STUDENT ACCIDENT INSURANCE

Select the insurance plan to help offset the cost of medical care.....

- SCHOOL-TIME ACCIDENT COVERAGE
- FULL-TIME (24 HOUR) ACCIDENT COVERAGE
- DENTAL (24 HOUR) ACCIDENT OPTION
- VARSITY FOOTBALL INSURANCE PLAN
- PROVIDES COVERAGE FOR UIL ACTIVITIES/ INTERSCHOLASTIC SPORTS
- PRIMARY COVERAGE

SEE DETAILS INSIDE - Dental Accident Plan up to $5,000 for $9

Enrollment Form Enclosed

APPROVED BY YOUR SCHOOL FOR GRADES PK-12

THE BROKERAGE STORE INC

Marketed by
David Cates
The Brokerage Store
4114 Pond Hill Road • Suite 100
San Antonio, TX 78231
210-366-4800 or Toll Free 800-366-4810

C-1745(TX)(2017)

Premiums & Coverage Options

POLICY GA-2200Ed.11-16 (TX) **One Time Policy Year Premiums**

School Time Coverage PK-12 — $25
(does not include UIL Activities/ Interscholastic Sports Coverage)

Protects the student while: a) attending regular school sessions, b) participating in or attending school-sponsored and school-supervised extra-curricular activities, c) traveling directly to and from school for regular school sessions, and while traveling to and from school-sponsored and school-supervised activities in school-provided transportation. DOES NOT cover participation in UIL Activities for students in the 7th grade or above.

Full Time Coverage PK-12 — $105
(does not include UIL Activities/ Interscholastic Sports Coverage)

Covers the student 24 hours a day until the policy year ends. Includes coverage while at home, at school, on weekends and on summer vacation. DOES NOT cover participation in UIL Activities for Students in the 7th grade or above.

School Time Coverage PK-12 (includes UIL Activities/ Interscholastic Sports Coverage except Varsity Football Grades 10 - 12 and Grades 7-9 if they practice or play with Grades 10-12) — $115

In addition to the School-Time Coverage shown above, the UIL Activities Coverage protects the student while practicing for or participating in school-sponsored and school-supervised UIL Activites including travel in school-provided transportation, for grades 7-12. It DOES NOT cover Varsity Football for grades 10-12 and grades 7-9 if they practice or play with grades 10-12. Includes Spring and Summer football exclusively sponsored and supervised by the Policyholder, if football coverage was not purchased during the regular football season.

Full Time Coverage PK-12 (includes UIL Activities/ Interscholastic Sports Coverage except Varsity Football Grades 10 - 12 and Grades 7-9 if they practice or play with Grades 10-12) — $195

In addition to the Full-Time Coverage shown above, the UIL Activities Coverage protects the student while practicing for or participating in school-sponsored and school-supervised UIL Activities including travel in school-provided transportation for grades 7-12. It DOES NOT cover Varsity Football for grades 10-12 and grades 7-9 if they practice or play with grades 10-12. Includes Spring and Summer football exclusively sponsored and supervised by the Policyholder, if football coverage was not purchased during the regular football season.

Varsity Football Coverage (Grades 10 - 12 and Grades 7-9 if they practice or play with Grades 10-12) — $325

Protects the student while practicing for or participating in school-sponsored and school-supervised interscholastic football including travel in school-provided transportation. Includes Spring and Summer football exclusively sponsored and supervised by the Policyholder.

Extended Dental Coverage PK-12 — $9

Provides benefits up to a maximum of $5,000 for any dental Injury. Covers the student 24 hours a day until school starts next year. Treatment must begin within 180 days from the date of the Injury and must be performed within one year from the date of Injury. However, if within the one year period following the date of Injury the student's attending dentist certifies that dental treatment and/or replacement must be deferred beyond one year, the policy pays the estimated cost of such deferred treatment, but not to exceed $200 for each tooth. Benefits for prostheses are limited to $500 per injury, including procedures performed to install them. Dental prostheses include, but are not limited to: crowns, dentures, bridges, and implants. Extended Dental does not cover treatment for orthodontics, dental disease, or expenses that exceed the dental prosthesis maximum benefit limit.

The Medical Benefits and Exclusions apply to the Coverage Options listed above.

HOW TO ENROLL

1. Select the coverage you want from the options listed above. Complete the Enrollment envelope and enclose your premium (check made payable to: STUDENT ASSURANCE SERVICES, INC. or credit card information). Premium cannot be prorated. Please write the name of the student on your check.
2. You can also enroll online at the Student Assurance Services, Inc. website www.sas-mn.com. The online form is available under the K-12 School Look-up.
3. Be sure to retain this brochure and a copy of the premium payment as proof of insurance. You will not receive a policy or ID card. The master policy is issued to your school.

Return your premium (check or credit card information) with the requested enrollment information in the attached envelope.

