

PARENTS:

Your School Officials have chosen to offer this plan of Economical Group Insurance for your child. It is limited to accidental injuries.

Group Student Accident Insurance:

SEE ALSO THESE 2 OPTIONAL PLANS

- ★ **Student Life Insurance (Page 3)**
- ★ **Dental Accident Insurance (Page 7)**

**For more program information, log onto our website at
www.BollingerSchools.com**



School Sponsored Student Accident Plan Choose from Two Plans of Protection for Your Child

A. School Time Only Protection covers most school sponsored and supervised activities including regular school session, summer school, direct travel to and from regular school sessions, direct and uninterrupted travel to and from school activities, as well as participation in school activities (except for those listed as exclusions).

B. 24-Hour Round-the-Clock Protection provides coverage on a 24-hour per day basis – during school hours, after school, evenings, weekends, holidays and summer vacation – anywhere in the world until school reopens in September.

BENEFITS: are provided for accidental injuries for which medical treatment by a physician, surgeon, dentist, or registered nurse, hospital services, ambulance services, or X-rays are rendered. The initial treatment must be rendered within 60 days of accident, and benefits are limited to treatment rendered within 260 weeks of the date of accident. All claims must be submitted to the company within 90 days from the date of accident.

MAXIMUM: The maximum benefit payable for medical expenses as a result of any one accident is \$500,000.

PHYSIOTHERAPY: Diathermy, heat treatment, adjustment, manipulation, or massage is payable up to \$50 per visit subject to a 10 visit maximum.

HOSPITAL: Hospital room and board expenses are payable up to the semi-private room rate. Inpatient hospital miscellaneous expenses are payable up to the Reasonable and Customary charges subject to a \$5,000 maximum per Injury. Outpatient hospital miscellaneous expenses are payable subject to a \$300 maximum per Injury.

PHYSICIANS: Non-surgical doctor services (includes office visits) will be paid up to \$50 per Injury. Emergency room physician charges are payable up to a maximum of \$100 per Injury.

SURGERY: In or out of the hospital up to the Reasonable and Customary charges subject to a \$5,000 maximum per Injury. Surgery in an Ambulatory Facility is subject to a \$750 maximum per Injury.

ANESTHESIA: Paid up to a maximum of 30% of the Surgical Allowance.

NURSING SERVICES: Up to a maximum of \$75 per Injury.

ORTHOPEDIC APPLIANCES: Up to the Reasonable and Customary charges subject to a maximum of \$2,500 per Injury.

AMBULANCE: To the hospital in emergency situations will be paid up to the Reasonable and Customary charge subject to a maximum of \$1,000 per Injury.

DENTAL TREATMENT: Covers treatment of sound natural teeth, caps, and crowned teeth, caused by a covered accident up to the Reasonable and Customary charges subject to a maximum of \$800 per tooth.

PRESCRIBED MEDICATIONS: Up to the Reasonable and Customary charges when prescribed by a physician for treatment of a covered accident.

OUTPATIENT LABORATORY TESTS: Up to the Reasonable and Customary charges subject to the Outpatient Hospital Miscellaneous expense limitation of \$300 per Injury.

EYEGLASSES, CONTACT LENSES AND HEARING AIDS: Up to the Reasonable and Customary charges to a \$1,000 maximum per accident. This benefit is only payable when eyeglasses, contact lenses, or hearing aids are damaged as a result of a covered accident requiring medical treatment.

X-RAYS: Paid up to the Reasonable and Customary charges subject to a maximum of \$200 per Injury.

ACCIDENTAL DEATH: \$5,000 will be paid if death occurs within 100 days of the date of a covered accident.

