

# 2019–2020 Student Accident Insurance Plans



## Why you need Student Insurance . . .

- Your school does not provide medical insurance to cover injuries to students. Instead, your school suggests this Plan to provide affordable coverage options.
- If you don't have other insurance, this Student Accident Plan is essential.
- Even if you do have other insurance, you will probably have to pay deductibles or co-payments. This Student Accident Plan will help to fill those expensive "gaps."
- Only one yearly premium payment required!
- Don't wait until you're faced with costly medical bills to think about insurance.
- Read this information and make your selections today!

## Choose from these school approved plans . . .

- **24-Hour Plan**
- **School-time Plan**
- plus —
- **Extended Dental Plan**
- **Football Plan**  
(Fall and NEW Spring Coverage Available)

### UNDERWRITTEN BY:

**COMMERCIAL TRAVELERS**  
LIFE INSURANCE COMPANY

Commercial Travelers Building  
70 Genesee Street  
Utica, NY 13502

As Policy Form Series No's: Public School CTP-7 (GWP)  
Private School CTP-7 (PR/CS)

OLP-GW-PIV-MB 19  
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### SERVICED BY:

**GENE WEBER AGENCY, INC.**  
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[www.geneweberagency.com](http://www.geneweberagency.com)  
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# 1 Choose from these School-Approved Plans:

## 24-Hour Plan

The student is insured for full 24-hour a day protection, for school-time accidents, and at home or away—at play—at camp—on vacation—scouting—amateur sports—youth group activities—or just playing in the neighborhood. Coverage for interscholastic tackle football played in or with grades 9–12 must be purchased separately. The 24-Hour Plan is available for a full year (annual coverage) or Summer Only.

## School-time Plan

The student is insured while attending school when school is in session; participating in or attending activities sponsored solely by the school and directly and continuously supervised by a school official or employee, including all sports except interscholastic tackle football played in or with grades 9–12 (unless you purchase football coverage) as well as travel by school-furnished transportation during the school term; traveling to or from the Insured's residence and the school for regular school sessions; and attending religious classes, including travel.

## Football Coverage

Covers injuries caused by accidents occurring while participating in interscholastic tackle football played in or with grades 9–12, or while traveling as a team member in a school-provided vehicle to or from football games or practice, when such travel is sponsored by the school and supervised by school employees. Fall & Spring Football Coverage may only be purchased in combination with either the Annual 24-Hour or School-time Coverage. **Football Coverage may not be purchased by itself.**

## Extended Dental Plan

Increases the Dental Treatment Benefit under the Plans to a maximum of \$1,000.00 per tooth for accidental injury to one or more sound, natural teeth. This extended coverage is effective 24 hours a day even when selected with School-time Coverage and ends on the opening day of school for the following Fall term. Premium for the Extended Dental Benefit is \$6.00 under all plans. Extended Dental Coverage may *not* be purchased by itself.

# 2 Additional facts about the Plans:

**Effective and Expiration Dates:** School-time or 24-Hour coverage goes into effect on the day following the envelope postmark date, but in no event prior to the opening day of school (or the first day of Summer break for Summer Only coverage). The expiration date of coverage under the **School-time Plan** is the close of the regular nine-month school term, except while the Insured is attending academic classroom sessions, exclusively sponsored and solely supervised by the school during the Summer. **24-Hour** coverage ends on the opening day of school for the following Fall term. **Football Coverage** starts the first day of regularly-scheduled school-sponsored practice, provided premium is paid prior to that date. Football Coverage expires August 1, 2020.

**Student Accident Insurance** covers accidental bodily injury sustained during the term of insurance and which causes loss directly and independently of all other causes. Insurance is good anywhere. For example, if the student buys the Plan at school and the family moves, coverage will continue until the close of the school term at any new public or parochial day school. There is no limit to the number of accidents a student can have paid under the Policy.

### 3 Your choice of benefits

The Policy will pay up to \$25,000.00, for medical expenses incurred as the result of covered injuries sustained by an Insured in any one accident which occurs on or after the effective date of coverage. Benefits will be paid for treatment, care and service performed within 52 weeks after the date of accident, not to exceed the Expense Benefit Limitations stated below, provided the first such expense is incurred within 30 days after the accident. All benefits are per accident, unless otherwise specified.

