

2019-20 New Jersey **STUDENT ACCIDENT INSURANCE PROGRAM**

Multi-Benefit Protection



ACCIDENT INSURANCE PROTECTION HELPING PROVIDE:

For the Student - Sound coverage with a selection of plan options

For the Parent - Additional financial security to help in times of increasing medical costs

Administered by:

Bollinger Specialty Group

A Gallagher Company

Underwritten by:

GTL | **GUARANTEE
TRUST
LIFE**

Guarantee Trust Life Insurance Company (GTL)

1275 Milwaukee Ave., Glenview, IL 60025

www.gtlic.com

2019-2020 STUDENT ACCIDENT INSURANCE PLANS

- Accidents happen! When they happen to your child, someone must pay the bills.
- Here are Accident only insurance plans to help cover your child either 24 hours a day (24-Hour Plan) or while in school (School-Time Plan).
- These plans provide benefits to help meet the cost of medical and Hospital expense.
- This is a Primary Plan. Covered Charges will be eligible for payment regardless of other insurance.
- Any benefits payable by the Policy as a result of medical, surgical, dental, Hospital or nursing service will be paid directly to the Hospital or person rendering such service unless proof of payment in full is provided.

24-HOUR	SCHOOL TIME	IMPORTANT PROTECTION FACTS
✓	✓	Becomes effective the date premium payment is received by Bollinger Specialty Group (but not prior to the opening day of school).
✓	✓	Provides coverage during the hours that school is in regular session.
✓		Provides 24-Hour-A-Day protection.
✓	✓	Provides coverage during the time necessary for travel between the insured's home and the beginning or end of regular school sessions.
✓	✓	Provides coverage while participating in (or attending) activities organized, sponsored and supervised by the school. Coverage is also provided for travel directly to and from such activities in a Designated Vehicle furnished by the school.
	✓	Coverage expires at the close of the regular school term. (Coverage will be extended while attending academic classes for credit in the summer, when classroom sessions are exclusively sponsored and solely supervised by the school; however, no coverage will be provided for travel to and from classes).
✓		Coverage continues without interruption all summer until school re-opens for the following term.

24-HOUR-A-DAY ACCIDENT COVERAGE - excluding interscholastic sports

24-Hour-A-Day Protection for each Covered Accident

Helps protect your child for the entire school year and extends **throughout the summer** - right up to the day school opens.

Your child's coverage is good **WORLDWIDE, 24-HOURS-A-DAY**. This includes covered accidents:

📍 At home 📍 At play 📍 At school 📍 On vacation 📍 Scouting, camping etc. 📍 During covered travel

SCHOOL-TIME ACCIDENT COVERAGE - excluding interscholastic sports

Helps protect your child while attending regular school sessions. Includes coverage for travel directly to and from your residence to attend regular school sessions for travel time required, but not more than one hour before or after regular classes. Travel time on the school bus is extended for any additional time needed. In addition, coverage is provided while participating in (or attending) covered activities exclusively organized, sponsored and solely supervised by the school and school employees, including travel directly to and from the activity in a Designated Vehicle furnished by the school and supervised solely by school employees.

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What's Covered? *Up to \$25,000.00 as described under Coverage and Benefits for:*

- ACCIDENTS OCCURRING WHILE COVERAGE IS IN FORCE
- LOSS FROM ACCIDENTAL BODILY INJURY RESULTING DIRECTLY AND INDEPENDENTLY OF ALL OTHER CAUSES
- COVERED MEDICAL EXPENSE WHICH BEGINS WITHIN 90 DAYS OF THE ACCIDENT AND IS INCURRED WITHIN 52 WEEKS OF THE ACCIDENT

Injury means bodily Injury due to an Accident which results directly and independently of disease, bodily infirmity, or any other causes; solely, directly and independently of all other causes, results in medical expense; occurs after the effective date of the Insured's coverage under the Policy; and occurs while the Policy is in force. All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

BENEFITS ARE PAYABLE *UP TO* THE DOLLAR AMOUNTS SPECIFIED BELOW

COVERAGE AND BENEFITS	
R&C means Reasonable and Customary charges	
Maximum Benefit Amount Per Injury	\$25,000.00
Deductible	\$0.00
Hospital Room and Board and general nursing care	100% of R&C
Intensive Care	100% of R&C
Inpatient Hospital Miscellaneous Expense	100% of R&C
Doctor's fees for surgery	100% of R&C
Assistant Surgeon Expense	100% of R&C
Anesthesia Services	100% of R&C
Non-Surgical Inpatient and Outpatient Doctors' Visits	100% of R&C
Hospital Emergency Care	100% of R&C
Outpatient X-ray and Laboratory Services	100% of R&C
Outpatient Imaging procedures for MRI/CAT Scan	100% of R&C
Ambulance Expense	100% of R&C
Urgent Care Center Expense	100% of R&C
Durable Medical Equipment, including Orthopedic Appliances	100% of R&C
Prescription Drugs	100% of R&C
Physical Therapy, rendered by a Doctor or Hospital	100% of R&C
Dental Treatment for Injury to Sound, Natural Teeth	100% of R&C
Casts, Non-surgical	100% of R&C
Ambulatory Surgical Facility	100% of R&C
Replacement expense for broken eyeglasses, lenses, contact lenses, hearing aids resulting from an Injury requiring medical treatment	100% of R&C
Registered Nurse Expense	100% of R&C
Loss of Life	\$10,000.00
Single Dismemberment	\$10,000.00
Double Dismemberment	\$20,000.00
PREMIUMS (ONE-TIME ANNUAL PAYMENT)	
SCHOOL-TIME ACCIDENT COVERAGE	
Grades Pre-K - 12 includes all activities except interscholastic sports	\$86.00
24-HOUR-A-DAY ACCIDENT COVERAGE	
Grades Pre-K - 12 includes all activities except interscholastic sports	\$185.00

