



## Student Accident Insurance Program

Voluntary school time accident or 24-hour accident coverage  
(Excluding Interscholastic Football)

**IMPORTANT:** This brochure provides only a brief summary of the Program available for sale under policy series C11695DBG-FL. The Program provides insurance for covered accidents incurred while insureds are participating in Covered Activities.



Offered through:  
**Insurance for Students, Inc.**  
1690 South Congress Ave, Suite 101  
Delray Beach, FL 33445  
Phone: 954.771.5883  
Toll-free: 800.356.1235  
Fax: 954.772.0872  
[ifs@insuranceforstudents.com](mailto:ifs@insuranceforstudents.com)



Plan Administrator:  
**Health Special Risk, Inc.**  
8400 Bellevue Drive, Suite 150,  
Plano, TX 75024  
Phone: 866.409.5733, Ext. 5660  
Fax: 972.512.5819  
[K12insurance@hsri.com](mailto:K12insurance@hsri.com)  
[www.k12studentinsurance.com](http://www.k12studentinsurance.com)



Insurance underwritten by:  
**National Union Fire Insurance  
Company of Pittsburgh, Pa.**  
with its principal place of  
business in New York, NY  
("the Company")



# Student Accident Insurance Coverage

## Eligibility

Class 1	All registered students of the Miami Dade County Public Schools ("the Policyholder") enrolled in the Optional <b>Voluntary 24 Hour Plan</b> . (Grades: PreK-12)
Class 2	All registered students of the Policyholder enrolled in the Optional <b>Voluntary School Time Plan</b> . (Grades: PreK-12)

## Covered Activities

### Class 1: (Voluntary 24 Hour Plan)

24 hours while at or away from home, weekends and vacation periods (including summer vacation), school breaks, and summer school. Excludes: interscholastic football. For Insureds enrolled in the Optional Voluntary School Time Plan, school time activities are excluded. For Insureds enrolled in the Optional Voluntary School Time and Sports Plan, school time activities and interscholastic sports are excluded.

### Class 2: (Voluntary School Time Plan)

While on the Policyholder's premises during the hours and on the days when the Policyholder is in session (excluding interscholastic football and excluding interscholastic sports), including one hour before and after; or while participating in or attending an authorized and sponsored activity of the Policyholder away from the Policyholder's premises (including one day domestic educational field trips). This includes direct and uninterrupted group travel to and from such activities in a vehicle designated by the Policyholder and to or from the student's residence to attend regular Policyholder sessions. Excludes: Policyholder supervised and sponsored trips and related travel more than one day in duration unless reported in advance of travel and additional premium is paid.

## Definitions

**Covered Activity (ies)** means those activities set out in the Covered Activities section, with respect to which Insureds are provided accident insurance under the Policy.

**Immediate Family Member** means a person who is related to the Insured in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

**Injury** means bodily injury: 1) which is sustained as a direct result of an unintended, unanticipated accident that occurs while the injured person's coverage under the Policy is in force; 2) which occurs while such person is participating in a Covered Activity; and 3) which directly (independent of sickness, disease, mental incapacity, bodily infirmity or any other cause) causes a covered loss.

**Insured** means a person: 1) who is a member of an eligible class of persons as described in the Eligibility section; 2) for whom premium has been paid; 3) while covered under the Policy; and 4) who has enrolled for coverage under the Policy, if required.

**Medically Necessary** as used in the Accident Medical Expense Benefit means a Covered Accident Medical Service that: 1) is

essential for diagnosis, treatment or care of the Injury for which it is prescribed or performed; 2) meets generally accepted standards of medical practice; and 3) is ordered by a Physician and performed under his or her care, supervision or order.

**Physician** means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) the Insured; 2) an Immediate Family Member; or 3) retained by the Policyholder.

**Usual and Customary Charge(s)** as used in the Accident Medical Expense Benefit means a charge which is the smallest of: 1) the actual charge of the Covered Service; 2) the charge usually made for a Covered Service by the provider who furnishes it; 3) the negotiated rate, if any; and 4) the survey by FAIR Health of prevailing charges made for a Covered Service in the geographic area by those of similar professional standing, the results of which are used to develop a range of fees for each service.