**Expense Benefit Limitations**—Benefits are paid up to the following maximums:

	High Option	Low Option
<b>Hospital Inpatient Expense Room and Board</b>	\$250.00 per day	\$150.00 per day
<b>Hospital Ancillary Charges</b>	\$1,500.00 per accident	\$750 per accident
<b>Hospital Outpatient Emergency Care Expense</b> (within 72 hours of injury)	\$75.00 per accident	\$40.00 per accident
<b>Hospital Outpatient Surgery</b>	\$250.00 per accident	\$150.00 per accident
<b>Physician Expenses</b> (Non-surgical) Where treatment principally involves physiotherapy, limited to	\$30.00 per visit  3 visits	\$20.00 per visit  3 visits
<b>Physician Expenses</b> (Surgical)	\$130.00 per unit allowance under the current California Relative Value Studies, up to \$800.00 per accident	\$90.00 per unit allowance under the current California Relative Value Studies, up to \$500.00 per accident
<b>Assistant Surgeon's Expense</b>	20% of Surgeon's allowance	20% of Surgeon's allowance
<b>Anesthetist Expense</b>	25% of Surgeon's allowance	25% of Surgeon's allowance
<b>Private Duty Nursing Expense</b>	80% of charges	80% of charges
<b>Outpatient X-Ray Expense</b>	\$100.00 per accident	\$50.00 per accident
<b>Outpatient Laboratory Expense</b>	\$50.00 per accident	\$25.00 per accident
<b>Dental Treatment of Sound and Natural Teeth</b>	\$100.00 per tooth; up to \$300.00 per accident	\$100.00 per tooth; up to \$300.00 per accident
<b>Ambulance Expense</b>	\$100.00 per accident	\$100.00 per accident
<b>Aggravation or Re-Injury Expense</b>	\$500.00 per accident	\$500.00 per accident
<b>Injury Caused by Motor Vehicle, Expense</b>	\$500.00 per accident	\$500.00 per accident
<b>Diagnostic Surgery Expense</b>	\$500.00 per accident	\$500.00 per accident
<b>Diagnostic Imaging Expense</b>	\$200.00 per accident	\$100.00 per accident

### AD&D Benefits

Benefits are payable IN ADDITION to Medical Expense Benefits. If a covered injury causes loss within 100 days of the accident, the policy will pay:

Loss of life . . . . .	\$ 2,000.00
Loss of both hands, both feet or both eyes . . . . .	10,000.00
Loss of one hand or one foot . . . . .	2,000.00
Loss of one hand and one foot; or one hand and one eye; or one foot and one eye . . . . .	4,000.00
Loss of sight of one eye . . . . .	1,500.00

## Exclusions

**These plans do not cover, nor is any premium charged for:** (1) Injuries resulting from the practice or play of interscholastic tackle football in or with grades 9–12, unless the proper additional premium per player has been paid; or skiing in any form, except as a covered member of an interscholastic skiing team, or when 24-Hour coverage is purchased; Summer recreational and camp programs unless 24-Hour coverage is purchased. (2) Eyeglasses or contact lenses or prescriptions therefor; or drugs and medications, except when hospital confined; or braces, orthopedic appliances, orthodontics or durable medical equipment. (3) Intentionally self-inflicted injury; or injuries occurring while violating or attempting to violate any duly enacted law. (4) Illness, disease or infection in any form, except pyogenic infection or bacterial infection due to accidental ingestion of contaminated material; hernia in any form, unless due to a covered accident. (5) Treatment administered by any person employed or retained by the school or by a member of the Insured's immediate family. (6) Injuries sustained while operating, riding in or on, or alighting from a 2- or 3-wheeled engine-driven or motorized vehicle, or any vehicle not designed primarily for use on public streets and highways. (7) For accidents involving other motor vehicles, medical expenses in excess of \$500.00. (8) 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. (9) Loss covered by Workers' Compensation or Employer's Liability Act or Law. (10) Injury resulting from intoxication or the use of drugs or narcotics, unless administered on the advice of a physician. (11) Injuries resulting from war or act of war, participation in any riot or civil commotion; nuclear reaction or radiation. (12) Reinjury or complications of a condition due to accidental bodily injury occurring prior to the effective date of coverage in excess of \$500.00.

## Limitations

**Limitations:** (1) No benefits are payable for any expense resulting from participation in interscholastic activities for which benefits would be payable, in the absence of insurance hereunder, under any High School Association Catastrophe Sports Accident Policy. (2) Under surgery, the maximum payment for multiple procedures performed within the same operative field shall be limited to 150% of the amount payable for the primary procedure. (3) In the event the Insured sustains an injury for which benefits are payable under more than one Student Accident Insurance Plan or like coverage issued by Commercial Travelers, coverage shall be deemed to be in effect only under one such coverage, the one affording the greater (or greatest) amount of benefits for the injury.

**Note:** Certain exclusions or limitations may be modified to meet individual state requirements.

## How to file a claim

In case of an accident, simplified claim forms are available at the school. Accidents must be reported and bills submitted within 90 days. If the student is insured under the "24-Hour Plan" and school is not in session, or has transferred to another school, a claim form can be obtained from the Service Office on the cover, or from [www.studentplanscenter.com](http://www.studentplanscenter.com).

