



SCHOOL BOARD OF LEE COUNTY
SUMMARY OF STUDENT INSURANCE

Underwritten by Reliance Standard Life Insurance, 1100 East Woodfield Road, Two Woodfield Lake, Schaumburg, IL.

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).

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.

EXCLUSIONS - WHAT THE POLICY DOES NOT COVER

- 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 extra premium.
7. Riding in or on, being struck by, being towed by, boarding or alighting from, or operating any motorized or engine-driven vehicle.

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.

A certificate of insurance summarizes the provisions and benefits of the policy #09-0141 (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.

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 : 09-0141 Lee 2018-RSL

- 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



Postage Required
Post Office will not deliver without proper postage.

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



Lee Public Schools
Insurance Application