



• UNION SCHOOL DISTRICT •

11232 El Camino Real, San Diego, CA 92130

Phone: 858-755-9301 Fax: 858-755-4361

### Del Mar Union School District Voluntary Student Accident Insurance – 2022-2023 School Year

The Del Mar Union School District does not carry medical or dental insurance for students injured on school premises, while under school jurisdiction, or while participating in school district activities. For these reasons, the school district has arranged a student accident insurance program for your review and consideration. This insurance program is optional and complies with California Education Code, which permits distribution of necessary information from the company providing the coverage.

The following types of student accident insurance plans are available:

- 1) **School-Time Plan:** Covers injuries caused by accident occurring (1) at school during the school day; (2) while participating in school-sponsored and supervised activities; and (3) during the direct and interrupted travel to and from residence and school for regular attendance.  
**ANNUAL PREMIUM:**    **Low Option - \$14.00**            **Medium Option - \$28.00**            **High Option - \$43.00**
  
- 2) **24-Hour Plan:** Covers injuries caused by accidents occurring anytime (24 hours a day) anywhere in the world. Coverage also includes participation in certain organized sports.  
**ANNUAL PREMIUM:**    **Low Option - \$82.00**            **Medium Option - \$105.00**            **High Option - \$210.00**
  
- 3) **24-Hour Dental Coverage:** Covers dental injuries caused by accidents occurring anytime (24 hours a day) anywhere in the world.    **ANNUAL PREMIUM:    \$8.00**

While participation in these insurance plans is voluntary, we urge you to consider the benefits. Approved claims will be paid on a primary basis for all school-time and 24-hour injuries, except for tackle football, which will be paid on an excess basis. Although you may already have medical insurance for your family, purchase of this additional coverage could assist you by paying deductibles and balances left after your primary carrier has paid.

The application process will now be done online, and will allow parents to safely and securely transmit applications through one of the following methods.

- **Direct online submission:** through our secure web portal, [www.studentinsuranceusa.com](http://www.studentinsuranceusa.com), you can complete your Student Accident Insurance application directly on our website. Click “K-12 Students”, then “Enroll Online Now.” The applications for insurance will be effective immediately and a policy number and insurance card will be available right away. Detailed instructions are automatically provided to clients that want this option. This system is equipped to accept credit, debit, and e-checks for parent’s convenience.
  
- **Web “download”:** through our secure web portal, [www.studentinsuranceusa.com](http://www.studentinsuranceusa.com), you can fill out and print your Student Accident Insurance application directly from our website. Click “K-12 Students”, then “Enroll Online Now.” Parents who would like to send certified funds will continue to have the option to do so; we would need to receive the hard copy application and cashier’s check or money order in our offices for the policy to be effective. Please consult Student Insurance, if you have any questions. The applications for insurance will be effective once received in our office and a policy number will be available once the application has been processed.

For more information or for help with enrolling your student in the insurance program, you can also contact Student Insurance at 1 (800) 367-5830.

Sincerely,

Mark Pong  
Director of Finance

# Welcome BACK TO SCHOOL



Accident Insurance  
for your student  
Lets Keep Your  
Child Safe!



Easy and Affordable  
Parent Packet

[www.studentinsuranceusa.com](http://www.studentinsuranceusa.com)



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August 2022

Dear Parent or Guardian:

The school district does not provide any type of health or accident insurance for injuries incurred by your child at school or participating in school-related activities.

As a service to students and their families, the district makes available a student accident insurance plan for you to purchase for your child at a reasonable cost.

The coverages available and the premiums charged are listed below:

### **REASONS TO PURCHASE THIS COVERAGE:**

This plan will provide benefits for medical expenses incurred because of an accident. If you have other insurance, benefits can be applied to your deductible or co-pays.

If you have no other insurance, this will become your primary accident plan.

**PURCHASE COVERAGE ON-LINE** (with Credit/Debit card) at [www.studentinsuranceusa.com](http://www.studentinsuranceusa.com)

All questions regarding this coverage should be directed to Student Insurance at 310-826-5688 or 800-367-5830



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## STUDENT ACCIDENT INSURANCE COVERAGE

**OPTIONAL SCHOOL TIME ACCIDENT COVERAGE** - Insurance coverage is provided for covered Injuries incurred during the hours and days when school is in session and while attending or participating in school sponsored and supervised activities on or off school premises. Includes participation in: Interscholastic Sports, excluding high school interscholastic tackle football (see below Optional Football Coverage option); Summer Recreation Activities sponsored by the school; One-Day School Field Trips (no Overnight) and School Sponsored Religious Activities. Coverage is provided for traveling to, during or after such activities as a member of a group in transportation furnished or arranged by the Policyholder and traveling directly to or from their home premises and the school or the site of a covered activity.

**Annual Premium: Plan "Low" – \$14.00 Plan "Medium" – \$28.00 Plan "High" – \$43.00**

**OPTIONAL 24-HOUR ACCIDENT COVERAGE** - Insurance coverage is provided around the clock, 24 Hours per day. Provides coverage during the weekends and vacation periods including the entire summer. Students are protected while at Home or away, any place, any time, anywhere. Coverage is provided for participation in Interscholastic Sports, excluding high school interscholastic tackle football (see below Optional Football Coverage option).