"Geographic area" means the three digit zip code in which the service, procedure, devices, drugs, treatment or supplies are provided or a greater area, if necessary, to obtain a representative cross-section of charges for a like treatment, service, procedure, device, drug or supply.

With respect to item (d) above, Usual and Customary Charges means the 80th percentile of the payment system in effect on the Effective Date shown in the Policy.

**Usual and Customary Charge(s)** as used in the Accidental Needlestick and Splatter Exposure Benefit means a charge which: 1) is made for a Screening Test(s); 2) does not exceed the usual level of charges for similar supplies or medical services in the locality where the expense is incurred; and 3) does not include charges that would not have been made if no insurance existed.

## Insured's Effective and Termination Dates

An Insured's coverage under the Policy begins on the latest of: 1) the Policy Effective Date; 2) the date for which the first premium for the Insured's coverage is paid; 3) the date the person becomes a member of an eligible class of persons as described in the Eligibility section; or 4) the date written enrollment is received by the Company. An Insured's coverage under the Policy ends on the earliest of: 1) the date the Policy is terminated; 2) the end of the period for which premiums have been paid; 3) the date the Insured ceases to be a member of any eligible class(es) of persons as described in the Eligibility section; or 4) the date the Insured requests, in writing, that his or her coverage be terminated. The Policy effective and termination dates are contained in the Policy on file with the Policyholder.

## Benefits

### Accidental Death Benefit

If Injury to the Insured results in death within 180 days of the date of the accident that caused the Injury, the Company will pay 100% of the Accidental Death \$1,500 Maximum Amount.

### Accidental Dismemberment Benefit

If Injury to the Insured results, within 180 days of the date of the accident that caused the Injury, in any one of the Losses specified below, the Company will pay the percentage of the Accidental Dismemberment \$1,500 Maximum Amount specified for that Loss:



## Exclusions

No coverage shall be provided under the Policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks even if the proximate or precipitating cause of the loss is an accidental bodily injury:

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or autoeroticism;
2. sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these;
3. the Insured's commission of or attempt to commit a crime;
4. infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes;
5. declared or undeclared war, or any act of declared or undeclared war, except if specifically provided by the Policy;
6. participation in any team sport or any other athletic activity, except participation in a Covered Activity;
7. full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded);
8. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured is: a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or c. riding as a passenger in an aircraft owned, leased or operated by the Policyholder or the Insured's employer;
9. the Insured being under the influence of intoxicants;
10. the Insured being under the influence of drugs unless taken under the advice of and as specified by a Physician;
11. the medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment;
12. stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm.
13. any condition for which the Insured is paid benefits under any Workers' Compensation Act or similar law;
14. the Insured riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground;
15. any loss incurred while outside the United States, its Territories or Canada;
16. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing durable medical equipment unless due to a covered Injury;\*
17. 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 for repair or replacement of sound natural teeth damaged or lost as a result of Injury up to the Dental Maximum;\*
18. new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses,

