



Protect your child with Student Accident or Health Insurance

Kids will be kids.

School is not a spectator sport. From hopping and skipping to blocking and tackling, our commitment to protecting kids starts as early as kindergarten.

That's why we're here!

Underwritten by:
UnitedHealthcare Insurance Company

Online Enrollment Secured Accident & Health Plans

- Coverage can be purchased any time throughout the year.
- Checks, money orders, or credit cards accepted.

• DO NOT SEND CASH

www.k12StudentInsurance.com



STUDENT ACCIDENT OR HEALTH INSURANCE

Choose Your Coverage Plan Voluntary Plan

24-HOUR ACCIDENT (STUDENT & EMPLOYEES)

- Around-the-clock/anywhere in the world; until one year after the date the school year begins
- Before, during and after school
- Weekends, vacation and all summer including summer school
- School sponsored and extracurricular sports excluding high school football

	Low Option	High Option
With Extended Dental*	\$69.00	\$102.00
Without Extended Dental	\$62.00	\$95.00
Summer Only With Extended Dental*	\$23.00	\$32.00
Summer Only Without Extended Dental	\$16.00	\$25.00

AT-SCHOOL ACCIDENT (STUDENT & EMPLOYEES)

- During 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 sports excluding high school football
- Travel to and from school sponsored and supervised sports while in a school furnished vehicle

	Low Option	High Option
With Extended Dental*	\$22.00	\$29.00
Without Extended Dental	\$15.00	\$22.00

FOOTBALL COVERAGE (GRADES 10 - 12) (ACCIDENT ONLY)

- Practicing or participating in regularly scheduled high school football
- An additional premium is required for high school interscholastic football
- Any 9th grade student that plays with the senior team must purchase senior high school coverage
- Consult your Athletic Department for enrollment instructions

	Low Option	High Option
With Extended Dental*	\$113.00	\$172.00
Without Extended Dental	\$106.00	\$165.00
Spring Football With Extended Dental*	\$49.00	\$73.00
Spring Football Without Extended Dental	\$42.00	\$66.00

(Spring Rates: for new players who participate in spring training and are not already insured under Football Coverage.)

*EXTENDED DENTAL (ACCIDENT ONLY)

- Supplemental coverage extended to students with At-School, 24-Hour or Football Coverage. Limited to Covered Person's policy effective date and accident only coverage option selected
- Usual & Customary expenses for examinations, x-rays, endodontics and oral surgery to a maximum of \$10,000.
- Dental expenses toward cost of bridge, denture ore replacement in kind of previous dental repairs with a maximum limit of \$250.

STUDENT HEALTH PLAN (STUDENTS AGES 5 - 18 ONLY)

- \$147 per quarter, or \$588 annual (Per Policy Year - can not be purchased after September 30th).
- Covers sickness & accidents which happen anytime, 24-hours a day, while your student is insured under this plan (excluding interscholastic sports)
- Benefits are payable according to the benefit schedule up to \$50,000, after the \$50 deductible has been met per policy year.

REVIEW YOUR BENEFITS: ACCIDENT ONLY COVERAGE

LOW OPTION

MAXIMUM BENEFITS - PAID AS SPECIFIED BELOW

The Policy provides benefits for loss due to a covered Injury up to the Maximum Benefit specified below for each Injury. Provided that treatment by a qualified, licensed Physician begins within 60 days from the date of the Injury, benefits will be paid for Covered Medical Expenses incurred within 52 weeks from the date of the Injury up to the maximum benefit per services as shown below. Any supply or service not specifically listed is not covered. Usual and Customary Charges (U&C) are based on the 75th percentile.

