



# Important Notice To Seminole County Parents



Dear Parents,

## Seminole County Schools

Your school is very interested in maintaining a safe environment for all students. However, accidents do happen every day at school. The school cannot assume financial responsibility for medical expenses if students are injured during school classes and/or school activities. Therefore, the school offers parents the opportunity to enroll their child in the school approved insurance plan. We strongly urge all parents to read this description of coverage and consider the advantages of enrolling your child in the school approved plan. You are not required to purchase this plan. This plan will not pay for 100% of all medical expenses due to limits of the policy as described below.

Select from the following options:

Please choose from ONE OF the following two options: **\*Enroll online at [www.schoolinsuranceofflorida.com](http://www.schoolinsuranceofflorida.com)**

- 24 Hour Basic Accident Insurance Plan:** Provides protection during school sponsored and school supervised activities during the regular school term and also while at home, on the weekends, holidays, during vacation periods and the summer months, 24 hours a day, 7 days a week (except tackle football practices and games). **Cost for 24 Hour Coverage during the school term and summer months is \$42.00.**
- OR**
- School Time Basic Accident Insurance Plan:** Provides protection only during school sponsored and school supervised classes and activities during the regular school term (except tackle football practice and games). Does not provide coverage at home or during vacation periods. **Cost for School Time Coverage is \$14.00.**

Second, choose your additional coverage option: (you must purchase the #1, 24 Hour plan, or #2, School Time Plan, to be eligible for this option).

- In-Hospital Sickness Benefit Option:** Provides up to \$500 per day of in-hospital confinement benefits if your child is hospitalized due to a covered illness or disease. **Cost is \$40.00 for coverage during the school term and summer months.**

### Basic Accident Insurance Coverage Maximum Benefits

**Hospital Room and Board:** \$200.00 per day (licensed hospital only)  
**Inpatient Miscellaneous Charges:** Up to \$3,300.00 for the first 7 days of confinement and up to \$300.00 per day thereafter  
**Outpatient Use of Hospital:** \$2,000.00 if major surgery is performed or \$225.00 if minor or no surgery is performed  
**Physician (Non-Surgical Treatment, Care):**  
 First Office Visit — \$45.00  
 Follow-up Office Visit — \$35.00  
 First Hospital ER Visit — \$50.00  
 Follow-up Hospital ER Visit — \$45.00  
**Surgeon/Anesthesiologist:** Not to exceed the amounts listed in the 2008 Florida Workers' Compensation Fee Schedule (Part A)  
**Plastic/Cosmetic Surgery:** \$500.00  
**Physiotherapy:** (manipulation, massage, adjustments, etc.) \$40.00 per day, maximum of \$400.00

**Dental:** \$400.00 per sound natural tooth  
**X-Ray (includes reading x-ray, EEG, EKG):**  
 No fracture — \$75.00  
 If fracture — \$275.00  
**MRI:** \$500.00  
**CAT or other Scans:** \$300.00  
**Ambulance:** \$300.00  
**Crutches:** \$35.00  
**Orthopedic Braces:** \$250.00  
**Motor Vehicle Injury:** \$1,500.00  
**Fighting:** \$250.00 (pushing, shoving, etc., which results in bodily injury not usually classified as an accident)  
**Stress Fracture:** \$500.00

**Re-injury or Aggravation of an Existing Condition:** \$500.00  
**Maximum Medical Limit:** \$25,000.00  
**Accidental Death:** \$1,500.00 (within 180 days of accident)  
**Dismemberment:**  
 Single: \$1,000.00  
 Double: \$10,000.00



### Optional In-Hospital Sickness Benefits

If your child enrolls in the In-Hospital Sickness Benefit Option, the policy will pay up to \$500 for each day your child is hospitalized overnight as an in-patient due to a covered illness or disease, up to a maximum policy benefit of \$5,000 for the 12-month period of coverage. No benefits are payable for out-patient expenses. Cost for the In-Hospital Sickness Benefit Option is \$40.00 for coverage during the current school term and 2015 summer months.