DISMEMBERMENT: The following amounts are payable for dismemberment occurring within 100 days of the date of a covered accident:

Both Hands or Both Feet	\$20,000
The Entire Sight of Both Eyes	20,000
One Hand and One Foot	20,000
One Hand and the Entire Sight of One Eye	20,000
One Foot and the Entire Sight of One Eye	20,000
One Hand or One Foot	10,000
The Entire Sight of One Eye	10,000

Exclusions

(a) Injuries which are not caused by an accident. (b) Injury sustained as a result of practice or play in senior high interscholastic tackle football, unless the premium for such coverage has been paid. (c) Re-injury or complications of a condition for which medical advice or treatment was recommended by or received from a physician within a 2 year period preceding the effective date of the Insured's coverage. (d) Treatment performed by a family member or person retained by the school. (e) Injury due to: acts of war, suicide or intentionally self-inflicted injury, while sane or insane (in Mo. while sane); violating or attempting to violate the law; the taking part in any illegal occupation; fighting or brawling except in self-defense, or loss in consequence of being legally intoxicated as defined by the laws of the state in which the loss occurs; or under the influence of any drugs or narcotic unless administered by or on the advice of a physician. (f) Medical expenses for which the insured is entitled to benefits under any (1) Worker's Compensation act; or (2) mandatory no-fault automobile insurance contract. (g) Expenses for which there is no obligation to pay. (h) Treatment or loss resulting from hernia, regardless of cause, Osgood Schlatter's disease or osteochondritis. (i) Injury sustained as a result of operating, riding in or upon, or alighting from a two, three or four-wheeled recreational motor vehicle or snowmobile. (j) Any expense for which benefits are payable under Catastrophic Accident Insurance Program of the State High School Interscholastic Activities Association. (k) Bacterial infections, sickness or disease of any kind such as strep throat or tonsillitis, heat exhaustion, sunburn, frostbite, fainting, allergic reactions, except those which occur as a result of accidental ingestion or pus forming infections which occur through an accidental cut or wound. (l) Vegetation poisoning such as poison ivy or poison sumac or ptomaine poisoning. (m) Expenses incurred for treatment of temporomandibular joint disfunction and associated myofascial pain. (n) Private air travel, to include ballooning or ultra-light aircraft; parachuting; hang-gilding; bobsledding; travel in or upon a snowmobile; ATV (all terrain vehicle); or any two or three wheeled motor vehicle. (o) Experimental procedures. (p) Serving in the armed forces of any country or international authority. (q) Injuries sustained as a result of practice or participation in interscholastic sports and related activities in any form, or from traveling as a team member to or from such activities. Injuries sustained in interscholastic athletic activities for which the school has bought separate other insurance coverage. Interscholastic athletic activities include try-out or final squad members, cheerleaders, twirlers, band members, color guard and equipment managers.



\$10,000 Life Insurance

**Economical Student
Life Insurance Plan:
\$10,000.00 Term Coverage**

Anytime, Anywhere Protection

This Plan covers your child 24 hours a day, every day of the year, in school, at play, at home, on vacation – anywhere in the world.

Who Can Buy This Policy

This coverage may be purchased for any child who is in good general health. Policies will not be issued to children who have ever had known indications of, or have been treated for:

- (1) Any form of cancer,
- (2) Cerebral palsy,
- (3) Heart abnormality or disorder,
- (4) Lung abnormality or disorder,
- (5) Kidney abnormality or disorder.

A misrepresentation of the existence of any of the 5 conditions listed above will result in a rescission of life insurance during the first two years of coverage. The Student Life Insurance Plan covers death from any cause with the exception of suicide during the first two years of coverage. After the policy has been in force for 2 years, there are no exceptions.

In Missouri, suicide is no defense to payment of benefits unless the Company can show you intended suicide when you applied/enrolled for coverage.

A Necessary Part of Your Child's Coverage

Every parent knows that a child's coverage is not complete without some form of life insurance. Yet, many parents quite often put off obtaining this vital protection, whether because of the cost or because of the inconvenience.

Today, there's no longer a reason to put off getting this necessary coverage. This Student Life Insurance Plan gives you the opportunity to cover your child at an economical cost and with the convenience of group enrollment at school.