MAXIMUM BENEFIT	\$25,000 (For each Injury)
DEDUCTIBLE	\$0
INPATIENT	
Room & Board	Semi-private room rate / \$150 per day
Hospital Miscellaneous	\$600 per day
Registered Nurse	75% of U&C
Physician's Visit (Benefits are limited to one visit per day and do not apply when related to surgery)	\$40 first day / \$25 each subsequent day
Pre-Admission Testing (Payable within 3 working days prior to admission)	Paid under Hospital Miscellaneous
OUTPATIENT	
Day Surgery Miscellaneous (Usual & Customary Charges are based on the Outpatient Surgical Facility Charge Index)	\$1,000 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
Physiotherapy (Benefits are limited to one visit per day)	\$30 first day / \$20 each subsequent day / 5 days maximum
Medical Emergency (Use of room and supplies; treatment must be rendered within 72 hours from the time of the Injury)	\$150 maximum
X-Rays	\$200 maximum
CAT Scan / MRI	\$300 maximum
Laboratory	\$50 maximum
Prescription Drugs	\$75 maximum
Injections	No Benefits
Orthopedic Braces & Appliances	\$75 maximum
INPATIENT AND/OR OUTPATIENT	
Surgery (Specified Surgery based on data provided by Ingenix, Inc.) (No more than one procedure through the same incision will be paid)	\$1,000 maximum
Anesthetist	20% of Surgery Allowance
Assistant Surgeon	20% of Surgery Allowance
Ambulance	\$300 maximum
Consultant	\$200 maximum
Dental (Benefits are paid on Injury to Natural Teeth only)	\$200 per tooth
Replacement of Eye Glasses, Contact Lenses or Hearing Aids that are broken as a result of a Covered Injury	\$200 maximum

Benefits are provided as mandated by the state of California for the Benefits for Telemedicine, Benefits for Mammography, Benefits Upper or Lower Jawbone Surgery, and Benefits for Reconstructive Surgery. 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.

REVIEW YOUR BENEFITS: ACCIDENT ONLY COVERAGE

HIGH OPTION

MAXIMUM BENEFITS - PAID AS SPECIFIED BELOW

The Policy provides benefits for loss due to a covered Injury up to the Maximum Benefit specified below for each Injury. Provided that treatment by a qualified, licensed Physician begins within 60 days from the date of the Injury, benefits will be paid for Covered Medical Expenses incurred within 52 weeks from the date of the Injury up to the maximum benefit per services as shown below. Any supply or service not specifically listed is not covered. Usual and Customary Charges (U&C) are based on the 75th percentile.

MAXIMUM BENEFIT	\$25,000 (For each Injury)
DEDUCTIBLE	\$0
INPATIENT	
Room & Board	80% of U&C / Semi-private room rate
Hospital Miscellaneous	\$1,200 per day
Registered Nurse	100% of U&C
Physician's Visit (Benefits are limited to one visit per day and do not apply when related to surgery)	\$60 first day / \$40 each subsequent day
Pre-Admission Testing (Payable within 3 working days prior to admission)	Paid under Hospital Miscellaneous
OUTPATIENT	
Day Surgery Miscellaneous (Usual & Customary Charges are based on the Outpatient Surgical Facility Charge Index)	\$1,200 per day
Physician's Visits (Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)	\$60 first day / \$40 each subsequent day
Physiotherapy (Benefits are limited to one visit per day)	\$60 first day / \$40 each subsequent day / 5 days maximum
Medical Emergency (Use of room and supplies; treatment must be rendered within 72 hours from the time of the Injury)	\$300 maximum
X-Rays	\$600 maximum
CAT Scan / MRI	\$600 maximum
Laboratory	\$300 maximum
Prescription Drugs	\$200 maximum
Injections	No Benefits
Orthopedic Braces & Appliances	\$140 maximum
INPATIENT AND/OR OUTPATIENT	
Surgery (Specified Surgery based on data provided by Ingenix, Inc.) (No more than one procedure through the same incision will be paid)	\$1,200 maximum
Anesthetist	25% of Surgery Allowance
Assistant Surgeon	25% of Surgery Allowance
Ambulance	\$800 maximum
Consultant	\$400 maximum
Dental (Benefits are paid on Injury to Natural Teeth only)	\$500 per tooth
Replacement of Eye Glasses, Contact Lenses or Hearing Aids that are broken as a result of a Covered Injury	\$300 maximum

Benefits are provided as mandated by the state of California for the Benefits for Telemedicine, Benefits for Mammography, Benefits Upper or Lower Jawbone Surgery, and Benefits for Reconstructive Surgery. 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.

REVIEW YOUR BENEFITS: STUDENT HEALTH PLAN COVERAGE

STUDENT INJURY AND SICKNESS BENEFITS

MAXIMUM BENEFITS PAID AS SPECIFIED BELOW

The Policy provides benefits for loss due to a covered Injury or Sickness up to the \$50,000 Maximum Benefit as specified below for each Injury or Sickness after the \$50 deductible. Benefits will be paid up to the maximum benefit for each service as scheduled below. Any supply or service not specifically listed is not covered. Usual & Customary Charges (U&C) are based on the 75th percentile.

