



CUT OR TEAR ON DOTTED LINE

IMPORTANT

This brochure contains a summary of the features of the Student Insurance Plan and attached riders. It is not a contract of insurance. Refer to the Master insurance policy which will be on file with the School District for other terms, limitations, exclusions and conditions which may apply.

Policy Form No.: SRP-1400

(HLA), HPP Revised
December 2007
PA-8422 HL-14389

Brochure No.: SD0708-2

Underwritten By:
Hartford Life and Accident Company

QUESTIONS?

Call the Marketing Agent:

BENE-MARC, INC.

6301 Southwest Blvd., Suite 101
Fort Worth, TX 76132
817-738-6899

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Policies sold in New York are underwritten by Hartford Life Insurance Company. Home Office of both companies is Simsbury, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the issuing companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. This brochure/presentation explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this brochure and the policy, the terms of the policy apply. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Benefits are subject to state availability.

EXCLUSIONS

The Benefits under this policy are subject to the following exclusions. Other exclusions also apply. For a complete list of the exclusions please refer to the insurance policy.

BENEFITS ARE NOT PAYABLE FOR:

- Injuries which are not caused by an accident;
- Treatment or loss resulting from hernia in any form, however caused and regardless of anatomical location;
- Illness or Disease in any form, including blisters, insect bites, or frostbite;
- Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, vegetation poisoning, ptomaine poisoning, bacterial or viral infection, regardless of how contracted. This does not include bacterial;
- Infection that is the natural and foreseeable result of an accidental external bodily injury or other accident;
- Food poisoning;
- Injuries sustained as the result of operating, riding in or upon, or alighting from a two-, three or four wheeled vehicle, snowmobile, jet ski or any vehicle not designed primarily for use on public streets or highways;
- Complications of a condition due to accidental injury which existed prior to the accident or the effective date of coverage;
- Injuries sustained as the result of participating in or while practicing for Grades 7, 8, 9, 10, 11, 12 Interscholastic tackle football including travel to or from such activities; unless premium is paid for such coverage;
- Injuries sustained while fighting or brawling or caused by war or any act of war or while participating in a riot or civil commotion;
- Treatment administered by a family member or by any person employed or retained by the School;
- Injuries received while in the armed service (upon notice of entry into an armed service the pro-rata premium will be returned);
- Air travel or the use of any device or equipment for aerial navigation, except as a fare-paying passenger on a regularly scheduled commercial airline;
- Injuries received while acting as a pilot or crew member;
- Suicide, attempted suicide or intentionally self-inflicted injury or any attempt thereat;
- Injuries sustained while violating or attempting to violate the law or while being engaged in an illegal occupation;

- Loss in consequence of being under the influence of any drugs or narcotic unless given by a doctor;
- Injuries sustained while intoxicated; (In Indiana, unless administered on the advice of a physician)
- Injuries sustained while engaging inactivity for monetary gain from sources other than school;
- Expense incurred for treatment of temporomandibular joint dysfunction and associated myofascial pain;
- Nuclear Reaction or Radiation;
- Loss covered by Workers' Compensation or Employer's Liability or Law, Occupational disease Law or for which similar occupational benefits are available.
- Any services or treatment provided by a self-funded, non-licensed, non-regulated or ERISA plan; or
- Any treatment or loss resulting from Perthes' Disease, Osgood-Schlatter's Disease, osteomyelitis, osteochondritis.

NOTE: To keep premiums as low as possible, this policy is excess over any other coverage for which the Insured Student may be eligible. However, if the claim is \$100 or less, the policy will pay the claim regardless of other insurance or plans, provided no duplication of benefits is made.

HOW TO FILE A CLAIM

You must provide written notice of claim within 60 days of the date of the covered loss. If notice cannot be given within that time it must be given as soon as possible. The notice should include the claimant's name and the name of the school. In the event of an accident, please report it as soon as possible to the Principal's Office, regardless of whether or not you are filing a claim under your personal insurance.