This is not the Policy. Rather, it is a brief description of the benefits and other provisions of the Policy. The Policy is governed by the laws and regulations of the state in which it is issued and is subject to any necessary state approvals. Any provision of the Policy, as described herein, that may be in conflict with the laws of the state where the school is located will be administered to conform with the requirements of that state's laws, including those relating to mandated benefits. This plan is not available in all states.

# 4 How to apply

- Choose the plan best suited to your needs.
- Complete and sign the attached enrollment form.
- Enclose check or money order payable to **Commercial Travelers** for the **required yearly premium**.
- Mail to: **Gene Weber Agency** • P.O. Box 120997 • W. Melbourne, FL 32912-0997

**IMPORTANT** Keep this information as a Summary of Benefits. Complete provisions are contained in the Master Policy on file at the school. It is subject to Insurance Department approval and will conform to the laws of the state where your school is located. Individual policies will not be sent to you.

**LATE ENROLLMENT** Coverage may be purchased at any time during the school year, but there is no premium reduction for late enrollment.

**CANCELLATION** Coverage is non-cancellable and premiums will not be pro-rated or refunded.

**RETURN OF CHECK BY BANK** Coverage will be immediately invalidated if check is returned by bank for any reason.

CUT AND MAIL

## Enrollment Form

### Yearly Student Rates—2019–2020—Check Your Selections

COVERAGE PLANS	BENEFIT OPTIONS	
	<input type="checkbox"/> High Option	<input type="checkbox"/> Low Option
Annual 24-Hour (Includes School-time coverage)	<input type="checkbox"/> \$ 67.00	<input type="checkbox"/> \$35.00
School-time	<input type="checkbox"/> \$ 18.00	<input type="checkbox"/> \$ 8.00
Summer Only 24-Hour	<input type="checkbox"/> \$ 33.00	<input type="checkbox"/> \$12.00
*Extended Dental	<input type="checkbox"/> \$ 6.00	<input type="checkbox"/> \$ 6.00
*Football—Fall & Spring (Grades 9–12 only)	<input type="checkbox"/> \$130.00	<input type="checkbox"/> \$68.00
*Football—Spring Only (Grades 8–11 only)	<input type="checkbox"/> \$ 44.00	<input type="checkbox"/> \$23.00

Total Payment Enclosed \$ \_\_\_\_\_ \$ \_\_\_\_\_

\*Note: Football Coverage is available only in combination with Annual 24-Hour or School-time Coverage. Extended Dental Coverage is available in combination with 24-Hour or Schooltime Coverage.

Make Check or Money Order Payable to **"COMMERCIAL TRAVELERS"** DO NOT SEND CASH

Please print child's name clearly—1 letter to a box—ALL CAPITALS

STUDENT'S LAST NAME

STUDENT'S FIRST NAME

MIDDLE INITIAL

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
GRADE BIRTHDATE (Mo/Day/Yr)

PARENT'S NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

No. & Street

Apt. #

City

State

Zip

NAME OF SCHOOL \_\_\_\_\_

SCHOOL DISTRICT OR ADDRESS (CITY) \_\_\_\_\_  
City State

I acknowledge that I have read the fraud warning on page 6.

SIGNATURE \_\_\_\_\_  
(Parent or Guardian) Date Signed

39 EF-GW-PIV-19

IMPORTANT! THIS IS YOUR INSURANCE CARD. IF COVERAGE IS PURCHASED CLIP, FOLD AND CARRY AS YOUR VERIFICATION OF COVERAGE.

This card verifies student accident coverage during the 2019–2020 school year for:

Name of student \_\_\_\_\_

Name of school \_\_\_\_\_

Plan Number GW-PIV

Fully Insured & Underwritten by Commercial Travelers Life Insurance Company  
Send completed claim form and itemized bills to: COMMERCIAL TRAVELERS,  
Attn: School Claims • 70 Genesee St. • Utica, NY 13502  
[studentplanscenter.com](http://studentplanscenter.com) • 1-800-756-3702

Possession of this card does not guarantee eligibility. The student must be enrolled in the plan. Eligibility is subject to Verification by Plan Administrator.

List Medical Conditions:

\_\_\_\_\_  
\_\_\_\_\_

Family Physician:

Phone ( ) \_\_\_\_\_

Coverage Purchased:

Accident Only Coverage

24-Hour

School-time

Dental

Football

AK, DE, IA, MI, MS, SC, WI: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud.

AL: 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.

AZ: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

GA, NE, VT: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information may be guilty of insurance fraud.

KY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

OH: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

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