myers | stevens | toohey

SHORT-TERM (24-HOUR) COVERAGE
Accident Insurance Enrollment Form for the 2026-2027 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 BASIC and CATASTROPHIC injury benefits.

Basic Accident Medical Expense Benefits are paid on an excess basis at 100% of Usual and Customary charges up to $25,000/injury and up to $3,000 for Medical Expense (disease or illness). 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 two years from date of injury.

Catastrophic Benefits are subject to a deductible (disappearing*) of $25,000 and are then paid at 100% of Usual and Customary Charges up to $1,000,000. Includes additional cash benefits of up to $500,000 (depending upon the severity of the loss) and accidental death benefit of $25,000.

Underwritten by Federal Insurance Company - The policies have complete details of provisions, limits and exclusions.

**May be satisfied using benefits payable under the Basic plan described above or other primary insurance*

APPLICATION AND LIST OF NAMES

MUST BE RECEIVED BY MYERS-STEVENS 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. Please include names with list of students on reverse.

Please complete the entire form below and the list of names on the reverse side. Return with your premium or billing information.

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

QUESTIONS??? Call (800) 827-4695

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: ◎ REQUEST INVOICE ◎ NO INVOICE NEEDED ◎ 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 AUTHORIZATIONS: ◎ MC: ◎ VISA: _____ - _____ - _____ - _____

_____ _____ _____
Month / Year Security Code Zip Code of Cardholder

I authorize Myers-Stevens & Toohey Co., Inc. to deduct the premium payment:

Name of Cardholder _____ Cardholder's Signature _____

SHORT-TERM (24-HOUR) COVERAGE

LIST OF STUDENTS / PARENT VOLUNTEERS AND OTHER YOUTH PARTICIPANTS / STAFF

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

Name of School _____

Name and location of activity _____

Starting date _____ Ending Date _____

Students

	Last Name	First Name		Last Name	First Name
1.			26.		
2.			27.		
3.			28.		
4.			29.		
5.			30.		
6.			31.		
7.			32.		
8.			33.		
9.			34.		
10.			35.		
11.			36.		
12.			37.		
13.			38.		
14.			39.		
15.			40.		
16.			41.		
17.			42.		
18.			43.		
19.			44.		
20.			45.		
21.			46.		
22.			47.		
23.			48.		
24.			49.		
25.			50.		

Parent Volunteers and Other Youth Participants

Last Name	First Name

Staff

Last Name	First Name