**HOW TO ENROLL:** 1) (Cómo inscribirse) Complete the enrollment form below; 2) Make check or money order for correct amount payable (Envíe su cheque con el formulario) to School Insurance of Florida; 3) Write the student's name and school in the memo section of your check or money order; 4) Mail enrollment application and payment to School Insurance of Florida. *Keep your cancelled check or money order receipt as your confirmation of payment. Insurance cards will not be sent to you unless you request an I.D. card and enclose a self-addressed, stamped envelope for us to mail the I.D. card to you. Keep the top part of this form for your records. No premium refunds after the first day of coverage.*

**FOR INFORMATION CONTACT:** School Insurance of Florida, P. O. Box 784268, Winter Garden, FL 34778-4268. Phone 800-432-6915. Do not contact the schools for claim or coverage information; contact School Insurance of Florida. **Go to our website, [www.schoolinsuranceofflorida.com](http://www.schoolinsuranceofflorida.com) for more information.**

**COVERAGE EFFECTIVE AND TERMINATION DATES:** Coverage becomes effective on the first day of school or at 11:59 P.M. on the US Postal postmark date of the enrollment envelope or the date payment is received in School Insurance of Florida's office, whichever is the later date. The 24 Hour Basic Accident Plan and In-Hospital Sickness Benefit Option Plan coverages terminate at 12:01 A.M. on the first official day that school classes resume the next fall term in August 2015. The School Time Basic Accident Plan coverage terminates at 11:59 P.M. on the last day of classes for the regular school term in May 2015.

## SEMINOLE STUDENT INSURANCE ENROLLMENT FORM (Formulario de inscripción del seguro)

Please (✓) the appropriate boxes below and enclose check or money order for a selected amount to School Insurance of Florida. To enroll more than one child call School Insurance of Florida or your school for more enrollment forms or enclose a note with the students' names and explanation of plans selected with this enrollment application.

**\$42.00 24 HOUR BASIC ACCIDENT PROTECTION PLAN** Available to all students PreK-12th grades and Vo Tech. Provides accident protection while at school and covered school activities, as well as coverage during weekends, holidays, and all vacation periods, 24 hours a day, 7 days a week, including the summer months! (Except tackle football).

**\$14.00 SCHOOL-TIME BASIC ACCIDENT PROTECTION PLAN** Available to students in grades PreK-12th. Accident coverage only while school is in session during regular school term and during school sponsored activities (except tackle football).

Additional Benefit Option: *You must purchase either the 24 hour or School-Time plan to be eligible for this option:*

CHECK # \_\_\_\_\_

**\$40.00 IN-HOSPITAL SICKNESS COVERAGE BENEFIT OPTION** Provides up to \$500 per day for In-Patient Hospital Expense.

Total amount enclosed (Cantidad incluida): (USD) \$ \_\_\_\_\_

Please Print Student's Full Name Clearly - One Letter To A Box

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Student's First Name (Primer Nombre del Estudiante)

Last Name (Apellido)

Home Address (Dirección): \_\_\_\_\_ Home Phone (Teléfono): \_\_\_\_\_

City (Ciudad): \_\_\_\_\_ State (Estado): \_\_\_\_\_ Zip (Código Postal): \_\_\_\_\_

Name of School your child attends (Nombre de la Escuela): \_\_\_\_\_ Grade (Grado): \_\_\_\_\_

Signature of parent or guardian (Firma del padre o guardián) 09035: \_\_\_\_\_ Date (Fecha): \_\_\_\_\_

The Certificate of Insurance summarizes the policy provisions and benefits. This policy will not pay 100% of all incurred medical expenses. Policy limits and exclusions apply. Policy benefits are payable, subject to the limits specified below, for accidental bodily injury resulting from a covered accident (or covered illness if the optional In-Hospital Sickness Benefit Option is purchased). The company will pay the reasonable cost of covered eligible medical charges not to exceed the maximum benefits listed in the policy (summarized in this form). The maximum benefit payable for any one covered accident is \$25,000.00. The maximum payable under the optional In-Hospital Sickness Benefit Option is \$5,000.00 in the aggregate for all covered in-hospital expenses due to covered illness or disease. First medical treatment by a licensed physician or dentist for a covered condition must be obtained within sixty (60) days from the original date of the covered injury or condition to be eligible for policy benefits. The company will pay for covered medical charges for treatment and care rendered within 52 weeks after the date of a covered accident or condition.

