

A blurred background image of a school hallway with students. In the foreground on the right, a student is wearing a blue and green plaid shirt and a light blue backpack. Other students are visible in the background, slightly out of focus.

Student Accident Insurance

CHUBB®

Voluntary Enrollment Brochure

Accident & Health

# Protection when your child needs it most

Student Accident Insurance is designed to help shield your family from the financial burdens that may arise from an accident. While in class, on a field trip, or participating in school sponsored sports your child is exposed to many risks. Our insurance plans give you the opportunity to ensure they are covered when the unexpected occurs.

## Highlights

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- Accidental Death & Dismemberment coverage kicks in if your child is injured in a serious accident
- Accident Medical Expense benefits help alleviate costs of injuries that may land your child in the hospital
- School Coverage option allows for coverage while on school premise and while participating in school sponsored activities
- 24 Hour Coverage option allows for the coverage to expand 24 hours a day
- Most coverage will pay in addition to any other insurance you may have

## Choose the Plan that is Right for You

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The following coverages allow you to choose the right level of protection for your participating student. These coverages are available in two limits outlined by Plan A and Plan B as described in the following sections and on the enrollment form. You may select from the following coverage options:

Coverage	Description
School Coverage	Covers your insured student while participating in school sponsored activites on school premises both during and after normal school hours, or at another school or location where the covered activity is scheduled. Coverage includes travel directly between home and school or the site of scheduled covered activities, not to exceed 8 hours each way.
24 Hour Coverage	Covers your insured student for 24 hours a day under all circumstances that they may be exposed, subject to the terms and conditions of the Policy.

# Benefits

## Accidental Death & Dismemberment Benefits

If the Insured Person is injured in a covered accident and suffers any of the losses shown in the *Schedule of Covered Losses* below within 365 days, we will pay the benefit amount shown for that loss. If more than one loss occurs in the same accident, only one benefit, the largest, will be paid.

“Loss of Hand” means complete severance, as determined by a Physician, of at least four (4) fingers at or above the metacarpal phalangeal joint, proximal to the torso, on the same hand or at least three (3) fingers and the thumb on the same hand. “Loss of Foot” means the complete severance of a foot through or above the ankle joint.

“Loss of Sight” means permanent loss of vision. Remaining vision must be no better than 20/200 using a corrective aid or device, as determined by a Physician. “Loss of Sight of One Eye” means permanent loss of vision of one eye. “Loss of Speech” means the permanent, irrecoverable and total loss of the capability of speech without the aid of mechanical devices, as determined by a Physician. “Loss of Hearing” means permanent, irrecoverable and total deafness, as determined by a Physician, with an auditory threshold of more than 90 decibels in each ear. “Loss of Thumb and Index Finger” means complete severance, through the metacarpal phalangeal joints, proximal to the torso, of the thumb and index finger of the same hand, as determined by a Physician.

Schedule of Covered Losses	
Covered Loss	Benefit Amount
Life	100% of the Principal Sum
Loss of Life - Heart & Circulatory	
Loss of One Hand, Loss of One Foot or Loss of Sight of an Eye	
Loss of Speech or Loss of Hearing	
Loss of Speech & Loss of Hearing	200% of the Principal Sum
Loss of Speech & Loss of One of: Hand, Foot or Sight of One Eye	
Loss of Hearing & Loss of One of: Hand, Foot, or Sight of One Eye	
Loss of Both Hands, Loss of Both Feet, Loss of Sight of Both Eyes or a Combination of Any Two of: Loss of a Hand, Loss of a Foot or Loss Sight of One Eye	
Loss of Thumb & Index Finger of the Same Hand	50% of the Principal Sum

## Accident Medical Expense Benefit

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We will reimburse up to the maximum benefit amount for Accident Medical Expenses if accidental bodily injury causes an Insured Person to first incur Medical Expenses for care and treatment within 90 days of a covered accident. The Accident Medical Expense benefit amount is payable on an excess basis, only for medically necessary charges and services incurred within 52 weeks of the covered accident. If a Dentist certifies that Dental Services cannot be performed within 156 weeks of the covered accident, then the sublimit for Deferred Dental Services will apply. In no event will We pay for Extended Dental Services performed beyond 208 weeks of the covered accident. The benefit amount is subject to the Coinsurance, Out of Network Percentage and Maximum Benefit Amount listed in the selected plan.

