



**Accidents aren't
supposed to happen...
*but they do.***



Marketed By

The Christian Schools Insurance Division
Special Markets Insurance Consultants, Inc.
2615 Post Road
Stevens Point, WI 54481
(800) 727-7642
www.christianschoolsinsurance.com

If you have a local agent, please have them call us.

STUDENT ACCIDENT MEDICAL INSURANCE

For years, educators and administrators alike have been looking for an insurance program for their students that would provide a comprehensive benefit package. We can provide the medical and catastrophic coverage that your school(s) need and your students deserve. The Student Accident insurance program is underwritten by Sentry Life Insurance Company. A.M. Best rates Sentry Life Insurance Company A (Excellent) for financial condition.

MANDATORY COVERAGE* WHO IS COVERED AND WHEN

- Eligibility:** All enrolled students not residing at the school, Early Childhood Development (i.e., Head Start), Pre-K (ages 3 & up) through 12th grade, Volunteers, Teachers and Administrators.
- School Time 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, including Football, if provided for in the **Enrollment Form** and any additional required premium is paid; and One-Day Field Trips and Religious Activities sponsored by the school. Traveling directly (uninterruptedly) to and from a Regularly Scheduled Activity with other members as a group. The travel must be supervised by a person authorized by the school. Overnight field trips and Volunteers may also be covered by paying the required premium.
- Interscholastic Sports /Football:** Coverage is provided during tryouts, preseason play, practice, regular and post season play, and for traveling directly (uninterruptedly) to and from a Regularly Scheduled Activity with other members as a group. The travel must be supervised by a person authorized by the school. Interscholastic Senior High Football is included, if provided for in the **Enrollment Form** and additional required premium is paid.

*Under “**Mandatory Coverage**” all students/athletes are covered and the premium is paid by the school.

VOLUNTARY COVERAGE* WHO IS COVERED AND WHEN

- Eligibility:** All enrolled students not residing at the school, Pre-K (ages 3 & up) through 12th grade.

*Under “**Voluntary Coverage**” all students must be given the opportunity to enroll. Premiums are the responsibility of the individual student and/or their parent/legal guardian.

OPTIONAL 24-HOUR ACCIDENT COVERAGE**

Each Insured who pays the additional premium required for this benefit is insured under this provision. Insurance coverage is provided, 24-Hours per day. Provides coverage during the weekends and vacation periods including the entire summer. Students are protected while at Home or away. No coverage is provided for participation in interscholastic tackle football. No coverage is provided for participation in Interscholastic Sports or school sponsored/supervised activities, if covered under the Student Accident Insurance Program purchased by the school.

Coverage starts on the date of premium receipt (but not before the start of the School year). It ends when School reopens for the following School year.

OPTIONAL 24- HOUR DENTAL COVERAGE**

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. Each Insured who pays the additional premium required for this benefit is insured under this provision. Coverage starts on the date of premium receipt, but not before the start of the School year. It ends when School reopens for the following School year. This provision covers Accidents occurring anytime and anywhere. The Insured must be treated by a legally qualified dentist who is not a member of the Insured’s Immediate Family for Injury to teeth. We will then pay the Reasonable Expenses for Necessary Treatment. Coverage is limited to treatment of sound, natural teeth. The maximum benefit payable under this provision is stated in the Policy. All other provisions of the Policy, including all Coverage and Limitations, Maximums and Exclusions, apply to Insureds covered under this provision.

**Coverage under this policy form is not available in Connecticut, Hawaii, New Jersey, New York, North Carolina, Oklahoma, South Dakota, Utah and Washington. Please contact Marketing Agent.

COUNSELING BENEFIT

If, as a result of an Act of Violence, an Insured is killed while on School Property by a person other than an Insured, We will pay a lump sum of \$5,000 for Counseling Services. The lump sum benefit will be paid to the covered School or to the provider after the commencement of Counseling Services. The Insured receiving the Counseling Service must be in attendance at the time the Act of Violence occurs. Counseling Services must be: (1) arranged by the covered School; (2) provided to a living Insured due to an Act of Violence; and (3) received during the Benefit Period shown on the Schedule of Benefits.

The first treatment must be received within the 60 days immediately following the Act of Violence.