**Annual Premium: Plan "Low" – \$82.00 Plan "Medium" – \$105.00 Plan "High" – \$210.00**

**OPTIONAL FOOTBALL COVERAGE** - Covers Accidents occurring while participating in high school interscholastic tackle football practice or competition. Travel is covered when going directly and uninterruptedly to or from such practice or competition as part of a group in transportation furnished or arranged by the Policyholder. Refer to benefits and limitations described inside this brochure. Optional Football Coverage begins on the date of premium receipt and ends on the last day of practice or competition. Ninth Graders who play with 9th graders ONLY are not charged extra for football coverage. Their Optional School-Time or Optional 24-Hour Accident Coverage will apply if purchased.

**Annual Premium: Plan "Low" – \$85.00 Plan "Medium" – \$115.00 Plan "High" – \$215.00**

**OPTIONAL 24-HOUR DENTAL COVERAGE** (Can be purchased separately or with other coverage) – Insurance coverage is in effect 24 Hours a day. Injury must be treated within 60 days after the Accident occurs. Benefits are payable within 12 months after the date of Injury. The maximum eligible expenses payable per covered Injury is \$25,000. In addition, when the dentist certifies that treatment must be deferred until after the Benefit Period, deferred benefits will be paid to a maximum of \$1,000. The Student must be treated by a legally qualified dentist who is not a member of the student's Immediate Family for Injury to teeth. Coverage is limited to treatment of sound, natural teeth.

**Annual Premium: \$8.00**

**COVERAGE PERIOD** – Coverage under the Optional School-Time Accident Coverage, the Optional 24-Hour Accident Coverage and the Optional 24-Hour Dental Coverage starts on the date of premium receipt but not before the start of the school year. Optional School-Time Accident Coverage ends at the close of the regular nine-month school term, except while the student is attending classroom sessions exclusively sponsored and solely supervised by the School during the summer. Optional 24-Hour Accident and Dental Coverage ends when school reopens for the following school year. Coverage is available under the plan throughout the school year at the premiums quoted (no pro rata premiums available).

# Student Accident Insurance Plans



## K-12 Student Accident Insurance Plans



### Why you need Student Insurance . . .

- Your school does not provide medical insurance to cover injuries to students. Instead, your school suggests this Plan to provide affordable coverage options.
- If you don't have other insurance, this Student Accident Plan is essential.
- Even if you do have other insurance, you will probably have to pay deductibles or co-payments. This Student Accident Plan will help to fill those expensive "gaps."
- Don't wait until you're faced with costly medical bills to think about insurance.

### Choose from these school approved plans . . .

- **24 HR Around-the-Clock Plan**
  - **School-time-Only Plan**
  - **Extended Dental Plan**
- 
- THIS POLICY DOES NOT PROVIDE BENEFITS FOR SICKNESS
  - NO COVERAGE PROVIDED FOR INJURIES RESULTING FROM THE PRACTICE OR PLAY OF INTERSCHOLASTIC SPORTS



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## 1 Choose from the following School-Approved Plans:

### 24 HR Around-the-Clock Plan

The student is insured for 24-hours a day protection, for school related accidents, at home or away—at play—at camp—on vacation—scouting—amateur sports—youth group activities—or just playing in the neighborhood.

### Schooltime-Only Plan

The student is insured while attending school when school is in session; participating in or attending activities sponsored and supervised by a school official or employee, including school-supervised travel and after-school activities supervised on school grounds.

### Extended Dental Plan

Increases the Dental Treatment Benefit under the Plans to a maximum of \$25,000 for accidental injury to sound, natural teeth. This optional benefit cannot be purchased separately, it must be purchased with either Schooltime or 24 Hour coverage. Optional Dental coverage is effective 24 hours a day even when selected with Schooltime Coverage and provides coverage until the first day of the next Fall term. Treatment must begin within 100 days from the date of the accident. Benefits are payable only for covered expenses which are incurred within 12 months immediately following the date of the accident. However, if the dentist certifies that treatment must be deferred beyond the 12 month period, the Company will only pay up to \$1000 of the expense incurred for such deferred treatment.

### Optional Tackle Football Coverage

Covers Accidents occurring while participating in high school interscholastic tackle football practice or competition. Travel is covered when going directly and uninterruptedly to or from such practice or competition as part of a group in transportation furnished or arranged by the Policyholder. Refer to benefits and limitations described inside this brochure. Optional Football Coverage begins on the date of premium receipt and ends on the last day of practice or competition. Ninth Graders who play with 9th graders ONLY are not charged extra for football coverage.

Their Optional School-Time or Optional 24-Hour Accident Coverage will apply if purchased.