MAXIMUM BENEFIT	\$50,000 (For each Injury or Sickness)
DEDUCTIBLE	\$50 (Per Policy Year)

INPATIENT

Room & Board / Hospital Miscellaneous	\$950 aggregate maximum per day
Registered Nurse	100% of U&C
Physician's Visit (Benefits are limited to one visit per day and do not apply when related to surgery)	\$50 first day / \$30 each subsequent day
Pre-Admission Testing (Payable within 3 working days prior to admission)	Paid under Room & Board / Hospital Miscellaneous

OUTPATIENT

Day Surgery Miscellaneous (Usual & Customary Charges are based on the Outpatient Surgical Facility Charge Index)	\$950 maximum
Physician's Visits (Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy) (Office visits for physical exams are covered up to \$50 Per Policy Year)	\$60 per day / \$40 each subsequent day / 5 days maximum
Physiotherapy (Benefits are limited to one visit per day)	Paid under Physician's Visits
Medical Emergency (Use of room and supplies; treatment must be rendered within 72 hours from the time of the Injury or first onset of Sickness)	\$200 maximum
X-Rays	\$350 maximum
CAT Scan / MRI	\$350 maximum
Laboratory	\$200 maximum
Prescription Drugs	No Benefits
Injections	No Benefits
Orthopedic Braces & Appliances	\$100 maximum

INPATIENT AND/OR OUTPATIENT

Surgery (Specified Surgery based on data provided by Ingenix, Inc.) (No more than one procedure through the same incision will be paid)	\$100 surgery coefficient / \$2,500 maximum
Anesthetist	25% of Surgery Allowance
Ambulance	\$250 maximum
Consultant	No Benefits
Dental (Benefits are paid on Injury to Natural Teeth only)	\$200 per tooth
Maternity	Paid as any other Sickness
Complications of Pregnancy	Paid as any other Sickness

Benefits are provided as mandated by the state of California under the Student Health Plan for the Benefits for Telemedicine, Benefits for Mammography, Benefits Upper or Lower Jawbone Surgery, Benefits for Reconstructive Surgery, Benefits for Prosthetic Devices for Speaking Post Laryngectomy, Benefits for Severe Mental Illness and Serious Emotional Disturbances, Benefits for Diabetes, Benefits for Phenylketonuria, Benefits for Osteoporosis, Benefits for Cancer Clinical Trials, Benefits for Breast Cancer Screening and Treatment, Benefits for AIDS Vaccine, Benefits for Prostate Cancer Screening, Benefits for Cancer Screening Tests, and Benefits for Cervical Cancer Screening. 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.

Policy Exclusions and Limitations: for Accident Only Coverages

Benefits will not be paid for: a) loss or expense caused by, contributed to, or resulting from: or b) treatment, services or supplies for, at, or related to:

1. Air travel except while as a fare-paying passenger on a regularly scheduled commercial air carrier; travel in or upon, sitting in or upon, alighting to or from, or working on or around any motorcycle or recreational vehicle including but not limited to: two or three-wheeled motor vehicle; four-wheeled all terrain vehicle (ATV); jet ski; ski cycle; snowmobile or off-road motorized vehicle not requiring licensing as a motor vehicle.
2. Artificial aids such as eyeglasses, contact lenses, hearing aids, or examinations or prescriptions therefore; unless specifically provided for in the Schedule of Benefits.
3. Cosmetic surgery of any kind, except reconstructive surgery as a direct result of a covered Injury.
4. Dental treatment, except for accidental Injury to Natural Teeth.
5. Food poisoning or bacterial infections (except an infection occurring through an open visible wound); cysts or skin lesions such as blisters or boils; tumors; over-exerting; fainting; hernia, regardless of how caused; illness or disease in any form.
6. Immunizations; preventive medicines or vaccines, except where required for treatment of a covered Injury.
7. Loss sustained or contracted as a consequence of the Covered Person's being intoxicated or under the influence of any controlled substance unless administered on the advice of a Physician.
8. Injury for which benefits are paid or payable by worker's compensation or employer's liability or occupational disease law.
9. Injury where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license (except in a Driver's Education Program).
10. Nuclear reactions or radiation contamination; war, declared or undeclared (a pro-rata premium will be refunded upon request for such period not covered); participation in a riot or civil disorder; or while a member of the Armed Services.
11. Orthodontics (braces) for any reason or damage to or loss of orthodontics.
12. Play or practice of interscholastic high school football; except where a specific additional premium is paid.
13. Pre-existing Conditions or aggravation of a Pre-existing Condition.
14. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury.
15. Skiing, scuba diving, surfing, roller skating, riding in a rodeo.
16. Skydiving, parachuting, hang gliding, glider flying, flight in an ultra light aircraft, parasailing, sail planing, bungee jumping, bob-sledding, or ballooning.
17. Suicide or attempt thereat, while sane or insane (including drug overdose); or intentionally self-inflicted Injuries; fighting.
18. Supplies, except as specifically provided in the policy.
19. While committing or attempting to commit an assault or felony, or to which a contributory cause was the Covered Persons being engaged in an illegal occupation.

