

Parent Voluntary Purchase Student Accident Coverage

Parents can purchase a voluntary plan from K&K Insurance Group for additional coverage on their child. This plan may help fill some “gaps” caused by deductible and co-pays. Coverage may be purchased at any time during the school year by visiting www.studentinsurance-kk.com. However, coverage must be purchased prior to an injury.

This plan is an independent insurance plan. It allows parents to purchase additional coverage for their child. The following pages list the plan options and pricing.

Voluntary

Student Accident Plan Premium Rates

Premium Rates for 2020-2021

This Policy Plan provides coverage up to \$25,000 for each Injury and is designed to pay Covered Medical Expenses incurred as a result of accidental Injury. Certain specific benefits are limited. See Schedule of Benefits and Exclusions and Limitation pages for additional information.

Premium Rates include Extended Dental

24 Hour Coverage

Provides coverage for injuries sustained all year long; 24-hours a day until one year after the date the school year begins. Covers all interscholastic athletics except High School Football.

	<u>LOW</u>	<u>HIGH</u>
24 Hour All Year	\$105	\$154
24 Hour Summer Only	\$36	\$48

At School Coverage:

Provides coverage for injuries sustained at school or during school-sponsored activities until the end of the regular school term. Covers all interscholastic athletics except High School Football.

	<u>LOW</u>	<u>HIGH</u>
At School Coverage	\$29	\$37

High School Football Coverage:

Provides coverage for Injuries sustained while practicing or participating in High School Football.

	<u>LOW</u>	<u>HIGH</u>
Football	\$171	\$284
Spring Football	\$74	\$120

Voluntary Coverage - High Option

Student Accident Plan Schedule of Benefits

2020/2021

The Policy provides benefits for loss due to a covered Injury up to the Maximum Benefit of \$25,000 for each Injury. Provided that the treatment begins within 60 days from the date of the Injury, benefits will be payable for covered Medical Expenses incurred within one year from the date of the Injury up to the maximum benefit per service as scheduled below. Covered Expenses means the Medically Necessary and Reasonable Charges for services, supplies, and treatment provided or prescribed by a Physician for which an Insured Person is required to pay. Benefits are subject to all applicable conditions, exclusions and limitations and any deductible and coinsurance provisions shown. Benefits are limited to the amounts shown for specific services or supplies.

Maximum Benefit: \$25,000 (For Each Injury)

Deductible: None

Inpatient

Room & Board:	80% of Reasonable Charges
Hospital Miscellaneous:	\$1,200 per day
Registered Nurse:	100% of Reasonable Charges
Physician's Visits:	\$60 first day/\$40 each subsequent day

Outpatient

Day Surgery Miscellaneous:	\$1,200 maximum
Physician's Visits: <i>(Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)</i>	\$60 first day/\$40 each subsequent day
Physiotherapy: <i>(Benefits are limited to one visit per day)</i>	\$60 first day/\$40 each subsequent day/5 days maximum
Emergency Room: <i>(Use of room and supplies; treatment must be rendered within 72 hours from time of injury)</i>	\$300 maximum
X-Rays:	\$600 maximum
CAT Scan/MRI:	\$600 maximum
Laboratory:	\$300 maximum
Prescription Drugs:	\$200 maximum/30 day supply per prescription
Orthopedic Braces & Appliances:	\$140 maximum

Inpatient and/or Outpatient

Surgeon's Fees: <i>(Limited to primary procedure per injury)</i>	\$1,200 maximum
Anesthetist/Assistant Surgeon:	25% of surgery allowance
Ambulance:	\$800 maximum
Consultant:	\$400 maximum
Dental:	\$10,000 maximum per injury

Expenses for the following are not covered:

Prosthetic Devices, Mental and Nervous Disorders, Home Health Care, Injections.

This is a brief illustration of coverage offered through the K12 Student Athletic and Accident Insurance. The Master Policy issued will be the contract and will govern and control the payment of benefits. The Policy is a non-renewable one year term policy. The policy contains an Excess Provision. No benefits are payable for expense incurred that is paid or payable by other valid and collectible insurance. The Reasonable Charge is determined by comparing charges for similar services to a national database adjusted to the geographical area where the services or procedures are performed, by reference to the 75th percentile of Ingenix schedules. The Insured Person may be responsible for the difference between the Reasonable Charge and the actual charge from the Provider.

Voluntary Coverage - Low Option

Student Accident Plan Schedule of Benefits

2020/2021

The Policy provides benefits for loss due to a covered Injury up to the Maximum Benefit of \$25,000 for each Injury. Provided that the treatment begins within 60 days from the date of the Injury, benefits will be payable for covered Medical Expenses incurred within one year from the date of the Injury up to the maximum benefit per service as scheduled below. Covered Expenses means the Medically Necessary and Reasonable Charges for services, supplies, and treatment provided or prescribed by a Physician for which an Insured Person is required to pay. Benefits are subject to all applicable conditions, exclusions and limitations and any deductible and coinsurance provisions shown. Benefits are limited to the amounts shown for specific services or supplies.

Maximum Benefit: \$25,000 (For Each Injury)

Deductible: None

Inpatient

Room & Board:	\$150 per day
Hospital Miscellaneous:	\$600 per day
Registered Nurse:	75% of Reasonable Charges
Physician's Visits:	\$40 first day/\$25 each subsequent day

Outpatient

Day Surgery Miscellaneous:	\$1,000 maximum
Physician's Visits:	\$40 first day/\$25 each subsequent day <i>(Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)</i>
Physiotherapy:	\$30 first day/\$20 each subsequent day/5 days maximum <i>(Benefits are limited to one visit per day)</i>
Emergency Room:	\$150 maximum <i>(Use of room and supplies; treatment must be rendered within 72 hours from time of injury)</i>
X-Rays:	\$200 maximum
CAT Scan/MRI:	\$300 maximum
Laboratory:	\$50 maximum
Prescription Drugs:	\$75 maximum/30 day supply per prescription
Orthopedic Braces & Appliances:	\$75 maximum

Inpatient and/or Outpatient

Surgeon's Fees:	\$1,000 maximum <i>(Limited to primary procedure per injury)</i>
Anesthetist/Assistant Surgeon:	20% of surgery allowance
Ambulance:	\$300 maximum
Consultant:	\$200 maximum
Dental:	\$10,000 maximum per injury

Expenses for the following are not covered:

Prosthetic Devices, Mental and Nervous Disorders, Home Health Care, Injections.

This is a brief illustration of coverage offered through the K12 Student Athletic and Accident Insurance. The Master Policy issued will be the contract and will govern and control the payment of benefits. The Policy is a non-renewable one year term policy. The policy contains an Excess Provision. No benefits are payable for expense incurred that is paid or payable by other valid and collectible insurance. The Reasonable Charge is determined by comparing charges for similar services to a national database adjusted to the geographical area where the services or procedures are performed, by reference to the 75th percentile of Ingenix schedules. The Insured Person may be responsible for the difference between the Reasonable Charge and the actual charge from the Provider.