Please submit claims under the student accident insurance policy to; Fringe Benefit Coordinators, Inc., 1239 NW 10th Ave, Gainesville FL 32601. A copy of the bills and expenses incurred should be attached to a claim form (available at school) and forwarded promptly, when available.

TERMINATION:

TERMINATION: Coverage of each Insured Person ceases on the first to occur of:

- (a) the date the Policy terminates; or
- (b) the date he or she ceases to qualify as an Insured Person.

Termination shall be without prejudice to any claim for loss due to an accident that occurs before the termination date.

Bene-Marc Texas License #12743

Nobody Plans on Having an Accident

But if one happens while at school, you should have a cost effective student insurance plan.



THE HARTFORD

Mail Enrollment Form to:
Bene-Marc, Inc.
6301 Southwest Blvd., Ste 101
Fort Worth, TX 76132

STUDENT ACCIDENT INSURANCE PLAN

Up to the maximum benefit of the plan selected will be paid for the covered injuries (including heat stroke, heat exhaustion, or heat related injuries) sustained in any one accident which occurs on or after the effective date of coverage. The following treatment, care and services must occur within 52 weeks after the date of accident, and not exceed the specified amounts, provided that the first treatment is incurred within 90 days after the date of accident. Payment will be coordinated for expenses as EXCESS per accident for which any other collectible insurance is collectible, including HMO'S, PPO'S, Workers' Compensation and automobile No-fault insurance.

BENEFITS PROVIDED – TEXAS PLAN-COVERAGE AMOUNTS

STUDENT ACCIDENT INSURANCE PLAN - Texas K-12 School Time – 24 Hour Coverage for injuries due to Accident only. Voluntary plan. Medical benefits are paid for expenses which are incurred within 365 days from the date of injury, provided that treatment is received within 90 days of injury (60 days for dental injuries). Accidental Death & Dismemberment losses must occur within 180 Days after the date of the Accident causing such loss. Payment is made for Reasonable and Customary expenses if the treatment is determined by a Physician to be Medically Necessary and will be subject to all terms and conditions under the Policy. All benefits are paid on a per-injury basis.

Maximum Medical Benefit	\$25,000
Senior High School Football (Voluntary Plan Only)	\$25,000
Dental Injury Extension (Voluntary Plan Only)	\$25,000
Motor Vehicle Injuries	\$5,000
Death Benefit	\$5,000
Dismemberment Benefit (Single/Double)	\$10,000 / \$20,000
Physician's Office Visit Treatment (Other than a Surgeon)	\$10 per visit/\$100 maximum
Surgeon Expenses Refer to attached Surgical Schedule for examples Only one Surgery covered per incision	Paid in Accordance with surgical schedule \$80 Per-Point Value to \$800 Maximum
Anesthesiologist Expenses (Only if Surgeon is Paid)	25% of Surgery Benefit Paid
Assistant Surgeon (Only if Surgeon is Paid)	25% of Surgery Benefit Paid
Hospital/ICU Room & Board (Both paid as Hospital Semi-Private Room)	\$200 per day
Hospital Inpatient Miscellaneous Expense (Including Radiology and Diagnostic imaging as provided below)	\$250 1 st day \$100 per day thereafter \$2,000 Maximum
Hospital Outpatient Emergency Room Physician	\$30 Maximum
Outpatient Hospital Care and Service treatment at a hospital emergency Room or outpatient department, including lab, in addition to benefits for Physician's treatment and radiology and diagnostic imaging as provided	\$60 Maximum
Hospital Outpatient Surgical Facility (other than ER)	\$500 Maximum
X-Rays – Outpatient including Interpretation	\$60 Maximum
Diagnostic Imaging - Outpatient (CT/MRI, including interpretation)	\$200 Maximum
Registered Nurse's Services (does not include anesthesiology)	\$100 Maximum
Dental Treatment (Injury to sound, natural teeth only)	\$50 Maximum per tooth
Professional Ambulance – Ground Transport Only (one trip Per injury from Accident scene to hospital)	Usual & Customary \$80 Maximum
Orthopedic Appliances/Durable Medical Equipment (when ordered by Attending physician)	\$100 Maximum
Outpatient Prescription Drugs	\$25 Maximum
Replacement of Eye Glasses, Contact Lenses & Hearing Aids (only when medical treatment is also required for a covered injury)	\$50 Maximum
Chiropractic Treatment by licensed physician or therapist for covered losses only (Inpatient & Outpatient)	\$20 per visit \$100 Maximum
Physical Therapy for covered Losses only (Inpatient & Outpatient)	\$100 Maximum

