

New Jersey Parents:



Your Child's School Has Purchased Student Accident Insurance For All Students

Read inside to learn how you can
expand this protection in



For more program information or to
purchase coverage online, log onto our
website at www.BollingerSchools.com

Personal Administration and Claims Service by the People of

Bollinger
Insurance Solutions

101 JFK Parkway, Short Hills, NJ 07078
Telephone 800-526-1379
www.BollingerSchools.com

1 24-Hour Student Accident Insurance: \$500,000 Maximum Benefit

SCHOOL TIME ONLY COVERAGE

Your child's school has purchased group student accident insurance coverage for all students providing valuable protection against accidental injuries occurring during school hours or during school sponsored and supervised activities.

EXTENDED PROTECTION FOR YOUR CHILD

This 24-hour option gives you the opportunity to extend your child's "schooltime only" coverage to a full 24 hours a day with all the same benefits and restrictions of your child's school plan. This way your child will be covered against accidents occurring anytime; evenings, weekends, holidays, — even during the active summer vacation months up to \$500,000.

ECONOMICAL COST

The total premium for this valuable protection is \$84.00 a year. At such a reasonable rate, no student should be without it.

BENEFITS: are provided for accidental Injuries for which medical treatment by a physician, surgeon, dentist, or registered nurse, hospital services, ambulance services, or X-rays are rendered. The initial treatment must be rendered within 90 days of accident, and benefits are limited to treatment rendered within 260 weeks of the date of accident. All claims must be submitted to the company within 90 days from the date of accident.

MAXIMUM: The maximum benefit payable for medical expenses as a result of any one accident is \$500,000.

SURGERY & ANESTHESIA: Up to the Usual and Customary Charge is allowed.

PHYSICIAN'S VISITS: Non-surgical doctor visits will be paid up to the Usual and Customary Charge, as determined by the Company.

NURSING SERVICES: Covered up to the Usual and Customary Charge, if prescribed by a physician.

ACCIDENT COVERAGE

This plan covers medical expenses incurred from accidental bodily injuries such as: (1) broken arm from falling off bicycle, (2) concussion from being hit in the head, or (3) lacerated foot from stepping on broken glass. This plan does not cover medical expenses incurred from sicknesses such as measles, mumps, or the flu.

PLEASE NOTE: Injuries from interscholastic athletic activities are not covered under this plan if your child's school has purchased an Athletic Accidental Plan.

BENEFITS ADDITIONAL TO OTHER COVERAGE

This 24-hour plan will reimburse your financial loss stemming from covered accidental injuries, up to the policy limits, regardless of any other coverage you may have (except for injuries covered under the school's schooltime policy).

X-RAYS: Covered up to the Usual and Customary Charges.

AMBULANCE: Services of a licensed ambulance unit are covered up to the Usual and Customary Charge.

HOSPITAL: Hospital room and board, miscellaneous expenses, and outpatient services are covered up to the Usual and Customary Charges for necessary medical expenses.

DRUGSTORE PRESCRIPTIONS: Covered in full up to the Usual and Customary Charge.

DRUGS & MEDICINES: Covered in the hospital or doctor's office in full.

APPLIANCES: Orthopedic appliances and braces are covered in full up to the Usual and Customary Charge.

SECOND OPINION: Coverage is provided for consultations and second opinions up to the Usual and Customary Charge in cases in which surgery is contemplated.

PHYSIOTHERAPY: Diathermy, heat treatment, adjustment, manipulation or massage is covered up to the Usual and Customary Charge in the hospital. Coverage is also provided for necessary treatment in the doctor's office, or by a Sports Medicine Center or similar facility up to the Usual and Customary Charge provided the treatment is rendered by a licensed physician or registered physical therapist.

DENTAL BENEFIT: Up to the Usual and Customary Charge is allowed (treatment must commence within 26 weeks of the date of the accident).

ACCIDENTAL DEATH: \$10,000 will be paid if death occurs within 100 days of the date of a covered accident.

DISMEMBERMENT: The following amounts are payable for dismemberment occurring within 100 days of the date of a covered accident:

Both Hands or Both Feet	\$20,000
The Entire Sight of Both Eyes	\$20,000
One Hand and One Foot	\$20,000
One Hand and the Entire Sight of One Eye	\$20,000
One Foot and the Entire Sight of One Eye	\$20,000
One Hand or One Foot	\$10,000
The Entire Sight of One Eye	\$10,000

PRE-EXISTING CONDITIONS: Coverage is provided for pre-existing conditions except for those treated in the initial period of the student's participation under this voluntary coverage and for which the student has received medical advice or treatment for the condition within six months of the date of injury.