Policy Exclusions and Limitations

Accidental Death & Dismemberment Benefits:

Loss of Life	\$10,000
Loss of Both Hands, Both Feet, or Sight of Both Eyes	\$10,000
Loss of One Hand and One Foot	\$10,000
Loss of Either One Hand or One Foot and Sight of One Eye	\$10,000
Loss of One Hand or One Foot or Sight of One Eye	\$5,000

General Exclusions:

The following exclusions apply to any and all Benefits and any applicable Riders, unless otherwise specifically referenced.

We will not pay Benefits for:

1. An Injury or Loss that is:
 - a. caused by war or acts of war, declared or undeclared, when serving in the military or an auxiliary unit thereto;
 - b. caused while the Insured is serving full-time active duty (more than 31 days) in any Armed Forces;
 - c. caused by participating in a riot or violent disorder;
 - d. the result of an Insured's taking part in committing or attempting to commit a felony, or engaging in any unlawful act or illegal occupation, or committing or provoking an unlawful act;
 - e. the result of the Insured being under the influence of any drug, narcotic, intoxicant or chemical (unless prescribed by a Physician and taken according to the Physician's instructions) as defined by the law of the jurisdiction in which the Accidental Injury occurred. Conviction is not necessary for determination of being "under the influence."; or
 - f. intentionally self-inflicted, including suicide or attempt thereof, while sane or insane.
2. An Injury or Loss that is the result of travel or flight (including getting in or out, on or off) in any aircraft except solely as a fare-paying passenger in a commercial aircraft, or as a passenger in a Policyholder chartered aircraft, provided such aircraft has a valid and current airworthiness certificate and is operated by a duly licensed or certified pilot, and while such aircraft is being used for the sole purpose of transportation and such travel is listed as a Covered Activity in the Schedule of Benefits.
3. Any Accident where the Insured is the operator and does not possess a current and valid motor vehicle operator's license (except in a Driver's Education Program).
4. An Accident that occurs while:
 - a. participating in any hazardous activities, including the sports of snowmobile, ATV (all terrain or similar type wheeled vehicle), personal watercraft, sky diving, scuba diving, skin diving, hang gliding, cave exploration, bungee jumping, parachute jumping or mountain climbing;
 - b. riding, driving, or testing a motorized vehicle used in a race or speed contest, sport, exhibition work or test driving. Motorized Vehicle for purposes of this provision means any self-propelled vehicle or conveyance, including but not limited to- automobiles, trucks, motorcycles, ATV's, snow mobiles, tractors, golf carts, motorized scooters, lawn mowers, heavy equipment used for excavating, boats, and personal watercraft. Motorized Vehicle does not include a Medically Necessary motorized wheelchair, unless such activity is specifically listed as a Covered Activity in the Schedule of Benefits.
5. Medical or surgical treatment, diagnostic or preventative care of any Sickness, except for treatment of pyogenic infection that results from an Accidental Injury or a bacterial infection that results from the Accidental ingestion of contaminated substances.
6. Any Heart or Circulatory Malfunction, whether or not known or diagnosed, except as may be otherwise covered under the Policy or unless the immediate cause of such malfunction is external trauma.

Additional exclusions for the Accident Medical Expense Benefit and any applicable Riders:

We will not pay Benefits for:

1. Expenses Incurred for services or treatment rendered by a Physician, Nurse or any other Provider who is:
 - a. employed or retained by the Policyholder, or its subsidiaries or affiliates;
 - b. the Insured, or the Insured's Family Member.
2. Expenses Incurred for charges which the Insured would not have to pay if he/she did not have insurance or for which no charge is made.
3. Expenses Incurred for charges which are in excess of Reasonable Charges.
4. Expenses Incurred for any condition covered by any Workers' Compensation Act, Occupational Disease law or similar law.
5. That part of medical expenses payable by any automobile insurance Policy without regard to fault.
6. Expenses Incurred for any treatment that is considered to be experimental by the American Medical Association (AMA) or the American Dental Association (ADA).
7. Expenses Incurred for the examination, prescription, purchase, or fitting of eyeglasses, contact lenses, or hearing aids, unless Injury has caused impairment of sight or hearing or unless repair or replacement of existing eye glasses, contact lenses or hearing aids is necessary as a result of a covered Injury.
8. Expenses Incurred for new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except as a result of Injury up to the Dental Maximum shown in the Schedule of Benefits, if applicable.
9. Expenses Incurred for personal comfort or convenience items including, but not limited to, Hospital telephone charges, television rentals, or guest meals.
10. Expenses Incurred for or in connection with Custodial Care, unless otherwise specified in the Schedule of Benefits.
11. Expenses Incurred for supervision of an anesthetist.
12. Expenses Incurred for Durable Medical Equipment rental in excess of the purchase price.
13. Expenses Incurred for subsequent repairs and replacement of prosthetic devices and orthopedic braces and appliances.

Injury or Injuries

A bodily injury which is:

1. directly and independently caused by specific Accidental contact with another body or object;
2. a source of loss that is sustained while the Insured Person is covered under this Policy and while he or she is taking part in a Covered Activity.

For all Benefits, Injury includes Heart and Circulatory Malfunction, subject to the following conditions:

1. Malfunction must occur while the Insured is taking part in a Covered Activity; and
2. The symptom(s) of such malfunction(s) is (are) first medically treated while the Policy is in force with respect to the Insured and within 48 hours of having taken part in a Covered Activity; and

3. Such Insured has not, within one year prior to the date of participation in the Covered Activity, been medically diagnosed with, or received any medication for, any myocardial infarction, angina pectoris, coronary thrombosis, hypertension, heart attack, or a cerebral vascular incident.

For the Accident Medical Expense Benefit, Injury also includes repetitive motion injuries or aggravation of such injuries resulting from participation in a Covered Activity. Repetitive motion injuries are injuries such as, but not limited to, strains, sprains, hernias, tennis elbow, tendonitis, bursitis, and muscle tears. The repetitive motion injury must be diagnosed by a Physician and occur within 30 days of participation in a Covered Activity.

2020-2021 Student Accident Coverage

Serviced by: **K&K Insurance Group, Inc.** Phone: 855-742-3135

Remember to visit our website for faster enrollment: www.studentinsurance-kk.com
Online Enrollment—Secured Accident Coverage can be purchased any time throughout the year.

ACCIDENT ONLY COVERAGE: The Policy provides benefits for loss due to a covered Injury up to the Maximum Benefit of \$25,000 for each Injury. Provided that treatment by a qualified, licensed Physician begins within 60 days from the date of Injury, benefits will be paid for Covered Medical Expenses incurred within 52 weeks from the date of Injury up to the Maximum Benefit per service as shown below.

