

**Complete this section only if you wish to pay by MASTERCARD or VISA**

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
(Print Name of Cardholder)

X \_\_\_\_\_  
(Signature of Cardholder)

Date Signed: \_\_\_\_\_

Total Charge \$ \_\_\_\_\_

**HOW TO ENROLL**

1. Detach, complete and sign the Enrollment Form.
2. Complete the credit card section above or make your check payable to: **American Specialty**
3. Please Return Completed Enrollment Form With Payment To:  
**American Specialty Insurance & Risk Services**  
**142 N. Main Street**  
**Roanoke, IN 46783**  
**Phone: 260-672-8800**

**Accident Medical Expense**

When a covered Injury to an Insured results in treatment by a physician or surgeon within 30 days after the accident, We will pay benefits as shown in the Schedule of Benefits, subject to the excess coverage provision below. Only eligible medical expenses incurred by the Insured within 52 weeks from the date of the accident are covered. Benefits for any one accident shall not exceed in the aggregate the Maximum Medical Benefit.

**Primary Excess Coverage**

Benefits for Medical Expense within the policy or certificate which exceed \$100.00 will be paid only for Medical Expense which is not recoverable from any other insurance policy, service contract or workers' compensation.

**Accidental Death, Dismemberment, Loss of Sight, Speech or Hearing Benefits**

Benefits are paid for losses which are incurred within 365 days (no loss period applicable in Pennsylvania) from date of Injury. The following benefits (the largest applicable amount) are paid in addition to the medical benefit.

**Loss of:**

Life .....	\$10,000
Both hands, both feet or sight in both eyes .....	\$20,000
Speech and hearing .....	\$20,000
One hand, one foot or sight in one eye .....	\$10,000
Speech or hearing .....	\$10,000
Thumb and Index Finger of the Same Hand....	\$5,000

“Loss” means, with regard to hands and feet, actual severance above the wrist or ankle joint; with regard to sight, speech or hearing the total and irrecoverable loss thereof. Loss means, with regard to thumb and index finger of the same hand, severance of two or more entire phalanges of both the thumb and index finger.

**DEFINITIONS**

**Injury** – means accidental bodily Injury: (a) received while insured under this policy; and (b) resulting, independently of sickness and all other causes.

**EXCLUSIONS**

This policy does not cover: (1) suicide, attempted suicide or intentionally self-inflicted injury while sane or insane (in Missouri, while sane only); (2) treatment of hernia; (3) injury sustained as a result of operating, riding in or upon, or alighting from a two-, three- or four-wheeled recreational motor vehicle; (4) re-injury or complications of a condition for which medical advice or treatment was recommended by a physician or received from a physician within a 6-month period preceding the effective date of insurance; (5) injuries caused by an act of declared or undeclared war; (6) injuries resulting from the Insured’s engagement in or attempt to commit a felony or being engaged in an illegal occupation; (7) fighting or brawling; except in self-defense; (8) injuries received while under the influence of any controlled substance, unless administered on the advice of a physician; (9) injuries received while intoxicated; (10) injuries covered by workers’ compensation or employer’s liability laws; (11) injuries covered under a mandatory no-fault automobile insurance contract; (12) expense incurred for treatment of temporomandibular joint dysfunction and associated myofacial pain; (13) injuries received while in the armed service (upon notice to us of entry into an armed service, the pro rata premium will be refunded); (14) injuries received while acting as a pilot or crewmember; (15) injuries resulting from air travel, except while as a passenger for transportation only; (16) injuries sustained while traveling other than as specifically stated herein; (17) the cost of dental treatment, except as specifically provided for injuries to sound, natural teeth.

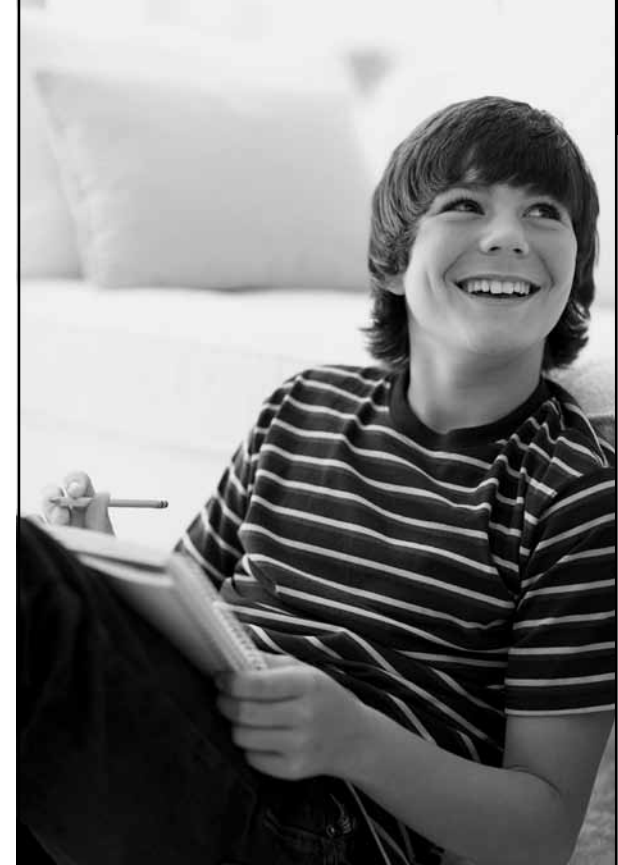
**HOW TO FILE A CLAIM**

Obtain claim form from the school office. Answer all questions on the front of the form in detail. Sign and date the form. Attach all bills to the completed form and mail to the address indicated on the form. Any bills not sent with the claim form should be sent to the insurance company with the student’s name, the name of the student’s school and school district and the policy number.

