50 per visit, up to 10 additional visits	\$60 per visit, first 2 visits; then paid \$40 per visit, up to 10 additional visits
7. Emergency Room Physician's Non-Surgical Care (other than treatment for concussion)	U&C, up to \$150	U&C, up to \$120
8. Orthopedic Appliances (when prescribed by a physician for healing).....	U&C up to \$500	U&C, up to \$500
9. Shots and Injections (within 24 hours of an injury).....	U&C, up to \$50	U&C, up to \$25
10. Prescription Drugs	U&C, up to \$50	U&C, up to \$25
11. Physiotherapy (includes whirlpool, diathermy, EMS, massage, manipulation or adjustments in any form, and/or office visits connected therewith).....	\$50 per visit, maximum 5 visits	\$30 per visit, maximum 5 visits
12. Ambulance Service (air or ground).....	U&C, up to \$1,000	U&C, up to \$500
13. Eyeglass Replacement (if medical treatment is received for a covered injury).....	U&C, up to \$200	U&C, up to \$100
14. Durable Medical Equipment (post-surgical only).....	U&C, up to \$100	U&C, up to \$100
D. OTHER PHYSICIAN SERVICES		
1. Dental Treatment (in lieu of all other medical benefits, including x-rays of sound and natural teeth)	U&C, up to \$1,000	U&C, up to \$500
2. Physician's Surgical Care (inpatient or outpatient) Only one procedure will be allowed (the highest scheduled) when multiple procedures are performed through the same incision or in immediate succession.	U&C up to \$3,000	U&C, up to \$1,500
3. Assistant Surgeon Charges (inpatient or outpatient).....	25% of Surgery Allowance	25% of Surgery Allowance
4. Anesthesia Charges (inpatient or outpatient).....	25% of Surgery Allowance	25% of Surgery Allowance
E. MOTOR VEHICLE INJURY		
	U&C, up to \$1,000, as scheduled above	U&C, up to \$1,000, as scheduled above
F. OTHER BENEFITS - Heat Stroke and Heat Exhaustion will be covered as any other accident.		
G. FIELD TRIP COVERAGE - All students will be covered for one day field trips, with no overnight stay. Basic benefits apply for up to \$2,000 per injury.		
H. ACCIDENTAL DEATH AND DISMEMBERMENT - When injury covered by this policy results in Accidental Death or Dismemberment within 180 days from the date of accident, the following benefits will be payable.		
Loss of Life	\$ 2,000	Double Dismemberment \$10,000
Loss of an Eye	\$ 2,000	Single Dismemberment \$ 2,000

Specific costs and further details of the coverage, including exclusions, reductions or limitations, and the terms under which the policy may be continued in force, see your agent or write the Company. The amount of benefits provided depends upon the plan selected and the premium will vary with the amount of benefits.

EXCLUSIONS

The Policy does not provide benefits for:

1. Any sickness, disease, infection (unless caused by an open cut or wound), aggravation of a congenital condition, blindness, headaches, hernia of any kind, mental or physical infirmity, Osgood-Schlatter disease, osteochondritis, osteochondritis dissecans, osteomyelitis, spondylolysis, slipped femoral capital epiphysis, orthodontics, injuries involving bone cysts or cartilage implants.
2. Injuries for which benefits are payable under Workers' Compensation or Employer's Liability Laws.
3. The services of a second or subsequent Physician when not requested in writing by the attending Physician. This exclusion does not apply to any Assistant Surgeon Benefits listed under the Schedule of Covered Services and Supplies.
4. Any Injury involving a two or three-wheeled motor vehicle or snowmobile or any motorized or engine driven vehicle not designed primarily for use on public streets and highways.
5. Air travel or the use of any device or equipment for aerial navigation, except as a fare-paying passenger on a regularly scheduled commercial airline.
6. Intentionally self-inflicted Injuries; Injuries sustained while fighting or brawling, or violating or attempting to violate any existing city, state, or federal law.
7. Treatment received from any person employed or retained by the Policyholder.
8. Replacement of contact lenses, hearing aids or prescriptions or examinations thereof.

IT IS NOT THE INTENT OF THE POLICY TO PROVIDE BENEFITS FOR AN EXISTING MEDICAL PROBLEM. A re-injury will not be covered if the insured has received treatment within a period of 180 days prior to the Effective Date of the policy.

DEFINITIONS

Accident means an unexpected, external and sudden event that is independent of any other cause.

Covered Services means the services and supplies which are 1) medically necessary, 2) prescribed or performed by a Physician or Hospital, 3) not excluded by the Policy, and 4) listed or named in the Schedule of Covered Services – Supplies.

