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.

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

IMPORTANT NOTICE TO
BROWARD COUNTY PARENTS

Option of TWO Student Accident Insurance Plans

Choice of Two: School Time Accident Plan

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

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

Choice of Two: School Time Plus 24-Hour Full Time Accident Protection Plan

Effective during:
• School Classes and Covered Activities
• School Sports (except varsity tackle football)

PLUS ADDITIONAL 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
Maximum Medical Benefit payable per Covered Accident
Accidental Death Benefit
Initial Physician’s Visit (Non-Surgical)
Physician’s Follow-Up Visits (Non-Surgical)
Outpatient Therapy or Similar Treatment Visits
Surgery Fee Schedule (includes assistant surgeon and anesthesiologist fees per Florida 2008 Work Comp Fee Schedule, Part A)
X-Rays, EEG, CAT Scans (Includes Reading Fees)
MRI (Includes Reading Fees)
Inpatient Hospital Room Charges per Day of Confinement
Inpatient Hospital Miscellaneous Charges per Diem
Hospital Outpatient, Surgic-Care Center or “Same Day” Surgery Facility Charges when Major Surgery is performed requiring general anesthesia
Emergency Room Charges: (applies to injuries requiring emergency treatment within 72 hours of a covered accident)
Orthopedic Devices, Braces, Implants or Appliances
Outpatient Prescription Drugs
Dental Treatment, (for accidentally injured sound, natural teeth)
Emergency Ambulance Service (initial air or ground trip)

Plan A Basic Benefits
$25,000
$1,500
$300
$150
Up to $200 @ $40 per day
Up to $150
Up to $500
Up to $30 per day
Up to $30,000 for all charges, services and supplies
Up to $150
No Benefit
Up to $350 injured tooth
Up to $250

Plan B Enhanced Benefits
$25,000
$3,000
$75
$45
Up to $400 @ $45 per day
Not to exceed a $7,500 maximum benefit
Up to $350
Up to $750
Up to $500 per day
Up to $750 per day
Up to $7,500 for all charges, services and supplies
Up to $750
Up to $300
Up to $50
Up to $750 injured tooth
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 2018 school year.

COVERAGE EFFECTIVE AND TERMINATION DATES:
Coverage becomes effective on the first day of school or at 11:59 P.M. 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 11:59 A.M. on the last day of summer, August 20, 2018. The At School Basic Accident Plan Coverage terminates at 11:59 P.M. on the last day of school, June 6, 2018. The In-Hospital Sickness Benefit Plan coverage terminates at 11:59 A.M. on the last day of summer, August 20, 2018. 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 the date payment is received in 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.

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 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

STUDENT’S LAST NAME

Please Print
Address

(City)    (State)    (Zip)

Name of School Student Attends

Grade    Email Address

Signature of Parent or Guardian

School Board of Broward County 18-RSL

CHECK #

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

Options

Plan A Basic Benefit
Plan B Enhanced Benefits

Option 1
School Time Coverage Only

$9
$25

Option 2
School Time PLUS 24 Hour Coverage

$47
$150

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

Option 3
In-Hospital Sickness Benefit

$40

TOTAL PAYMENT ENCLOSED

$
1. 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 gate fee. 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’ Imperfecta, Slipped Capital Femoral Epiphysis, Thrombophlebitis, Hysterical Reactions, or diseases 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.

5. Any form of fighting or brawling or criminal or felonious assault or the Insured being engaged in or subjected to combat 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-sponsored, school-sanctioned interscholastic sports practice or competition at or away from school premises (except grades 9th, 10th, 11th and 12th grade tackle football).

6. Services or treatment rendered as a part of the member school service by a hospital, physician, or PPOs, shall never exceed the total medical expenses incurred.

EXCLUSIONS - WHAT THE POLICY DOES NOT COVER

1. 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.

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.

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5. Any form of fighting or brawling or criminal or felonious assault or the Insured being engaged in or subjected to combat 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-sponsored, school-sanctioned interscholastic sports practice or competition at or away from school premises (except grades 9th, 10th, 11th and 12th grade tackle football).

6. Services or treatment rendered as a part of the member school service by a hospital, physician, or PPOs, shall never exceed the total medical expenses incurred.

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, under any high school or association-sponsored catastrophic sports accident policy or trust fund is expressly excluded from coverage.

Injury as a result of skate boarding.

Snow skiing, snow tubing, snowboarding, water skiing, wake boarding, surf boarding, hydrosliding, jet skiing or using any “personal watercraft” as defined by Florida statutes.

Prescription drugs, injections, miscellaneous supplies and medications, except those administered while hospital-confined or when treated in the emergency room.

Any expense for which a benefit is not listed.

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.

From: Please Print Name of Parent or Guardian

No. Street

City State Zip

Address all claims and inquiries to: School Insurance of Florida

P.O. Box 784268, Winter Garden, Florida 34778-4268

School Policy Number: 09-0136

BROWARD 18-RLS

MAIL TO: SCHOOL INSURANCE OF FLORIDA

PO BOX 784268

WINTER GARDEN, FL 34778-4268

Broward Public School

Insurance Application