

Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

GAA-2202Ed.11-16 (NC)(OH)

E-9712SR

ACTIVITIES

DATE TO DATE

BEGINS ENDS

ESTIMATED # OF PARTICIPANTS

AGES FROM-TO

- EXCLUSIONS
1. Any sickness, disease, infection (unless caused by an open cut or wound), including but not limited to: aggravation of a congenital condition, blisters, headaches, hernia of any kind, mental or physical infirmity, Osgood-Schlatter disease, osteochondritis, osteochondritis dissecans, osteomyelitis, spondylolysis, slipped femoral capital epiphysis, orthodontics.

2. Injuries for which benefits are paid under Worker's Compensation or Employer's Liability Laws. (In NC, benefits are excluded if the employer, employee or carrier is responsible or liable according to final adjudication or settlement order under state law)

3. Any Injury involving a two or three-wheeled motor vehicle or snowmobile or any motorized or engine driven vehicle not designed primarily for use on public streets and highways, unless the insured is participating in an activity sponsored by the Policyholder. (In ID, an insured person must be participating as a professional)

4. In Ohio - Reinjury if the insured participated in a covered activity against medical advice

- TO FILE A CLAIM
1. The Policyholder **must** complete Part A of the claim form for all accidents. The parent/guardian or insured must complete **all** questions in Part B or Part C of the claim form.

2. The parent/guardian or insured must:

a) Obtain copies of the insured's **itemized bills**. The bills must contain the procedure codes, diagnosis codes, and tax ID and NPI numbers of the provider. Do not submit monthly balance due statements.

b) Submit the insured's itemized bills to the family medical or dental coverage first. This plan is designed to be supplemental to all other valid coverage. The other insurance plan will send a report called Explanation of Benefits (EOB).

c) Send the completed claim form, copies of insured's itemized bills and EOBs to:

STUDENT ASSURANCE SERVICES, INC.  
PO BOX 196  
STILLWATER MN 55082-0196

(For 2. b and c above, coverage is primary in ID, SD)
- For claim questions contact Student Assurance Services at (800) 328-2739 or (651) 439-7098 between 8:00 am and 4:30 pm Central standard time, Monday thru Friday.
- TO APPLY FOR COVERAGE

1. Complete and return the attached application, with the estimated number of participants and the premium amount. The premium payment must be returned with the application.

2. The Master Policy and company claim form will be sent to the Policyholder.

3. Make checks payable and mail to:

STUDENT ASSURANCE SERVICES, INC.  
PO BOX 196  
STILLWATER, MN 55082-0196
- PREMIUMS


See Agent Proposal
- Policy GA-2200Ed.11-16 (ID)(LA)(MN)(MT)(NC)(ND)(OH)(SD)(TX)(UT)

ACCIDENT INSURANCE

for

Special Risk Programs  
Sport Camps  
Amateur Sports Programs  
Rec & Park Programs


ADMINISTERED BY



STUDENT ASSURANCE SERVICES  
INCORPORATED


Stillwater, Minnesota

UNDERWRITTEN BY




Ameritas


Ameritas Life Insurance Corp.  
Lincoln, Nebraska

E-9712SR (SR)
- # Accident Insurance for Special Risk
- 


Sport Camps



Rec & Park Programs



Amateur Sports Programs



Special Risk Programs

STUDENT ASSURANCE SERVICES  
E-9712SR (SR)

COVERAGE OPTIONS

This insurance plan provides benefits for covered medical expenses resulting from bodily injury caused directly by accident, independent of all other causes, sustained while the participant is:

- a) practicing, playing, or participating in a special risk activity while under the supervision of a Policyholder's employee; and
- b) traveling to or from such special risk activity while under the supervision of a Policyholder's employee.

The Policy provides a maximum benefit up to \$25,000 per injury and covers all special risk activities sponsored and supervised by the Policyholder.

All participants must purchase coverage. (In OH, a participant is a student)

The Medical Benefits and Exclusions apply to Coverage Options above.

This provides a very brief description of some of the important features of the insurance policy. It is not the insurance policy and does not represent it. A full explanation of benefits, exceptions and limitations is contained in the Group Accident Insurance Policy Form GA-2200Ed.11-16 (and any state specific), and any applicable endorsement(s). This policy is considered term accident insurance (except in ID) and is non-renewable. This product may not be available in all states and is subject to individual state regulations. The Master Policy is issued to the Policyholder as stated on the application. A copy of the Privacy Notice and Certificate of Coverage (where applicable) will be sent to the policyholder.

