

# 2015-2016 STUDENT INSURANCE PLANS

## WE RECOMMEND 24-HOUR-A-DAY COVERAGE

- Accidents happen! When they happen to your child, someone must pay the bills.
- Here are Accident insurance plans to cover your child either 24 hours a day (24-Hour Plan) or while in school (School-Time Plan).
- These plans provide benefits to help meet the cost of medical and Hospital expense.
- If you have other insurance, these plans can help offset the deductibles and coinsurance for those plans.
- If you have no other insurance, these plans will provide basic coverage.
- Any benefits payable by the Policy as a result of medical, surgical, dental, Hospital or nursing service will be paid directly to the Hospital or person rendering such service unless proof of payment in full is provided.

| 24-HOUR-A-DAY | SCHOOL TIME | IMPORTANT PROTECTION FACTS                                                                                                                                                                                                                                                                                    |
|---------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓             | ✓           | BECOMES EFFECTIVE THE DATE PREMIUM PAYMENT IS RECEIVED BY THE COMPANY OR ITS REPRESENTATIVE (but not prior to the opening day of school).                                                                                                                                                                     |
| ✓             | ✓           | PROVIDES COVERAGE DURING THE HOURS THAT SCHOOL IS IN REGULAR SESSION.                                                                                                                                                                                                                                         |
| ✓             |             | PROVIDES 24-HOUR-A-DAY PROTECTION.                                                                                                                                                                                                                                                                            |
| ✓             | ✓           | PROVIDES COVERAGE DURING THE TIME NECESSARY FOR TRAVEL BETWEEN THE INSURED'S HOME AND THE BEGINNING OR END OF REGULAR SCHOOL SESSIONS.                                                                                                                                                                        |
| ✓             | ✓           | PROVIDES COVERAGE WHILE PARTICIPATING IN (OR ATTENDING) ACTIVITIES ORGANIZED, SPONSORED AND SUPERVISED BY THE SCHOOL. Coverage is also provided for travel directly to and from such activities in a vehicle furnished by the school.                                                                         |
|               | ✓           | COVERAGE EXPIRES AT THE CLOSE OF THE REGULAR SCHOOL TERM. (Coverage will be extended while attending academic classes for credit in the summer, when classroom sessions are exclusively sponsored and solely supervised by the school; however, no coverage will be provided for travel to and from classes). |
| ✓             |             | COVERAGE CONTINUES WITHOUT INTERRUPTION ALL SUMMER until school re-opens for the following term.                                                                                                                                                                                                              |

**OPTIONAL FOOTBALL ONLY ACCIDENT COVERAGE BEGINS ON THE DATE OF PREMIUM RECEIPT BY THE COMPANY, ITS REPRESENTATIVES OR SCHOOL OFFICIALS, BUT NOT PRIOR TO THE FIRST OFFICIAL DATE OF PRACTICE; AND CONTINUES THROUGH THE DATE OF THE LAST OFFICIAL GAME OF THE CURRENT SEASON INCLUDING PLAYOFFS.**

**To File A Claim:** Report accidents to the school official. Simplified forms will be furnished through the principal's office (during vacation time contact the administrators of the plan). COMPLETE PROOF OF LOSS AND ACCUMULATED BILLS MUST BE RECEIVED BY THE COMPANY WITHIN 90 DAYS.

## Accident Insurance

### 24-Hour-A-Day Coverage

#### 24-Hour-A-Day Protection for each Covered Accident

Protects your child for the entire school year and extends **throughout the summer** - right up to the day school opens. Your child's coverage is good **WORLDWIDE, 24-HOURS-A-DAY**. This includes covered accidents:

- 📎 At home    📎 At play    📎 At school    📎 On vacation    📎 Scouting, camping etc.
- 📎 During covered travel
- 📎 While engaged in sports, except those specifically excluded or for which optional coverage is required\*

**\*See OPTIONS for available optional sports coverage, if any.**

### School-Time Coverage

Your child is protected while attending regular school sessions. Also covered is travel directly to and from your residence to attend regular school sessions for travel time required, but not more than one hour before or after regular classes. Travel time on the school bus is extended for any additional time needed. In addition, coverage is provided while participating in (or attending) covered activities exclusively organized, sponsored and solely supervised by the school and school employees, including travel directly to and from the activity in a vehicle furnished by the school and supervised solely by school employees. Optional coverage may be required for interscholastic sports. See **OPTIONS** for available optional sports coverage, if any.