Accidental Death and Dismemberment: Accident Only Coverages

One amount, the greatest, may be payable at the Covered Person's option within 180 days from the date of accident in lieu of other benefits under the Policy.

Accidental Death\$10,000

Accidental Loss of:

Both Hands, Both Feet, or Sight of Both Eyes\$10,000

One Hand and One Foot\$10,000

Either One Hand or One Foot and Sight of One Eye\$10,000

Either One Hand or One Foot or Sight of One Eye\$ 5,000

Entire Thumb and Index Finger of Either Hand\$ 500

Definitions

Injury means bodily injury which is: 1) directly and independently caused by specific accidental contact with another body or object; 2) unrelated to any pathological, functional, or structural disorder; 3) a source of loss; and 4) sustained while the Covered Person is covered under this policy. All injuries sustained in one accident, including all related conditions and recurrent symptoms of these injuries will be considered one injury. Injury does not include loss which results wholly or in part, directly or indirectly, from disease or other bodily infirmity.

Pre-existing Condition means any condition for which medical advice, diagnosis, care or treatment, including use of Prescription Drugs is recommended or received from a Physician within 6 months immediately prior to the Covered Person's Effective Date under this policy.

Sickness means sickness or disease of the Covered Person which causes loss while the Covered Person is covered under this policy. All related conditions and recurrent symptoms of the same or a similar condition will be considered one sickness.

Policy Exclusions and Limitations: for Health Plan Coverages

Benefits will not be paid for: a) loss or expense caused by, contributed to, or resulting from: or b) treatment, services or supplies for, at, or related to:

1. Acne, acupuncture, allergy, including allergy testing.
2. Air travel except while as a fare-paying passenger on a regularly scheduled commercial air carrier; travel in or upon, sitting in or upon, alighting to or from, or working on or around any motorcycle or recreational vehicle including but not limited to: two or three- wheeled motor vehicle; four-wheeled all terrain vehicle (ATV); jet ski; ski cycle; snowmobile or off- road motorized vehicle not requiring licensing as a motor vehicle.
3. Alcoholism and Drug Abuse.
4. Artificial aids such as eyeglasses, contact lenses, hearing aids, or examinations or prescriptions therefore; treatment for visual or hearing defects and problems, except when due to a disease process.
5. Assistant Surgeon Fees.
6. Congenital conditions, except as specifically provided in Benefits for Reconstructive Surgery.
7. Cosmetic surgery of any kind, except reconstructive surgery as a direct result of a covered Injury.
8. Dental treatment, except for accidental Injury to Natural Teeth.
9. Elective Surgery or Elective Treatment; elective abortion.
10. Immunizations preventive medicines or vaccines, except where required for treatment of a covered Injury.
11. Loss sustained or contracted as a consequence of the Covered Person's being intoxicated or under the influence of any controlled substance unless administered on the advice of a Physician.
12. Injury or Sickness for which benefits are paid or payable by worker's compensation or employer's liability or occupational disease law.
13. Injury where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license (except in a Driver's Education Program).
14. Mental and Nervous Disorders, except as specifically provided in the Benefits for Severe Mental Illness and Serious Emotional Disturbances.
15. Nuclear reactions or radiation contamination; war, declared or undeclared (a pro-rata premium will be refunded upon request for such period not covered); participation in a riot or civil disorder; or while a member of the Armed Services.
16. Organ transplants, including organ donation.
17. Orthodontics (braces) for any reason or damage to or loss of orthodontics.
18. Play or practice of interscholastic sports.
19. Prescription Drugs and medicines not actually administered to the patient in a Hospital or office of a licensed Physician.
20. Pre-existing Conditions or aggravation of a Pre-existing Condition, except for individuals who have been continuously insured under the school's health insurance policy for at least 6 consecutive months. The Pre-existing exclusionary period will be reduced by the total number of months that the Covered Person provides documentation of prior Creditable Coverage if such coverage was continuous to a date within 63 days prior to the Covered Person's effective date under this policy.
21. Routine newborn infant care, well-baby nursery and related Physician charges.
22. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness; except as specifically provided in the policy.
23. Skiing, scuba diving, surfing, roller skating, riding in a rodeo.
24. Skydiving, parachuting, hang gliding, glider flying, flight in an ultra light aircraft, parasailing, sail planing, bungee jumping, bob-sledding, or ballooning.
25. Suicide or attempt thereat, while sane or insane (including drug overdose); intentionally self-inflicted Injuries; fighting.
26. Supplies, except as specifically provided in the policy.
27. While committing or attempting to commit an assault or felony, or to which a contributory cause was the Covered Persons being engaged in an illegal occupation.