**RETAIN THIS DESCRIPTION FOR YOUR RECORDS**

**Retain this brochure and your canceled check or money order receipt as your record of coverage. This brochure summarizes the provisions of the master policy. Should there be any discrepancy between the policy and this brochure, policy provisions will prevail.**

**Voluntary Student Accident Insurance Coverage**



**Coverage Underwritten by:  
Mutual of Omaha Insurance Company  
Home Office: Omaha, Nebraska**

**School Time Only Coverage** – Insurance coverage is provided for covered Injuries incurred during the hours and days when school is in session and while attending or participating in school sponsored and supervised activities on or off school premises. Includes participation in Interscholastic Sports, (excluding Senior High Interscholastic Football); Summer Recreation Activities supervised and sponsored by the school; One Day School Field Trips (no overnight Trips) and School Sponsored Religious Activities. Coverage is provided for travel during such activities in transportation furnished or arranged by the school.

**24-Hour (Non-School Time) Coverage**

**Extension** – Insurance coverage is provided for covered Injuries around the clock, 24-Hours per day. Coverage is provided during weekends, school breaks and summer vacation. Students are protected while at home or away, any place, any time, anywhere. No coverage is provided while participating in or traveling for Interscholastic Senior High Football practices and games. No coverage is provided while participating in or traveling for any event covered under the School Time Only Coverage.

**Senior High Football Only Extension** –

Covers Accidents occurring while participating in Senior High School Interscholastic Tackle Football practice and games. Travel is covered when going directly and uninterrupted to or from such practice or competition as part of a group in transportation furnished or arranged by the Policyholder. No coverage is provided while participating in or traveling for an event covered under the School Time Only Coverage and the 24-Hour Coverage Extension (if purchased).

**Coverage Period** – Coverage under the School Time Only and the 24-Hour Coverage Extension begins on the date of premium receipt but not before the start of the school year activities. School Time Only Coverage ends at the close of the regular nine-month school term, except while the student is attending activities exclusively sponsored and solely supervised by the School during the summer. 24-Hour Coverage Extension ends when school reopens for the following fall term. Coverage under the Varsity Football Plan begins on the date of premium receipt and ends on the last day of practice or the date of the final game, whichever is later. Coverage is available under all plans throughout the school year at the premiums quoted (**no pro rata premiums available**).



**SCHEDULE OF BENEFITS**  
**Coverage for Injuries due to Accident Only**  
**Maximum Medical Benefit Amount**  
**\$25,000**

**HOSPITAL/FACILITY SERVICES**

**Inpatient**

Hospital Room and Board .....\$400/day Max  
 Hospital Intensive Care .....\$400/day Max  
 Hospital Inpatient Miscellaneous ..... \$1,500 Max

**Outpatient**

Outpatient Hospital Expenses.....\$150 Max  
 Outpatient Surgical Facility .....Paid as Outpatient Hospital Expense

**PHYSICIAN'S SERVICES**

Surgical ..... 80% U&C \$5,000 Max  
 Assistant Surgeon.....20% of Surgical Benefits  
 Anesthesiologist.....25% of Surgical Benefits  
 Physician's Outpatient Treatment in connection with Physical Therapy and/or Spinal Manipulation .....\$40/Visit Limited to 5 treatments

Physician's Non-surgical Treatment (Except as above) .....\$50/Visit

**OTHER SERVICES**

Registered Nurses' Services..... 100% U&C  
 X-rays, includes interpretation.....\$180 Max  
 Diagnostic Imaging (MRI, CAT Scan, etc.) includes interpretation ..... \$400 Max  
 Professional Ambulance Service..... \$250 Max  
 Orthopedic Appliances.....\$150 Max  
 Replacement of eyeglasses, hearing aids, contact lenses .....\$50 MAX  
 Dental Treatment to sound, natural teeth due to covered Injury ..... \$350/Tooth

**ENROLLMENT FORM**

(please print or type)

Student's Name:

First MI Last

Birthday: \_\_\_\_\_

Grade: \_\_\_\_\_

Home Address:

City State ZIP

Telephone Number: \_\_\_\_\_

School System: \_\_\_\_\_

Name of School: \_\_\_\_\_

**Voluntary Student Accident Insurance Annual Premium**

**Coverage Options (check only one):**

- School Time Only.....\$35.00
- School Time with Football Extension..... \$127.00
- School Time with 24-Hour Extension..... \$220.00
- School Time, 24-Hour & Football Extension..... \$311.00

**Please make check payable to American Specialty.**

Total Enclosed \$ \_\_\_\_\_

Signature \_\_\_\_\_  
 (Parent or Legal Guardian)

Date \_\_\_\_\_

All Premiums listed are for Grades Pre K – 12.