**POLICY DEFINITIONS:** "Covered Accident" means bodily injury of the insured that results directly and independently of all other causes from a covered accident occurring while the policy is in force. Self-inflicted injuries caused by prolonged over exertion, stress or strain, or disease process or aggravation of an existing condition is expressly excluded from coverage under the accident policy. "Covered Charges" means reasonable charges which are not in excess of usual and customary charges; not in excess of the maximum benefit amount payable for services specified below; services and supplies which are not excluded from coverage; and services and supplies which are a medical necessity for treatment of the covered accident. "Pre-Existing Condition" means any physical condition for which the existence of symptoms would cause a normally prudent person to seek medical care or advice. Physical condition includes any complication or residual of a prior illness, condition or disease the person was advised or treated for in the six (6) months before the effective date of the Insured's coverage under the policy. "Sickness" means an illness or disease for which symptoms first originate and for which medical treatment is rendered by a physician while this Endorsement is in force. All related conditions and recurrent symptoms of the same or a similar condition will be considered one sickness. "Hospital" means a licensed or properly accredited general hospital which is open at all times and operated primarily and continuously for the treatment of and surgery for sick and injured persons as inpatients under the supervision of one (1) or more legally qualified physicians available at all times with continuous, twenty-four (24) hour nursing services by Registered Nurses on duty or call. "Hospital" does not mean a facility that is primarily a clinic, nursing, rest or convalescent home, or an institution specializing in or primarily treating mental or nervous disorders, alcoholics or drug addicts. "At-School Accident Coverage" applies while a covered person is in attendance at the school during the hours and on the days that school is in session; participating in activities, except as a spectator, which are exclusively school-funded, school-sponsored, school-supervised and scheduled by the school on or away from school premises, during or after school hours or school-sponsored religious instruction; traveling directly and without interruption to or from the covered person's residence and the school for regular school sessions or such travel time as is required, however, not to exceed one (1) hour before the regular school classes begin and not more than one (1) hour after school is dismissed; while a covered person is participating in a school-scheduled, school-sanctioned interscholastic sports practice or competition at or away from school premises (except tackle football). "24-Hour Accident Coverage" includes "At-School Coverage" and extends coverage to twenty-four (24) hours per day while a covered person is at home, school or on vacation. Under the 24-hour coverage plan, the same benefits, limitations and exclusions of the "At-School Coverage" plan will apply. No benefits are payable for practicing for or participating in tackle football. Additional policy terms and provisions apply which are stated in the Master Blanket Accident Insurance Policy issued to the school district and on file for your review. "Effects of Other Coverage" means the insurance coverage provided under the policy shall be "EXCESS" to any other collectible insurance or plans, including but not limited to auto P.L.P. and auto medical payments, HMOs or PPOs, subject to limits stated in the policy when total charges for treatment of a covered accident are in excess of \$250.00. Third party subrogation rights are reserved. Total payments by all insurance plans, including HMOs or PPOs, shall never exceed the total medical expenses incurred.