## 2 Additional facts about the Plans:

**Effective and Expiration Dates:** Applicants are covered the day they submit on-line payment or the date they submit an application and the required premium to a school official, but not prior to the first day of school. The expiration date of coverage (except for those applying for **24 HR Around-the-Clock** coverage) shall be the close of the regular school term, except while the Insured is attending academic classroom sessions, exclusively sponsored and supervised by the school during the summer; in such case coverage will terminate at the end of the summer classroom sessions. **24 HR Around-the-Clock** coverage ends on the opening day of the following school Fall term.

**Student Accident Insurance** covers accidental bodily injury sustained during the term of insurance and which causes loss directly and independently of all other causes. Insurance is good anywhere. For example, if the student buys the Plan at school and the family moves, the benefits would continue until the close of the school term at any new public or parochial day school. There is no limit to the number of accidents a student can have paid under the Policy.

#### **IMPORTANT NOTICE – THE POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.**

This brochure has been designed to illustrate the highlights of this insurance and it does not include all coverage details. All information in this brochure is subject to the provisions of Policy Form COL-11(CA), underwritten by Gerber Life Insurance Company. If there is any conflict between this brochure and the Policy, the Policy will prevail.



## 3 How to apply

- Choose the plan best suited to your needs.
- Enroll online at [www.studentinsuranceusa.com](http://www.studentinsuranceusa.com) or Complete and sign the attached enrollment form.
- Send check or money order payable to Gerber Life Insurance for the selected annual premium.
- Mail to: 6320 Canoga Ave 12th floor Woodland Hills, CA 91367 Attention Kimberly Rowan

**IMPORTANT** Keep this information as a Summary of Benefits. The Policy is on file at your school. It is subject to Insurance Department approval and will conform to the laws of the state where your school is located. Individual policies will not be sent to you.

**LATE ENROLLMENT** Coverage may be purchased at any time during the school year, but there is no premium reduction for late enrollment.

**CANCELLATION** Coverage can not be canceled and premiums will not be pro-rated or refunded.

**RETURN OF CHECK BY BANK** Coverage will be immediately invalidated if a check is returned by bank for any reason. A service fee of \$25.00 will be charged.



## Accidents aren't supposed to happen, but they do.

Coverage for School recess, one-day field trips, sports and general day-to-day activities because they can all lead to injuries. Having coverage during school hours, or around the clock 24 hours a day can insure your loved ones get the care they need without financial hardship to the family.

Any enrolled student is eligible for coverage.

### **K-12 ACCIDENT PLANS THAT ARE AVAILABLE THROUGH YOUR SCHOOL:**

- School Time Accident Only
- 24-Hour Accident Only
- Interscholastic Sports
- 24-Hour Dental

All available plans are offered by Special Markets Insurance Consultants, Inc. To research which plans are being offered by your school, please visit our website's online enrollment tool at [www.studentinsuranceusa.com](http://www.studentinsuranceusa.com)

### **PAYMENT**

Parents or guardians of students are responsible for enrollment and premium payment.

### STEPS TO ENROLLING ONLINE

1. Go to [Studentinsuranceusa.com](http://Studentinsuranceusa.com) at the top of the page click **K-12 Student Insurance** to see coverage options available to your students.
2. Click "**ENROLL NOW**" at the bottom of the page.
3. Click on your School District
4. Choose plan from the listed options
5. Complete student and payment information
6. **Print final page for your records**



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FOR QUESTIONS, PLEASE CALL

310-826-5688

## **About Student Insurance**

Since 1950 Student Insurance, Inc. (SI) has delivered competitive pricing on comprehensive Student Accident Insurance coverage to the K-12 segment. For further details of the coverage outlined above, including costs, benefits, exclusions and any reductions or limitation, and the terms under which the policy may be continued in force, please refer to [www.studentinsuranceusa.com](http://www.studentinsuranceusa.com). Students are able to purchase coverage only if his/her school district is a policyholder with the insurance company.





## Accidentes no deben suceder, pero a veces suceden.

Nosotros le ofrecemos cobertura durante recesos, paseos/ días de campo, deportes y actividades diarias donde pueden ocurrir lesiones/accidentes. Contar con cobertura durante el horario escolar, o en todo momento, le asegura que sus seres queridos reciban el cuidado medico necesario sin crear problemas financieros. Todos los estudiantes inscritos en escuela publica, charter o privada son elegibles para obtener cobertura.

### SEGURO ESCOLAR DE ACCIDENTES PARA ESTUDIANTES (K-12) DISPONIBLE A TRAVÉS DE SU ESCUELA:

- Accidentes en la Escuela
- Accidentes las 24 Horas al Día
- Deportes Interescolares
- Dental 24 Horas

Todos los planes disponibles son ofrecidos por Special Markets Insurance Consultants, Inc. Por favor visite nuestro servicio de inscripción en línea en [www.studentinsuranceusa.com](http://www.studentinsuranceusa.com) para obtener mas información acerca de los planes que su escuela ofrece.

### PAGO

La inscripción y el pago son responsabilidad de los padres y/o representantes del estudiante.