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## What's Covered? Up to \$25,000.00 as described under Coverage and Benefits for:

- ACCIDENTS OCCURRING WHILE COVERAGE IS IN FORCE
- LOSS FROM ACCIDENTAL BODILY INJURY RESULTING DIRECTLY AND INDEPENDENTLY OF ALL OTHER CAUSES
- COVERED MEDICAL EXPENSE WHICH BEGINS WITHIN 60 DAYS OF THE ACCIDENT AND IS INCURRED WITHIN 52 WEEKS OF THE ACCIDENT

### COVERAGE & BENEFITS

Injury means bodily Injury due to an Accident which results directly and independently of disease, bodily infirmity, or any other causes; solely, directly and independently of all other causes, results in medical expense; occurs after the effective date of the Insured's coverage under the Policy; and occurs while the Policy is in force. All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

BENEFITS ARE PAYABLE UP TO THE DOLLAR AMOUNTS SPECIFIED BELOW

| BENEFITS PER INJURY         |                                                                                                                                                                                            |                                                    | BENEFITS PER INJURY                                                                                              |                                                                                                   |                                  |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------|
| INPATIENT HOSPITAL EXPENSE  | ● ROOM AND BOARD<br>● INTENSIVE CARE                                                                                                                                                       | 80% OF CHARGES*<br>UP TO \$500 PER DAY             | OTHER SERVICES (continued)                                                                                       | ● AMBULANCE EXPENSE<br>● DURABLE MEDICAL EQUIPMENT<br>● ORTHOPEDIC APPLIANCES                     | 80% OF CHARGES*<br>UP TO \$500   |
|                             | ● INPATIENT MISCELLANEOUS                                                                                                                                                                  | 80% OF CHARGES*<br>UP TO \$1,500                   |                                                                                                                  | ● OUTPATIENT IMAGING PROCEDURES, Including X-rays and interpretation<br>● Fracture or dislocation | 80% OF CHARGES*<br>UP TO \$500   |
| OUTPATIENT HOSPITAL EXPENSE | ● OUTPATIENT MISCELLANEOUS                                                                                                                                                                 | 80% OF CHARGES*<br>UP TO \$1,000                   | MOTOR VEHICLE (Automobile) ACCIDENT INJURIES                                                                     | ● MRI/CAT scan                                                                                    | 80% OF CHARGES*<br>UP TO \$750   |
|                             | ● EMERGENCY CARE                                                                                                                                                                           | 80% OF CHARGES*<br>UP TO \$500                     |                                                                                                                  | ● DENTAL TREATMENT (INJURY TO SOUND, NATURAL TEETH ONLY)                                          | 80% OF CHARGES*<br>UP TO \$2,500 |
| DOCTOR'S SERVICES EXPENSE   | ● SURGICAL EXPENSE No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession.                        | 80% OF CHARGES*<br>UP TO \$2,500                   | SPECIFIC LOSSES Only one of these benefits, the largest, will be payable in addition to the benefits shown above | ACCIDENTAL DEATH, caused by an injury and occurring within 180 days of the covered accident       | \$2,500.00                       |
|                             | ● ASSISTANT SURGEON..... 25% OF SURGICAL EXPENSE                                                                                                                                           |                                                    |                                                                                                                  | DISMEMBERMENT, caused by an injury and occurring within 180 days of the covered accident          | \$5,000.00                       |
|                             | ● ANESTHESIA SERVICES ..... 25% OF SURGICAL FEE                                                                                                                                            |                                                    |                                                                                                                  | Loss of one hand, one foot or sight of one eye                                                    | \$10,000.00                      |
|                             | ● PHYSICAL THERAPY                                                                                                                                                                         | 80% OF CHARGES*<br>UP TO \$1,000                   |                                                                                                                  | Loss of both hands, both feet, or sight of both eyes                                              |                                  |
| OTHER SERVICES              | ● DOCTOR'S VISITS INPATIENT AND OUTPATIENT                                                                                                                                                 | 80% OF CHARGES*                                    |                                                                                                                  |                                                                                                   |                                  |
|                             | ● REGISTERED NURSE EXPENSE<br>● PRESCRIPTIONS DRUGS<br>● LABORATORY SERVICES<br>● REPLACEMENT OF EYEGLASSES OR LENSES, IF RESULTING FROM A COVERED INJURY WHICH REQUIRES MEDICAL TREATMENT | 80% OF CHARGES* FOR EACH SERVICE SHOWN TO THE LEFT |                                                                                                                  |                                                                                                   |                                  |