MEDICAL BENEFITS

When injury covered by the Policy results in treatment by a licensed physician within 60 days from the date of injury, the Company will pay the usual and customary charges (U&C) incurred for covered services below, for expenses incurred within one year from the date of injury up to a maximum benefit of \$25,000 per injury.

This insurance plan is secondary to all other valid coverage. A claim must be filed with other valid coverage first! (This coverage is primary in ID, SD) This plan does not cover penalties imposed for failure to use providers preferred or designated by the primary coverage. (In NC, other valid coverage does not include automobile or liability coverage)

Unless stated otherwise, amounts listed below are per injury.

PHYSICIAN'S SERVICES

- a) Surgical Care (surgeon, assistant surgeon, anesthesia).....U&C, up to \$2,500
- b) Nonsurgical Care (includes physiotherapy treatment performed other than in a hospital, 1 visit per day) .....U&C, up to \$100 per visit, maximum 10 visits

HOSPITAL CARE

- a) Inpatient Care
  - 1) Hospital Semi-Private Room .....U&C, up to \$700 per day
  - 2) Hospital Miscellaneous Services .....U&C, up to \$1,000
- b) Outpatient Care
  - 1) Facility Charges for Day Surgery .....U&C, up to \$1,000
  - 2) Emergency Room .....U&C , for hospital miscellaneous charges incurred, up to \$1,000

Note: Benefits for hospital miscellaneous and outpatient care charges are limited to services not scheduled under Medical Benefits.

X-RAY SERVICES

(includes charges for reading) ..... U&C, up to \$300

DIAGNOSTIC IMAGING (MRI, CT Scan, bone scan,

includes charges for reading)..... U&C, up to \$500

DENTAL TREATMENT (in lieu of all other medical benefits;

for repair and/or replacement of each sound and natural tooth. ....U&C, up to \$200 per tooth (In SD, sound and natural is deleted)

AMBULANCE SERVICES .....U&C, up to \$500

ORTHOPEDIC APPLIANCES (when prescribed by a physician for healing).....U&C, up to \$200

PRESCRIPTION DRUGS (take home) ..... U&C, up to \$250

REPLACEMENT OF EYEGLASSES, CONTACT LENSES,

HEARING AIDS (when medical treatment is required for a covered injury)..... U&C up to \$500

MOTOR VEHICLE INJURY ..... Same as any injury, up to \$2,500

ACCIDENTAL DEATH AND DISMEMBERMENT

When injury covered by this policy results in Accidental Death or Dismemberment within 180 days from the date of accident, the following benefits will be payable.

Loss of Life	\$ 2,500	Double Dismemberment	\$10,000
Loss of an Eye	\$ 2,500	Single Dismemberment	\$ 2,500

IT IS NOT THE INTENT OF THIS POLICY TO PROVIDE BENEFITS FOR AN EXISTING MEDICAL PROBLEM. A re-injury will be covered if the insured has been treatment free for a period of 180 days prior to the effective date of the policy.(In OH, this provision does not apply)

THE POLICY CONTAINS A PROVISION LIMITING COVERAGE TO USUAL AND CUSTOMARY CHARGES. THIS LIMITATION MAY RESULT IN ADDITIONAL OUT-OF-POCKET EXPENSES FOR THE INSURED.



APPLICATION FOR SPECIAL RISK ACCIDENT INSURANCE

Name of Policyholder

Street Address

City

State

Zip

List the Activities for which this application applies on the back of this form. Effective Date

Does NOT include coverage for Contact Football - Please contact agent for special rate

Expiration Date

Number of Participants

X \$3.00 \* =

Total Premium Enclosed \$

(Minimum Premium \$300.00)

Applied for by:

Name(please print)

Title

e-mail address

Signature

Phone

Date

I certify the information recorded on this application is the information provided by the Applicant.

Agent

Print Name

Phone Number

E-Mail Address

\*The maximum term of coverage at this premium rate is 3 months. If longer term of coverage is needed, please contact our office for rates.  
PLEASE SEND APPLICATION AND PREMIUM PAYMENT TO:  
Student Assurance Services, Inc., PO Box 196, Stillwater, MN 55082-0196 Phone Toll Free (800) 328-2739  
GAA-2202Ed. 11-16 (NC)(OH) E-9712SR



# Student Injuries Can Happen

**Medical Expenses Can Be a Financial Hardship When the Unexpected Occurs**

**Approved By Your School/School District - Available for All Students PK-12**

## What is Student Accident Insurance?

- ◆ Coverage that provides financial assistance with your out-of-pocket medical expenses when your student sustains an accidental bodily injury.