### Accident Medical Expense Plan

<b>Maximum Benefit Amount</b>	\$25,000
Deductible	\$0
Coinsurance	70%
Incurral Period	52 weeks

#### Sublimits:

Emergency Room Fees	70% of Reasonable & Customary Charges up to \$2,000
Ambulatory Medical Center Fees	70% of Reasonable & Customary Charges up to \$2,000
Physical Therapy	70% of Reasonable & Customary Charges up to \$50 per visit for a maximum of 5 visits
Dental Services	70% of Reasonable & Customary Charges up to \$500 per accident
Deferred Dental Services (if certified by Dentist)	70% of Reasonable & Customary Charges up to \$600 per accident
Emergency Transportation Vehicle	70% of Reasonable & Customary Charges up to \$800

# Payment Clauses & Exclusions

## Multiple Losses Maximum Payment Clauses

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For the types of coverage listed below, if an Insured has multiple losses as the result of one accident, the Insurer pays only the single largest benefit amount applicable:

- Accidental Loss of Life & Dismemberment

Your beneficiary for the loss of life benefit shall be the beneficiary you name on the enrollment form.

## Plan Exclusions

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Insurance does not apply to any accident, accidental bodily injury or loss when: 1) the United States of America has imposed any trade or economic sanctions prohibiting insurance of any accident, accidental bodily injury or Loss; or 2) there is any other legal prohibition against providing insurance of any accident, accidental bodily injury or loss.

In addition, insurance does not apply to any accident, accidental bodily injury or loss caused by or resulting from, directly or indirectly:

- an Insured Person's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection, bodily malfunctions or medical or surgical treatment thereof. This exclusion does not apply to an Insured Person's bacterial infection caused by an accident or from accidental consumption of a substance contaminated by bacteria;
- an Insured Person's an insured person's suicide, attempted suicide or intentionally self-inflicted injury;
- an Insured Person being engaged in or participating in interscholastic sports (except as provided by the Policy);
- an Insured Person being intoxicated at the time of an Accident. Intoxication is defined by the laws of the jurisdiction where such accident occurs. If such jurisdiction does not have a law to define Intoxication, then under this policy it will mean a blood alcohol content of .08 or greater;
- an Insured Person being under the influence of any narcotic or other controlled substance or intentionally ingesting or inhaling any poison gas or fumes at the time of an accident. This exclusion does not apply if any narcotic or other controlled substance is taken and used as prescribed by a Physician;
- an Insured Person participating in active military service with the armed forces of any country or established international authority. However, this exclusion does not apply to the first sixty consecutive days of active military service;
- an Insured Person being in, entering, or exiting any aircraft owned, leased or operated by the Policyholder or on the Policyholder's behalf; or operated by an employee of the Policyholder on the Policyholder's behalf;
- an Insured Person riding as a passenger in, entering, or exiting any aircraft while acting or training as a pilot or crew member; this does not apply to passengers temporarily performing pilot or crew functions in a life-threatening emergency;
- an Insured Person's participation in Specialized Aviation Activities;
- war, undeclared war, civil war, insurrection, rebellion, revolution, warlike acts by a military force or personnel, any action taken in hindering or defending against any of these, the destruction or seizure of property for a military purpose, or any consequences of any of these acts regardless of any other direct or indirect cause or event, whether covered or not, contributing in any sequence to the loss.