### COMO INSCRIBIRSE

1. Vaya a [Studentinsuranceusa.com](http://Studentinsuranceusa.com) haga click en **K-12 Student Insurance**
2. Elija **"ENROLL NOW"**
3. Elija su estado y su escuela
4. Elija su plan de la lista de opciones
5. Llene la informacion de el estudiante y pago
6. Imprima su recibo



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Si tiene preguntas favor de llamar  
310-826-5688

### Sobre Student Insurance

Desde 1950 Student Insurance, Inc. (SI) ha ofrecido Seguro de Accidentes para Estudiantes de K-12. Por favor, visite [www.studentinsuranceusa.com](http://www.studentinsuranceusa.com) para obtener información adicional acerca de la cobertura de este plan, precios, beneficios.



Serving the  
Student Community  
for more than 70 years  
[www.studentinsuranceusa.com](http://www.studentinsuranceusa.com)

# Update



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## GERBER'S COVID-19 GUIDELINES

These guidelines are identical to the guidelines issued in August 2020.

- 1. Student Accident Policies:** Gerber will provide accident coverage, up to the policy limits, to students regardless of whether they wear a mask. Due to the pandemic, accident coverage will be provided to students if: (a) the school opens and students attend classes in person; (b) the school campus remains closed and students attend classes remotely; (c) the school opens and students are given an option to attend classes in person or attend classes remotely; and (d) the school opens under a hybrid model, with students attending classes in person part of the week and attending classes remotely other days of the week. Remote learning students are only covered while attending Online classes or working on assignments assigned by the school.
- 2. Fall Sports Delays or Cancellations:** At this time, there is still uncertainty at some schools about whether fall sports will take place, or if seasons will be delayed or shortened. If/when cancellations or shortened seasons occur, underwriters can look at the change in risk and provide a fair credit or refund as appropriate.
- 3. Student Athletes:** Gerber will cover student athletes while they're conditioning, practicing, training and performing related activities that are approved and assigned by an authorized representative of the school (coach, trainer, or physical education instructor), whether the instruction takes place virtually, on school grounds, or at another location typically used for conditioning, practicing, training and performing that sport or activity. A student athlete will not have coverage if they are injured while conditioning, practicing, training and performing related activities that are not assigned or approved by an authorized representative of the school (coach, trainer, or physical education instructor). This includes activities provided by parents or by some other entity not authorized by the school.
- 4. Participant Accident:** Our Special Risk Participant Accident coverage normally requires an insured to be participating in or attending a supervised Regularly Scheduled Activity of the Policyholder in person for coverage to apply. Many of the facilities where these activities usually occur remain closed or have limited in-person activities due to COVID-19 mandates or precautions. Due to this, Gerber will cover insureds at their residence when they are virtually participating in activities offered and supervised by the Policyholder. An insured will not have coverage if they are participating in an activity virtually when the activity is not instructed or supervised by the Policyholder.
- 5. Supporting Telemedicine:** During the COVID-19 pandemic it may not be possible for claimants to meet face to face with their healthcare providers. Gerber will continue to provide coverage for telemedicine, so that our insureds can receive the care they need. Each claim will be reviewed according to the terms of the policy.
- 6. Extending Benefit Periods:** Services like rescheduled surgeries, doctor's appointments, physician follow-ups, and physical therapy may be delayed as a result of the COVID-19 pandemic. Gerber will consider claims incurred outside of the benefit period on a case-by-case basis. Claimants will need to certify that their services were delayed due to the COVID-19 pandemic.
- 7. Premium Grace Periods:** Due to the obstacles the COVID-19 pandemic may have caused and to assist our Policyholders, Gerber will provide a 60 day grace period to pay insurance premiums so that insurance policies are not canceled for nonpayment of premium due to circumstances beyond the control of the insured. This grace period is not intended to change the terms of the issued policy or be considered a forgiveness of the premium. Rather, it is intended to grant the policyholder an extended grace period for the payment of premium due without penalty or interest during this pandemic.
- 8. Invoicing Options:** Please consult your Student Insurance Representative if you have questions about invoicing. As your trusted ally, we are happy to discuss options on a case-by-case basis.

[STUDENT INSURANCE](http://WWW.STUDENTINSURANCEUSA.COM)

[WWW.STUDENTINSURANCEUSA.COM](http://WWW.STUDENTINSURANCEUSA.COM)

[SIRep@studentinsuranceusa.com](mailto:SIRep@studentinsuranceusa.com)

**PLEASE READ THIS INFORMATION CAREFULLY. It is important.**

**PLEASE FOLLOW THESE INSTRUCTIONS TO FILE A CLAIM**

**ALL INFORMATION MUST BE PROVIDED IN ORDER FOR CLAIM TO BE PROCESSED. PROCESSING OF YOUR CLAIM WILL BE DELAYED IF COMPLETE INFORMATION IS NOT RECEIVED**

**NOTE: The accident policy benefits are limited and may not provide 100% coverage. Accident medical expense coverage under this policy is provided on an Excess Basis, and in most instances, benefits will only be paid under this plan after your own personal or group insurance has paid out its benefits. Completion of a claim form does not guarantee benefit payment. Each claim is reviewed according to the policy provisions.**

**Claim Guidelines: The following guidelines must be followed.**

◆ Answer all questions in detail (including all signatures on the front and back of the form). A claim form needs to be completed for each accident.