SCHEDULE OF BENEFITS: *Maximum Benefits Paid As Specified Below. Medically Necessary and Reasonable Charges are based on the 75th percentile.*

Compare and Choose	Low Option Accident Only	High Option Accident Only
Maximum Benefit:	\$25,000 (For Each Injury)	\$25,000 (For Each Injury)
Deductible:	\$0	\$0
<i>Inpatient</i>		
Room & Board:	Up to \$150 per day/ Semi-private room rate	80% of Reasonable Charges/ Semi-private room rate
Hospital Miscellaneous:	\$600 maximum per day	\$1,200 maximum per day
Registered Nurse:	75% of Reasonable Charges	100% of Reasonable Charges
Physician's Visits: (Benefits are limited to one visit per day and do not apply when related to surgery)	\$40 first day/\$25 each subsequent day	\$60 first day/\$40 each subsequent day
<i>Outpatient</i>		
Day Surgery Miscellaneous:	\$1,000 maximum	\$1,200 maximum
Physician's Visits: (Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)	\$40 first day/ \$25 each subsequent day	\$60 first day/ \$40 each subsequent day
Outpatient Physical Therapy: (Benefits are limited to one visit per day)	\$30 first day/\$20 each subsequent day/ 5 days maximum	\$60 first day/\$40 each subsequent day/ 5 days maximum
Emergency Room Services: (Treatment must be rendered within 72 hours from the time of the injury)	\$150 maximum	\$300 maximum
X-Rays:	\$200 maximum	\$600 maximum
Diagnostic Imaging Services:	\$300 maximum	\$600 maximum
Laboratory:	\$50 maximum	\$300 maximum
Prescription Drugs:	\$75 maximum	\$200 maximum
Injections:	No Benefits	No Benefits
Orthopedic Braces & Appliances:	\$75 maximum	\$140 maximum
Inpatient and/or Outpatient		
Surgery Fees:	\$1,000 maximum	\$1,200 maximum
Anesthetist:	20% of Surgery Allowance	25% of Surgery Allowance
Assistant Surgeon:	20% of Surgery Allowance	25% of Surgery Allowance
Ambulance:	\$300 maximum	\$800 maximum
Consultant:	\$200 maximum	\$400 maximum
Dental Treatment due to Injury to Teeth: (For Injury to sound, natural teeth only)	\$10,000 maximum per policy term	\$10,000 maximum per policy term
Replacement of Eye Glasses, Contact Lenses or Hearing Aids that are broken as a result of a Covered Injury:	100% of Reasonable Charges	100% of Reasonable Charges
Durable Medical Equipment:	No Benefits	No Benefits
Maternity:	No Benefits	No Benefits
Complication of Pregnancy:	No Benefits	No Benefits

Expenses for the following are not covered: Prosthetic Devices, Mental and Nervous Disorders, Home Health Care, Injections.

This policy contains an excess provision. Benefits will not be paid under the Basic Accident Medical Expense for Covered Expenses to the extent that they are collectible under another Health Care Plan.

*Details of these benefits may be found in the Master Policy on file at the School District. **NOTE:** This is a brief summary of the benefits and not a contract. A Master Policy has been provided to your school district that contains all of the provisions, limitations and exclusions and qualifications of the insurance benefits. The Master policy is the contract and will govern and control the payment of benefits.*

Choose Your Coverage Plan: *One-Time Payment For Accident Coverage*

PLEASE NOTE - FOR COVERAGE PLANS LISTED BELOW

Coverage Effective Date: A person's coverage takes effect at the later of the date his or her completed application and premium is received by the company or the effective date of the policy issued to his or her school or school district.

Coverage Termination Date: Coverage ends on the earlier of the date his or her coverage has been in force for twelve months or the first day of the next school year. All coverage ceases if the policyholder cancels the policy or when the person ceases to be eligible. Termination of coverage for any reason will not affect a claim which occurs before coverage ends.

	Low Option	High Option
24-Hour Accident (Students & Employees) Around-the-clock/anywhere in the world. Before, during and after school. Weekends, vacation and all summer including summer school. School sponsored and extracurricular sports excluding High School Football.	\$105.00	\$154.00
24-Hour Accident (Summer Only Coverage, Students Only) Summer begins on the first day after the school year ends. Summer ends the first day of the next school year.	\$36.00	\$48.00
At-School Accident (Students & Employees) During the regular school term, on school premises while school is in session. Direct and uninterrupted travel to and from home and scheduled classes. School Sponsored and supervised activities and sports excluding High School Football. Travel to and from school sponsored and supervised activities and sports while in a school furnished or approved vehicle.	\$29.00	\$37.00
High School Football (Full Year) Play or practice of regularly scheduled football. Consult your Athletic Department for enrollment instructions.	\$171.00	\$284.00
High School Football (Spring Only Rates) For new players who participate in spring training and not already insured under Football Coverage. Sports seasons are defined by your state high school athletic association.	\$74.00	\$120.00
High School Football and At-School Accident (Covers all athletics)	\$200.00	\$321.00
High School Football and 24-Hour Accident (Covers all athletics)	\$276.00	\$438.00

Facts about the Policy

1. WHO IS ELIGIBLE: students of the policyholder who make the required premium contribution for the coverage selected are eligible. Student status continues after graduation and between school years unless the person enrolls at a different school district.
2. The Master Policy on file with the school district is a non-renewable policy.
3. This is a limited benefit policy.
4. COVERAGE EFFECTIVE DATE: A person's coverage takes effect at the later of the date his or her completed application and premium is received by the company or the effective date of the policy issued to his or her school or school district.
5. COVERAGE TERMINATION DATE: Coverage ends on the earlier of the date his or her coverage has been in force for twelve months or the first day of the next school year.
All coverage ceases if the policyholder cancels the policy or when person ceases to be eligible. Termination of coverage for any reason will not affect a claim which occurs before coverage ends.
6. LATE ENROLLMENT: Coverage may be purchased at any time during the school year. There is no premium reduction for any individual who enrolls late in the year
7. CANCELLATION: Coverage under the Policy will not be cancelled, and accordingly, premiums may not be refunded after acceptance by the Company. However, a pro-rata refund of premium shall be made in the event a Covered Person enters the Military Service.
8. STUDENT TRANSFER: The policy continues to be in force anywhere in the world if the Covered Person should relocate prior to the expiration of coverage.

Enroll online at:

www.StudentInsurance-kk.com

or by mail using attached enrollment form.

1. Complete and detach the enrollment form.
2. Make check or money order payable to Nationwide Life Insurance Company. Do not send cash. The Company is not responsible for cash payments.
3. Write your child's name on your check or money order.
4. Mail completed enrollment form with payment back to:
***K&K Insurance Group,
P.O. Box 2338
Fort Wayne, IN 46801-2338***
5. Your cancelled check, credit card billing, or money order stub will be your receipt and confirmation of payment.
6. Keep this brochure for future reference. Individual policies will not be sent to you.

