

VOLUNTARY STUDENT ACCIDENT INSURANCE COVERAGE

For

Columbia-Montour A.V.T.S.

We are once again offering Voluntary Student Accident Insurance to our students for the 2011-2012 school year through A-G Administrators, Inc.

For the sake of our environment the brochure and enrollment form will be available on our website only.

If you would like to enroll your child in this program, please download and complete the application and return it with the required premium in the form of a check or money order to:

**A-G Administrators, Inc
PO Box 979
Valley Forge, PA 19482**

Please contact the school should you require a paper copy of the enrollment form.



Student Accident Insurance

————— up to \$250,000 —————

The more active your child is, the more valuable
this coverage becomes.

2011-2012



UNDERWRITTEN BY
UNITED STATES FIRE INSURANCE COMPANY

ADMINISTRATIVE OFFICE
A-G Administrators, Inc.
P.O. Box 979, Valley Forge, PA 19482
Phone (610) 933-0800
www.agadministrators.com

Two School-Approved Plans to help pay doctor, hospital and dental bills.

24-Hour Coverage

YOUR BEST BUY!

Around-the-clock accident coverage for your child anywhere in the world. Protection during vacations, weekends and school days.

24-Hour Coverage is your best buy because it is **not** limited to school connected accidents but also covers accidental injury at home or away. ANY COVERED ACTIVITY-ANYTIME-ANYWHERE. Continuous protection from the effective date to the opening of the next school term.

At School Only Coverage

Insurance coverage for the hours and days when school is in session and while attending school sponsored and supervised activities including religious services;

- During school year
- On the school premises
- Travel to and from school
- School supervised activities
- Class trips

These coverages are subject to the terms and conditions stated in the policy.

Questions & Answers

- Q** Is this policy primary or secondary coverage?
A The first \$100 in benefits are payable without regard to other insurance. This policy is secondary coverage to other group insurance carried on the student when total expenses exceed \$100.00.
- Q** May we purchase the policy any time during the year?
A Yes, but you pay the same rate for the balance of the year as you would have paid for the entire year. The earlier you purchase the policy the more days of coverage your student will have.
- Q** Will this policy pay if our other insurance has a deductible?
A Yes, this policy has no deductible. You should submit expenses in excess of \$100.00 to your other insurance carrier and forward us a copy of the explanation of benefits showing the amount of the deductible.

\$50,000 OPTIONAL ACCIDENT DENTAL TREATMENT BENEFIT

For an additional premium of \$7.50 per person, added to the cost of the basic plan selected, or a premium of \$14.00 without student coverage, the policy may be extended to include an Accident Dental Treatment benefit for treatment of natural teeth within two years from the date of accident, not to exceed \$50,000 in the aggregate, provided the first treatment is rendered within 100 days from the date of injury. The additional benefit will provide payment for all usual and reasonable expenses for examination, diagnosis, and X-ray; restorative treatment, endodontics, and oral surgery (not including periodontics); plus a maximum of \$600 for dental prosthesis toward the cost of a bridge, denture or partial denture, providing such expense is caused by a covered accident.

If we have proper certification that treatment must be deferred until after the two-year claim period (from the date of the accident), a maximum of \$250.00 (in addition to charges incurred and work performed within the two-year claim period) will be paid in lieu of all other dental benefits, and must be incurred by age 21.

CLAIM PROCEDURE

Simplified claim forms are available through the school or from the Administrator. Attach itemized bill(s) to the completed claim form and mail to the Administrator or the address shown on the claim form. Claims for benefits must be filed within 90 days from date of accident. Only one claim form necessary per accident.

PERIOD OF COVERAGE

Persons applying for coverage shall be covered as of the date of premium receipt, but in no event prior to the opening of school activities. Coverage ends at close of the regular school term, except under 24-hour coverage, which continues until school reopens for the following fall term.

You may enroll at any time, but premiums are not prorated.

ENROLL EARLY FOR THE MAXIMUM PERIOD OF COVERAGE.

HOW TO ENROLL

1. Decide whether you want the 24-Hour Accident Protection, SchoolTime Plan, or Dental Plan.
2. Fill out enrollment envelope, enclose check or money order payable to the Company for the correct amount.
3. Return by mail to AG Administrators, Inc. Your cancelled check or money order stub will be your receipt and confirmation of payment. (Please write student's name and school name on your check).

MAKE CHECKS PAYABLE TO:

**UNITED STATES FIRE
INSURANCE COMPANY**

C/O AG Administrators, Inc.
P.O. Box 979 • Valley Forge, PA 19482

APPLICATION

to United States Fire Insurance Company
Student Accident Coverage

STUDENT'S LAST NAME (one letter in each box)

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STUDENT'S FIRST NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Age _____ Grade _____ Phone _____

Address _____

City _____ State _____ Zip _____

Name of School _____

School District _____

Birthdate _____ Male Female
mo. day yr.

