

**-PLEASE READ INSTRUCTIONS
ON REVERSE SIDE
BEFORE COMPLETING-**

<p align="center">SEND ALL FORMS TO CLAIMS ADMINISTRATOR: BOLLINGER INC. P.O. Box 706 Short Hills, NJ 07078-0706</p>

1. School District:	2. School Within District Child Attends:	3. Master Policy No.:	
4. Claimant's Last Name:	First Name:	5. Date of Birth:	6. <input type="checkbox"/> Male <input type="checkbox"/> Female
7. Telephone:		8. Home Address:	
9. City/State/Zip Code:		10. E-mail address of Parent or Guardian:	

11. **Check activity in which student was involved when injured:**

A. Interscholastic Sports _____
Name of Sport

B. Cheerleading Twirling or Flagwaving Band Member

OR:

01 Physical Ed. Class 04 To and From School 07 Extra Curr. Activity ON Premises
02 Classroom or Hallway 05 Group Travel 08 Extra Curr. Activity OFF Premises
03 Playground (NOT Phys. Ed.) 06 Non-School Activity (24 Hr. Plan) 09 Spectator

Was School in Session? YES NO **Starting Time** _____ **Dismissal Time** _____

12. Date of Accident:	13. Time: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	14. How Did Accident Occur?
15. Where Did Accident Occur?		16. Part of Body Injured:

17. I certify that the activity checked above is school sponsored and supervised and is covered under a policy applied for and purchased by the policyholder.

Signature of School Official _____ Title _____ Date _____

**AUTHORIZATIONS AND STATEMENT OF OTHER INSURANCE
MUST BE COMPLETED BY PARENT OR GUARDIAN**

<p>MEDICAL AUTHORIZATION: I authorize the release of any medical or other information necessary to process this claim, including all data covering this and/or previous confinements and/or disabilities.</p> <p>SIGNED _____ DATE _____</p>	<p>PAYMENT AUTHORIZATION: I authorize payment of medical benefits directly to the providers rendering services.</p> <p>SIGNED _____ DATE _____</p>
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1. Father's Name:	2. Name and Address of His Employer:
3. Mother's Name:	4. Name and Address of Her Employer:

5. No, we do not have any personal or group medical insurance. I have enclosed a letter from my employer verifying this.

6. Yes, we do have other insurance. (Please complete #7).

7. Names of other Insurance Companies	Address

8. We have no other insurance. We are (please check one): Self-employed Unemployed Disabled

I hereby certify, swear and affirm that the information given above is true and accurate. I fully understand that any willful misrepresentation made by me in an attempt to collect benefits under this policy constitutes fraud and is punishable by law.

Parent or Guardian's Signature: _____ Date _____

The accident insurance coverage purchased provides coverage on an **EXCESS** basis. Under this plan, the first \$100 of covered charges are paid without regard to any other applicable coverage that may be in effect. After the first \$100 in covered charges are paid, expenses which are **NOT** covered by your other personal or group insurance are eligible for coverage under this plan up to the policy limit.

Please follow these instructions when filing a claim:

1. **CLAIM FORMS MUST BE MAILED TO BOLLINGER WITHIN 90 DAYS OF THE DATE OF ACCIDENT.**

Please be sure that:

- a) The school official has completed his/her section of the claim form.
 - b) You have completed and signed the Parent's Statement and Authorizations.
 - c) You have attached itemized bills to this form.
 - d) The statement of Other Insurance section of the form must be completed.
2. If the claim totals more than \$100, we will pay the first \$100 and return the expenses to you for submission to your own personal or group insurance coverage.
3. If you have coverage through an HMO (or similar organization) you must comply with their requirements once the first \$100 has been paid, or your remaining balances will not be covered under this policy.
4. After your own insurance has paid the medical expenses, attach the itemized bills (CMS-1500 from physicians and UB-04 from hospitals) and copies of the Explanation of Benefits from your primary insurance company to this claim form and mail to the address shown below. **We cannot accept balance due bills.**
5. The subsequent bills and Explanation of Benefits from your other insurance should be sent in as you receive them. Please write the claimant's name, policy number and date of accident on all subsequent bills. **A new claim form is not necessary.**
6. Please keep a copy of this Claim Form and all bills and primary insurance Explanations of Benefits for your own records.