Each of these plans provides benefits for medical expenses as the result of a covered accident, up to a limited amount. This plan can help offset personal insurance deductibles, co-insurance and provide some coverage to those without major medical insurance.

This is accident only coverage. Please review the brochure for plan exclusions and limitations.

COVERAGE OPTIONS

24-HOUR ACCIDENT COVERAGE

Provides around the clock protection for covered accidents.

SCHOOL TIME ACCIDENT COVERAGE

Provides protection while:

1. Attending School during regular school days and school hours.
2. Traveling directly to or from the Insured's residence and school in the hour immediately before school begins or the hour immediately after the last scheduled class.
3. Attending an activity exclusively organized, sponsored and supervised by the school and school employees. This includes travel directly to or from the activity in a vehicle furnished by the school and supervised solely by school employees.

ATHLETIC COVERAGE

Plan covers all school sponsored intramural and interscholastic sports except tackle football which is available for an additional premium.

EFFECTIVE & EXPIRATION DATES

Insurance shall take effect on the date of application provided the premium has been received. The insurance coverage under the School Time Plan will end at the close of the regular nine-month school term, except while the Insured is attending academic classroom sessions exclusively sponsored and solely supervised by the School, during the summer. Under the 24 Hour Plan coverage expires with the policy.

OPTIONAL ADDITIONAL COVERAGES

These optional coverages are available for an additional premium:

FOOTBALL COVERAGE (GRADE 7-12 ONLY)

Per Insured Player: Interscholastic Football Practice or Competition \$25,000 Maximum Benefit.

Each person who pays the required additional premium is insured for accidents occurring while participating in interscholastic Grades 7-12 football practice or competition. Coverage is subject to all exclusions and limitations.

EXTENDED DENTAL COVERAGE

Per Insured - Extended Dental Benefit premium: \$8.00

If the additional dental premium is paid, we will pay the usual and customary expense for necessary dental treatment of injuries to sound natural teeth up to a maximum of \$500.00 as the result of any one accident. The insured must be treated by a legally qualified dentist who is not a family member within 90 days from the date of injury.

THIS IS LIMITED ACCIDENT COVERAGE ONLY

STUDENT ACCIDENT INSURANCE ENROLLMENT FORM

Coverage is underwritten by Hartford Life & Accident Company – Fill out completely. Please Print Clearly.

Easy One Time Payment
(Check or Money Order)

SCHOOL TIME COVERAGE
 \$40.00

OPTIONAL FOOTBALL COVERAGE
(Grades 7-12 only)
 \$230.00

24 HOUR COVERAGE
 \$125.00

EXTENDED DENTAL BENEFIT
(Extends Benefit. Cannot be purchased separate.)
 \$8.00

TOTAL AMOUNT ENCLOSED: _____
Please Make Check Payable to Bene-Marc, Inc.
PLEASE DO NOT SEND CASH

School District _____ School Name _____

Student First Name _____ Middle Initial _____ Last Name _____

Street Address _____

City / State / Zip _____

Grade _____ Date of Birth _____

Signature (Parent or Guardian) _____

Date Signed _____

PLEASE NOTE: Proof of enrollment will be provided after check or money order is received. The master policy will be on file with the School District. Please keep this brochure to refer to Benefits & Provisions when needed.