◆ If you have other insurance, submit your claim to your other insurer. When you receive the explanation of benefits (sample attached) notice from your primary carrier, send it to us along with the corresponding HCFA/UB04 medical bills and with the fully completed claim form. You must submit the provider's medical bills; balance due statements will not be processed. Medical bills must include the procedure & diagnosis code along with the Provider's federal identification number. These bills are:

- 1) HCFA-1500 (standard form used by Providers; sample attached)
- 2) UB-04 or UB-92 (standard form used by Hospitals sample attached)
- 3) ADA Dental Claim Form (All dental bills must be submitted through your primary insurance's medical and dental plans first before submitting the bills to WebTPA)

It would be helpful if the following was given to all providers the injured person is seeking treatment from:

1. WebTPA contact information
2. Organization/School name found on the claim form
3. Policy number found on the claim form

This way the providers of service can work directly with the claim office and provide them with the correct billing forms (itemized bill to include procedure & diagnosis code and tax id number) needed to process a claim.

◆ If you already paid the medical bill, include a paid receipt or a copy of your cancelled check at the same time you submit the medical bill. Otherwise payment will be made to the providers of service (Hospital, Physician or Others).

◆ Send all correspondence to WebTPA, Inc., **P.O. Box 2415 Grapevine, TX 76099-2415**. The claim form must be sent within 90 days of the date you first received medical care. Any bills not filed with the claim form should be sent, within 90 days of the date you received medical care, to the Company identified with claimant's name, Organization or School name and date of Accident.

◆ If you change your address, please notify WebTPA, Inc. by sending notification to WebTPA so that there is no delay in processing any claims.

◆ Please contact WebTPA, Inc. by calling **866-975-9468** if you would like to check the status of your claim or if you have any questions on how your claim was processed or the benefit paid.

#### **Common Causes For Delays In Processing Claims**

1. Claim Forms Not Completed In Full or Not Submitted.
2. Balance Due, Balance Forward, or Past Due Statements Submitted for Bills.
3. Explanation of Benefits from Primary Carrier Not Provided with the Bills.

**KEEP COPIES OF ALL CLAIM FORMS, MEDICAL BILLS, AND CORRESPONDENCE FOR YOUR OWN RECORDS UNTIL YOUR CLAIM HAS BEEN PROCESSED.**



CLAIM FORM

SIGNED CLAIM FORM IS REQUIRED

- 1. PLEASE FULLY COMPLETE THIS FORM PAGE 1 & PAGE 2
2. ATTACH HCFA/UB04-MEDICAL BILLS & EOBS FROM ANY OTHER INSURANCE YOU HAVE
3. SEND ALL CORRESPONDENCE TO:

WEB-TPA
P.O. Box 2415
Grapevine, TX 76099-2415

Toll-Free: 866-975-9468
Fax: 469-417-1969
Email: benefit.assist@webtpa.com

IMPORTANT NOTICE:

Your insurance plan is designed to provide maximum benefits for minimum premium. This plan of insurance is secondary, in most instances, to any health insurance you have. If you have other insurance, submit your claim (health and/or dental) to your other insurer. When you receive their Benefit Statement, send it to us along with your HCFA/UB04 (medical bills) and this completed form. Note: The accident policy benefits are limited and may not provide 100% coverage.

< IF PART 1-A & PART 1-B ARE NOT COMPLETED IN FULL THIS CLAIM CANNOT BE PROCESSED AND WILL BE RETURNED >

PART 1-A - TO BE COMPLETED IN FULL BY THE ORGANIZATION/SCHOOL

Organization/School District/College Name Policy Number
School/Team/League Name Phone No. ( )
Address Email
Type of Activity/Sport

If Athletics, designate P.E. Class Intramural Interscholastic Intercollegiate Game Jr. Varsity Varsity
Youth Adult Practice Other

Name of injured person/student

Date of Accident Accident Time

Date of First Treatment Has treatment been completed? Yes No

Where and how did accident occur? (Please be specific)

Part of body Injured Right or Left At the time of the accident, was the claimant involved in a sponsored and supervised activity and were they a current student/member of the Organization/School District? Yes No

Under whose supervision? Was he/she a witness? Yes No

Authorized Signature Title Date

(MUST BE SIGNED BY AN ORGANIZATION/SCHOOL OFFICIAL UNLESS INJURY DID NOT OCCUR DURING AN ORGANIZATION/SCHOOL ACTIVITY. SIGNATURE IS REQUIRED)

PART 1-B - TO BE COMPLETED IN FULL BY CLAIMANT - OR BY PARENT/LEGAL GUARDIAN IF CLAIMANT IS A MINOR

Injured Party/Student Legal Name Preferred/Nickname:

Date of Birth Age Grade Level Male Female

Claimant is a Student Player Coach Official/Umpire Volunteer Child Care Participant CE Student (# of credits)