Privacy Policy

We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information.

Administered by:

K&K Insurance Group, P.O. Box 2338,
Fort Wayne, IN 46801-2338

 *Cut out card and retain for your records*

STUDENT INSURANCE CARD

Student's Name _____
If premium has been paid, the student whose name appears above has been insured under a Policy issued to:

School District: _____

Accident Only Coverage: ☐ 24-HOUR ☐ 24-HOUR (Summer Only Coverage)
☐ AT-SCHOOL ☐ FOOTBALL ☐ FOOTBALL (Spring Only)

Paid by Check # _____ Amount Paid: _____ Date Paid: _____

Policy # _____

Underwritten by: Nationwide Life Insurance Company
Claims Questions: **K&K Insurance Group, Inc.**
1712 Magnavox Way • Fort Wayne, IN 46801 • 800-237-2917

Policy Exclusions and Limitations for Accident Only Coverages

The following exclusions apply to any and all Benefits and any applicable Riders, unless otherwise specifically referenced. *We will not pay Benefits for:*

1. An Injury or Loss that is:

a. caused by war or any act of war, declared or undeclared, whether civil or international, or any substantial armed conflict between organized forces of military nature (which does not include acts of terrorism);

b. caused while the Insured is serving full-time active duty (more than 31 days) in any Armed Forces;

c. caused by participating in a riot or violent disorder;

d. the result of an Insured’s taking part in committing or attempting to commit a felony, or engaging in any unlawful act or illegal occupation, or committing or provoking an unlawful act;

e. the result of the Insured being under the influence of any drug, narcotic, intoxicant or chemical (unless prescribed by a Physician and taken according to the Physician’s instructions) as defined by the law of the jurisdiction in which the Accidental Injury occurred. Conviction is not necessary for determination of being “under the influence.”; or

f. intentionally self-inflicted, including suicide or attempt thereof, while sane or insane.

2. An Injury or Loss that is the result of travel or flight (including getting in or out, on or off) in any aircraft except solely as a fare-paying passenger in a commercial aircraft, or as a passenger in a Policyholder chartered aircraft, provided such aircraft has a valid and current airworthiness certificate and is operated by a duly licensed or certified pilot, and while such aircraft is being used for the sole purpose of transportation and such travel is listed as a Covered Activity in the Schedule of Benefits.

3. Any Accident where the Insured is the operator and does not possess a current and valid motor vehicle operator’s license (except in a Driver’s Education Program).

4. An Accident that occurs while:

a. participating in any hazardous activities, including the sports of snowmobile, ATV (all terrain or similar type wheeled vehicle), personal watercraft, sky diving, scuba diving, skin diving, hang gliding, cave exploration, bungee jumping, parachute jumping or mountain climbing;

b. riding, driving, or testing a motorized vehicle used in a race or speed contest, sport, exhibition work or test driving. Motorized Vehicle for purposes of this provision

means any self-propelled vehicle or conveyance, including but not limited to automobiles, trucks, motorcycles, ATV’s, snow mobiles, tractors, golf carts, motorized scooters, lawn mowers, heavy equipment used for excavating, boats, and personal watercraft. Motorized Vehicle does not include a Medically Necessary motorized wheelchair, unless such activity is specifically listed as a Covered Activity in the Schedule of Benefits.

5. Medical or surgical treatment, diagnostic or preventative care of any Sickness, except for treatment of pyogenic infection that results from an Accidental Injury or a bacterial infection that results from the Accidental ingestion of contaminated substances.

6. Any Heart or Circulatory Malfunction, whether or not known or diagnosed, except as may be otherwise covered under the Policy or unless the immediate cause of such malfunction is external trauma.
- Additional exclusions for the Accident Medical Expense Benefit and any applicable Riders: *We will not pay Benefits for:*
1. Expenses Incurred for services or treatment rendered by a Physician, Nurse or any other Provider who is:

a. employed or retained by the Policyholder, or its subsidiaries or affiliates;

b. the Insured, or the Insured’s Family Member.

2. Expenses Incurred for charges which the Insured would not have to pay if he/she did not have insurance or for which no charge is made.

3. Expenses Incurred for charges which are in excess of Reasonable Charges.

4. That part of medical expenses payable by any automobile insurance Policy without regard to fault.

5. Expenses Incurred for any treatment that is considered to be experimental by the American Medical Association (AMA) or the American Dental Association (ADA).

6. Expenses Incurred for the examination, prescription,

purchase, or fitting of eyeglasses, contact lenses, or hearing aids, unless Injury has caused impairment of sight or hearing or unless repair or replacement of existing eye glasses, contact lenses or hearing aids is necessary as a result of a covered Injury.

7. Expenses Incurred for new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except as a result of Injury up to the Dental Maximum shown in the Schedule of Benefits, if applicable.

8. Expenses Incurred for personal comfort or convenience items including, but not limited to, Hospital telephone charges, television rentals, or guest meals.

9. Expenses Incurred for or in connection with Custodial Care, unless otherwise specified in the Schedule of Benefits.

10. Expenses Incurred for supervision of an anesthetist.

11. Expenses Incurred for Durable Medical Equipment rental in excess of the purchase price.

12. Expenses Incurred for subsequent repairs and replacement of prosthetic devices.

13. Expenses Incurred for any condition covered by any Workers’ Compensation Act, Occupational Disease law or similar law.
- Accident Only Definitions:
- Injury** A bodily injury which is:
1. directly and independently caused by specific Accidental contact with another body or object;

2. a source of loss that is sustained while the Insured Person is covered under this Policy and while he or she is taking part in a Covered Activity.

2. The symptom(s) of such malfunction(s) is (are) first medically treated while the Policy is in force with respect to the Insured and within 48 hours of having taken part in a Covered Activity; and

3. Such Insured has not, within one year prior to the date of participation in the Covered Activity, been medically diagnosed with, or received any medication for, any myocardial infarction, angina pectoris, coronary thrombosis, hypertension, heart attack, or a cerebral vascular incident.
- For all Benefits, Injury includes Heart and Circulatory Malfunction, subject to the following conditions:
1. Malfunction must occur before age 65 while the Insured is taking part in a Covered Activity; and
- For the Accident Medical Expense Benefit, Injury also includes repetitive motion injuries resulting from participation in a Covered Activity. Repetitive motion injuries are injuries such as, but not limited to, strains, sprains, hernias, tennis elbow, tendonitis, bursitis, and muscle tears. The repetitive motion injury must be diagnosed by a Physician and occur within 30 days of participation in a Covered Activity.

