

IMPORTANT NOTICE

To Palm Beach County Parents

A one time payment per school term protects your student all year long! Even if you have insurance this can help pay your high deductibles and co-pays.

- ✓ **SCHOOL TIME PLAN FOR ONLY \$10 PER SCHOOL TERM.**
- ✓ **24 HOUR EXTENDED PLAN FOR ONLY \$45 PER SCHOOL TERM.**

Dear Parents,

Your school is very interested in providing a safe environment for all students. However, accidents do happen every day during school activities. Therefore, the school offers parents the opportunity to enroll their child in a low cost, school approved insurance program. We strongly urge all parents to read this description of coverage and consider enrolling your child in this voluntary insurance program. This program does not provide coverage for interscholastic sports practice or game injuries for 9th to 12th graders. The school district purchases a separate sports policy to cover students during school sports practices and games. The policy may not pay for 100% of all medical expenses due to the limits of the policy as described below. The school cannot accept financial responsibility for any expenses due to school injuries or any expense not covered by insurance.

Please choose from **ONE OF** the following two options:
***Enroll online at www.schoolinsuranceonline.com**

- 1 OPTION** **24 Hour Basic Accident Insurance Plan:** Provides protection during school sponsored and school supervised activities during the regular school term and also while at home, on the weekends, holidays, during vacation periods and the summer months, 24 hours a day, 7 days a week (excludes tackle football and interscholastic sports 9th to 12th grade). **Cost for 24 Hour Coverage during the school term and summer months is \$45.00.**
 - 2 OPTION** **School Time Basic Accident Insurance Plan:** Provides protection only during school sponsored and school supervised classes and activities during the regular school term (excludes tackle football and interscholastic sports 9th to 12th grade). Does not provide coverage at home or during vacation periods. **Cost for School Time Coverage is \$10.00.**
- Additional options: (you must purchase the 24 Hour plan or School Time Plan, to be eligible for these options).**
- 3 DENTAL UPGRADE** **Increased Dental Accident Coverage:** Provides increased dental treatment benefits, up to \$600 per injured tooth, due to covered accidents. **Cost is \$2.00.**
 - 4 SICKNESS OPTION** **In-Hospital Sickness Benefit Option:** Provides up to \$500 per day of in-hospital confinement benefits if your child is hospitalized due to a covered illness or disease. **Cost is \$40.00 for coverage during the school term and summer months.**

AND/OR

Basic Accident Insurance Coverage Maximum Benefits

Hospital Room and Inpatient Miscellaneous Charges: Up to \$1,250.00 per day of confinement.
Outpatient Use of Hospital: \$1,250.00 if major surgery is performed or \$350.00 if minor or no surgery is performed.
Physician (Treatment, Care):
 First Office Visit — \$60.00
 Follow-up Visit — \$40.00
Surgeon/Anesthesiologist: Not to exceed the amounts listed in the 2001 Florida Workers' Compensation Fee Schedule (Part A).
Plastic/Cosmetic Surgery: \$500.00
Physiotherapy: (manipulation, massage, adjustments, etc.) \$40.00 per day, maximum of \$300.00.

Dental: \$300.00 per sound natural tooth.
X-Ray (includes reading x-ray, EEG, EKG): up to \$300.00.
MRI: \$600.00
CAT or other Scans: \$350.00
Ambulance: \$500.00
Crutches: \$25.00
Orthopedic Braces: \$150.00
Motor Vehicle Injury: \$1,000.00
Maximum Medical Limit: \$25,000.00
Accidental Death: \$1,000.00 (within 180 days of accident).

Dismemberment:
 Single: \$1,000.00
 Double: \$5,000.00
Interscholastic Sports: 9th -12th grade, not covered.



Protect your child 24/7 at school, home and during vacations for just \$45/year.

Optional In-Hospital Sickness Benefits

If your child enrolls in the In-Hospital Sickness Benefit Option, the policy will pay up to \$500 for each day your child is hospitalized overnight as an in-patient due to a covered illness or disease, up to a maximum policy benefit of \$5,000 for the 12-month period of coverage. No benefits are payable for out-patient expenses. Cost for the In-Hospital Sickness Benefit Option is \$40.00 for coverage during the current school term and 2022 summer months.

FOR INFORMATION CONTACT: School Insurance of Florida, P. O. Box 784268, Winter Garden, FL 34778-4268. Phone 1-800-432-6915. Do not contact the schools for claim or coverage information; contact School Insurance of Florida. Go to our website, www.schoolinsuranceonline.com for more information.

COVERAGE EFFECTIVE AND TERMINATION DATES: Coverage becomes effective on the first day of school or at 11:59 P.M. on the US Postal, postmark date of 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 and In-Hospital Sickness Benefit Option Plan coverages terminate at 12:01 A.M. on the last day of summer, August, 2022. The School Time Basic Accident Plan coverage terminates at 11:59 P.M. on the last day of classes for the regular school term in May 2022. Enroll online and coverage will become effective at 11:59 pm, that day, and you will receive an ID card immediately.