Address of Injured Person or Parents/Guardian

Phone No. ( ) Email Address

If Injured party is over age 18: Employer Name and Address

Phone No. ( ) Self Employed Unemployed

Father/Guardian Name

Employer Name and Address Phone No. ( )

Self Employed Unemployed

PLEASE CONTINUE TO THE NEXT PAGE OF THE FORM WHICH MUST BE COMPLETED IN FULL

Mother/Guardian Name \_\_\_\_\_

Employer Name and Address \_\_\_\_\_ Phone No. (    ) \_\_\_\_\_

Self Employed    Unemployed

Is claimant covered under any other medical and or dental insurance policy?    Yes    No

Is claimant covered under a government sponsored insurance such as Medicare/Medicaid?    Yes    No

Name of all companies providing claimant insurance coverage or prepaid health plans

Name of Company	Address	Policy #

**Are benefits due for this claim under these other insurance coverages?**    Yes    No    (See **IMPORTANT NOTICE** at top of form on page 1)

Does your son or daughter have medical insurance coverage as an eligible dependent from a previous marriage as mandated in a divorce decree?    Yes    No    If yes, please give name, address and phone number of responsible party \_\_\_\_\_

**AFFIDAVIT:** I verify that the above statement on other insurance is accurate and complete. I understand that the intentional furnishing of incorrect information via the U.S. Mail may be fraudulent and violate federal laws as well as state laws. I agree that it is determined at a later date that there are other insurance benefits collectible on this claim I will reimburse Gerber Life Insurance Company to the extent for which Gerber Life Insurance Company would not have been liable.

**Signature:** Injured Person, Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

*SIGNATURE IS REQUIRED*

**AUTHORIZATION TO RELEASE INFORMATION:** I hereby authorize any employer, health plan, insurance company, hospital, physician, health care profession, clinic, laboratory, pharmacy, medical facility or other person that has provided treatment, payment, or services in connection with this claim to disclose, when requested to do so, all information with respect to any injury, policy coverage, medical history, consultations, prescription or treatment, and copies of all hospital or medical records and itemized bills to WebTPA, Inc. and Gerber Life Insurance Company, it's agents, employees and representatives.

I hereby authorize WebTPA, Inc. to discuss any information related to medical expenses incurred or treatments rendered in connection with this claim, with Special Markets Insurance Consultants, Inc. representatives and their assigned agents and to officials at the school or organization through which this policy is issued. A photo static copy of this authorization shall be considered as effective and valid as the original.

**Signature:** Injured Person, Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_



**SAMPLE HCFA 1500**

**SAMPLE UB-04**

PLEASE DO NOT STAPLE IN THIS AREA

APPROVED ONE-0008-0008

**HEALTH INSURANCE CLAIM FORM**

1. MEDICARE MEDICAID CHAMPVA CHAMPVA GROUP HEALTH PLAN (SMA) OTHER 14. INSURER'S ID NUMBER (FOR PROGRAM INTERVIEW)

2. PATIENT'S NAME (Last, First, Middle Initial) 3. PATIENT'S BIRTH DATE (MM / DD / YY) 4. INSURER'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No. Street) 6. PATIENT'S RELATIONSHIP TO INSURED (Self, Spouse, Child, Other) 7. INSURER'S ADDRESS (No. Street)

8. PATIENT'S CITY STATE ZIP CODE 9. PATIENT'S EMPLOYMENT STATUS (Employed, Full-Time, Part-Time, Retired) 10. INSURER'S POLICY GROUP OR FELA NUMBER

11. EMPLOYER'S NAME OR SCHOOL NAME 12. INSURANCE PLAN NAME OR PROGRAM NAME

13. DATE OF CURRENT ILLNESS (MM / DD / YY) 14. DATE (SERVICE) (MM / DD / YY) 15. DATE (SERVICE) (MM / DD / YY)

16. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE 17. NAME OF REFERRING PHYSICIAN 18. HOSPITALIZATION/DAYS REQUIRED TO ELEMENTARY SERVICE (MM / DD / YY)

19. RECEIVED FOR LOCAL USE 20. OUTSIDE LUMP SUM CHARGE (YES/NO) 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (RELATE ITEMS 1, 2, 3 OR 4 TO ITEM 21 BY LINE)

22. MEDICAL RELEASATION ORIGINAL REF NO. 23. PROVIDER AUTHORIZATION NUMBER

24. ADDRESS OF SERVICE (City, State, Zip) 25. FEDERAL TAX ID NUMBER 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT (YES/NO) 28. TOTAL CHARGE 29. AMOUNT PAID 30. BALANCE DUE

31. SIGNATURE OF PHYSICIAN OR SUPPLIER 32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RECEIVED (If other than home or office)

33. PHYSICIAN'S SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #

APPROVED BY AAA COUNCIL ON MEDICAL SERVICE 9/93 PLEASE PRINT OR TYPE FORM HCFA 1500 (10-00) FORM 980-1500 FORM OMB-0762

UB-04

UNITEDHEALTHCARE SERVICE LLC  
GREENSBORO SERVICE CENTER  
P.O. BOX 740800  
ATLANTA, GA 30374-0800  
PHONE: 1-800-636-8010  
VISIT WWW.MYUHC.COM FOR SELF SERVICE