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EXCLUSIONS

THE POLICY DOES NOT PROVIDE BENEFITS FOR: (1) Treatment, services or supplies which are not Medically Necessary; are not prescribed by a Doctor as necessary to treat an Injury; are Experimental/Investigational in nature; are received without charge or legal obligation to pay; are received from persons employed or retained by the Policyholder or any Family Member, unless otherwise specified; or are not specifically listed as Covered Charges in the Policy; (2) Intentionally self-inflicted Injury; (3) Injury by acts of war, whether declared or not; (4) Injury received while traveling or flying by air, except as a fare paying passenger on a regularly scheduled commercial airline; (5) Treatment of Mental or Nervous Disorders; (6) Suicide or attempted suicide; (7) Heart and/or circulatory malfunction resulting from participation in a Covered Activity, such as stroke, heat exhaustion (except as specifically stated), heart attack, and brain circulatory malfunctions; (8) Repetitive motion injuries, strains, hernia, tendinitis, bursitis, spondylolysis, osteochondritis dissecans not related to a specific Injury; (9) Any penalty imposed by Other Valid and Collectible Insurance or Plan for failure to follow plan procedures; (10) Re-Injury or complications of an Injury which occurred prior to the Policy's Effective Date; (11) Dental treatment, except as specifically stated; (12) Injury sustained fighting or brawling, except as an innocent victim; (13) Injury sustained while committing or attempting to commit a felony; (14) Loss sustained or contracted as a consequence of being intoxicated or being under the influence of any narcotic unless administered or consumed on the advice of a Doctor; (15) Injury sustained scuba diving; (16) Any expense for which benefits are payable under a Catastrophic Accident Insurance Program of the State Interscholastic Activities Association; (17) Injury sustained while participating in or practicing for interscholastic athletics, including travel; (18) Injury which occurs while the Insured is on active duty service in any armed forces. Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days; (19) Injury sustained flying in an ultra-light, hang gliding, parachuting or bungee-cord jumping; (20) Cosmetic or plastic surgery, except for reconstructive surgery on an injured part of the body; (21) Treatment of illness, disease, or infections, except pyogenic infections or bacterial infections which result from an accidental open cut or the accidental ingestion of contaminated substances; (22) Off Season Physical Conditioning for interscholastic sports. The "official season" for each specific covered sport is the period within the dates determined by the appropriate athletic/activities association for the practice and play of that sport.

To file a claim: Report accidents that happen during the school day to a school official. If you purchased 24-Hour-A-Day coverage and the accident occurs after school hours, the school is not required to sign the claim form.

Claim forms are available on our website: www.BollingerSchools.com

Group Blanket Accident insurance products are issued on Form Series GP-2020 or GP-1200 by Guarantee Trust Life Insurance Company, Glenview, IL. These products and their features are subject to state availability and may vary by state. Certain exclusions and limitations may apply. The exact provisions governing the insurance are contained in the Policy issued to the Policyholder and certain provisions may be administered to conform to state requirements. The Policy shall control in the event of any conflict between the Policy and this brochure. For complete details of coverage please contact the agent administering the program.

NO REFUNDS ARE AVAILABLE

ID CARD

STUDENT ACCIDENT INSURANCE

Name: _____
Street Address: _____
Town: _____ City: _____ State: _____ Zip: _____
School District: _____

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

Administered by:
Bollinger Specialty Group
A Gallagher Company
P.O. Box 1346, Morristown, NJ 07962
1-866-267-0092

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



New Jersey: Enrollment for Student Accident Insurance

LAST NAME _____

FIRST NAME _____ MIDDLE INITIAL _____

MALE FEMALE DATE OF BIRTH ____/____/____
(Month/Day/Year)

STREET ADDRESS _____

CITY OR TOWN _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS _____

NAME OF PARENT OR GUARDIAN (BENEFICIARY) **PLEASE PRINT**

All statements made on this enrollment form are true and complete to the best of my knowledge and belief.

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NAME OF SCHOOL DISTRICT _____

SCHOOL NAME _____ GRADE _____

Please select the plan desired.

SCHOOL SPONSORED STUDENT ACCIDENT INSURANCE PLAN Premium Cost Per Year

A. SCHOOL TIME PLAN

B. 24-HOUR PLAN

Students

Grades Pre-K-12 \$86.00

\$185.00

I enclose \$ _____ Total Premium

PARENT'S SIGNATURE _____ TODAY'S DATE _____

Mail this form and the appropriate premium to: **Bollinger, Inc., PO Box 1515, Morristown, NJ 07962.** Your cancelled check is your receipt.