\*The Policy provides benefits for Reasonable and Customary charges determined by geographic area for Medically Necessary services.

**EXTENDED DENTAL EXPENSE (Payable at 80% of Reasonable & Customary) UP TO A MAXIMUM BENEFIT OF \$5,000 for:** Examination, diagnoses and x-ray; restorative treatment; endodontics; and oral surgery (not to include periodontics or orthodontics); up to \$5,000 for dental prostheses toward the cost of a bridge, partial denture or denture, or for replacement in kind of previous dental repairs. If during the Benefit Period, the Insured's dentist certifies that treatment must be deferred, We will pay up to a maximum of \$5,000 in lieu of all other dental benefits. (Can only be purchased in conjunction with At-School, 24-Hour or Football Only plans).

This is an illustration of your child's benefits. Please keep for your records. This is not a contract. The master policy is on file with your school.

#### EXCLUSIONS The policy does not provide benefits for:

1. Treatment, services or supplies which: are not Medically Necessary; are not prescribed by a Doctor as necessary to treat an Injury; are determined to be Experimental/Investigational in nature; are received without charge or legal obligation to pay; are received from persons employed or retained by the Policyholder or any Family Member; are not specifically listed as Covered Charges in the Policy.
2. Intentionally self-inflicted Injury, violating or attempting to violate any duly enacted law. Injury by acts of war, whether declared or not.
3. Injury covered by Worker's Compensation or the Occupational Disease Law or mandatory no-fault automobile insurance.
4. Treatment of Osgood-Schlatter's disease or osteochondritis dissecans.
5. Hernia, any type, regardless of cause.
6. Injury sustained fighting or brawling, except in self-defense, or while committing or attempting to commit a felony.
7. Suicide or attempted suicide.
8. Treatment of temporomandibular joint dysfunction and associated myofascial pain.
9. Injury caused by or contributed to by aggravation or re-injury of a Pre-Existing condition.
10. Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the Injury occurs.
11. Loss resulting from being under the influence of any drugs or narcotic unless administered on the advice of a Doctor.
12. Injury sustained while operating, riding in or upon, mounting or alighting from any two or three or four wheeled recreational motor/engine driven vehicle, snowmobile or all terrain vehicle (ATV).
13. Any expense for which benefits are payable under a Catastrophic Accident Insurance Program of the State Interscholastic Activities Association.
14. Injury sustained while participating in or practicing for interscholastic sports or grades 9 through 12 tackle football, unless optional coverage has been purchased.

**EXCESS PROVISION:** All Covered Charges over \$100 will be considered for payment on an Excess basis if Other Valid and Collectible Insurance or Plan covers the Insured person. The Company will pay the first \$100 in Covered Charges, regardless of other insurance.