If you need further information call 866-267-0092 or contact us on our website at www.BollingerSchools.com
DO NOT CALL THE SCHOOL.

Thank you for your cooperation.

PLAN ADMINISTRATION AND CLAIM SERVICE BY:



P.O. BOX 706, SHORT HILLS, N.J. 07078-0706 • TELEPHONE (866) 267-0092

www.BollingerSchools.com

Pennsylvania Parents:



Your School Officials Have Chosen to Offer This Plan of Economical Insurance For Your Child. It is Limited to Accidental Injuries.

STUDENT ACCIDENT INSURANCE

2

See also these 2 optional plans

Student Life Insurance

Dental Accident Insurance



For more program information or to purchase coverage online, log onto our website at www.BollingerSchools.com

Personal Administration and Claims Service by the People of

Bollinger
Insurance Solutions

101 JFK Parkway, Short Hills, NJ 07078
Telephone 800-526-1379
www.BollingerSchools.com

1 School Sponsored Student Accident Insurance Plan

This plan underwritten by Monumental Life Insurance Company, Cedar Rapids, Iowa, covers medical expenses incurred from accidental bodily Injuries 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.

CHOOSE FROM TWO PLANS OF PROTECTION FOR YOUR CHILD

A. School Time Only Protection covers most school sponsored and supervised activities including regular school session, summer school, direct travel to and from regular school sessions, direct and uninterrupted travel to and from school activities, as well as participation in school activities (except for those listed as exclusions on page 2).

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 physician, surgeon, dentist, or registered nurse, hospital services, ambulance services, or X-rays are rendered. The initial treatment must be rendered within 90 days of accident, and benefits are limited to treatment rendered within 260 weeks of the date of accident. All claims must be submitted to the company within 90 days from the date of accident.

DEFINITIONS

“Injury” means bodily injury resulting directly and independently of all other causes from a specific accident.

“Usual and Customary Charges” means in no event shall the Company's payment for medical or surgical procedures exceed the Usual and Customary charges which in the Company's experience are normally made by the majority of physicians in that area.

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

SURGERY: Up to the Usual and Customary charge is allowed. Anesthesia is also covered up to the Usual and Customary charge.

PHYSICIAN'S VISITS: Non-surgical doctor visits will be paid up to the Usual and Customary charge, as determined by the Company.

NURSING SERVICES: Services for a graduate registered nurse will be paid up to the Usual and Customary charge.

X-RAYS: Covered up to the Usual and Customary charges.

AMBULANCE: Services of a licensed ambulance unit are covered for reasonable and necessary services up to the Usual and Customary charge.

HOSPITAL: Hospital room and board expenses are covered up to a maximum of the semi-private rate per day. Inpatient miscellaneous hospital expenses are covered up to the Usual and Customary charge. Outpatient hospital services are covered up to the Usual and Customary charge for necessary medical services.

PRESCRIPTIONS DRUGS: Covered in full up to the Usual and Customary charge when furnished by a doctor, hospital or upon written prescription by a licensed pharmacy

APPLIANCES: Orthopedic appliances and braces are covered in full up to the Usual and Customary charge when furnished and charged for by a doctor, hospital, or upon written prescription by a pharmacy or surgical supply company.

PHYSIOTHERAPY: Necessary treatment such as diathermy, heat treatment, adjustment, manipulation or massage is payable up to the Usual and Customary charge in the hospital, doctor's office, or sports medicine center.

SECOND OPINION: Coverage is provided for consultations and second opinions up to the Usual and Customary charge in cases in which surgery is contemplated.