**EXCLUSIONS - WHAT THE POLICY DOES NOT COVER**

1. The practice or play of interscholastic tackle football, grades 9th,10th,11th,12th grades including travel to or from such practice or play, unless the player has paid the required extra premium. Participation in any organized sports camps, league practices or competitions that are not exclusively funded, sponsored, scheduled and supervised by the Member school district Board of Education to which the Policy is issued. Participation in organized classes, practices or competitions in boxing, wrestling, self-defense, or martial arts, including but not limited to Karate, Aikido, Tae Kwon Do, Jujitsu, Kung Fu, kickboxing or weapons training unless the organized program is exclusively sponsored, funded, and scheduled by the Member school district Board of Education to which the Policy is issued, and directly supervised by a Member school employee..
2. Damage to other than whole, sound, vital and natural teeth or to existing dental bridges, crowns, restorations or braces; orthodontic procedure and services. Treatment for injury or fracture of tooth caused either by decay, infection or the breakdown of a dental restoration.
3. Pathological fractures, stress fractures, boils, athlete's foot, impetigo or similar skin infection, rashes, poisonous vegetation reactions, warts, blisters, calluses, cramps, muscle spasms, allergies or allergic reactions, ingrown nails, appendicitis, hernia of any kind, however caused; infections occurring other than as a result of such injury; detached retina; or psychiatric care.
4. Any form of illness, sickness or disease including but not limited to the following: Perthes' Disease, Osgood-Schlatter's Disease, Osteomyelitis, Osteochondritis, Osteogenesis Imperfecta, Slipped Capital Femoral Epiphysis, Thrombophlebitis, Hysterical Reactions, or similar conditions (unless the In-Hospital Sickness Benefit Option is purchased).
5. Any form of fighting or brawling or criminal or felonious assault or the Insured being engaged in an illegal occupation.
6. Services or treatment rendered as a part of the member school service by a hospital, physician, or person employed or retained by the member, or by a person related to the Insured by blood or marriage.
7. Riding in or on, being struck by, being towed by, boarding or alighting from, or operating any motorized or engine-driven vehicle. Eligible medical expenses not collectible from other valid coverage will be payable up to \$1,500.00.
8. Intentionally self-inflicted injury.
9. War or any act of war (raids by air, land or sea shall be deemed act of war), civil disobedience, plots or insurrection.
10. Injuries sustained by the Insured for which benefits are payable under any Workers' Compensation or Employer Liability Laws, or while engaging in activity for monetary gain from sources other than the Member.
11. Aviation in any form except while the Insured is riding as a passenger in a licensed airplane provided by an incorporated passenger carrier on a regularly scheduled passenger flight and route.
12. Riding in or on, being struck by, being towed by, boarding or alighting from, or operating any snow mobile, all-terrain vehicle, or two (2) or three (3) wheeled motor vehicle.
13. The use of or while under the influence of drugs unless administered as prescribed by a physician.
14. The existence or aggravation of physical or mental infirmity, condition or disease, whether infectious, congenital, secondary or acquired in origin. Conditions or the aggravation of conditions that originated prior to the Insured's Effective Date, not to exceed \$250.00.
15. Expense resulting from participating in activities for which benefits would be payable, in the absence of this insurance, under any high school or association-sponsored catastrophe sports accident policy or trust fund is expressly excluded from coverage.
16. Snow skiing, snow tubing, snowboarding, water skiing, wake boarding, surf boarding, hydro-sliding, jet skiing or using any "personal watercraft" as defined by Florida statutes. Injury as a result of skate boarding.
17. Prescription drugs, injections, miscellaneous supplies and medications, except those administered while hospital-confined or when treated in the emergency room.
18. Injury as a result of non-traumatic, repetitive, overuse syndrome not to exceed a maximum aggregate policy limit of \$250.00. Injury as a result of using a trampoline, not to exceed a maximum policy benefit of \$250.00 in the aggregate.

Additional exclusions for the optional In-Hospital Sickness Benefit: No benefits payable due to pregnancy, child birth, abortion, drug or alcohol intoxication, addiction or treatment expense; mental illness, emotional disorders, or psychiatric care; dental care for any cause including TMJ; any out-patient visit, treatment or service; any pre-existing condition or recurrence thereof; any expense due to accidental bodily injury.

A certificate of insurance summarizes the provisions and benefits of the policy # 09-0140-2015 (filed form # LRS-8985-0100-FL). Any difference between the policy and the certificate will be settled according to the provisions of the policy.

**HOW TO FILE A CLAIM:** (Para reportar un reclamo, Comuniquese con la oficina de la escuela). Obtain a claim reporting form from your school. Complete the form and mail to School Insurance of Florida, P. O. Box 784268, Winter, Garden FL 34778-4268. Phone: 800-432-6915. You may also visit our website [www.schoolinsuranceofflorida.com](http://www.schoolinsuranceofflorida.com).

**FLORIDA LAW STATES:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim or an enrollment form containing any false or incomplete, or misleading information is guilty of a felony of the third degree.

RS0100FL

School Policy Number: 09-0140-2015

Seminole 2014-2015

**To avoid processing delays - sign your check, write your student's name in the check memo area, and fill out the application completely.**

From: \_\_\_\_\_  
Please Print Name of Parent or Guardian

\_\_\_\_\_  
No. Street

\_\_\_\_\_  
City State Zip



Postage  
Required  
Post Office will  
not deliver  
without proper  
postage.

**MAIL TO: SCHOOL INSURANCE OF FLORIDA  
PO BOX 784268  
WINTER GARDEN, FL 34778-4268**



2014-2015 Seminole  
School Insurance Application