All Injuries sustained in one Accident, including all related conditions and recurrent symptoms of these Injuries will be considered as one Injury.
- Accidental Death & Specific Loss Benefits:
- The Aggregate Limit is \$500,000 and is the maximum amount payable for claims incurred for all Insureds under the Policy which are caused by any one Incident that occurs when the Policy is in force. If this limit is not sufficient to pay the total of all such Claims, then the Benefit payable to any one Insured will be determined in proportion to our total aggregate limit of liability. This Aggregate Limit of Liability applies only to Accidental Death and Specific Loss Benefits.
- | | |
|--|----------|
| Life | \$10,000 |
| Both arms or both legs | \$10,000 |
| Both hands and both feet | \$10,000 |
| One arm and one leg | \$10,000 |
| One hand and one foot | \$10,000 |
| Either both hands or both feet | \$10,000 |
| Speech and hearing in both ears | \$10,000 |
| The sight of both eyes | \$10,000 |
| The sight of one eye and either one hand or one foot | \$10,000 |
| Either one arm or one leg | \$7,500 |
| Either one hand or one foot | \$5,000 |
| Speech or hearing in both ears | \$5,000 |
| Sight of one eye | \$5,000 |
| Hearing in one ear | \$2,500 |
| Both the thumb and index finger of one hand | \$2,500 |

Enroll online for quicker service at www.StudentInsurance-kk.com
or complete and mail this form

Enrollment Form (School Year 2020-2021)

Student's Last Name: _____

Student's First Name: _____

Student's Middle Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Name of School District (required): _____

Name of School: _____

Grade Level: ☐ Pre-K/Headstart ☐ Kindergarten/Elementary ☐ Middle School ☐ High School/Above

Signature of Parent or Guardian: _____

Date: _____ Email Address: _____ Phone Number: _____

Student Insurance Plan Options — Check Your Selection:

Accident Only Coverage Plans	Low Option	High Option
24-HOUR	☐ \$105.00	☐ \$154.00
24-HOUR Summer Only	☐ \$36.00	☐ \$48.00
AT-SCHOOL	☐ \$29.00	☐ \$37.00
HIGH SCHOOL FOOTBALL COVERAGE Full Year	☐ \$171.00	☐ \$284.00
HIGH SCHOOL FOOTBALL COVERAGE Spring Only <i>For New Players</i>	☐ \$74.00	☐ \$120.00
HIGH SCHOOL FOOTBALL and AT-SCHOOL <i>Covers all athletics</i>	☐ \$200.00	☐ \$321.00
HIGH SCHOOL FOOTBALL and 24-HOUR <i>Covers all athletics</i>	☐ \$276.00	☐ \$438.00

Enclose check for total payment payable to: Nationwide Life Insurance Company. Checks, money orders, or credit cards accepted.
DO NOT SEND CASH

TOTAL ENCLOSED: \$ _____

1731(AOS_MB_ENG_03/20)

Mail this completed form with payment back to: K&K Insurance Group, P.O. Box 2338, Fort Wayne, IN 46801-2338

Complete this section only if you wish to pay with a Credit Card

Full name as it appears on card

First Name: _____ MI: _____ Last Name: _____

Billing Address (if different than above)

Street # _____ Address _____ Apt # _____

City: _____ State: _____ Zip: _____

Card Number: Expiration Date: Month: Year:

Cardholder signature: _____

Company does not issue refunds nor accept responsibility for cash payments. (Rejection of check or credit card by bank for any reason, will invalidate insurance.)

Cobertura de accidentes para estudiantes 2020-2021

Servicio prestado por: **K&K Insurance Group, Inc.** Teléfono: 855-742-3135

Recuerde visitar nuestro sitio web para una inscripción más rápida: www.studentinsurance-kk.com
Inscripción por Internet —La Cobertura de accidentes garantizada se puede comprar en cualquier momento durante todo el año.

COBERTURA SOLO PARA ACCIDENTES: La Póliza ofrece beneficios por pérdida debido a una Lesión cubierta hasta un Beneficio máximo de \$25,000 por cada Lesión. Siempre que el tratamiento a cargo de un Médico calificado y matriculado comience en el término de 60 días a partir de la fecha de la Lesión, se pagarán beneficios por los Gastos médicos cubiertos incurridos dentro de las 52 semanas a partir de la fecha de la Lesión, hasta el Beneficio máximo por servicio según se muestra a continuación.

PROGRAMA DE BENEFICIOS: *Los Beneficios máximos se pagan según lo especificado a continuación. Los Cargos razonables y necesarios por razones médicas están basados en el percentil 75.*

Compare y elija	Opción baja de Solo accidentes	Opción alta de Solo accidentes
Beneficio máximo:	\$25,000 (por cada lesión)	\$25,000 (por cada lesión)
Deducible:	\$0	\$0
Paciente hospitalizado		
Habitación y comidas:	Hasta \$150 por día/ tarifa de habitación semiprivada	80% de los cargos razonables/ tarifa de habitación semiprivada
Varios del hospital:	\$600 como máximo por día	\$1,200 como máximo por día
Personal de enfermería registrado:	75% de los cargos razonables	100% de los cargos razonables
Consultas médicas: (Los beneficios se limitan a una consulta por día y no aplican cuando la consulta se relaciona con una cirugía)	\$40 primer día/\$25 cada día subsiguiente	\$60 primer día/\$40 cada día subsiguiente
Paciente ambulatorio		
Procedimientos quirúrgicos ambulatorios varios:	\$1,000 como máximo	\$1,200 como máximo
Consultas médicas: (Los beneficios se limitan a una consulta por día y no aplican cuando la consulta se relaciona con una cirugía o fisioterapia)	\$40 primer día/ \$25 cada día subsiguiente	\$60 primer día/ \$40 cada día subsiguiente
Fisioterapia para pacientes ambulatorios: (Los beneficios se limitan a una consulta por día)	\$30 primer día/\$20 cada día subsiguiente/ máximo de 5 días	\$60 primer día/\$40 cada día subsiguiente/ máximo de 5 días
Servicios en la sala de emergencias: (El tratamiento se debe realizar en el término de 72 horas desde que se produce la lesión)	\$150 como máximo	\$300 como máximo
Radiografías:	\$200 como máximo	\$600 como máximo
Servicios de diagnóstico por imágenes:	\$300 como máximo	\$600 como máximo
Laboratorio:	\$50 como máximo	\$300 como máximo
Medicamentos recetados:	\$75 como máximo	\$200 como máximo
Inyecciones:	No hay beneficios	No hay beneficios
Aparatos y dispositivos ortopédicos:	\$75 como máximo	\$140 como máximo
Paciente hospitalizado y/o paciente ambulatorio		
Aranceles de cirugía:	\$1,000 como máximo	\$1,200 como máximo
Anestesiista:	20% de la prestación por cirugía	25% de la prestación por cirugía
Auxiliar quirúrgico:	20% de la prestación por cirugía	25% de la prestación por cirugía
Ambulancia:	\$300 como máximo	\$800 como máximo
Asesor:	\$200 como máximo	\$400 como máximo
Tratamientos dentales debido a Lesiones en los dientes: (Para Lesiones en dientes naturales y en buen estado)	\$10,000 como máximo por período de póliza	\$10,000 como máximo por período de póliza
Reemplazo de anteojos, lentes de contacto o audífonos que se rompen como consecuencia de una Lesión cubierta:	100% de los cargos razonables	100% de los cargos razonables
Equipos médicos duraderos:	No hay beneficios	No hay beneficios
Maternidad:	No hay beneficios	No hay beneficios
Complicación del embarazo:	No hay beneficios	No hay beneficios

No se cubren los gastos de los siguientes rubros: Dispositivos protésicos, trastornos mentales y nerviosos, atención de la salud en el hogar, inyecciones.