UnitedHealthcare  
A UnitedHealth Group Company

PAGE: 1 OF 1  
DATE: 04/29/10  
SSN/ID #:   
EMPLOYEE:   
CONTRACT:   
BENEFIT PLAN: PFIZER INC

**EXPLANATION OF BENEFITS**

1 2 3 4 5 6 7 8

PATIENT/RELAT CLAIM NUMBER	PROVIDER/SERVICE	DATE OF SERVICE	AMOUNT CHARGED	NOT COVERED	AMOUNT ALLOWED	COPAY/ DEDUCTIBLE	PLAN COVERS	BENEFIT AVAILABLE	REMARK CODE
8061912101	MEDICAL SERVICES	03/19/10	379.00	297.83	81.17		80%	64.94	4C
		<b>TOTAL</b>	<b>379.00</b>	<b>297.83</b>	<b>81.17</b>			<b>64.94</b>	
								MEDICARE PAID 44.64 PLAN PAYS 20.30	

1+ INDICATES PAYMENT ASSIGNED TO PROVIDER

REMARK CODE(S) LISTED BELOW ARE REFERENCED IN THE "SERVICE DETAIL" SECTION UNDER THE HEADING "REMARK CODE"  
14C THIS PLAN DETERMINES BENEFITS ONCE MEDICARE MAKES PAYMENT. IF MEDICARE PAYS LESS THAN THIS PLAN'S BENEFIT, THIS PLAN WILL CONSIDER THE DIFFERENCE. THIS PLAN'S ALLOWABLE BENEFITS ARE BASED ON THE MEDICARE APPROVED AMOUNT IF THE PHYSICIAN OR PROVIDER ACCEPTED MEDICARE'S ASSIGNMENT OR ON THE LIMITING CHARGE IF THEY DID NOT ACCEPT THE ASSIGNMENT. THE PATIENT IS RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE ALLOWABLE AMOUNT AND THE TOTAL AMOUNT PAID BY BOTH PLANS. THE PATIENT MUST PAY ANY APPLICABLE PLAN DEDUCTIBLES AND COPAYS BEFORE THIS PLAN CAN PAY ANY BENEFITS

11. BENEFIT PLAN PAYMENT SUMMARY INFORMATION: \$20.30

SATISFIED 2010 TO-DATE	DEDUCTIBLE	OUT OF POCKET
FAMILY	\$1000.00	\$1328.77
INDV	\$500.00	\$1281.45
PLAN YEAR 2010	FAMILY \$1000.00	FAMILY \$8000.00
	INDV \$500.00	INDV \$4000.00

**SAMPLE EOB (EXPLANATION OF BENEFITS)**

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**EXCESS COVERAGE PROVISION** The Company will pay Reasonable Expenses that are not recoverable from any Other Plan. The Company will determine the amount of benefits provided by Other Plans without reference to any coordination of benefits, non-duplication of benefits, or similar provisions. The amount from Other Plans includes any amount, to which the Insured is entitled, whether or not a claim is made for the benefits. This Blanket Student Accident Insurance is secondary to all other policies. This provision will not apply if the total Reasonable Expenses incurred for Hospital and Professional Services Benefits are less than the amount stated in the Schedule of Benefits under Excess Coverage Applicability.

**MEDICAL BENEFITS** When a covered Injury to a student results in 1) treatment by a legally qualified Physician or surgeon (other than a member of the immediate family or person retained by the school) or 2) Hospital confinement, and treatment begins within 60 days from the date of Injury, the Company will pay the benefit as shown in the Schedule of Benefits, subject to the Excess Coverage Provision above. Only eligible medical expenses incurred by the Insured within 52 weeks from the date of the Accident are covered. Benefits for any one Accident shall not exceed in the aggregate the maximum stated in the Medical Benefit plan purchased. Expenses incurred after one year from the date of Injury are not covered, even though the service is a continuing one, or one that is necessarily delayed beyond one year from the date of Injury.

**ACCIDENTAL DEATH, DISMEMBERMENT AND LOSS OF SIGHT** When a covered Injury results in any of the Losses to the Insured which are stated in the Schedule of Benefits for Accidental Death, Dismemberment, or Loss of Sight then the Company will pay the benefit stated in the schedule for that Loss. The Loss must be sustained within 365 days after the date of the Accident.

