



# Important Notice To Broward County Parents



## Choice of **TWO** Student Accident Insurance Plans

### Dear Parents:

Accident Insurance protection is made available as a public service to full-time students enrolled in the Broward County School District. The School Board is not responsible for payment of medical expenses due to school-related injuries or any medical expenses not covered by this plan or any other insurance plan. We encourage all parents to read this information and decide whether or not to enroll their child in this voluntary insurance program.

### OPTION

#### SCHOOL TIME ACCIDENT PLAN

- Effective during the regular school term for:
- School Classes and Covered School Activities
  - Summer School Educational Classes
  - Interscholastic School Sports (except varsity tackle football)\*

\*NOTE: Contact the school's football coach if you want to purchase Varsity Tackle Football Insurance.

### OPTION

#### SCHOOL TIME PLUS 24-HOUR FULL TIME ACCIDENT PROTECTION PLAN

- Effective during:
- School Classes and Covered Activities
  - School Sports (except varsity tackle football)\*

#### PLUS ADDED PROTECTION WHILE:

- At Home and Weekends
- Summer Vacation Periods
- 24 hours a day, seven days a week. Additional exclusions apply.

### Choose from one of the following Accident Policy Benefit Levels

Policy Benefit Description	PLAN A Basic Benefits	PLAN B Enhanced Benefits
Maximum Medical Benefit payable per Covered Accident	\$25,000	\$25,000
Accidental Death Benefit	\$1,500	\$3,000
Initial Physician's Visit (Non-Surgical)	\$50	\$75
Physician's Follow-Up Visits (Non-Surgical)	\$40	\$45
Outpatient Therapy or Similar Treatment Visits	Up to \$200 @ \$40 per day	Up to \$400 @ \$45 per day
Surgery Fee Schedule (includes assistant surgeon and anesthesiologist fees per Florida 2008 Work Comp Fee Schedule, Part A)	Not to exceed a \$3,500 maximum benefit	Not to exceed a \$7,500 maximum benefit
X-Rays, EEG, CAT Scans (Includes Reading Fees)	Up to \$150	Up to \$350
MRI (Includes Reading Fees)	Up to \$500	Up to \$750
Inpatient Hospital Room Charges per Day of Confinement	Up to \$350 per day	Up to \$500 per day
Inpatient Hospital Miscellaneous Charges per Diem	Up to \$300 per day	Up to \$750 per day
Hospital Outpatient, Surgi-Care Center or "Same Day" Surgery Facility Charges when Major Surgery is performed requiring general anesthesia	Up to \$3,500 for all charges, services and supplies	Up to \$7,500 for all charges, services and supplies
Emergency Room Charges: (applies to injuries requiring emergency treatment within 72 hours of a covered accident)	Up to \$300	Up to \$750
Orthopedic Devices, Braces, Implants or Appliances	Up to \$150	Up to \$300
Outpatient Prescription Drugs	No Benefit	Up to \$50
Dental Treatment, (for accidentally injured sound, natural teeth)	Up to \$350/injured tooth	Up to \$750/injured tooth
Emergency Ambulance Service (initial air or ground trip)	Up to \$250	Up to \$750



### Optional In-Hospital Sickness Benefit Plan

The Accident Insurance Plans mentioned above do not cover any medical expenses due to an illness, sickness or disease. However, if your child is enrolled in Option 3, the In-Hospital Sickness Benefit Plan, the policy will pay up to \$500 for each day your child is hospitalized overnight as an in-patient due to a covered illness, sickness or disease up to a policy maximum of \$5,000 for up to a 12 month period of coverage. No other sickness benefits are payable for any outpatient expenses or doctor's services. The one-time cost to add the In-Hospital Sickness Benefit Option is \$40.00 for coverage starting from the date this application is received by the insurance company and continuing through the 2016 summer months until the last day of summer August 2016.

