



This envelope must be filled in for all students and returned to your school within 10 days. Please do not fold bills or checks. Your cancelled check is your receipt. Make checks payable to Bollinger.

TEAR OFF AT PERFORATION

**Choose from Two Plans of Protection for Your Child**

**A. School Time Only Protection** covers most regularly scheduled school sponsored and supervised activities including regular school session, summer school, travel, direct and uninterrupted, to and from school activities with other members as a group and to and from your home and the meeting place for participating in a school activity.

**B. 24-Hour Round-the-Clock Protection** provides coverage on a 24-hour per day basis – during school hours, after school, evenings, weekends, holidays and summer vacation, anywhere in the world until school reopens in September.

**BENEFITS:** are provided for accidental injuries for which medical treatment by a legally qualified physician, surgeon (other than a member of the family), dentist or registered nurse, hospital services, ambulance services, or X-rays are rendered. The initial treatment must be rendered within 60 days from the date of injury. Monumental Life Insurance Company will pay the Reasonable and Customary expenses incurred for necessary medical, dental or hospital care subject to the provisions of the plan selected and the limitations and exclusions outlined in this brochure. Benefits are limited to treatment rendered within 5 years from the date of the accident. This student accident insurance plan is underwritten by Monumental Life Insurance Company.

**MAXIMUM:** The maximum benefit payable for medical expenses as a result of any one injury is \$500,000.

**PHYSIOTHERAPY:** Diathermy, heat treatment, adjustment, manipulation or massage is covered up to the Reasonable and Customary charge in the hospital. Coverage is also provided for necessary treatment in the doctor's office, or by a Sports Medicine Center or similar facility up to the Reasonable and Customary charge provided the treatment is rendered by a licensed physician or registered physical therapist, to a maximum of \$2,000, unless total medical bills exceed \$25,000 in which case the maximum limit is removed.

**HOSPITAL:** Hospital room and board expenses are covered up to the semi-private room rate. Hospital miscellaneous expenses (inpatient or as outpatient for day surgery) are covered up to the Reasonable and Customary charges.

**PHYSICIANS:** Non-surgical doctor services (includes office visits) will be paid up to the Reasonable and Customary charges.

**SURGERY & ANESTHESIA:** In or out of the hospital up to the Reasonable and Customary charges.

**NURSING SERVICES:** Up to the Reasonable and Customary charges if hospital confined and prescribed by a physician.

**ORTHOPEDIC BRACE & APPLIANCES:** Up to the Reasonable and Customary charges.

**AMBULANCE:** To the hospital in emergency

situations will be paid up to the Reasonable and Customary charges.

**DENTAL TREATMENT:** Covers treatment of sound natural teeth, caps, and crowned teeth, caused by a covered accident up to the Reasonable and Customary charges to a \$10,000 benefit maximum.

**PRESCRIBED MEDICATIONS:** Up to the Reasonable and Customary charges when prescribed by a physician for treatment of a covered accident.

**OUTPATIENT LABORATORY TESTS:** Up to the Reasonable and Customary charges.

**EYEGLASSES, CONTACT LENSES AND HEARING AIDS:** Up to the Reasonable and Customary charges to a \$500 per accident maximum. This benefit is only payable when contact lenses, eyeglasses or hearing aids are damaged as a result of a covered accident requiring medical treatment.

**X-RAYS:** Paid up to the Reasonable and Customary charges.

**ACCIDENTAL DEATH:** \$5,000 will be paid if death occurs within 100 days of the date of a covered accident.

**DISMEMBERMENT:** The following amounts are payable for dismemberment occurring within 100 days of the date of a covered accident:

Both Hands or Both Feet . . . . .	\$20,000
The Entire Sight of Both Eyes . . . . .	20,000
One Hand and One Foot . . . . .	20,000
One Hand and the Entire Sight of One Eye . . . . .	20,000
One Foot and the Entire Sight of One Eye . . . . .	20,000
One Hand or One Foot . . . . .	10,000
The Entire Sight of One Eye . . . . .	10,000

Please note that both the Schooltime and 24-Hour 'Round-The-Clock accident plans outlined on pages 2 and 3 of this flyer provide "Excess" coverage. This means that coverage is provided only for those medical expenses not covered by other applicable insurance plans, health maintenance organizations or similar organizations.

# 1 School Sponsored Student Accident Insurance Plan

This plan covers medical expenses incurred from an **accident** such as: (1) broken arm from falling off bicycle, (2) concussion from being hit in the head in gym class, or (3) lacerated foot from stepping on broken glass. This plan does not cover medical expenses incurred from **sickness** such as: (1) measles, (2) mumps, (3) appendicitis, or (4) allergies.

**DEFINITIONS**

"Accident" means an unexpected, external and sudden event that is independent of any other cause. "Injury" means bodily injury caused by an accident. The injury must occur while the policy is in force and while you are covered under the policy. The injury must be sustained while you are participating in an activity covered by the policy.