Esta póliza contiene una disposición de exceso. No se pagarán beneficios en virtud de los Gastos médicos básicos por accidente por gastos cubiertos en la medida en que sean pagaderos en virtud de otro Plan de atención médica.

*Los detalles de estos beneficios se pueden encontrar en la Póliza maestra archivada en el distrito escolar. **NOTA:** Este es un breve resumen de los beneficios y no es un contrato. Se le ha entregado al distrito escolar una Póliza maestra que contiene todas las disposiciones, limitaciones, exclusiones y calificaciones de los beneficios del seguro. La Póliza maestra es el contrato que registrará y controlará el pago de los beneficios.*

Elija su plan de cobertura: Pago único para cobertura de accidente

OBSÉRVESE – PARA LOS PLANES DE COBERTURA ENUMERADOS A CONTINUACIÓN

Fecha de entrada en vigencia de la cobertura: La cobertura de una persona entra en vigencia cuando la compañía recibe la solicitud completada y la prima, o en la fecha de entrada en vigencia de la póliza emitida a su escuela o distrito escolar, la fecha que sea posterior.

Fecha de vencimiento de la cobertura: La cobertura finaliza cuando se cumplen doce meses de vigencia de la cobertura o el primer día del año escolar siguiente, la fecha que sea anterior. Se extinguirá toda la cobertura si el titular de la póliza cancela la póliza o cuando la persona deja de reunir los requisitos necesarios. La extinción de la cobertura por cualquier motivo no afectará a ninguna reclamación que tenga lugar antes de la finalización de la cobertura.

	Opción baja	Opción alta
Accidente las 24 horas (alumnos y empleados) A toda hora/en cualquier parte del mundo. Antes, durante y después del horario escolar. Los fines de semana, vacaciones y todo el verano, incluidos los cursos de verano. Deportes patrocinados por la escuela y extracurriculares, queda excluido el fútbol americano de preparatoria.	\$105.00	\$154.00
Accidente las 24 horas (cobertura solo durante el verano, solo estudiantes) El verano comienza el primer día después de que termina el año escolar. El verano termina el primer día del año escolar siguiente.	\$36.00	\$48.00
Accidente en la escuela (alumnos y empleados) Durante el período lectivo regular, en las instalaciones de la escuela durante las horas de clase. Traslado directo e ininterrumpido desde y hacia el hogar y las clases programadas. Actividades y deportes patrocinados y supervisados por la escuela; queda excluido el fútbol americano de preparatoria. Traslados desde y hacia actividades y deportes patrocinados y supervisados por la escuela en un vehículo proporcionado o aprobado por la escuela.	\$29.00	\$37.00
Preparatoria Fútbol americano (Todo el año) Juego, práctica o partidos de fútbol americano regulares programados. Consulte con el Departamento de Deportes a fin de obtener las instrucciones para la inscripción.	\$171.00	\$284.00
Preparatoria Fútbol americano (tarifas exclusivas para la primavera) Para los jugadores nuevos que participan en el entrenamiento de primavera y todavía no están asegurados en virtud de la Cobertura de fútbol americano. La asociación de atletismo de las preparatorias de su estado define las temporadas de deportes.	\$74.00	\$120.00
Preparatoria Fútbol americano y Accidentes en la escuela (Cubre todas las disciplinas atléticas)	\$200.00	\$321.00
Preparatoria Fútbol americano y Accidente las 24 horas (Cubre todas las disciplinas atléticas)	\$276.00	\$438.00

Datos sobre la Póliza

1. ¿QUIÉNES REÚNEN LOS REQUISITOS? Son elegibles los alumnos del titular de la póliza que efectúan el aporte requerido en concepto de prima para la cobertura seleccionada. La condición de alumno se mantiene después de la graduación y entre los años escolares, a menos que la persona se inscriba en otro distrito escolar.
2. La Póliza maestra archivada en el distrito escolar es una póliza no renovable.
3. Esta es una póliza de beneficios limitados.
4. FECHA DE ENTRADA EN VIGENCIA DE LA COBERTURA: La cobertura de una persona entra en vigencia cuando la compañía recibe la solicitud completada y la prima, o en la fecha de entrada en vigencia de la póliza emitida a su escuela o distrito escolar, la fecha que sea posterior.
5. FECHA DE VENCIMIENTO DE LA COBERTURA: la cobertura finaliza cuando se cumplen doce meses de vigencia de la cobertura o el primer día del año escolar siguiente, la fecha que sea anterior.
Se extinguirá toda la cobertura si el titular de la póliza cancela la póliza o cuando la persona deja de reunir los requisitos necesarios. La extinción de la cobertura por cualquier motivo no afectará a ninguna reclamación que tenga lugar antes de la finalización de la cobertura.
6. INSCRIPCIÓN TARDÍA: La cobertura se puede comprar en cualquier momento durante el año escolar. No habrá ninguna reducción de prima para ninguna persona que se inscriba más avanzado el año.
7. CANCELACIÓN: La Cobertura en virtud de la Póliza no se cancelará y, por consiguiente, las primas no se podrán reembolsar después de la aceptación por parte de la Compañía. Sin embargo, se reembolsarán en forma prorrateada las primas en caso de que una Persona cubierta ingrese en el Servicio Militar.
8. TRASLADO DEL ALUMNO: La póliza continúa vigente en cualquier parte del mundo si la Persona cubierta se muda antes del vencimiento de la cobertura.

Inscríbase por Internet en:

www.StudentInsurance-kk.com

o por correo mediante el formulario de inscripción adjunto.

1. Complete y recorte el formulario de inscripción.
2. Emita el cheque o el giro postal pagadero a Nationwide Life Insurance Company. No envíe dinero en efectivo. La Compañía no se hace responsable de los pagos en efectivo.
3. Escriba el nombre de su hijo en el cheque o giro postal.
4. Envíe por correo el formulario completado con el pago a:
**K&K Insurance Group,
P.O. Box 2338
Fort Wayne, IN 46801-2338**
5. El cheque cancelado, la facturación de la tarjeta de crédito o el talón del giro postal serán su comprobante y la confirmación del pago.
6. Conserve este folleto para consultar en el futuro. No se le enviarán pólizas individuales.