- unless due to a covered Injury; or repair or replacement of existing eyeglasses or contact lenses unless due to a covered Injury;\*
19. new hearing aids or hearing examinations unless due to a covered Injury; or repair or replacement of existing hearing aids unless due to a covered Injury;\*
20. rental of durable medical equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company's sole judgment, Accident Medical Expense benefits for rental of durable medical equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary Covered Accident Medical Expense in lieu of such rental expense);\*
21. any charge for medical care for which the Insured is not legally obligated to pay;\*
22. care, treatment or services provided by an Insured or by an Immediate Family Member;\*
23. routine physical exam and related medical services;\*
24. personal comfort or convenience items, such as but not limited to, hospital telephone charges, television rental, or guest meals while confined in a hospital or for items taken away or home from the hospital, except durable medical equipment;\*
25. Pre-existing Conditions;\*
26. elective treatment or surgery;\*
27. experimental or investigational treatment or procedures;\*
28. care, treatment or services provided by persons retained or employed by the Policyholder or for supplies, prescriptions or medicines paid for or reimbursable by the Policyholder or for which a charge is not made;\*
29. mental illness, psychological or psychiatric counseling of any kind, mental and nervous disease or disorders and rest cures;\*
30. educational or vocational testing or training;\*
31. treatment of Osgood-Schlatter's disease;\*
32. detached retina unless due to an Injury;\*
33. diagnostic tests or treatment, except due to infection which occurs directly from an accidental cut or wound or ingestion of contaminated food;\*
34. plastic or cosmetic surgery, except due to a covered Injury;\*
35. charges that are payable under motor vehicle medical benefits;
36. any inpatient hospital or ambulatory surgical center services or charges, not including emergency room services or charges, except as specifically provided;\*
37. hernia;\*
38. any condition for which the Insured is paid benefits under any Workers' Compensation Act or similar law.\*

\*Applicable to Accident Medical Expense Benefit only.

## Limitation on Multiple Benefits

If an Insured suffers one or more losses from the same accident for which amounts are payable under more than one of the following Benefits provided by the Policy, the maximum amount payable under all of the Benefits combined will not exceed the amount payable for one of those losses, the largest: Accidental Death Benefit, Accidental Dismemberment Benefit.

**IMPORTANT:** This program provides accident insurance only. It does not provide basic hospital, basic medical, or comprehensive/major medical coverage, and does not satisfy the "minimum essential coverage" requirements of the Patient Protection and Affordable Care Act.

This brochure provides only brief descriptions of the coverages available under Policy Series C11695DBG-FL. The issued Policy contains reductions, limitations, exclusions, definitions and termination provisions. Full details of the coverage will be contained in the issued Policy on file with the Policyholder. If there are any conflicts between this brochure and the issued Policy, the Policy shall govern in all cases. Insurance is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., a Pennsylvania insurance company, with its principal place of business at 1271 Ave of the Americas FL 37, New York, NY 10020-1304. It is currently authorized to transact business in all states and the District of Columbia. NAIC No. 19445. Coverage may not be available in all states.

Terms capitalized in this document are defined terms in this brochure or in the Policy.

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# Student Accident Insurance Program

Voluntary School Time Accident or 24-Hour Accident Coverage (Excluding Interscholastic Football)

## PROPOSED INSURED'S INFORMATION

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ M. I.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID number: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Name of school: \_\_\_\_\_

By signing below, I acknowledge that I have read, understand and agree to the terms and conditions of this coverage as detailed in this Student Accident Insurance Program brochure. There is no obligation to purchase this insurance plan.

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Email address of parent/guardian: \_\_\_\_\_

## ANNUAL PREMIUM

Please check desired Covered Activity. See page 2 for Covered Activity details. Only select one option.

Covered Activities	Annual Premium
<input type="checkbox"/> Voluntary 24 Hour Plan (Grades: PreK-12)	<input type="checkbox"/> \$63.00
<input type="checkbox"/> Voluntary School Time Plan (Grades PreK-6)	<input type="checkbox"/> \$13.00
<input type="checkbox"/> Voluntary School Time Plan ((Grades 7-12)	<input type="checkbox"/> \$14.00

**PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS. MAKE MONEY ORDER OR CHECK PAYABLE TO:**

Health Special Risk, Inc.

Total enclosed: \_\_\_\_\_ Check number: \_\_\_\_\_

**CUT ALONG DOTTED LINE AT RIGHT, AND MAIL TO:**

Health Special Risk, Inc.

P.O. Box 957824

St. Louis, MO 63195-7824

For more information or assistance regarding all Student Insurance, contact our Customer Service Department at 1-866-409-5733

IF YOU WISH TO PAY WITH MASTERCARD OR VISA\*\*:

Go to [www.K12StudentInsurance.com](http://www.K12StudentInsurance.com)

\*\*A 5% administrative charge will be added for Credit Card Orders