"Reasonable and Customary Charges" mean those charges for necessary treatment and service performed and supplies furnished which are usual and reasonable as compared to charges for like treatment, service and supplies in the geographic area where the treatment is performed.

"Regularly Scheduled Activity" means all school functions which are organized and scheduled solely by the school on or off premises. This would include: (1) classes which are under sole direct supervision of qualified school authorities; and (2) school sponsored and supervised travel to and from such activities.

**THIS PLAN DOES NOT COVER THE FOLLOWING:**

- (a) Injuries which are not caused by an accident.
- (b) Injury sustained as a result of practice or play in senior high interscholastic tackle football, unless the premium for such coverage has been paid.
- (c) Re-injury or complications of a condition for which medical advice or treatment was recommended by or received from a physician within a 2 year period preceding the effective date of the insured's coverage.
- (d) Treatment performed by a family member or person retained by the school.
- (e) Injury due to: acts of war, suicide or intentionally self-inflicted injury, while sane or insane (in Mo. while sane); violating or attempting to violate the law; the taking part in any illegal occupation; fighting or brawling except in self-defense, or loss in consequence of being legally intoxicated as defined by the laws of the state in which the loss occurs; or under the influence of any drugs or narcotic unless administered by or on the advice of a physician.
- (f) Medical expenses for which the insured is entitled to benefits under any (1) Worker's Compensation act; or (2) mandatory no-fault automobile insurance contract.
- (g) Expenses for which there is no obligation to pay.
- (h) Treatment or loss resulting from hernia, regardless of cause, Osgood Schlatter's disease or osteochondritis.
- (i) Injury sustained as a result of operating, riding in or upon, or alighting from a two, three or four-wheeled recreational motor vehicle or snowmobile.
- (j) Any expense for which benefits are payable under Catastrophic Accident Insurance Program of the State High School Interscholastic Activities Association.
- (k) Bacterial infections, sickness or disease of any kind such as strep throat or tonsillitis, heat exhaustion, sunburn, frostbite, fainting, allergic reactions, except those which occur as a result of accidental ingestion or pus forming infections which occur through an accidental cut or wound.
- (l) Vegetation poisoning such as poison ivy or poison sumac or ptomaine poisoning.
- (m) Expenses incurred for treatment of temporomandibular joint disfunction and associated myofascial pain.
- (n) Private air travel, to include ballooning or ultra-light aircraft; parachuting; hang-gliding; bobsleding; travel in or upon a snowmobile; ATV (all terrain vehicle); or any two or three wheeled motor vehicle.
- (o) Experimental procedures.
- (p) Serving in the armed forces of any country or international authority.
- (q) Injuries sustained as a result of practice or participation in interscholastic sports and related activities in any form, or from traveling as a team member to or from such activities. Injuries sustained in interscholastic athletic activities for which the school has bought separate other insurance coverage. Interscholastic athletic activities include try-out or final squad members, cheerleaders, twirlers, band members, color guard and equipment managers.

# 3 Dental Accident Insurance 24-Hour Coverage

**\$5,000.00 Maximum Benefit**

This plan provides benefits of up to \$5,000 per accident for treatment by a legally qualified dentist, who is not a family member, for injury to teeth within 60 days from the date of Injury. The plan pays for the Reasonable and Customary expenses for necessary dental treatment which is incurred within one year from the date of Injury. This plan does not cover routine teeth cleaning, nor does it cover dental disease, gum disease, or orthodontia.

**Definition of Injury**

"Injury", means bodily injury caused by an accident. The injury must occur while the policy is in force and while the insured is covered under the policy.

**The Exclusions**

This plan does not provide benefits for:

1. Expenses resulting from accidental injury sustained while the policy is not in force.
2. Treatment necessitated by any reason other than accidental injury.
3. Injury caused by war or while in the armed forces.
4. Existing, pre-existing, or congenital dental injuries or defects which are not caused by accidental injury sustained within the policy term.

**Anytime, Anywhere Protection**

This plan protects your child for accidental injury to teeth that occurs at any place – at school, at home, at play, on vacation – anytime of day or night the year-round. This includes all athletics and all forms of transportation.

**Sensible Protection for Children's Teeth**

Sound teeth are one of your child's most valuable natural possessions. But they also represent one of the more vulnerable areas to accident. Even an otherwise harmless spill can inflict severe damage to children's teeth, damage that could remain with them permanently.

Today, you can provide your child with dental accident insurance at an economical cost. In features and benefits, it is the kind of coverage that no child should ever be without.

**What Happens if You Have Other Insurance?**

This policy pays its benefits regardless of any other insurance you may have.

**Economical Premium**

The economical cost for all this valuable protection is \$16.00 per year. To enroll, just complete the enrollment form on the back of the enclosed envelope and have your child return it to school. Coverage will go into effect on October 1 if the envelope is returned to school in September. Enrollments received after September 30 will become effective on the 1st of the month following receipt by the Company.

This Student Dental Program Is Underwritten by Monumental Life Insurance Company, Cedar Rapids, Iowa