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. You may obtain a detailed copy of our privacy practices by calling us toll-free at (866) 313-4512 or by visiting us at www.K12StudentInsurance.com.

Facts About the Policy

1. **STUDENT TRANSFER:** The policy continues in force anywhere in the world if the Covered Person should relocate prior to the expiration of coverage.
2. **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.
3. The Master Policy on file with the school district is a non-renewable one year term policy.
4. This is a limited benefit policy.
5. **INITIAL ENROLLMENT:** Coverage is effective the date the correct application and premium are received by the Company.
6. **LATE ENROLLMENT:** There is no premium reduction for any individual who enrolls late in the year.
7. **STUDENT INJURY AND SICKNESS POLICY (Health Plan):** Coverage terminates on the earliest of: 1) the date the Master Policy terminates as held by the School District; or, 2) the last day of the period for which the appropriate premium has been paid.
8. Your cancelled check, credit card billing, or money order stub is your only receipt and notification of coverage.

Choose How to Enroll

**ON-LINE @ : www.K12StudentInsurance.com
for fast, easy and secure enrollment or:**

- Complete and detach the enrollment form.
- Make check or money order payable to UnitedHealthcare **StudentResources**. **Do not send cash.** The Company is not responsible for cash payments.
- Write your child's name on your check or money order.
- Mail directly to Health Special Risk, P.O. Box 650093, Dallas, TX 75265-9580
- Your cancelled check, credit card billing, or a money order stub will be your official receipt and confirmation of payment.
- Keep this brochure for future reference. Individual policies will not be sent to you.
- For Student Health Plan, no premium notices will be sent. Initial enrollment deadline is September 30th for Annual Premium Payment (Per Policy Year).

Mandated Benefits

Benefits for Severe Mental Illness and Serious Emotional Disturbances

Benefits will be paid the same as any other Sickness for the diagnosis and Medically Necessary treatment of Severe Mental Illnesses of a Covered Person of any age and of Serious Emotional Disturbances of a Covered Person's child as specified below: (1) Outpatient Services. (2) Inpatient hospitalization services. (3) Partial hospitalization services. (4) Prescription Drugs, if the policy includes coverage for Prescription Drugs. "Severe Mental Illness" includes: (1) Schizophrenia. (2) Schizoaffective disorder. (3) Bipolar disorder (manic-depressive disorder). (4) Major depressive disorder. (5) Panic disorder. (6) Obsessive-Compulsive disorder. (7) Pervasive developmental disorder of Autism. (8) Anorexia nervosa. (9) Bulimia nervosa. "Serious emotional disturbances of a child" means a child under the age of 18 years of age who has one or more mental disorders as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, that result in behavior inappropriate to the child's age according to expected developmental norms. Members of this target population must meet one or more of the following criteria: (A) As a result of the mental disorder the child has substantial impairment in at least two of the following areas: self-care, school functioning, family relationships or the ability to function in the community; and either of the following occur: (i) the child is at risk of removal from home or has already been removed from the home (ii) The mental disorder and impairments have been present for more than 6 months or are likely to continue for more than one year without treatment. (B) The child displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder. (C) The child meets special education eligibility requirements under Chapter 26.5 of division 7 of Title 1 of the Government Code. Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

How to File a Claim

NOTE: Medical treatment must be received from a qualified, licensed Physician within **60 days** from the date of accident.