Company means the National Guardian Life Insurance Company.

Durable Medical Equipment means medical equipment or device which can be rented, leased or purchased and which 1) is prescribed by a Physician; 2) is primarily and customarily used to serve a medical purpose; 3) can withstand repeated use; 4) generally is not useful to a person in the absence of Injury; and 5) is used exclusively by the Insured. Replacement equipment and devices are not covered. No benefits will be paid for rental charges in excess of purchase price. Durable Medical Equipment does not include non-prescription therapy devices or medical supplies; comfort and convenience items; corrective shoes; exercise and sports equipment. A written prescription must accompany the claim when submitted. It includes, but is not limited to: CPM machines; drug pumps; and H2O pumps.

Injury means an accidental bodily Injury or injuries directly caused by specific accidental contact with another body or object while the Insured is covered under the Policy. It is unrelated to any pathological, functional, or structural disorder. The Accident must result in an Injury which begins while the Insured is covered under the Policy.

The term Injury also means a re-Injury sustained while the Insured is covered under the Policy, for which the Insured has remained treatment free for a period of 180 days prior to the Policy Effective Date.

If benefits have been paid under the Policy for an Injury, a re-injury will be considered new if:

- a) the re-Injury occurs while the Insured is covered under the Policy; and
- b) the Insured remains treatment free for a period of 180 days between the date of last treatment for the original Injury and the date of the re-Injury.

A re-Injury that is incurred within 180 days of the original Injury, will be considered a continuation of the original Injury.

Medically Necessary means a Covered Service which is: (a) consistent with symptoms and diagnosis or treatment of Injury; (b) in accordance with standards of generally accepted medical practice; (c) not primarily for the convenience of the patient or Physician; and (d) most appropriate supply or level of service which can be safely provided.

Physician means a doctor of medicine or osteopathy, or any other licensed health care provider that state law requires to be recognized as a Physician, other than insured or insured's relative by blood or marriage, who is acting within the scope of such license.

Sponsored and Supervised Activity means any activity which is exclusively sponsored by the Policyholder and which is under the direct and immediate supervision of an employee of the Policyholder.

Usual and Customary Charges (U&C) means charges for medical services or supplies for which the Insured is legally liable and which do not exceed the average rate charged for the same or similar services or supplies in the geographic region where the services or supplies are received.

Usual and Customary Charges for Covered Services are determined by referencing the 75th percentile of the most current survey published by FAIR Health, Inc. for such Covered Service.

HOW TO APPLY

Contact *The Brokerage Store* at (210) 366-4800 or (800) 366-4810 for information about rates and how to sign up for coverage.

Texas U&C Plan

MEDICAL BENEFITS

When an injury covered by this policy results in treatment by a Licensed Physician within 180 days from the date of injury, the Company will pay the Usual and customary expenses incurred for necessary covered services and supplies as listed below, for expenses actually incurred within one year from the date of injury up to a **Maximum Medical Benefit of \$25,000 per injury**. This policy will pay benefits only after all other valid and collectible coverage has been paid.