EXCLUSIONS: (a) Service or treatment rendered as part of the school services by a physician or any other person employed or retained by the Policyholder; (b) Injury sustained or caused by any act of war (declared or undeclared), terrorist act, riots, civil disorders or commotions; (c) Eyeglasses, contact lenses, or prescription therefor, except for those expenses for eyeglasses or contact lenses broken or damaged in a covered accident resulting in covered medical expenses; (d) Hernia; (e) Self-inflicted injuries, suicide, or attempt thereat; (f) Vegetation or ptomaine poisoning; (g) Bacterial infections (except pyogenic infections due to accidental open cuts); (h) Congenital defect; (i) Under voluntary participation plan only, pre-existing injuries are excluded from coverage (unless the injury is indivisible from an accidental injury occurring during the coverage) if it is in the initial period of the student's coverage under this program and the student has received medical advice or treatment for the condition within six months of the date of injury; (j) Injuries sustained as a result of practice or participating in tackle football in any form; (k) Injuries sustained as a result of skiing, or snowboarding, unless sponsored, scheduled and supervised by the Policyholder; (l) Injury or sickness for which Worker's Compensation or similar occupational benefits are available; (m) Any loss sustained or contracted in consequence of the insureds being intoxicated or under the influence of any narcotic unless administered on the advice of a physician; (n) Injuries sustained as a result of operating, riding in or on, entering into, alighting from, or being struck by a motorized, engine-driven 2, 3, or 4 wheel vehicle, go-cart, dune buggy, snowmobile, all terrain vehicle, or similar vehicle; (o) Dental Implants. (This is

a summary only. For exact terms see the master policy held by the school.)

EASY CLAIM PROCEDURE

In the event of a claim, occurring other than during school hours, notify Bollinger by calling (973) 467-0444 or print a claim form directly from our website www.BollingerSchools.com.

(Note: claims occurring during school hours fall under the school policy. For such claims you can obtain a claim form from the school.)

IT'S EASY TO ENROLL

To apply, just complete the enclosed application form and mail it with your payment to Bollinger. **(Note: Do not return the envelope to your school as this will cause unnecessary delays.)** You will

receive your Certificate of Insurance by return mail. Coverage is effective on the date the enrollment form and payment is received.

Questions?

Give us a call toll free
at 800.526.1379

Monday – Friday,
from 8:00 AM to 5:00 PM, Eastern Time

Accident Plan Underwritten by:



Cedar Rapids, Iowa
a Transamerica company

Plan Administered by:



101 JFK Parkway, Short Hills, NJ 07078
(973) 467-0444
www.BollingerSchools.com

STUDENT ACCIDENT INSURANCE

Name: _____

Street Address: _____

Town: _____ City: _____ State: _____ Zip: _____

School District: _____

To obtain a claim form, please visit www.BollingerSchools.com

Underwritten by:



Cedar Rapids, IA

Preferred Provider Network:



www.CHN.com

Administered by:



P.O. Box 727, Short Hills, NJ 07078
1-866-267-0092

Please store your card in a safe location for future reference.

② Life Insurance

Student Life Insurance Plan: \$10,000.00 Term Coverage

Anytime, Anywhere Protection

This Plan covers your child 24 hours a day, every day of the year, in school, at play, at home, on vacation – anywhere in the world.

Who Can Buy This Policy

This coverage may be purchased for any child who is in good general health. Policies will not be issued to children who have ever had known indications of, or have been treated for:

- (1) Any form of cancer,
- (2) Cerebral palsy,
- (3) Heart abnormality or disorder,
- (4) Lung abnormality or disorder,
- (5) Kidney abnormality or disorder.

A misrepresentation of the existence of any of the 5 conditions listed above will result in a rescission of life insurance during the first two years of coverage. The Student Life Insurance Plan covers death from any cause with the exception of suicide during the first two years of coverage. After the policy has been in force for 2 years, there are no exceptions.

This \$10,000 Student Life Insurance Plan is underwritten by Monumental Life Insurance Company.

A Necessary Part of Your Child's Coverage

Every parent knows that a child's coverage is not complete without some form of life insurance. Yet, many parents quite often put off obtaining this vital protection, whether because of the cost or because of the inconvenience. Today, there's no longer a reason to put off getting this necessary coverage. This Student Life Insurance Plan gives you the opportunity to cover your child at an economical cost and with the attached application.

Economical Premium

You can now obtain all this valuable coverage for the low annual premium of \$30.00.

It's Easy to Apply

To apply, just complete the application form on the back of the application envelope remembering to check the appropriate block and mail it to Bollinger along with the appropriate premium. Your child's policy will be sent to you by return mail within 60 days. The policy will go into effect on the 1st of the month following approval of the application and premium payment.