EFFECTIVE AND EXPIRATION DATES

Coverage becomes effective the later of: the Master Policy Effective Date; or 12:01A.M. following the date the envelope containing the enrollment form and premium payment is postmarked by the U.S. Postal Service, or for online enrollment 12:01AM following the date the proper premium is received by the Plan Administrator, but not prior to August 1. All Coverages expire on the Master Policy Expiration Date, which is midnight 12:00am July 31 of the current school year.

The policy contains a provision limiting coverage to the usual and customary charges. This limitation may result in additional out-of-pocket expenses for the insured.

MEDICAL BENEFITS (What the Insurance Plan Pays) - When injury covered by this policy results in treatment by a licensed physician within 180 days from the date of injury, the Company will pay the usual and customary (U&C) charges incurred for necessary services and supplies as listed below, for expenses actually incurred within one year from the date of injury up to a Maximum Medical Benefit of $25,000 per injury. This policy will pay benefits regardless of Other Valid Coverage.

All Amounts Listed Below are Per Injury

A. INPATIENT BENEFITS	
1. Hospital Room and Board	Semi-private Room Charges
2. Intensive Care (in lieu of Hospital Room and Board)	1.5 X Semi-private Room Charges
3. Hospital Miscellaneous Services (all charges except Room and Board)	U&C, first day up to $1,000, then up to $500 per day; maximum $5,000
4. Physician's Non-Surgical Visits (does not include physiotherapy; not paid day of surgery)	U&C, first day of treatment up to $50, then subsequent visits up to $40; maximum 10 visits
5. Physiotherapy	Included in Hospital Misc. Benefit
6. X-ray and Radiology Services	Included in Hospital Misc. Benefit
7. Registered Nurse	U&C
B. OUTPATIENT SURGERY BENEFITS	
1. Day Surgery (facility charge; includes room supplies and all other expenses for outpatient surgery	U&C, up to $2,000
C. OTHER OUTPATIENT BENEFITS	
1. Hospital Emergency Room Charges	U&C, up to $300
2. X-ray Services	U&C, up to $250 Facility; $50 Reading
3. Diagnostic Imaging (CT scan, MRI and bone scan)	U&C, up to $750 Facility; $50 Reading
4. Laboratory Services	U&C, up to $100
5. Physician's Non-Surgical Visits (not paid day of surgery)	U&C, up to $50 per visit, maximum 10 visits
6. Physician's Non-Surgical Visits (treatment for concussion)	U&C, up to $80, first 2 visits; then paid $50 per visit, up to 10 addititional visits
7. Emergency Room Physician's Non-Surgical Care	U&C, up to $150
8. Orthopedic Appliances (when prescribed by a physician for healing)	U&C, up to $500
9. Shots and Injections (within 24 hours of an injury)	U&C, up to $50
10. Prescription Drugs	U&C, up to $50
11. Physiotherapy (includes office visits)	U&C; up to $50 per visit; maximum 5 visits
12. Ambulance Service (air or ground)	U&C, up to $1,000
13. Eyeglass Replacement (if medical treatment is also received for a covered injury)	U&C, up to $200
14. Durable Medical Equipment (post-surgical only)	U&C, up to $100
D. OTHER PHYSICIAN SERVICES	
1. Dental Treatment (in lieu of all other medical benefits, including x-rays of sound and natural teeth)	U&C, up to $1,000
2. Physician's Surgical Care (inpatient or outpatient)	U&C, up to $3,000
3. Assistant Surgeon Charges (inpatient or outpatient)	25% of Surgery Allowance
4. Anesthesia Charges (inpatient or outpatient)	25% of Surgery Allowance
E. MOTOR VEHICLE INJURY	Same as any Injury, up to $1,000
F. OTHER BENEFITS - Heat Stroke and Heat Exhaustion will be covered as any other accident.	

G. 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	$2,000	Double Dismemberment	$10,000
Loss of an Eye	$2,000	Single Dismemberment	$ 2,000

EXCLUSIONS (What the Plan DOES NOT Pay)

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 payable under Workers' Compensation or Employer's Liability Laws.
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.
4. Replacement of contact lenses, hearing aids or prescriptions or examinations thereof.
5. The participation, practice or play of UIL activities including travel to or from such activity, practice, or play for students in the 7th grade or above, unless such premium is paid.

IT IS NOT THE INTENT OF THE POLICY TO PROVIDE BENEFITS FOR AN EXISTING MEDICAL PROBLEM. A re-injury will not be covered if the insured has received treatment within a period of 180 days prior to the effective date of the policy.

WHY SHOULD MY STUDENT BE COVERED BY THIS INSURANCE?

As a service to its students, your school is offering an opportunity to enroll in a student accident insurance plan administered by Student Assurance Services, Inc. Participation in this plan is voluntary. This brochure describes several coverage and premium options. Please review the entire brochure before making a decision to purchase this insurance or contact us directly with your questions.

WHY IS THE SCHOOL PARTICIPATING IN THIS OFFERING?

Students are particularly susceptible to accidental injury. This plan will help provide coverage for expenses that are not covered by your family medical or dental coverage.