## Why Consider Student Accident Insurance For Your Student?

- ◆ High Deductible/Copayments to your Family's Primary Health Insurance
- ◆ No Health Insurance for your Student
- ◆ Your Student participates in an interscholastic sport where an unexpected injury is more likely to occur.
- ◆ Your Student is prone to injuries

## Coverage Options Available Through Your School

- ◆ School Time Coverage - \$16.00
- ◆ 24-Hour/Full-Time Coverage - \$99.00
- ◆ Interscholastic Sports Coverage  
(w/School Time-\$91.00 or 24 Hour Coverage-\$174.00)
- ◆ Football Coverage - \$250.00  
(Grades 9-12 for the football season)

- ◆ Extended Dental Coverage - \$9.00

***Premium Paid Once a School Year***

## To Enroll Your Student & Review Medical Benefits

**Go to: [www.sas-mn.com](http://www.sas-mn.com)**

***or scan this QR code with  
your smart phone to be  
directed to our website***



Please locate "K-12 Students & Parents" on our homepage. Within this division, you will be able to search for your student's school district. Once located, you will have access to the following information:

- ◆ **Purchase Coverage**  
(Managed Online or by Printing/Mailing Enrollment Form and premium)
- ◆ **Brochure (English & Spanish)**  
(Explains medical benefits, exclusions and coverage options)
- ◆ **Claim Form**  
(fillable form when enrolled student sustains injury)

**For Questions, Call Student Assurance Services at (800) 328-2739**



**Specializing in Student Accident Insurance Since 1971.**

*The above information is just a brief description of Student Assurance Service's student accident insurance. For more information including costs, benefits, effective dates, exclusions, limitations, please refer to [www.sas-mn.com](http://www.sas-mn.com) Students are able to purchase coverage only if his/her school district is a policyholder with the insurance company*





# Los estudiantes pueden sufrir lesiones

**Los gastos médicos pueden ser una dificultad financiera ante situaciones imprevistas  
Aprobado por su escuela o distrito escolar - Disponible para todos los estudiantes de preescolar a 12.º grado**

## ¿Qué es el seguro estudiantil contra accidentes?

- ♦ Es una cobertura que le proporciona asistencia financiera con sus gastos médicos de bolsillo si su estudiante sufre una lesión corporal accidental.

## Tener un seguro estudiantil contra accidentes para su estudiante le resultaría conveniente si:

- ♦ El seguro de salud principal de su familia tiene copagos o un deducible altos
- ♦ Su estudiante no tiene un seguro de salud
- ♦ Su estudiante participa en un deporte interescolar que suele provocar lesiones imprevistas
- ♦ Su estudiante es propenso a sufrir lesiones

## Opciones de cobertura disponibles a través de su escuela

- ♦ Cobertura de tiempo escolar: \$16.00
- ♦ Cobertura de tiempo completo (24 horas): \$99.00
- ♦ Cobertura de deportes interescolares (con cobertura de tiempo escolar por \$91.00 o cobertura de 24 horas por \$174.00)
- ♦ Cobertura de fútbol americano: \$250.00 (De 9.º a 12.º grado para la temporada de fútbol americano)

- ♦ Cobertura dental extendida: \$9.00

**La prima se paga una vez por año escolar**

## Para inscribir a su estudiante y revisar los beneficios médicos

**Visite:** [www.sas-mn.com](http://www.sas-mn.com)

**o escanee este código QR con su teléfono inteligente para ir a nuestro sitio web**



Busque “K-12 Students & Parents” (Padres y estudiantes de preescolar a 12.º grado) en nuestra página de inicio. Dentro de esta división, podrá buscar el distrito escolar de su estudiante. Una vez que lo encuentre, tendrá acceso a la siguiente información:

### ♦ Adquisición de cobertura

(Administrada en línea o mediante la impresión o el envío por correo del formulario de inscripción y la prima)

### ♦ Folleto (en inglés y español)

(Detalla los beneficios médicos, las exclusiones y las opciones de cobertura)

### ♦ Formulario de reclamación

(formulario que debe completarse cuando un estudiante sufre una lesión)

**Si tiene preguntas, llame a Student Assurance Services al (800) 328-2739.**



**Especialistas en seguros estudiantiles contra accidentes desde 1971.**

La información anterior es solo una breve descripción del seguro estudiantil contra accidentes de Student Assurance Services. Para obtener más información, incluidos costos, beneficios, fechas de entrada en vigencia, exclusiones y limitaciones, visite [www.sas-mn.com](http://www.sas-mn.com). Los estudiantes pueden adquirir la cobertura solo si su distrito escolar es titular de una póliza de la compañía de seguros.