**COVERAGE EFFECTIVE AND TERMINATION DATES:** Coverage becomes effective on the first day of school or at 11:59 PM, according to the U.S. Postal postmark date on the enrollment envelope or the date payment is received in School Insurance of Florida's office, whichever is the later date. The 24 Hour Basic Accident Plan coverage terminates at 12:01 A.M. on the last day of summer, August 2016. The At School Basic Accident Plan Coverage terminates at 11:59 P.M. on the last day of school, June 2016. The In-Hospital Sickness Benefit Option Plan coverage terminates at 12:01 A.M. on the last day of summer, August 2016. If you are an Adult Student (Vo-Tech) and purchase the School Time Plan or the 24 Hour Plan, your coverage will expire when your semester is over or on the last day of summer, August 2016.

**HOW TO ENROLL:** 1) (Cómo inscribirse) Complete the enrollment form below; 2) Make check or money order for correct amount payable (Envie su cheque con el formulario) to School Insurance of Florida; 3) Write the student's name and school in the memo section of your check or money order; 4) Mail enrollment application and payment to School Insurance of Florida. *Keep your cancelled check or money order receipt as your confirmation of payment. Insurance cards will not be sent to you unless you request an I.D. card and enclose a self-addressed, stamped envelope for us to mail the I.D. card to you. Keep the top portion of this form for your records. No premium refunds after the first day of coverage. Enroll online and receive immediate I.D. confirmation.*

**FOR MORE INFORMATION CONTACT:** School Insurance of Florida P.O. Box 784268 Winter Garden, FL 34778. Telephone 800-432-6915;

**Or, visit our website [www.schoolinsuranceofflorida.com](http://www.schoolinsuranceofflorida.com) to enroll online.**

DETACH HERE AND ENCLOSE YOUR APPLICATION AND YOUR PAYMENT IN THE ENVELOPE BELOW

## ENROLLMENT FORM FOR STUDENT ACCIDENT INSURANCE

STUDENT'S FIRST NAME (one letter in each box) M.I.

STUDENT'S LAST NAME

Please Print Address (Street) (City) (State) (Zip)

Name of School Student Attends \_\_\_\_\_

Grade \_\_\_\_\_ Email Address \_\_\_\_\_

X \_\_\_\_\_ (Signature of Parent or Guardian) (Date)

CHECK # School Board of Broward County 16-RSL

CHECK (✓) YOUR SELECTION BELOW BY CHOOSING OPTION 1 OR 2 AND YOUR BENEFIT PLAN

Options	Plan A Basic Benefit	Plan B Enhanced Benefits
<b>OPTION 1</b> School Time Coverage Only	<input type="checkbox"/> \$9	<input type="checkbox"/> \$25
<b>OPTION 2</b> School Time PLUS 24 HOUR COVERAGE	<input type="checkbox"/> \$47	<input type="checkbox"/> \$150
<b>OPTION 3</b> In-Hospital Sickness Benefit	<input type="checkbox"/> \$40	
<b>TOTAL PAYMENT ENCLOSED</b>	\$ _____	

If you have enrolled in one of the above plans you are eligible for Option 3 the In-Hospital Sickness Benefit Plan Below.

## ENROLL ONLINE!

DETACH HERE AND INSERT COMPLETED ENROLLMENT FORM ABOVE INTO THIS ENVELOPE AND MAIL.

To avoid processing delays - sign your check, write your student's name in the check memo area, and fill out the application completely.

### Enrollment Instructions \*You may enroll online at [www.schoolinsuranceofflorida.com](http://www.schoolinsuranceofflorida.com)

- Enroll in one of the following options:
  - Option 1 School Time Coverage Only Plan with either the Basic or Enhanced Benefits

**OR**

  - Option 2 School Time PLUS 24-HOUR COVERAGE with either Basic or Enhanced Benefits
- If you enroll in Option 1 or Option 2, you are eligible to select the In-Hospital Benefit Option 3.
- Complete the Enrollment Form and enclose your check or money order in this envelope payable to: School Insurance of Florida (Do Not Send Cash.) Mail as soon as possible or enroll online.
- Please include a self addressed, stamped envelope with your payment so we can return an insurance card back to you. Keep the top part of the form for your records.

If you want to enroll more than one student, fill out a copy of the application or obtain more applications from your school or School Insurance of Florida.