WHAT KIND OF INSURANCE IS THIS?

This is accidental bodily injury insurance; it covers accidental bodily injury occurring while the coverage is in force. Medical illnesses such as ear infections or sore throats are not covered.

WHO SHOULD CONSIDER BUYING THIS INSURANCE?

1. All families with no other health coverage.
2. Families with other medical or dental coverage having deductibles or copays. You can benefit because there are no deductibles or copays in our policy.

HOW TO FILE A CLAIM

1. Report school related injuries immediately to the school office;
2. Obtain a claim form from the school;
3. Follow ALL claim form instructions, attach the student's itemized bills and send to:

STUDENT ASSURANCE SERVICES, INC.
P.O. BOX 196 • STILLWATER, MN 55082-0196

4. Questions about claims will be answered immediately by calling (800) 328-2739 or (651) 439-7098. The claims staff is available 8:00 a.m. to 4:30 p.m. Central Time, Monday through Friday.

NOTE: Student must be treated by a licensed physician within 180 days of the date of the injury. Proof of claim should be submitted within 90 days from the date of accident, or a reasonable time thereafter not to exceed one year. Itemized bills should be submitted within 90 days from the date of treatment or a reasonable time thereafter not to exceed one year. We are responsible only for expenses incurred within one year.

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-2200 Ed.11-16 (and any state specific), and any applicable endorsement(s). This policy is considered term accident insurance 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 School District/School. A copy of the Privacy Notice may be obtained on the website **www.sas-mn.com**.

HAVE QUESTIONS?
CALL US TOLL FREE AT
(800) 366-4810 OR (210) 366-4800

Underwritten by

Ameritas

Ameritas Life Insurance Corp.
Lincoln, Nebraska

ENROLLMENT ENVELOPE FOR STUDENT ACCIDENT INSURANCE

Please fill out the information on the enrollment tear-off, select the desired coverage, and return with the correct premium (check or credit card information) as soon as possible.

NOTE - You can purchase this insurance anytime between the Master Policy effective and expiration dates for authorized UIL Activities that begin and end during the current school year.

REMEMBER TO FILL-OUT ALL REQUESTED INFORMATION, AND RETURN ALONG WITH YOUR PREMIUM (CHECK OR CREDIT CARD INFORMATION) TO:
Student Assurance Services, Inc.
P.O. Box 196
Stillwater, MN 55082-0196

In order to make coverage effective, please return this completed enrollment form as soon as possible.

DATE RECEIVED_____

ENROLLMENT ENVELOPE FOR STUDENT ACCIDENT INSURANCE

Ameritas
Ameritas Life Insurance Corp.
Lincoln, Nebraska

↑ STUDENT'S LAST NAME ↑ (one letter in each box)

STUDENT'S FIRST NAME M.I.
Please Print
Address _____
(Street)

_____
(City) (State) (Zip)

Email Address _____

Name of School _____

Name of District _____

Student's Age_____ Grade_____Phone _____

X _____
GAA-2203Ed.11-16 (Signature of Parent or Guardian) (Date)

COVERAGE PLANS	One Time Policy Year Premiums
School Time Coverage (does not include UIL Activities / Interscholastic Sports Coverage)	☐ $ 25
Full Time Coverage (does not include UIL Activities / Interscholastic Sports Coverage)	☐ $ 105
School Time Coverage (includes UIL Activities/Interscholastic Sports Coverage, does not include Varsity Football)	☐ $ 115
Full Time Coverage (includes UIL Activities/Interscholastic Sports Coverage; does not include Varsity Football)	☐ $195
Varsity Football Coverage (grades 10-12 and grades 7-9 if they practice or play with grades 10-12)	☐ $325
Extended Dental Coverage (PK-12)	☐ $ 9

DO NOT SEND CASH **TOTAL PREMIUM**

Make Checks payable to: **STUDENT ASSURANCE SERVICES, INC.**
*Please write student's name on the front of check. **NO REFUNDS**

NOTE: To enroll for Student Accident Insurance, either complete this enrollment form or enroll online under K-12 School Look-up at: www.sas-mn.com

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STUDENT ACCIDENT INSURANCE CREDIT CARD PAYMENT

INDICATE PREMIUM SELECTED AND COMPLETE THE REQUESTED ENROLLMENT INFORMATION FOUND ON THE REVERSE SIDE OF THIS FORM.
There is a $5.00 Processing Fee added to ALL Credit Card Transactions

☐ Please charge $ _____ + $5.00 Processing Fee = $ _____ to the following credit card: ☐VISA® ,☐MasterCard®, or ☐Discover®

Credit Card Number | Security Code (on back of card, 3 digits) | Card Expiration Date (Month) (Year)

Credit card billing will state: "Student Assurance Services, Inc."

Print Cardholder Name _____ Date ____ / ____ / ____

Cardholder Signature _____

Cardholder Address _____
(Street) (City) (State) (Zip)

Telephone Number (_____) _____ - _____

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DETACH - Place inside envelope