Política de privacidad

Sabemos que su privacidad es importante para usted y nos esforzamos por proteger la confidencialidad de su información personal no pública. No revelamos ninguna información personal no pública sobre nuestros clientes o exclientes a nadie, excepto según lo permita o exija la ley. Consideramos que mantenemos las salvaguardias físicas, electrónicas y procedimentales apropiadas para garantizar la seguridad de su información personal no pública.

Administrado por:

K&K Insurance Group, P.O. Box 2338,
Fort Wayne, IN 46801-2338



Recorte la tarjeta y consérvela para sus registros

TARJETA DE SEGURO DEL ALUMNO

Nombre del alumno _____
Si se ha pagado la prima, el alumno, cuyo nombre aparece más arriba, ha sido asegurado en virtud de la Póliza emitida para:

Distrito escolar: _____

Cobertura solo para accidentes: ☐ 24 HORAS ☐ 24 HORAS (cobertura solo durante el verano)
☐ EN LA ESCUELA ☐ FÚTBOL AMERICANO ☐ FÚTBOL AMERICANO (solo primavera)

Pagado con el cheque N.º _____ Cantidad pagada: _____ Fecha de pago: _____
N.º de póliza _____

Suscrito por: Nationwide Life Insurance Company
**Preguntas sobre las reclamaciones: K&K Insurance Group, Inc.
1712 Magnavox Way • Fort Wayne, IN 46801 • 800-237-2917**

Exclusiones y limitaciones de la póliza para Coberturas de solo accidentes

Las siguientes exclusiones aplican a todos los Beneficios y todas las Cláusulas adicionales pertinentes, a menos que se mencione explícitamente lo contrario. *No pagaremos Beneficios por:*

1. Una Lesión o Pérdida que:

a. sea causada por una guerra o cualquier acto de guerra, declarada o no declarada, sea civil o internacional, o cualquier conflicto armado importante entre fuerzas organizadas de naturaleza militar (lo que no incluye actos de terrorismo);

b. sea causada mientras la Persona asegurada presta servicio activo a tiempo completo (más de 31 días) en cualquier rama de las Fuerzas Armadas;

c. sea causada por la participación en una revuelta o disturbio violento;

d. sea el resultado de la participación de la Persona asegurada en la perpetración o intento de perpetración de un delito grave, la intervención en cualquier acto ilícito u ocupación ilegal o la perpetración o provocación de cualquier acto ilícito;

e. se produzca porque la Persona asegurada está bajo la influencia de cualquier droga, narcótico, psicotrópico o sustancia química (a menos que sea recetado por un Médico y se lo utilice de acuerdo con las indicaciones del Médico) según lo definen las leyes de la jurisdicción en la que se produjo la Lesión accidental. No es necesario una condena para determinar si se está “bajo la influencia de...”; o

f. se autoinflija intencionalmente, lo que incluye suicidio o intento de suicidio, en estado de sano juicio o no.

2. Una Lesión o Pérdida que sea resultado de un viaje o vuelo (que incluye entrar, salir, subir o bajar) en cualquier aeronave excepto y exclusivamente como pasajero que paga su pasaje en una aeronave comercial, o como pasajero en una aeronave contratada por el Titular de la póliza, siempre que dicha aeronave tenga un certificado de aeronavegabilidad válido y vigente y sea operada por un piloto autorizado o con la debida licencia, y mientras dicha aeronave sea utilizada exclusivamente con fines de transporte y dicho viaje se consigne como una Actividad cubierta en el Programa de beneficios.

3. Todo Accidente donde la Persona asegurada sea el operador y no posea una licencia de operador de vehículo a motor válida y vigente (excepto en un Programa de formación de conductores).

4. Un Accidente que se produzca durante:

a. la participación en cualquier actividad peligrosa, incluidos los deportes de vehículos de nieve, vehículos todo terreno (vehículos todo terreno o vehículos con ruedas similares), embarcaciones personales, paracaidismo acrobático, buceo, submarinismo, vuelo en ala delta, exploración de cuevas, salto elástico (bungee), lanzamiento en paracaídas o alpinismo;

b. el viaje en, la conducción de o la prueba de un vehículo a motor utilizado en una carrera o competencia de velocidad, deporte, trabajo de exhibición o prueba de manejo. Para los fines de esta disposición, Vehículo a motor significa todo medio de transporte o vehículo autopropulsado, que incluye, entre otros, automóviles, camiones, motocicletas, vehículos todo terreno, motos de nieve, tractores, carros de golf, motopatines, cortadoras de césped, equipos pesados utilizados para excavar, barcos y embarcaciones personales. El concepto Vehículo a motor no incluye una silla de ruedas motorizada necesaria por razones médicas, a menos que dicha actividad esté explícitamente consignada como una Actividad cubierta en el Programa de beneficios.

5. Tratamiento médico o quirúrgico, atención de diagnóstico o preventiva de cualquier Enfermedad, excepto el tratamiento de una infección piógena que sea consecuencia de una Lesión accidental o una infección bacteriana resultado de la Ingestión accidental de sustancias contaminadas.

6. Toda Insuficiencia cardíaca o circulatoria, sea conocida o no o esté diagnosticada o no, excepto según se cubra de otro modo en virtud de la Póliza o a menos que la causa inmediata de dicha insuficiencia sea un traumatismo externo.

Otras exclusiones para el Beneficio de gastos médicos por accidente y toda Cláusula adicional pertinente: *No pagaremos Beneficios por:*

1. Los Gastos por servicios o tratamientos prestados por un Médico, Enfermero o cualquier Proveedor que:

a. sea empleado de o esté contratado por el Titular de la póliza o sus subsidiarias o filiales;

b. sea la Persona asegurada o un Integrante de la familia de la Persona asegurada.

2. Los Gastos incurridos por cargos que la Persona asegurada no pagaría si no tuviera el seguro o servicios por los que no se cobra ningún cargo.

3. Los Gastos incurridos por cargos que superan los Cargos razonables.

4. La parte de los gastos médicos pagaderos por cualquier Póliza de seguro automotor sin tener en cuenta la culpa.

5. Los Gastos incurridos por cualquier tratamiento que la American Medical Association (AMA) o la American Dental Association (ADA) consideren experimental.

6. Los Gastos incurridos por la inspección, indicación, compra o ajuste de anteojos, lentes de contacto o audífonos, a menos que la Lesión haya causado el deterioro de la vista o la audición, o a menos que sea necesario reparar o reemplazar los anteojos, lentes de contacto o audífonos en uso como consecuencia de una Lesión cubierta.