SCHOOL BOARD OF BROWARD COUNTY  
SUMMARY OF STUDENT INSURANCE

EXCESS INSURANCE

Underwritten by Reliance Standard Life Insurance, 2001 Market Street, Philadelphia, PA

The Certificate of Insurance summarizes the policy provisions and benefits. This policy will not pay 100% of all incurred medical expenses. Policy limits and exclusions apply. Policy benefits are payable, subject to the limits specified below, for accidental bodily injury resulting from a covered accident (or covered illness if the optional In-Hospital Sickness Benefit Option is purchased). The company will pay the reasonable cost of covered eligible medical charges not to exceed the maximum benefits listed in the policy (summarized in this form). The maximum benefit payable for any one covered accident is \$25,000.00. The maximum payable under the optional In-Hospital Sickness Benefit Option is \$5,000.00 in the aggregate for all covered in-hospital expenses due to covered illness or disease. First medical treatment by a licensed physician or dentist for a covered condition must be obtained within thirty (30) days from the original date of the covered injury or condition to be eligible for policy benefits. The company will pay for covered medical charges for treatment and care rendered within 52 weeks after the date of a covered accident or condition.

**POLICY DEFINITIONS:** "Covered Accident" means bodily injury of the insured that results directly and independently of all other causes from a covered accident occurring while the policy is in force. Self-inflicted injuries caused by prolonged over exertion, stress or strain, or disease process or aggravation of an existing condition is expressly excluded from coverage under the accident policy. "Covered Charges" means reasonable charges which are not in excess of usual and customary charges; not in excess of the maximum benefit amount payable for services specified below; services and supplies which are not excluded from coverage; and services and supplies which are a medical necessity for treatment of the covered accident. "Pre-Existing Condition" means any physical condition for which the existence of symptoms would cause a normally prudent person to seek medical care or advice. Physical condition includes any complication or residual of a prior illness, condition or disease the person was advised or treated for in the six (6) months before the effective date of the Insured's coverage under the policy. "Sickness" means an illness or disease for which symptoms first originate and for which medical treatment is rendered by a physician while this Endorsement is in force. All related conditions and recurrent symptoms of the same or a similar condition will be considered one sickness. "Hospital" means a licensed or properly accredited general hospital which is open at all times and operated primarily and continuously for the treatment of and surgery for sick and injured persons as inpatients under the supervision of one (1) or more legally qualified physicians available at all times with continuous, twenty-four (24) hour nursing services by Registered Nurses on duty or call. "Hospital" does not mean a facility that is primarily a clinic, nursing, rest or convalescent home, or an institution specializing in or primarily treating mental or nervous disorders, alcoholics or drug addicts. "At-School Accident Coverage" applies while a covered person is in attendance at the school during the hours and on the days that school is in session; participating in activities, except as a spectator, which are exclusively school-funded, school-sponsored, school-supervised and scheduled by the school on or away from school premises, during or after school hours or school-sponsored religious instruction, traveling directly and without interruption to or from the covered person's residence and the school for regular school sessions or such travel time as is required, however, not to exceed one (1) hour before the regular school classes begin and not more than one (1) hour after school is dismissed; while a covered person is participating in a school-scheduled, school-sanctioned interscholastic sports practice or competition at or away from school premises (except grades 9th, 10th, 11th and 12th grade tackle football). "24-Hour Accident Coverage" includes "At-School Coverage" and extends coverage to twenty-four (24) hours per day while a covered person is at home, school or on vacation. Under the 24-hour coverage plan, the same benefits, limitations and exclusions of the "At-School Coverage" plan will apply. No benefits are payable for injuries while practicing for or participating in 9th, 10th, 11th and 12th grade tackle football. Additional policy terms and provisions apply which are stated in the Master Blanket Accident Insurance Policy issued to the school district and on file for your review. "Effects of Other Coverage" means the insurance coverage provided under the policy shall be "EXCESS" to any other collectible insurance or plans, including but not limited to auto P.I.P. and auto medical payments, HMOs or PPOs, subject to limits stated in the policy when total charges for treatment of a covered accident are in excess of \$300.00. Third party subrogation rights are reserved. Total payments by all insurance plans, including HMOs or PPOs, shall never exceed the total medical expenses incurred.

