

# SHORT-TERM (24-HOUR), COVERAGE

## ACCIDENT INSURANCE ENROLLMENT FORM FOR THE 2018-2019 SCHOOL YEAR

### 100% Participation Required

Provides excess accident and emergency sickness medical coverage and accidental death and dismemberment coverage for all of your students participating in school sponsored and supervised activities involving overnight travel and/or periods without direct and immediate school supervision.



Rate is \$1.85/person/calendar day. Coverage consists of the following BASIC and CATASTROPHIC injury benefits.

#### Basic

Accident medical benefits are paid on an excess basis of 100% of Usual, Customary & Reasonable charges up to \$25,000/injury and \$1,000 for Emergency Sickness. Includes benefit for pre-approved Medical Evacuation expenses up to \$25,000 and up to \$10,000 of expenses for Repatriation of Remains to home country. Covered charges for injuries are limited to those incurred within one year from date of first treatment of the injury or sickness. Underwritten by BCS Insurance Company.

#### Catastrophic

Accident medical benefits are subject to a deductible of \$25,000 and are then paid on an excess basis at 100% of Usual, Customary and Reasonable charges up to \$1,000,000 with a ten year benefit period. Includes additional cash assistance of up to \$500,000 (depending upon the severity of the loss) and accidental death benefit of \$25,000. Underwritten by ACE American Insurance Company.

**Crisis Management Benefit.....\$100,000 Maximum**

If a student is killed as a result of criminal violence while participating in a Covered Activity sponsored and supervised by the School or school district, we will pay the Crisis Management Benefit shown in the Schedule of Benefits to the School or school district involved to help them access the counseling and other care they deem is needed by the student body and staff.

**Cosmetic Disfigurement from Burns Benefit..... \$150,000 Maximum**

If, as a result of a Covered Injury, an Insured suffers third or fourth degree burns in one or more areas of the body, benefits will be paid as determined by the formula specified in the policy.

**Special Adaptation Expense Benefit..... \$75,000 Maximum**

If an Insured suffers a "presumptive disability" from a covered Accident and requires a special housing adaptation or a special vehicle to accommodate the disability.

**Traumatic Brain Deficit Benefit..... \$250,000 Maximum**

If an Insured suffers an injury to the brain which 1) occurs, and is diagnosed by a Doctor; 2) results in measurable, neurological deficit persisting for the lesser of at least 12 consecutive months or the time at which maximum recovery has been reached; 3) requires permanent daily personal supervision; and 4) results in the inability of the Insured to perform independently three or more of the following activities of daily living: a) transferring (moving in or out of a bed or chair); b) dressing; c) bathing; d) feeding; e) toileting; or f) continence.

**The policies have complete details of provisions, definitions, limits and exclusions.**

### INSTRUCTIONS - Complete Enrollment Form on Reverse

The fully completed enrollment form and roster of participating students (and coaches/instructors) must be received by us prior to the start date of activities. Otherwise, coverage will begin upon receipt. Premium is due within 10 days of the start of the activity. It is required that all students attending this event are covered, whether they have other insurance or not.

Coverage is optional for parent volunteers and other youth participants. Staff may also be included on an optional basis.

**Mail, fax or email to:** Myers-Stevens & Toohey & Co., Inc. - 26101 Marguerite Parkway Mission Viejo, CA. 92692  
Via Fax – (949) 348-2630 • Via Email – [activities@myers-stevens.com](mailto:activities@myers-stevens.com)

**QUESTIONS??? Call (800) 827-4695**

# ENROLLMENT FORM

## ACTIVITY INFORMATION

Name of District \_\_\_\_\_

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

Address \_\_\_\_\_ Phone \_\_\_\_\_

E-mail Contact \_\_\_\_\_

Starting date \_\_\_\_\_ Ending Date \_\_\_\_\_

Destination/Activity \_\_\_\_\_

Coverage requested by: \_\_\_\_\_

Print Name

Signature

Date

PLEASE NOTE: THERE IS A MINIMUM PREMIUM REQUIREMENT. Premium is due within 10 days of the start date of activity.

## PAYMENT/BILLING INFORMATION

NEW ( )

REVISED ( )

Calculate Premium Due: \_\_\_\_\_ x \_\_\_\_\_ x \$1.85 = \$ \_\_\_\_\_  
# of Participants # of Calendar Days Premium Rate PREMIUM DUE (\$35 minimum)

METHOD OF PAYMENT: ( ) CREDIT CARD (see below) ( ) CHECK NUMBER \_\_\_\_\_ ( ) P.O. NUMBER \_\_\_\_\_

*If paying by credit card, complete below. Your amount of charge will appear as "MYERS-STEVENS & TOOHEY 800-827-4695 CA" on your statement.*

MC: ( ) VISA: ( ) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month / Year Security Code

I authorize Myers-Stevens & Toohey & Co., Inc. to deduct the premium payment, plus a 3% processing fee:

Name of Cardholder \_\_\_\_\_ Cardholder's Signature \_\_\_\_\_

## LIST STUDENTS / PARENT VOLUNTEERS & OTHER YOUTH PARTICIPANTS / STAFF

Please provide names below. If necessary, please make copies and attach separately.

### Students

	Last Name	First Name		Last Name	First Name
1.			14.		
2.			15.		
3.			16.		
4.			17.		
5.			18.		
6.			19.		
7.			20.		
8.			21.		
9.			22.		
10.			23.		
11.			24.		
12.			25.		
13.			26.		

### Parent Volunteers and Other Youth Participants

Last Name	First Name

### Staff

Last Name	First Name