X _____
Signature of Parent or Guardian Date

A-S52 R1 NO OBLIGATION TO PURCHASE

INDIVIDUAL
VOLUNTARY
STUDENT
PROGRAM

BEST BUY

24-HOUR

\$124.00

SCHOOL-TIME

\$28.00

**DENTAL
ACCIDENT
INSURANCE**

\$7.50 with either
of above plans

\$14.00 Dental Alone

**COST PER YEAR
PER STUDENT**

WHY ACCIDENT INSURANCE

As school begins we should become accident conscious. Unfortunately accidents will happen regardless of many efforts to combat them. Children in their enthusiasm for play are especially heedless at the beginning of the term. After playing all summer with a few friends they are now together in large numbers. To help guard against the expense of an accident we have devised a plan to offer the broadest coverage at a reasonable cost

THE STUDENT PROTECTION PLAN

Broad and easy to understand accident protection at reasonable rates.

We pay the Usual, Reasonable, and Customary fee. Only FIVE exceptions: 1) benefits to anesthetists shall not exceed 45% of the surgeon's benefit; 2) dental treatment limited to \$300 for each injured tooth; 3) orthopedic appliances-maximum benefit of \$700.00; 4) physiotherapy-limited to \$60 per visit, and 12 visits, \$720 maximum per accident; 5) X-rays \$28.00 X 1974 California Relative Value Study 5th edition; \$700.00 Maximum on Negative X-Rays.

- 1. Doctor's Services**—surgical charges, consultant's fees, office visits.
- 2. Hospital Services**—semi-private room and up to \$10,000 in miscellaneous medical charges while confined, intensive care unit charges if required by attending physician, out-patient emergency room charges to \$500.00; out-patient surgery \$2,500.00.
- 3. X-ray charges**—in hospital or doctor's office
- 4. Additional charges**—
 - Ambulance charges
 - Prescription drugs and medications
 - Broken glasses—replacement charges in conjunction with a covered accident
 - Registered nurse—during hospital confinement

Treatment must begin within 90 days of the date of accident. Benefits provided for treatment rendered within 365 days of the accident. The maximum benefit is \$250,000.00.

All benefits are excess of \$100. All benefits in excess of \$100 are provided only if such expenses are not covered under any other valid and collectible group insurance which may be payable covering the same accident.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

A. If injury shall result in the death of the Insured, the Company will pay the Accidental Death Benefit of \$2,500.00.

B. If the Insured by reason of injury shall sustain any of the following specific losses within one hundred (100) days after the date of accident, the Company will pay for loss of:

Both hands or both feet or both eyes..... \$20,000.00

(The Double Dismemberment Benefit)

One hand and one foot, one hand and one eye,

or one foot and one eye..... \$10,000.00

One hand or one foot..... \$ 7,500.00

One eye \$ 5,000.00

Loss shall mean in regard to hand or hands or foot or feet, actual severance through or above the wrist or ankle, loss of eye or eyes shall mean the irrecoverable loss of the entire sight thereof.

No more than one amount, the amount equal to the largest benefit payable, will be paid under A and B if more than one loss is incurred as the result of the same accident.

THIS POLICY DOES NOT COVER, nor is any premium charged for: Participation in any interscholastic sports activity specifically authorized, sponsored and supervised by the policyholder, whether or not it takes place on policyholder premises or during a covered activity, including but not limited to skiing, ice hockey, lacrosse, soccer or tackle football; intentionally self-inflicted injury, suicide or any attempt thereat while sane or insane; commission or attempt to commit a felony or an assault; commission of or active participation in a riot or insurrection; bungee-cord jumping, parachuting, skydiving, parasailing, hang-gliding; declared or undeclared war or act of war; flight in, boarding or alighting from an aircraft or any craft designed to fly above the earth's surface except as a fare-paying passenger on a regularly scheduled commercial airline; travel in or on any on-road and off-road motorized vehicle that does not require licensing as a motor vehicle; sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, including exposure, whether or not accidental, to viral, bacterial or chemical agents except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food; the covered person being legally intoxicated as determined according to the laws of the jurisdiction in which the covered accident occurred; voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a physician and taken in accordance with the prescribed dosage; injuries compensable under workers' compensation law or any similar law; cosmetic surgery, except for reconstructive surgery needed as the result of a covered injury; services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay. In addition, benefits will not be paid for services or treatment rendered by any person who is employed or retained by the policyholder or living in the covered person's household; a parent, sibling, spouse or child of either the covered person or the covered person's spouse; the Covered Person.

IMPORTANT – KEEP THIS BROCHURE AS A SUMMARY OF BENEFITS UNDER YOUR SCHOOL ACCIDENT INSURANCE. COMPLETE PROVISIONS PERTAINING TO THIS PLAN ARE CONTAINED IN MASTER POLICY ON FILE AT SCHOOL.

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