EXCLUSIONS - WHAT THE POLICY DOES NOT COVER

- The practice or play of interscholastic tackle football including travel to or from such practice or play if the student is enrolled in the 9th, 10th, 11th or 12th grades, unless the player has paid the required extra premium. Participation in any organized sports camps, league practices or competitions that are not exclusively funded, sponsored, scheduled and supervised by the Member school district Board of Education to which the Policy is issued. Participation in organized classes, practices or competitions in boxing, wrestling, self-defense, or martial arts, including but not limited to Karate, Aikido, Tae Kwon Do, Jujitsu, Kung Fu, kickboxing or weapons training unless the organized program is exclusively sponsored, funded, and scheduled by the Member school district Board of Education to which the Policy is issued, and directly supervised by a Member school employee.
- Damage to other than whole, sound, vital and natural teeth or to existing dental bridges, crowns, restorations or braces, orthodontic procedure and services. Treatment for injury or fracture of tooth caused either by decay, infection or the breakdown of a dental restoration.
- Pathological fractures, stress fractures, boils, athlete's foot, impetigo or similar skin infection, rashes, poisonous vegetation reactions, warts, blisters, calluses, cramps, muscle spasms, allergies or allergic reactions, ingrown nails, appendicitis, hernia of any kind, however caused; infections occurring other than as a result of such injury; detached retina, or psychiatric care.
- Any form of illness, sickness or disease including but not limited to the following: Pertussis' Disease, Osgood-Schlatter's Disease, Osteomyelitis, Osteochondritis, Osteogenesis Imperfecta, Slipped Capital Femoral Epiphysis, Thrombophlebitis, Hysterical Reactions, or similar conditions (unless the In-Hospital Sickness Benefit Option is purchased).
- Any form of fighting or brawling or criminal or felonious assault or the Insured being engaged in an illegal occupation. Intentionally self-inflicted injury.
- Services or treatment rendered as a part of the member school service by a hospital, physician, or person employed or retained by the member, or by a person related to the Insured by blood or marriage.

Additional exclusions for the optional In-Hospital Sickness Benefit: No benefits payable due to pregnancy, child birth, abortion, drug or alcohol intoxication, addiction or treatment expense; mental illness, emotional disorders, or psychiatric care; dental care for any cause including TMJ, any out-patient visit, treatment of service; any pre-existing condition or recurrence thereof; any expense due to accidental bodily injury.

This Policy is "Excess Coverage" which means if you have other insurance, an HMO or PPO that is also in effect, this policy will consider payment of eligible medical expenses after your other insurance has provided their full payments. You must file a claim with your other primary insurance to be eligible to receive benefits from this accident insurance policy. If you do not have other primary insurance, this policy will pay up to the specified limits of selected policy plan.

A certificate of insurance summarizes the provisions and benefits of the policy #09-0136 (files form # LRS-8985-0100-FL). Any difference between the policy and the certificate will be settled according to the provisions of the policy.

**HOW TO FILE A CLAIM:** (Para reportar un reclamo, Comuniquese con la oficina de la escuela). Obtain a claim reporting form from your school. Complete the form and mail to **School Insurance of Florida**, P.O. Box 784268, Winter Garden, FL 34778-4268. Telephone number 800-432-6915. You can also visit our website [www.schoolinsuranceofflorida.com](http://www.schoolinsuranceofflorida.com). FLORIDA LAW STATES: Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim or an enrollment form containing any false or incomplete, or misleading information is guilty of the felony of the third degree.

Address all claims and inquires to : **School Insurance of Florida**  
P.O. Box 784268, Winter Garden, Florida 34778 PHONE: 1-800-432-6915

RS0100FL

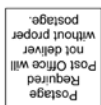
BROWARD 16-RSL

School Policy Number : 09-0136

- 1) Include check or money order payable to: School Insurance of Florida.
- 2) Please follow the enrollment instructions on the reverse side of this envelope.

MAIL TO: SCHOOL INSURANCE OF FLORIDA  
PO BOX 784268  
WINTER GARDEN, FL 34778-4268

Broward Public School  
Insurance Application



From: \_\_\_\_\_  
Please Print Name of Parent or Guardian  
\_\_\_\_\_  
No. \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip \_\_\_\_\_