Definitions for the purposes of this section:

Act of Violence means an injury inflicted by a person with malicious intent to cause bodily harm; **Counseling Services** means psychiatric/psychological counseling that is under the care, supervision or direction of a professional counselor or physician and essential to assist the Insured in coping with the Act of Violence; and **School Property** means the physical location of the covered School or location of an activity or event approved by the covered School.

All other provisions of the Policy, including all Coverage and Limitations, Maximums and Exclusions, apply to Insureds covered under this provision.

DEFINITIONS

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.

Hospital means a place that meets all of the following requirements: (1) Has an organized medical staff; (2) Has permanent facilities that are equipped and operated mainly for the purpose of performing surgical procedures; (3) Provides continuous services of Physicians and registered nurses, whenever a patient is in the facility.

Hospital also means a psychiatric hospital as defined by Medicare. It must be eligible to receive payments under Medicare.

A Hospital is mainly not a place for rest, a place for the aged, a place for the treatment of drug addicts or alcoholics, or a nursing home.

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.

Reasonable Expense means the usual, reasonable and customary fee or charge for the services rendered and the supplies furnished in the area where and at the time such services are rendered or supplies furnished, as determined by Us. Such services and supplies must be recommended and approved by a Physician.

HOSPITAL AND PROFESSIONAL SERVICES

We will pay Reasonable Expenses incurred for a covered Injury. The Injury must be treated within 60 days. Services must be given: (1) by a Physician; (2) for Necessary Treatment; and (3) within the time limit stated in the Schedule of Benefits. Benefits are paid to the maximum stated in the Schedule of Benefits for any one Injury for Reasonable Expenses which are in excess of the Deductible and any Copayment. Benefits are subject to the Coverage and Limitations stated in the Schedule of Benefits, the Exclusions stated below and the other provisions of the Policy.

EXCESS COVERAGE

Benefits will be paid only for such expense that is not recoverable from any Other Plan. We 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. The Student Accident plan is secondary to all other policies.

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 Death, Dismemberment, and Loss of Sight, then We 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 the Sight of Both Eyes; 3) One Hand and One Foot; 4) One Hand and the Sight of One Eye; or 5) One Foot and the Sight of One Eye

Half of the Double Dismemberment benefit, in the **Schedule of Benefits** under **Maximums and Benefit Period**, will be paid for the Loss of One Hand, One Foot or the Sight of one eye.

Loss of hand or foot means the actual and complete severance through or above the wrist or ankle. Loss of sight means irrecoverable loss of sight. These Losses will be considered total and irrecoverable if such loss cannot be restored or corrected by medical or surgical treatment.

If the Insured suffers more than one of the above covered losses as a result of the same Accident the total amount We will pay is the maximum benefit.

Benefits paid under this provision will be paid in addition to any other benefits provided by the Policy.

All other provisions of the Policy, including all Coverage and Limitations, Maximums and Exclusions, apply to Insureds covered under this provision.

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) Re-Injury or complications of a condition for which medical advice or treatment was recommended by a Physician or received from a Physician within a 6 month period preceding the Policy Effective Date; (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.

NOTICE OF CLAIM

Written **notice** of claim must be given within **20** days, or as soon as possible, after a covered loss occurs or begins. The notice must be given to Sentry's Home Office at 1800 North Point Drive, Stevens Point, WI 54481, or to any authorized agent. The notice should include the Insured's name and policy number. Written **proof of loss** must be furnished to Sentry Insurance within **90** days after the date of Injury.

In the event of an Accident, students should:

1. Secure treatment at the nearest medical facility of their choice.
2. They may have to make payment of any bills. They should obtain a receipt and itemized copy of charges from the provider of medical services and send copies of their itemized bills and the **original** completed and signed student accident claim form to the claims office – mail all correspondence to Sentry Life Insurance Company, Policy Benefits, P.O. Box 8025, Stevens Point, WI 54481.
3. Claims Questions? **Call 1-800-426-7234.**



National Representative
Special Markets Insurance Consultants, Inc.
Stevens Point, WI 54481

UNDERWRITTEN BY:



1800 North Point Drive
Stevens Point, WI 54481

IMPORTANT NOTICE – THE 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 180-1369, underwritten by Sentry Life Insurance Company. If there is any conflict between this brochure and the Policy, the Policy will prevail.

Note: Please see the Master Policy for individual state details.