7. Los Gastos incurridos por dentaduras postizas, puentes, implantes dentales, bandas o frenos u otros aparatos dentales, coronas, fundas, incrustaciones *inlay* u *onlay* y empastes nuevos, su reparación o reemplazo, o cualquier otro tratamiento de los dientes o las encías, excepto como resultado de una Lesión y hasta el Máximo de cobertura odontológica que figura en el Programa de beneficios, si corresponde.

8. Los Gastos incurridos por artículos para la comodidad o el confort personal, que incluyen, entre otros, cargos por llamadas telefónicas en el Hospital, alquiler de televisores o comidas para las personas de visita.

9. Los Gastos incurridos por o a propósito de Atención personal no médica, a menos que se especifique lo contrario en el Programa de beneficios.

10. Los Gastos incurridos por la supervisión de un anestesista.

11. Los Gastos incurridos por el alquiler de Equipos médicos duraderos que superen el precio de compra.

12. Los Gastos incurridos por la posterior reparación y reemplazo de dispositivos protésicos.

13. Los Gastos incurridos por cualquier afección cubierta por alguna Ley de Compensación de los Trabajadores, Ley de Enfermedades Ocupacionales o ley similar.

Definiciones de Solo accidentes:

Lesión Una lesión física que:

1. está directa o independientemente causada por un contacto accidental con otro cuerpo u objeto;

2. es una fuente de pérdida sufrida mientras la Persona asegurada está cubierta en virtud de la Póliza y mientras esa persona participa en una Actividad cubierta.

Para todos los Beneficios, Lesión incluye Insuficiencia cardíaca y circulatoria, con sujeción a las siguientes condiciones:

1. La Insuficiencia se debe presentar antes de los 65 años de edad mientras la Persona asegurada participa en una Actividad cubierta; y

2. Un médico trata el o los síntomas de dicha insuficiencia en primera instancia mientras la Póliza está vigente con respecto a la Persona asegurada y en el término de 48 horas de haber participado en una Actividad cubierta; y

3. A dicha Persona asegurada, en el término de un año antes de la fecha de la participación en la Actividad cubierta, un médico no le ha diagnosticado, ni ha recibido medicamentos para, infarto de miocardio, angina de pecho, trombosis coronaria, hipertensión, ataque cardíaco o incidente cerebrovascular.

Para el Beneficio de gastos médicos por accidente, Lesión también incluye lesiones por movimientos repetitivos como consecuencia de la participación en una Actividad cubierta. Las lesiones por movimientos repetitivos incluyen, entre otras, esguinces, torceduras, hernias, codo de tenista, tendinitis, bursitis y desgarros musculares. La lesión por movimientos repetitivos debe ser diagnosticada por un Médico y se debe producir dentro de los 30 días de participar en una Actividad cubierta.

Todas las Lesiones sufridas en un Accidente, incluidas todas las afecciones relacionadas y los síntomas recurrentes de estas Lesiones, se considerarán una sola Lesión.

Beneficios por Muerte accidental y pérdida específica:

El Límite global es de \$500,000 y es la cantidad máxima que se puede pagar por reclamaciones incurridas para todos los Asegurados en virtud de la Póliza que resultan de un Incidente cualquiera que se produce cuando la Póliza se encuentra vigente. Si este límite no fuera suficiente para pagar el total de todas dichas Reclamaciones, el Beneficio que se debe pagar a cualquier Asegurado se determinará proporcionalmente a nuestro Límite global total de responsabilidad. Este Límite global de responsabilidad aplica únicamente a los Beneficios por Muerte accidental y Pérdida específica.

Vida	\$10,000
Ambos brazos o ambas piernas	\$10,000
Ambas manos y ambos pies	\$10,000
Un brazo y una pierna	\$10,000
Una mano y un pie	\$10,000
Ambas manos o ambos pies	\$10,000
El habla y la audición en ambos oídos	\$10,000
La visión de ambos ojos	\$10,000
La visión de un ojo y una mano o un pie	\$10,000
Un brazo o una pierna	\$7,500
Una mano o un pie	\$5,000
El habla o la audición en ambos oídos	\$5,000
La visión de un ojo	\$5,000
La audición de un oído	\$2,500
El dedo pulgar y el índice de una mano	\$2,500

Formulario de inscripción (Año escolar 2020-2021)

Apellido del alumno: _____
Nombre del alumno: _____
Segundo nombre del alumno: _____ Fecha de nacimiento: _____
Dirección: _____
Ciudad: _____ Estado: _____ Código postal: _____
Nombre del distrito escolar (obligatorio): _____
Nombre de la escuela: _____
Grado: ☐ Prekinder/Preescolar ☐ Kindergarten/Escuela primaria ☐ Escuela secundaria ☐ Preparatoria/Nivel más alto
Firma del padre/madre o tutor: _____
Fecha: _____ Dirección de correo electrónico: _____ Número de teléfono: _____

Opciones del Plan de seguro para estudiantes — Marque su elección:

Planes de cobertura solo para accidentes	Opción baja	Opción alta
24 HORAS	☐ \$105.00	☐ \$154.00
24 HORAS Solo durante el verano	☐ \$36.00	☐ \$48.00
EN LA ESCUELA	☐ \$29.00	☐ \$37.00
Preparatoria COBERTURA DE FÚTBOL AMERICANO Todo el año	☐ \$171.00	☐ \$284.00
Preparatoria COBERTURA DE FÚTBOL AMERICANO Solo durante la primavera <i>Para jugadores nuevos</i>	☐ \$74.00	☐ \$120.00
Preparatoria FÚTBOL AMERICANO y EN LA ESCUELA <i>Cubre todas las disciplinas atléticas</i>	☐ \$200.00	☐ \$321.00
Preparatoria FÚTBOL AMERICANO y 24 HORAS <i>Cubre todas las disciplinas atléticas</i>	☐ \$276.00	☐ \$438.00

Adjuntar el cheque por el pago total pagadero a: **Nationwide Life Insurance Company**. Se aceptan cheques, giros postales o tarjetas de crédito. **NO ENVÍE DINERO EN EFECTIVO**

TOTAL ADJUNTO: \$ _____

1858 (AOS_MB_SPA_3/20)

Adjuntar el cheque por el pago total pagadero a: **K&K Insurance Group, P.O. Box 2338, Fort Wayne, IN 46801-2338**

Complete esta sección únicamente si desea pagar con tarjeta de crédito

Nombre completo según figura en la tarjeta

Nombre: _____ Inicial del segundo nombre: _____ Apellido: _____

Dirección de facturación (si es distinta de la anterior)

N.º de calle _____ Dirección _____ N.º de apto. _____

Ciudad: _____ Estado: _____ Código postal: _____

Número de la tarjeta: Fecha de vencimiento: Mes: Año:

Firma del titular de la tarjeta:

La compañía no emite reembolsos ni acepta responsabilidad por los pagos en efectivo. (Si el banco por cualquier motivo rechaza un cheque o una tarjeta de crédito, el seguro quedará invalidado.)