All Amounts Listed Below are Per Injury

A. INPATIENT BENEFITS 1. Hospital Room and Board..... 2. Intensive Care (in lieu of Hospital Room and Board)..... 3. Hospital Miscellaneous Services (all charges except Room & Board)..... 4. Physician's Non-Surgical Visits (other than physical therapy; not paid day of surgery)..... 5. Physiotherapy (includes whirlpool, diathermy, EMS, massage, manipulation or adjustments in any form, and/or office visits connected therewith)..... 6. X-ray and Radiology Services..... 7. Registered Nurse.....	TEXAS U&C Semi-private Room charge 1.5 X Semi-private Room charge U&C, up to \$10,000 U&C charges Included in Hospital Miscellaneous Benefit Included in Hospital Miscellaneous Benefit U&C charges		
B. OUTPATIENT SURGERY BENEFITS 1. Day Surgery (facility charge) Room supplies and all other expenses for outpatient surgery.....	U&C, up to \$3,500		
C. OTHER OUTPATIENT BENEFITS 1. Hospital Emergency Room Charges..... 2. X-ray and Radiology Services..... 3. Diagnostic Imaging (includes CAT scans, MRI and bone scans)..... 4. Laboratory Services..... 5. Physician's Non-Surgical Visits (not paid day of surgery)..... 6. Physician's Non-Surgical Visits (treatment for concussion)..... Emergency Room Physician's Non-Surgical Care (other than concussion)..... Orthopedic Appliances (when prescribed by a physician for healing)..... 9. Shots and Injections (within 24 hours of an injury)..... 10. Prescription Drugs..... 11. Physiotherapy (includes whirlpool, diathermy, EMS, massage manipulation or adjustments in any form, and/or office visits connected therewith)..... 12. Ambulance Service (air or ground)..... 13. Eyeglass Replacement (if medical treatment is also received for a covered injury)..... 14. Durable Medical Equipment (post-surgical only).....	U&C, up to \$500 U&C, up to \$300; \$50 for reading U&C, up to \$1,200; \$50 for reading U&C, up to \$150 U&C, up to maximum 5 visits \$100 per visit, first 2 visits; then paid U&C, up to 5 additional visits U&C, up to \$500 U&C, up to \$500 U&C U&C \$50 per visit, maximum 20 visits U&C, up to \$1,000 U&C U&C, up to \$300		
D. OTHER PHYSICIAN SERVICES 1. Dental Treatment (in lieu of all other medical benefits, including x-rays of sound and natural teeth)..... 2. Physician's Surgical Care (inpatient or outpatient) Only one procedure will be allowed (the highest scheduled) when multiple procedures are performed through the same incision or in immediate succession..... 3. Assistant Surgeon Charges (inpatient or outpatient)..... 4. Anesthesia Charges (inpatient or outpatient).....	U&C, up to \$5,000 U&C, up to \$5,000 25% of Surgery Allowance 25% of Surgery Allowance		
E. MOTOR VEHICLE INJURY	U&C, up to \$5,000, as scheduled above		
F. OTHER BENEFITS - Heat Stroke and Heat Exhaustion will be covered as any other accident.			
G. FIELD TRIP COVERAGE - All students will be covered for one day field trips, with no overnight stay. Basic benefits apply for up to \$2,000 per injury.			
H. ACCIDENTAL DEATH AND DISMEMBERMENT - When injury covered by this policy results in Accidental Death or Dismemberment within 180 days from the date of accident, the following benefits will be payable.			
Loss of Life	\$ 2,000	Double Dismemberment	\$10,000
Loss of an Eye	\$ 2,000	Single Dismemberment	\$ 2,000

For specific costs and further details of the coverage, including exclusions, reductions or limitations, and the terms under which the policy may be continued in force, see your agent or write the Company. The amount of benefits provided depends upon the plan selected and the premium will vary with the amount of benefits.

Email, Fax or Mail completed form to:
STUDENT ASSURANCE SERVICES, INC.
P.O. BOX 196
STILLWATER, MINNESOTA 55082
(800) 328-2739



To receive fee discounts, use the services of a LONESTAR preferred physician or facility. The LONESTAR Network is part of the USAMCO provider network.

This plan is supplemental to all other insurance coverage. You must file a claim with your other insurance first.

PROOF OF CLAIM: When Injury results in treatment by a Physician, complete this form and submit to Student Assurance Services, Inc. within 90 days from date of injury, not to exceed one year.

TO BE COMPLETED BY A SCHOOL OFFICIAL

PART A: NOTICE OF INJURY

1. Name of School _____ School District Name _____
 School Address _____ (City) _____ (State) _____ (Zip) _____

2. Name of Student _____ Grade _____

3. Date of Injury _____ AM PM

4. Under whose supervision? _____ Was he/she a witness? _____

5. The accident was incurred while the Insured was participating in:

1. INTERSCHOLASTIC or (UIL Activity in Texas)

- Practice Travel to/from Sport/Activity
- Game/Event

What Sport/Activity? _____

2. NON-INTERSCHOLASTIC or (UIL Activity in Texas)

- Travel to/from school Non-school activity
- In classroom Physical Education
- Other - Activity? _____
- On school grounds

6. Part of the body injured _____ Left side Right side

7. Describe in detail how and where the injury occurred _____

Reported by _____ (Signature of School Official) _____ (Title) _____ Date (mm/dd/yyyy)

(*Part A may be completed by the parent if Full-Time Coverage was purchased.)
 See Attached Claims Filing Information

TO BE COMPLETED BY A PARENT OR GUARDIAN

PART B: PARENT STATEMENT

1. Students Name _____ Date of Birth _____
 Date (mm/dd/yyyy)

Students Social Security # _____

Parents Name _____ Relationship to Insured _____

Mailing Address _____ (Street, Route, or Box) _____ (City) _____ (State) _____ (Zip) _____