Enroll Online! www.schoolinsuranceonline.com

PALM BEACH STUDENT INSURANCE ENROLLMENT FORM

(Formulario de inscripción del seguro)

Please (✓) the appropriate boxes below and enclose check or money order for a selected amount to School Insurance of Florida. To enroll more than one child call School Insurance of Florida or your school for more enrollment forms or enclose a note with the students' names and explanation of plans selected with this enrollment application.

- \$45.00 24 HOUR BASIC ACCIDENT PROTECTION PLAN** Provides accident protection while at school and covered school activities, (except interscholastic sports 9th -12th grade) as well as coverage during weekends, holidays, and all vacation periods, 24 hours a day, 7 days a week, including the summer months!
- \$10.00 SCHOOL-TIME BASIC ACCIDENT PROTECTION PLAN** Accident coverage only while school is in session during regular school term and during school sponsored activities (except interscholastic sports 9th to 12th grade).

Additional Benefits Options: You must purchase either the 24 hour or School-Time plan to be eligible for these options:

- \$40.00 IN-HOSPITAL SICKNESS COVERAGE BENEFIT OPTION** Provides up to \$500 per day for In-Patient Hospital Expense.
- \$2.00 INCREASED DENTAL ACCIDENT COVERAGE OPTION** Increases dental accident benefit to \$600 per tooth.

CHECK # _____

Please Print Student's Full Name Clearly - One Letter To A Box

Total amount enclosed (Cantidad incluida): (USD) \$ _____

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Student's First Name (Primer Nombre del Estudiante)

Last Name (Apellido)

Home Address (Dirección): _____ Home Phone (Teléfono): _____

City (Ciudad): _____ State (Estado): _____ Zip (Código Postal): _____

Name of School your child attends (Nombre de la Escuela) 09012: _____ Grade (Grado): _____

Signature of parent or guardian (Firma del padre o guardián): _____ Date (Fecha): _____

RS0100FL

IF YOU WOULD LIKE TO RECEIVE AN INSURANCE CARD PLEASE ENCLOSE A SELF ADDRESSED STAMPED ENVELOPE

PALM BEACH 2022

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

ENROLL ONLINE! Visit our website www.schoolinsuranceonline.com to enroll online.

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 on the front page, 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; injuries sustained while participating in a school-scheduled, school-sanctioned interscholastic sports practice or competition at or away from school premises are not covered. "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 sustained while practicing for or participating in interscholastic sports (9th-12th). 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 \$250.00. 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

1. The practice or play of interscholastic sports, grades 9th, 10th, 11th, 12th grades including travel to or from such practice or play. 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.
2. 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.
3. 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.
4. Any form of illness, sickness or disease including but not limited to the following: Perthes' 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).
5. Any form of fighting or brawling or criminal or felonious assault or the Insured being engaged in an illegal occupation.
6. 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.
7. Riding in or on, being struck by, being towed by, boarding or alighting from, or operating any motorized or engine-driven vehicle. Eligible medical expenses not collectible from other valid coverage will be payable up to \$1,000.00.
8. Intentionally self-inflicted injury.
9. War or any act of war (raids by air, land or sea shall be deemed act of war), civil disobedience, plots or insurrection.
10. Injuries sustained by the Insured for which benefits are payable under any Workers' Compensation or Employer Liability Laws, or while engaging in activity for monetary gain from sources other than the Member.
11. Aviation in any form except while the Insured is riding as a passenger in a licensed airplane provided by an incorporated passenger carrier on a regularly scheduled passenger flight and route.
12. Riding in or on, being struck by, being towed by, boarding or alighting from, or operating any snowmobile, all-terrain vehicle, or two (2) or three (3) wheeled motor vehicle.
13. The use of or while under the influence of drugs unless administered as prescribed by a physician.
14. The existence or aggravation of physical or mental infirmity, condition or disease, whether infectious, congenital, secondary or acquired in origin. Conditions or the aggravation of conditions that originated prior to the Insured's Effective Date.
15. Expense resulting from participating in activities for which benefits would be payable, in the absence of this insurance, under any high school or association-sponsored catastrophe sports accident policy or trust fund is expressly excluded from coverage.
16. Snow skiing, snow tubing, snowboarding, water skiing, wake boarding, surf boarding, hydro-sliding, jet skiing or using any "personal watercraft" as defined by Florida statutes. Injury as a result of skate boarding.
17. Prescription drugs, injections, miscellaneous supplies and medications, except those administered while hospital-confined or when treated in the emergency room.
18. Any expense for which a benefit is not listed.

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 or service; any pre-existing condition or recurrence thereof; any expense due to accidental bodily injury. A certificate of insurance summarizes the provisions and benefits of the policy # 09-0113 (filed 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, Comuníquese 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. Phone 1-800-432-6915. You may also visit our website www.schoolinsuranceoffl.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 a 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

School Policy Number: 09-0113

PALM BEACH 22-RSL

HOW TO ENROLL: 1) (Cómo inscribirse) Complete the enrollment form; 2) Make check or money order for correct amount payable (Envíe 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) Place both the completed application and your check or money order payment in an envelope and mail 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 by enclosing another self-addressed, stamped envelope for us to mail the I.D. card back 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 by using a valid email.**

Mail to : School Insurance of Florida
P.O. Box 784268, Winter Garden, Florida 34778

ENROLL ONLINE! www.schoolinsuranceonline.com