

# K-12 Student Accident Insurance Coverage Request Form

for the North American Division of Seventh-day Adventists® | 2019-2020

Name of School or School Conference:		
Contact Person:	Title:	
Street Address:		
City:	State:	Zip:
Phone:	Fax:	Email:

## ELIGIBILITY

**Class 1:** All enrolled students (grades PK-12), including the graduating class trip, religious services or instructions and all interscholastic student athletes excluding senior high football are covered under the Policyholder program for whom premium has been paid.

**Class 2:** All enrolled boarding students (grades PK-12) are covered under the Policyholder program for whom premium has been paid.

## BASE PLAN OPTIONS

Please make selections below indicating the Desired Plan of Coverage.

	CLASS 1	Deductible	1A: Preschool & Kindergarten	1B: *Day Students Grades 1-8	1C: Students Grades 9-12
	Full Excess	\$0.00	\$6.56	\$13.33	\$41.21
	Full Excess	\$100.00	\$4.51	\$10.25	\$30.96
	\$500 Primary Excess	\$0.00	\$9.84	\$18.86	\$54.94

	CLASS 2	Deductible	Boarding Students
	Full Excess	\$0.00	\$128.74
	Full Excess	\$100.00	\$94.71
	\$500 Primary Excess	\$0.00	\$217.30

\*Schools having grades 1-10 without grades 11 & 12 can use the 1B rates (Grades 1-8).

## CAT PLAN OPTIONS

Please select one of the boxes indicating the Desired Plan of Coverage.

<input type="checkbox"/>	Option 1: Medical Only	\$2.30
<input type="checkbox"/>	Option 2: CAT Cash	\$3.30

\$ _____	X	_____	=	_____
Base Class 1A: Rate Per Student		# of Students		
\$ _____	X	_____	=	_____
Base Class 1B: Rate Per Student		# of Students		
\$ _____	X	_____	=	_____
Base Class 1C: Rate Per Student		# of Students		
\$ _____	X	_____	=	_____
Base Class 2: Rate Per Student		# of Students		
\$ _____	X	_____	=	_____
CAT: Rate Per Student		# of Students		

**TOTAL PREMIUM DUE\*\*\*** (for the benefits shown above) \_\_\_\_\_



(The Premium Due is fully earned and nonrefundable on the effective date of coverage.)

**Underwritten by: Mutual of Omaha Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175**

**MAIL or EMAIL** completed enrollment form to the following address:

**Relation Insurance Services**

**P.O. Box 25936**

**Overland Park, KS 66225**

**Attn: Janice Briggs**

**PHONE: 1-800-955-1991, ext. 5614 | FAX: 913-214-9137**

**EMAIL: janice.briggs@relationinsurance.com**

### TERM OF COVERAGE

It is understood that the effective date of coverage under this program will be August 1, or the date this form and the premium are received and accepted by the Company, whichever is later. Coverage expires one year from the effective date.

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

Signature of Contracting Official for Conference or School

#### FOR INTERNAL USE ONLY

\_\_\_\_\_  
Licensed Agent's Signature

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Date



Adventist Risk  
Management, Inc.



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EDUCATION SOLUTIONS