2. Home phone number _____

3. Father's Occupation _____ Employer _____

Mother's Occupation _____ Employer _____

4. Do you have insurance coverage? Yes No Is the student covered under your insurance plan? Yes No

Name of Insurance Company _____

- Group Individual Medicaid CHIP None

I hereby authorize any physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance company, or other organization, institution, or person that has any records or knowledge of the claimant's physical or mental health, to give the information to STUDENT ASSURANCE SERVICES, INC. To facilitate rapid submission of such information, I authorize all said sources, to give such records or knowledge to any agency employed by the insurance company to collect and transmit such information. A photocopy of this authorization shall be as valid as the original. This authorization expires one year from the date signed. By entering my name below, I warrant that all of the information provided is true, complete, and accurate.

 Date (mm/dd/yyyy)

 (Print Name of Student/Patient)

 (Signature of Parent or Guardian)

ATTENTION PARENTS
******PARENTS "YOU'RE RESPONSIBLE"******

Dear Parents,

Below are steps for completing the Claim Form. Should you have any questions, contact the School Trainer/Administrator or call the number listed on the claim form. The school **"IS NOT"** responsible for your medical payment or bills for your child. All medical charges are **"YOUR RESPONSIBILITY"** if your child is injured during **ANY** Athletic (or UIL Activity in Texas) or during any school sponsored and supervised activity.

HOWEVER, the school may have purchased a supplemental policy to cover any charges in excess of your own insurance policy. If you have **NO OTHER INSURANCE** for your child, this policy will then pay first or primary. This policy has dollar maximums and benefit limitations. Any charges above the policy benefit limits are **YOUR RESPONSIBILITY**. This policy was purchased by the district based on funds available. Please be aware that this policy by **NO MEANS** was it intended to cover all medical bills for your child. **Your child's treatments and medical charges are your responsibility.**

Please contact the school trainer or administrator before seeking medical treatment or services.

STEPS TO FOLLOW WHEN FILING A CLAIM:

1. Only one claim form for each accident needs to be submitted.
2. The claim form and benefit summary are available at our website: www.sas-mn.com. However, this is not a guarantee of benefits but only an explanation that is subject to all applicable terms, conditions, limitations and exclusions of the plan.
3. A school official **must** complete Part A for all school related accidents. The parent or guardian must complete **all** questions in Part B – Parent Statement. If the accident is not school related, the parent or guardian **may** complete both Part A and Part B of the claim form.
NOTE: This claim form or a copy of the claim form must be presented to the physician or facility in order to obtain the Lonestar Provider Discount.
4. Send copies of **itemized bills**. These are the original billings you receive, not monthly statements. **These itemized bills often called UB-04 or CMS-1500 must contain the provider address, date of service, procedure code, diagnosis code, and the provider's federal tax ID number and NPI number. Providers may submit itemized bills directly to the claim administrator at the address below.**
5. Submit copies of all bills to your primary family and/or group insurance first, even if you have a large deductible or copay. This plan is supplemental to all other insurance coverage (Blue Cross, Group Health, Prudential Insurance, etc.). This plan does not cover penalties imposed for failure to use providers preferred or designated by your primary coverage.
6. After you have received payment or copies of "Explanation of Benefits" (EOBs) from your primary insurance plan, fax, email or **mail the completed claim form, copies of student's itemized bills and other insurance EOBs to:**

STUDENT ASSURANCE SERVICES, INC.

P.O. BOX 196

STILLWATER, MN 55082-0196

FAX: (651) 439-0200

EMAIL: CLAIMS@SAS-MN.COM

Please keep a copy of the claim form for your records

**NO CLAIM CAN BE PROCESSED UNTIL ALL THE ABOVE DOCUMENTS ARE PROVIDED
IT IS THE PARENT/GUARDIAN'S RESPONSIBILITY TO SUBMIT THE CLAIM FORM AND ITEMIZED BILLS**

PREFERRED PROVIDER DISCOUNT PROGRAM

Student Assurance Services, Inc. has contracted for fee discounts for services received from physicians and facilities participating in the LONESTAR network which is part of the USA Managed Care Organization Network (USAMCO). Please note that benefits are payable as described whether you use a LONESTAR preferred provider or not. However, it is to your advantage to use a LONESTAR preferred provider since your costs may be reduced. A directory of LONESTAR preferred physicians and facilities is available at the USAMCO Network website www.usamco.com/lonestar.

PLEASE REFER TO THE MASTER POLICY ISSUED TO THE SCHOOL/SCHOOL DISTRICT FOR SPECIFIC DETAILS.