Economical Premium

You can now obtain all this valuable coverage for the low annual premium of \$30.00.

It's Easy to Apply

To apply, just complete the application form on the back of the application envelope remembering to check the appropriate block and mail it to Bollinger along with the appropriate premium.

Your child's policy will be sent to you by return mail within 60 days. The policy will go into effect on the 1st of the month following approval of the application and premium payment.

This \$10,000 Student Life Insurance Plan Is Underwritten by Monumental Life Insurance Company.

Application for Student Insurance

Monumental Life Insurance Company
Cedar Rapids, Iowa

LAST NAME

FIRST NAME MIDDLE INITIAL

MALE FEMALE DATE OF BIRTH
MONTH DAY YEAR

STREET ADDRESS

CITY OR TOWN STATE ZIP CODE

SCHOOL GRADE SCHOOL DISTRICT

NAME OF PARENT OR GUARDIAN (BENEFICIARY)

PARENT'S SIGNATURE DATE

CHECK THE PLAN(S) DESIRED.

1

STUDENTS GRADES K-12

A. SCHOOLTIME ONLY PLAN (cost per year)	B. 24 HOUR 'ROUND THE CLOCK' PLAN (cost per year)
<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$125.00

2

STUDENT LIFE INSURANCE

\$30.00 TOTAL COST PER YEAR PER STUDENT

Has the proposed insured ever had any known indication of, or ever been treated for any form of cancer, cerebral palsy, heart, lung or kidney abnormality or disorder?

YES NO (If "Yes" please give details on separate sheet.)

HEALTH QUESTION MUST BE ANSWERED.

3

DENTAL ACCIDENT INSURANCE

\$16.00 TOTAL COST PER YEAR PER STUDENT

I enclose \$ _____ Total Premium

TRUST-EXCL-NX-3



STUDENT INSURANCE PLANS

PO Box 5000
Short Hills, NJ 07078-5000



Dental Accident Insurance

24-Hour Coverage

\$5,000.00 Maximum Benefit

This plan provides benefits of up to \$5,000 per accident for treatment by a legally qualified dentist, who is not a family member, for injury to teeth within 60 days from the date of Injury. The plan pays for the Reasonable and Customary expenses for necessary dental treatment which is incurred within one year from the date of Injury. This plan does not cover routine teeth cleaning, nor does it cover dental disease, gum disease, or orthodontia.

Definition of Injury

“Injury”, means bodily injury caused by an accident. The injury must occur while the policy is in force and while the insured is covered under the policy.

The Exclusions

This plan does not provide benefits for:

1. Expenses resulting from accidental injury sustained while the policy is not in force.
2. Treatment necessitated by any reason other than accidental injury.
3. Injury caused by war or while in the armed forces.
4. Existing, pre-existing, or congenital dental injuries or defects which are not caused by accidental injury sustained within the policy term.

Anytime, Anywhere Protection

This plan protects your child for accidental injury to teeth that occurs at any place – at school, at home, at play, on vacation – anytime of day or night the year-round. This includes all athletics and all forms of transportation.

Sensible Protection for Children's Teeth

Sound teeth are one of your child's most valuable natural possessions. But they also represent one of the more vulnerable areas to accident. Even an otherwise harmless spill can inflict severe damage to children's teeth, damage that could remain with them permanently.

Today, you can provide your child with dental accident insurance at an economical cost. In features and benefits, it is the kind of coverage that no child should ever be without.

What Happens if You Have Other Insurance?

This policy pays its benefits regardless of any other insurance you may have.

Economical Premium

The economical cost for all this valuable protection is \$16.00 per year. To enroll, just complete the enrollment form on the back of the enclosed envelope and mail it to Bollinger. Coverage will go into effect on October 1 if the envelope is mailed in September. Enrollments received after September 30 will become effective on the 1st of the month following receipt by the Company.

This Student Dental Program Is Underwritten by Monumental Life Insurance Company, Cedar Rapids, Iowa