DENTAL BENEFIT: Up to the Usual and Customary charge per tooth is allowed - not to exceed \$10,000 per accident (treatment must commence within 26 weeks of the date of the accident).

ACCIDENTAL DEATH: \$10,000 will be paid if death occurs due to a covered accident.

DISMEMBERMENT: The following amounts are payable for dismemberment:

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

THIS PLAN DOES NOT COVER THE FOLLOWING:

(a) 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.

(b) Injuries sustained as a result of practice or participating in any form of school sponsored tackle football.

(c) Congenital defect.

(d) Injury or sickness for which Worker's Compensation or similar occupational benefits are available.

(e) Injuries sustained as result of skiing, or snowboarding, unless sponsored, scheduled and supervised by the Policyholder.

(f) Any loss sustained or contracted in consequence of the insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician;

(g) Injuries sustained as a result of operating, riding in or on, entering into, alighting from, or being struck by a motorized engine-driven 2, 3, or 4 wheel vehicle, go-cart, dune buggy, all terrain vehicle, snowmobile, or similar vehicle.

(h) Any active participation in a riot, terrorist act, insurrection, or war; either declared or undeclared.

(i) Self inflicted Injuries, suicide or attempt thereat.

(j) Bacterial infections (except pyogenic infections due to accidental open cuts).

(k) Hernia.

(l) Vegetation or ptomaine poisoning, if resulting from an accident or external and supervised.

(m) Service or treatment rendered as part of the school services by a physician or any other person employed or retained by the Policyholder.

(n) Dental Implants.

(THIS IS A SUMMARY ONLY. FOR EXACT POLICY TERMS AND EXCLUSIONS, SEE THE MASTER POLICY HELD BY THE SCHOOL.)

PLEASE NOTE: The Student Accident Insurance outlined above is \$100 excess coverage. This means that benefits will be paid on the first \$100 of covered expenses without regard to any other insurance coverage that may apply. After the first \$100 in benefits have been paid you must go to any other personal or group insurance that may apply before this plan will pay further. If you have no other applicable coverage, this plan will pay on a primary basis.

Think you already have enough insurance? Read why your present insurance coverage may be inadequate to cover some Injuries . . .

HERE ARE REASONS WHY YOUR PRESENT MEDICAL INSURANCE MAY FAIL TO FULLY COVER INJURIES TO YOUR CHILDREN.

- Most individual and group insurance plans have annual deductibles and coinsurance percentages which frequently result in out of pocket expenses to you. There is no deductible under this accident policy.
- Dental Injuries are excluded under some policies. Our policy provides a dental allowance of up to the Usual and Customary Charge for covered accidental Injuries to sound and natural teeth.
- Doctor visits are excluded under some policies, unless the doctor performs surgery of some sort. This policy covers doctor visits even when there is no surgery.
- Under some policies X-Ray coverage is limited. Our policy provides coverage for X-Rays, both in and out of hospital for covered accidental Injuries.
- Children do have accidents. Despite close care and supervision, active children do suffer Injuries. For an economical cost, you can buy the coverage necessary for your child.

Please store your card in a safe location for future reference.

STUDENT ACCIDENT INSURANCE

Name: _____

Street Address: _____

Town: _____ City: _____ State: _____ Zip: _____

School District: _____

To obtain a claim form, please visit www.BollingerSchools.com

Underwritten by:



Preferred Provider Network:



Administered by:



P.O. Box 727, Short Hills, NJ 07078
1-866-267-0092

② Life Insurance

Economical Student Life Insurance Plan: \$10,000.00 Term Coverage

Underwritten by Monumental Life Insurance Company, Cedar Rapids, IA

Anytime, Anywhere Protection

This Plan covers your child 24 hours a day, every day of the year, in school, at play, at home, on vacation – anywhere in the world.