Questions?

Give us a call toll free at
800.526.1379

Monday – Friday, from 8:00 AM to 5:00 PM, Eastern Time

③ Dental Accident Insurance 24-Hour Coverage

Underwritten by Monumental Life Insurance Company, Cedar Rapids, IA

\$5,000.00 Maximum Benefit

This plan provides benefits of up to \$5,000 per accident for expenses of a dentist's Usual and Customary Charges for treatment and services begun within 26 weeks of an accidental injury to sound natural teeth. This plan does not cover routine dental work such as check-ups or teeth cleaning, nor does it cover dental disease, gum disease, or orthodontia.

Definition of Injury

"Injury", means bodily trauma resulting directly and independently of all other causes from a specific accident.

The Exclusions

This plan does not provide benefits for:

1. Expenses resulting from accidental injury occurring while the policy is not in force.
2. Dental treatment necessitated by sickness, deterioration or disease, for cosmetic, preventive, diagnostic or orthodontic purposes, or by any reason other than accidental injury.
3. Injury caused by war or act of war or while in the armed forces.
4. Existing, pre-existing, or congenital dental injuries or defects which are not caused by accidental injury sustained within the policy term.
5. Dental implants.

Benefits for Damage to Artificial Dental Devices

Benefits of up to \$500.00 are payable for the treatment or repair of caps, crowns, braces, bridges, dentures, fillings or other artificial dental devices when this treatment or repair is necessitated by an accidental injury.

Benefits for Deferred Treatment

If a dentist determines that treatment cannot be performed during the first 52 weeks after an accidental injury, this plan will pay benefits of up to \$100.00 for necessary treatment performed after that time.

Anytime, Anywhere Protection

This plan protects your child for accidental injury to teeth that occurs at any place – at school, at home, at play, on vacation – anytime of day or night the year-round.

Sensible Protection for Children's Teeth

Sound teeth are one of your child's most valuable natural possessions. But they also represent one of the more vulnerable areas to accident. Even an otherwise harmless spill can inflict severe damage to children's teeth, damage that could remain with them permanently.

Today, you can provide your child with dental accident insurance at an economical cost. In features and benefits, it is the kind of coverage that no child should ever be without.

Remember, the more active your child is the greater the possibility of injury.

What Happens if You Have Other Insurance?

This policy pays its benefits regardless of any other insurance you may have. Please note that there are some dental accident benefits provided under the 24-Hour Student Accident Insurance Plan offered in this flyer. This Dental Accident Insurance Plan would pay benefits in addition to those provided under the 24-Hour Accident Plan. This plan also provides benefits for damage to Artificial Dental Devices and Deferred Treatment, two areas not covered under the 24-Hour Accident Plan.

Economical Premium

The economical cost for all this valuable protection is \$20.00 per year. To apply, just complete the Application Form on the back of the enclosed envelope and mail it to Bollinger. We will send you your child's Certificate of Insurance by return mail within 60 days. Coverage will go into effect on October 1 if the envelope is mailed in September. Applications received after September 30 will become effective on the 1st of the month following receipt by the Company.

Apply for your child to join in the plan that is currently helping to protect over 20,000 New Jersey students.

Monumental Life Insurance Company, Cedar Rapids, Iowa

LAST NAME _____

FIRST NAME _____ MIDDLE INITIAL _____

MALE FEMALE

DATE OF BIRTH ____/____/____ (Month/Day/Year)

STREET ADDRESS _____

CITY OR TOWN _____

STATE _____

ZIP CODE _____

SCHOOL _____

GRADE _____

SCHOOL DISTRICT _____

NAME OF PARENT OR GUARDIAN (BENEFICIARY) _____

All Statements made on this application are true and complete to the best of my knowledge and belief

PARENT'S SIGNATURE _____

TODAY'S DATE _____

CHECK THE PLAN(S) DESIRED.

1 **24 HOUR ACCIDENT INSURANCE PLAN**
\$84.00 Total Cost Per Year

2 **STUDENT LIFE INSURANCE**
\$30.00 Total Cost Per Year

Has the proposed insured ever had any known indication of, or ever been treated for any form of cancer, cerebral palsy, heart, lung or kidney abnormality or disorder?

YES NO (If "Yes", please give details on a separate sheet and return with your application)

HEALTH QUESTION MUST BE ANSWERED

3 **DENTAL ACCIDENT INSURANCE**
\$20.00 TOTAL COST PER YEAR

I enclose \$ _____ Total Premium

New Jersey Residents: Any Person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.