The Benefit Amount for Accident Medical Expense does not apply to charges and services:

- for which an Insured Person has no obligation to pay;
- for any injury where worker's compensation benefits or occupational injury benefits are payable;
- for any injury occurring while fighting, except in self-defense;
- for treatment that is educational, experimental or investigational in nature or that does not constitute accepted medical practice;
- for treatment by a person employed or retained by the Policyholder;
- for treatment involving conditions caused by Repetitive Motion Injuries or cumulative trauma and not as the result of an accidental bodily injury;
- personal comfort or convenience items, such as but not limited to, hospital telephone charges, television rental, internet access, barber services or guest meals while confined in a Hospital; or
- routine physical exams that are not the result of an accidental bodily injury.

## Claims

### **How to File a Claim**

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In the event of an accident, notify the school immediately. Written notice of claim must be given to the Company within 20 days after an Insured's loss, or as soon as reasonably possible. The Company will send claim forms to the claimant upon receipt of a written notice of claim. The school should complete Section A of the claim form. The claimant should complete the remainder of the claim form, attach any other requested information, and mail to the address listed below. Claims for benefits must be filed with the Company within 90 days from date of accident, or as soon as reasonably possible.

Health Special Risk, Inc.  
P.O. Box 250649  
Plano, Texas 75025  
Phone: (972) 512-5600  
Fax: (972) 512-5818  
Toll Free: (866) 409-5734

Please keep this brochure as reference to the benefits and covered activities that may be insured under the policy which you choose to enroll. A copy of your policy may be available upon request.



## Accident Coverage for Students - Enrollment Form

### Student Information

School Name: \_\_\_\_\_  
School District: \_\_\_\_\_  
Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_  
Student Date of Birth (mo/day/year): \_\_\_\_\_ Grade Level During Policy Term: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Parent/Guardian Email Address: \_\_\_\_\_  
Primary Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Date of Enrollment: \_\_\_\_\_ Beneficiary Name: \_\_\_\_\_

### Plan Selection - Check the box(es) next to the annual premium amount listed for your choice.

Coverage	Plan A
School Coverage	\$30.00 <input type="checkbox"/>
24 Hour Coverage	\$80.00 <input type="checkbox"/>

### Make check or money order payable to: HSR K12 Voluntary Account

Amount Enclosed: \_\_\_\_\_  
Check or Money Order Number: \_\_\_\_\_

Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. Policy Acceptance: The undersigned declares that all information provided in this application and any attachments hereto is true and correct. The undersigned understands that all information provided in this application and any attachments hereto is material to the insurer's decision to provide this insurance, and that insurance will be provided, at the insurer's sole discretion, in reliance upon the truth of such information. It is hereby agreed and understood this insurance is provided by the Company in consideration of payment of the required premium. The insurance under the policy begins on the Effective Date shown in the Insuring Agreement of the policy. The acceptance of the policy terminates any prior policy of the same policy number, effective with the inception of the policy.

Signature of Parent/Guardian \_\_\_\_\_ Date Signed \_\_\_\_\_  
Print Name of Parent/Guardian \_\_\_\_\_

Please mail completed enrollment form and check or money order to the address below or enroll online at [www.K12StudentInsurance.com](http://www.K12StudentInsurance.com)

Mail this form to: HSR K12 Voluntary Account  
PO Box 957824  
St. Louis, MO 63195-7824

Chubb. Insured.<sup>SM</sup>

Insurance is underwritten by Federal Insurance Company, a member insurer of the Chubb Group of Insurance Companies. The coverage described in this literature is not available in all jurisdictions. This literature is descriptive only. Actual coverage is subject to the language of the policies as issued. Exclusions apply. Chubb, Box 1615, Warren, NJ 07061-1615.

This information is a brief description of the important features of the insurance plan underwritten by Federal Insurance Company. It is not a contract of insurance and may be subject to change based on the underwriting requirements of the company. Coverage may not be available in all states or certain terms may be different where required by state law.

Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. For a list of these subsidiaries, please visit our website at [www.chubb.com](http://www.chubb.com). Insurance provided by U.S. based Chubb underwriting companies.