Who Can Buy This Policy

This coverage may be purchased for any child who is in good general health. Policies will not be issued to children who have ever had known indications of, or have been treated for:

- (1) Any form of cancer,
- (2) Cerebral palsy,
- (3) Heart abnormality or disorder,
- (4) Lung abnormality or disorder,
- (5) Kidney abnormality or disorder.

A misrepresentation of the existence of any of the 5 conditions listed above will result in a rescission of life insurance during the first two years of coverage. The Student Life Insurance Plan covers death from any cause with the exception of suicide during the first two years of coverage. After the policy has been in force for 2 years, there are no exceptions.

A Necessary Part of Your Child's Coverage

Every parent knows that a child's coverage is not complete without some form of life insurance. Yet, many parents quite often put off obtaining this coverage, whether because of the cost or because of the inconvenience.

Today, there's no longer a reason to put off getting this necessary coverage. This Student Life Insurance Plan gives you the opportunity to cover your child at an economical cost.

Economical Premium

You can now obtain all this valuable coverage for the low annual premium of \$30.00.

It's Easy to Apply

To apply, just complete the application form on the back of the application envelope remembering to check the appropriate block and return it to Bollinger along with the appropriate premium.

Your child's policy will be sent to you by return mail within 60 days. The policy will go into effect on the 1st of the month following approval of the application and premium payment.

Questions?
Give us a call toll free at
800.526.1379

Monday – Friday, from 8:00 AM to 5:00 PM, Eastern Time

③ Dental Accident Insurance

24-Hour Coverage

Underwritten by Monumental Life Insurance Company, Cedar Rapids, IA

\$5,000.00 Maximum Benefit

This plan provides benefits of up to \$5,000 per Injury for expenses of a dentist's Usual and Customary charges for treatment and services begun within 26 weeks of an accidental Injury to sound natural teeth. This plan does not cover routine dental work such as check-ups or teeth cleaning, nor does it cover dental disease, gum disease, or orthodontia.

Definition of Injury

"Injury", means bodily trauma resulting directly and independently of all other causes from a specific accident.

The Exclusions

This plan does not provide benefits for:

- a) Dental treatment necessitated by sickness, deterioration or disease, for cosmetic, preventive, diagnostic or orthodontic purposes, or by any reason other than accidental Injury.
- b) Expenses resulting from accidental Injury occurring while this Policy is not in force.
- c) Injury caused by war, act of war, or defects which are not caused by accidental Injury sustained within the Policy Term.
- d) Existing, or congenital dental injuries or defects which are not caused by accidental injury sustained within the Policy Term.

Benefits for Damage to Artificial Dental Devices

Benefits of up to \$500.00 are payable for the treatment or repair of caps, crowns, braces, bridges, dentures, fillings or other artificial dental devices when this treatment or repair is necessitated by an accidental Injury.

Benefits for Deferred Treatment

If a dentist determines that treatment cannot be performed during the first 52 weeks after an accidental Injury, this plan will pay benefits of up to \$100.00 for necessary treatment performed after that time.

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.

Sensible Coverage 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 prone to accidents. 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.

What Happens if You Have Other Insurance?

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

Economical Premium

The cost for all of this coverage is just \$20.00 per year. To apply, just complete the Application Form on the back of the enclosed envelope and mail it to Bollinger along with the appropriate premium. We will send you your child's Certificate of Insurance by return mail within 60 days. Coverage will go into effect on October 1 if the envelope is returned to Bollinger in September. Applications received after September 30 will become effective on the 1st of the month following receipt by the Company.

Plan Underwritten by:



Cedar Rapids, Iowa
a Transamerica company

FRAUD WARNING

PA Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

TO ENROLL IN ANY OR ALL OF THE OPTIONAL PLANS, COMPLETE THE ENROLLMENT CARD BELOW AND MAIL IT ALONG WITH THE APPROPRIATE PREMIUM TO: **BOLLINGER, INC., PO BOX 398, SHORT HILLS, NEW JERSEY 07078**. Your cancelled check is your receipt.

