May 2020

Dear Parent / Guardian:

Endosed please find the following insurance and prescription materials:

1) International Student United Health Care information sheet highlighting some of the policy benefits covered and policy exclusions. (A complete brochure of the international student injury and sickness insurance plan can be found on the St Mark’s website under parent forms).

2) International Student United Health Care application sheet for 2020-21 accident and sickness plan. (Mandatory for all International Students).

3) Dewar’s student accident brochure.

4) Dewar's application sheet for 2020-21 student accident plan.

Please read all of the information before selecting the type of coverage you may need or want to purchase. If you select either the United Health Care or the Dewar's plan or both, send the completed application(s) and your check, made out to "St. Mark's School", to the Business office. Payments for insurance may also be made by Flywire, ach, wire transfer or lion card transfer.

Please be advised that no student will be insured without the premium payment(s) received by the start of the school year.

If you have any questions regarding any of the insurance, do not hesitate to call my office at (1-508-786-6172) and I will answer them for you.

Sincerely,

Jack Clemens
Controller
Dear Parent/Guardian:

St. Mark's School requires that every student be covered by a comprehensive injury and sickness plan that provides coverage for medical care required while a student attends the school and is accepted by local practitioners. U.S. providers will not accept medical insurance policies issued in a foreign country or from companies outside the United States. For that reason, international students who do not have coverage with a U.S.A based company must enroll their student in one of the following plans. International families have the option of choosing a 10-month or a 12-month health insurance plan. These plans will cover students anywhere in the world except your home country.

INJURY AND SICKNESS INSURANCE PLANS (PRIMARY COVERAGE)

Coverage provides primary, first dollar benefits, anywhere in the world except your home country. This plan was designed especially for private, secondary schools and meets the mandated requirements of Massachusetts Law. Students will have access to the United Healthcare Network for the 2020-2021 school year. For more details about this insurance place, please reference the St. Mark's School insurance plan brochure and/or summary (enclosed) on the St. Mark's School website, Parent's Page. To ensure your student receives an insurance card at registration, please return this completed form and check as soon as possible. Payments may also be made by wire, ach, flywire and lion card transfer. No student will be insured without the payment received by the start of school.

2020/2021 STUDENT INJURY & SICKNESS PLAN (Select one of the following options)

OPTION 1  
Enroll ________ in the Premier Health Plan for a full 10 months, 8/15/2020-6/14/21 for $1,880.00 (Please note that with this plan there is no coverage during the summer from 6/15/2021-8/14/2021)

OPTION 2  
Enroll ________ in the Premier Health Plan for a full 12 months, 8/15/2020-8/14/2021 for $2,090.00 (Full year coverage)

NAME OF STUDENT          SIGNATURE OF PARENT OR GUARDIAN          DATE
STUDENT ACCIDENT PLAN

This Plan provides reimbursement for medical expenses resulting from a student accident, which includes but is not limited to family paid deductibles and co-insurance.

BENEFITS

The Plan will pay the medical expenses incurred by an insured student by reason of accidental bodily injury sustained (including interscholastic sports) and causing loss commencing during the period of coverage, in accordance with the following available benefits.

Pays 100% of eligible expenses incurred for services actually performed, for medical care or treatment by a doctor, hospital confinement, or for the professional care and services of a registered nurse, for each incident resulting in injury during the 24 month period* immediately following date of injury up to a maximum payment of $1,000.

This inexpensive Plan is broad in its scope and covers accidents on a 24-hour basis wherever the student may be - at school, at home or anywhere in the world - during the term of the policy. There is no limit to the number of accidents covered by the Plan during the policy term. The plan covers accidents whether or not the student is school supervised.
This Plan does not cover accidents occurring before the effective date of coverage.

EXCLUSIONS

Insurance is not provided for loss resulting from:

a) war, any act of war, whether declared or undeclared  
b) service in the armed forces of any country  
c) injury sustained while taking part in any professional or semi-professional sports contest  
d) injury covered under any Worker’s Compensation or Employer’s Liability Law  
e) injury sustained while operating, learning to operate or serving as a member of a crew of any vehicle or device for aerial navigations  
f) disease or any bacterial infection  
g) abdominal or inguinal hernia  
h) dental treatment except treatment for injury to sound, natural teeth within 1 year after date of injury  
i) taking part in a riot  
j) the use of any drug, narcotic, or an agent which is similarly classed or has similar effects unless it is given by and while under the care and attendance of a doctor  
k) prescription for or repair or replacement of eyeglasses or contact lenses

POLICY TERM

From 12:01 A.M., on August 15, 2020 to 12:01 A.M., on June 10, 2021. If payment is made after the effective date of the policy, coverage is effective from the date payment is received by the school until the end of the policy term. Late applicants are subject to evidence of insurability, if requested.

COST

$65.00 for each participating student for the policy term outlined above.
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b) service in the armed forces of any country
c) injury sustained while taking part in any professional or semi-professional sports contest
d) injury covered under any Worker’s Compensation or Employer’s Liability Law
e) injury sustained while operating, learning to operate or serving as a member of a crew of any vehicle or
device for aerial navigations
f) disease or any bacterial infection
g) abdominal or inguinal hernia
h) dental treatment except treatment for injury to sound, natural teeth within 1 year after date of injury
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term. Late applicants are subject to evidence of insurability, if requested.

COST

$65.00 for each participating student for the policy term outlined above.
This plan reimburses the parent for any medical expense, which may arise from an accident (including sports), in which their child is injured. This plan is beneficial to families who have insurance with deductibles and/or large out-of-state co-payment requirements. Some of the features are as follows:

- Students are covered worldwide on a twenty-four hour basis.
- Insurance pays 100% of eligible expenses incurred for services actually performed, for medical care or treatment by a doctor, hospital confinement, or for the professional care and services of a registered nurse, for each incident during the 24 month period immediately following date of injury up to a maximum payment of $1,000.
- Coverage begins 8/15/20 and continues through 6/10/21.
- There is no limit to the number of accidents covered by the Plan during the policy term.

The cost for the plan is $65.00 for the school year. See the enclosed brochure for a list of exclusions.

2020-2021 STUDENT ACCIDENT PLAN

Please indicate your choice below. Include the student’s name; sign your name, and the date. Return this form to the Business office in the enclosed return envelope promptly. If you are purchasing this insurance, enclose a check payable to St. Mark’s School for $65.00 and include your child’s name on the lower left side of the check.

1. YES - please enroll _________________________________ in the Student Accident Plan for

(Student’s Name)

the 2020-21 School Year (8/15/20– 6/10/21) at an annual premium of $65.00.

2. NO – I do not want to enroll _______________________________ in the Student Accident Plan.

(Student’s Name)

Date: ____________________                       ______________________________________

(Parent’s or Guardian’s Signature)