1. Obtain a claim form quickly from our website, or from your school office, or call UnitedHealthcare **StudentResources** (866-409-5734). Answer all questions in detail and include signatures to avoid claim from being returned for incomplete information.
2. Attach all bills to the completed form and mail to the insurance company within 90 days of the accident or first treatment of sickness.
3. Any bills not filed with the claim form should be sent to the company identified with the student's name, school district, and date of accident. Bills that cannot be attached to the initial form must be submitted within 90 days of the date of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

Administered by:
Health Special Risk

P.O. Box 117558 • Carrollton, TX 75011-7558
866-409-5734

Underwritten by:
UnitedHealthcare Insurance Company

ENROLL ONLINE FOR QUICKER SERVICE

Enrollment Form (School Year 2010-2011) Underwritten by UnitedHealthcare Insurance Company

Student's Last Name (Please Print)		DOB
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
Student's First Name	MI	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
Social Security #		Grade
<input type="text"/> - <input type="text"/> - <input type="text"/>		<input type="text"/>
Street #	Address	
<input type="text"/>	<input type="text"/>	
City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>
Name of School District (Required to Process)	Name of School	
<input type="text"/>	<input type="text"/>	
X _____ Date _____		Email Address _____
Signature of Parent or Guardian		

	Accident Only Coverage Plans	Low Option	High Option	
Student Insurance - Check <input checked="" type="checkbox"/> Your Selection	24-HOUR with Extended Dental	\$69.00 <input type="checkbox"/>	\$102.00 <input type="checkbox"/>	
	24-HOUR without Extended Dental	\$62.00 <input type="checkbox"/>	\$95.00 <input type="checkbox"/>	
	Summer Only 24-Hour with Extended Dental	\$23.00 <input type="checkbox"/>	\$32.00 <input type="checkbox"/>	
	Summer Only 24-Hour without Extended Dental	\$16.00 <input type="checkbox"/>	\$25.00 <input type="checkbox"/>	
	AT-SCHOOL with Extended Dental	\$22.00 <input type="checkbox"/>	\$29.00 <input type="checkbox"/>	
	AT-SCHOOL without Extended Dental	\$15.00 <input type="checkbox"/>	\$22.00 <input type="checkbox"/>	
	<input type="checkbox"/> CHECK HERE if your child participates in school sponsored sports excluding high school football			
	FOOTBALL Coverage (Grades 10-12) with Extended Dental	\$113.00 <input type="checkbox"/>	\$172.00 <input type="checkbox"/>	
	without Extended Dental	\$106.00 <input type="checkbox"/>	\$165.00 <input type="checkbox"/>	
	*For New Players *Football Spring with Extended Dental	\$49.00 <input type="checkbox"/>	\$73.00 <input type="checkbox"/>	
*Football Spring without Extended Dental	\$42.00 <input type="checkbox"/>	\$66.00 <input type="checkbox"/>		
Student Health Plan	\$147.00 <input type="checkbox"/> Per Quarter	\$588.00 <input type="checkbox"/> Annual* (Per Policy Year)		
(Note: No premium notices will be sent. It is the insured's responsibility for timely premium payments) *Annual Coverage may not be purchased after September 30th				
COMPANY USE ONLY		Enclose check for total payment payable to: UnitedHealthcare StudentResources		
Check No. _____ Amount Received _____		TOTAL ENCLOSED \$ _____		

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.)
NRLK1206 CA10WBSREXX

Complete this section only if you wish to pay with MASTERCARD/VISA

Full Name on Card: First Name MI Last Name

Billing Address (if different then above): Street # Address Apt #

City State Zip

Card Number

Expiration Date: (MM/YYYY) good thru Mo Year

Cardholder signature: X _____

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) EXTENDED DENTAL

Health Plan Coverage: INJURY AND SICKNESS

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

Underwritten by: UnitedHealthcare Insurance Company
Claims Questions: Health Special Risk
P.O. Box 117558 • Carrollton, TX 75011-7558 • 866-409-5734