Administered by **FIRST AGENCY**, 5071 West H Avenue, Kalamazoo, Michigan 49009-8501 (269) 381-6630

# 2015-16 SCHOOL YEAR APPLICATION

| ONE-TIME PREMIUM PAYMENT                                                                                                        | ANNUAL RATES                      |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>OPTIONS</b>                                                                                                                  |                                   |
| <b>24-HOUR-A-DAY COVERAGE</b><br>Grades Pre K-12- includes all activities and interscholastic sports, except 9-12 football..... | <input type="checkbox"/> \$215.00 |
| Grades Pre K-12- includes all activities except all interscholastic sports.....                                                 | <input type="checkbox"/> \$158.00 |
| <b>SCHOOL-TIME COVERAGE</b><br>Grades Pre K-12- includes all activities and interscholastic sports, except 9-12 football.....   | <input type="checkbox"/> \$88.00  |
| Grades Pre K-12- includes all activities except all interscholastic sports.....                                                 | <input type="checkbox"/> \$37.00  |
| <b>OPTIONAL FOOTBALL COVERAGE - 2015 SEASON ONLY</b><br>Grades 9-12                                                             | <input type="checkbox"/> \$341.00 |
| <b>EXTENDED DENTAL</b> - Grades PreK-12                                                                                         | <input type="checkbox"/> \$12.00  |
| <b>MAKE CHECK PAYABLE TO:<br/>FIRST AGENCY</b>                                                                                  |                                   |
| NO REFUNDS ARE AVAILABLE                                                                                                        |                                   |



PLEASE PRINT CLEARLY

|                                                 |                                  |                                                                             |
|-------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------|
| <b>STUDENT'S NAME</b> _____                     |                                  |                                                                             |
| FIRST NAME                                      | MIDDLE INITIAL                   | LAST NAME                                                                   |
| <b>DATE OF BIRTH</b> _____                      | MONTH      DAY      YEAR         | <b>MALE</b> <input type="checkbox"/> <b>FEMALE</b> <input type="checkbox"/> |
| <b>SCHOOL DISTRICT</b> _____                    | <b>SCHOOL</b> _____              |                                                                             |
| <b>GRADE</b> _____                              | <b>STUDENT'S ADDRESS</b> _____   |                                                                             |
| <b>CITY</b> _____                               | <b>STATE</b> _____               | <b>ZIP</b> _____                                                            |
| <b>TELEPHONE #</b> _____                        | <b>DATE OF APPLICATION</b> _____ |                                                                             |
| <b>PARENT OR GUARDIAN'S EMAIL ADDRESS</b> _____ |                                  |                                                                             |
| <b>SIGNATURE OF PARENT OR GUARDIAN</b> _____    |                                  |                                                                             |

TOTAL ENCLOSED \$ \_\_\_\_\_  
(Please do not send cash)

TO PAY BY CREDIT/DEBIT CARD PLEASE VISIT:  
[www.1stagency.com/voluntaryaccidentcoverage.htm](http://www.1stagency.com/voluntaryaccidentcoverage.htm)

GP-1200

## PLEASE REMEMBER TO:



COMPLETE THE APPLICATION FORM AND CHECK THE PLAN AND OPTIONS YOU WANT.



MAKE YOUR CHECK OR MONEY ORDER (PLEASE DO **NOT** SEND CASH) FOR THE TOTAL ENCLOSED PAYABLE AS INDICATED.

MAIL THE APPLICATION WITH YOUR CHECK OR MONEY ORDER TO:



**FIRST AGENCY**  
**5071 West H Avenue**  
**Kalamazoo, Michigan 49009-8501**



PLEASE NOTE: YOUR CANCELED CHECK IS YOUR RECEIPT. IF CANCELED CHECK IS NOT RECEIVED WITHIN 60 DAYS, PLEASE CONTACT YOUR PLAN ADMINISTRATOR.

**For faster service you can pay by credit or debit card. Please visit us online at:**

**[www.1stagency.com/voluntaryaccidentcoverage.htm](http://www.1stagency.com/voluntaryaccidentcoverage.htm)**

**Follow directions by choosing STATE and SCHOOL DISTRICT**

**Visa and MasterCard are accepted**