The maximum benefit payable under this provision is stated in the Schedule of Benefits under Maximums and Benefit Period: 1) Life 2) Both Hands or Both Feet or Sight of Both Eyes; 3) Loss of One Hand and One Foot; 4) Loss of One Hand and Entire Sight of One Eye; 5) Loss of One Foot and Entire Sight of One Eye; 6) Loss of One Hand or Foot; 7) Loss of Sight in One Eye; 8) Loss of Thumb and Index Finger of the Same Hand. Half of the maximum benefit will be paid for the Loss of one Hand, one Foot or the Sight of one eye. Loss of Hand or Foot means the complete Severance through or above the wrist or ankle joint. Loss of Sight means the total, permanent Loss of Sight in One Eye. The Loss of Sight must be irrecoverable by natural, surgical or artificial means. Loss of Thumb and Index Finger of the Same Hand means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). Severance means the complete separation and dismemberment of the part from the body. If the Insured suffers more than one of the above covered losses as a result of the same Accident the total amount the Company will pay is the maximum benefit. Benefits paid under this provision will be paid in addition to any other benefits provided by the Policy. Benefits under this provision are subject to all other provisions of the Policy, including all Coverage and Limitations, Maximums and Exclusions.

**DEFINITIONS** **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 Injury must be sustained as stated on the face page of the Policy, except where specifically stated otherwise in the Policy. **Accident** means a sudden, unexpected and unforeseen, identifiable event producing at the time objective symptoms of an Injury. The Accident must occur while the Insured is covered under the Policy. **Other Plan** means any other valid and collectible insurance or self-funded plan such as: individual and family type insurance coverage; group, blanket or franchise insurance, group hospital, medical service, pre-payment, trustee, Union Welfare; Blue-Cross, Blue Shield, group practice or other pre-payment coverage; labor-management plans, or employee benefit organization plans; self-funded ERISA plan, Workers' Compensation Law, Occupational Disease Law or any similar legislation; Medicare; or "No-Fault" auto legislation, where applicable. **Reasonable Expense** means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided. Such services and supplies must be recommended and approved by a Physician.

**EXCLUSIONS** No Benefits are payable for Hospital and Professional Services for the following: 1) Injuries which are not caused by an Accident; 2) Treatment for hernia, regardless of cause, Osgood Schlatter's disease, or osteochondritis; 3) 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; 4) Aggravation, during a Regularly Scheduled Activity, of an Injury the Insured suffered before participating in that Regularly Scheduled Activity, unless the Company receives a written medical release from the Insured's Physician; 5) Injury sustained as a result of practice or play in interscholastic tackle football and/or sports, unless the premium required under the Football and/or Sports Coverage provision has been paid; 6) Any expense for which benefits are payable under a Catastrophic Accident Insurance Program of the State Interscholastic Activities Association; 7) Treatment performed by a member of the Insured's Immediate Family or by a person retained by the School; 8) Injury caused by war or acts of war; suicide or intentionally self-inflicted Injury, while sane or insane; violating or attempting to violate the law; the taking part in any illegal occupation; fighting or brawling except in self defense; being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the Injury occurs; or being under the influence of any drugs or narcotic unless administered by or on the advice of a Physician; 9) Medical expenses for which the Insured is entitled to benefits under any (a) Workers' Compensation act; or (b) mandatory no-fault automobile insurance contract; or similar legislation; 10) Expense incurred for treatment of temporomandibular joint dysfunction and associated myofascial pain; and 11) Expenses incurred for experimental or investigational treatment or procedures.

**RETAIN THIS DESCRIPTION FOR YOUR RECORDS**

This is not a Policy, rather a brief description of the benefits provided under the master policy issued to the school. Please refer to the master policy for further details. **IMPORTANT NOTICE – THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS. This brochure has been designed to illustrate the highlights of this insurance. All information in this brochure is subject to the provisions of Policy Form COL-11(CA), underwritten by Gerber Life Insurance Company (the Company). If there is any conflict between this brochure and the Policy, the Policy will prevail. Please see the Master Policy for individual state details.**

**HOW TO FILE A CLAIM**

Written notice of claim must be given to the Company within 90 days after the occurrence or commencement of any loss covered by this policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the Named Insured to the Company, with information sufficient to identify the Named Insured shall be deemed notice to the Company. Written proof of loss must be furnished to the Company at its said office within 90 days after the date of such loss.

In the event of an Accident, students should: 1) Secure treatment at the nearest medical facility of their choice; 2) If you have other insurance, submit your claim to your other insurer. When you receive the explanation of benefits notice from your primary carrier, send it to us; 3) Obtain a receipt (if payment of any bills were made) and itemized copy of charges from the provider of medical services and send copies of their itemized bills and the fully completed and **signed** accident claim form to the claims office – mail all correspondence to WEB-TPA, P.O. Box 2415, Grapevine, TX 76099-2415; and 3) **Call 1-866-975-9468** with any Claims questions.

**UNDERWRITTEN BY:**  
**Gerber Life Insurance Company**  
**White Plains, NY 10605**

**MARKETING AGENT:**  
**Student Insurance**  
**10801 National Blvd., Suite 603**  
**Los Angeles, CA 90064**  
**(310) 826-5688**

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**To apply for coverage, please enroll on-line with a credit card at [www.k12specialmarkets.com](http://www.k12specialmarkets.com) or cut along the dotted line, complete the form and mail it, along with your check or money order, to the Please Return To: address shown below.**

Please Return To: Student Insurance  
c/o K12Special Markets Plan Administrators  
1055 Main Street, Suite 101  
Stevens Point, WI 54481