

# \$1,000,000 CATASTROPHIC ACCIDENT INSURANCE ENROLLMENT FORM

## For All States Except California, Connecticut, Florida, Louisiana, Maryland, New York and Texas

Name of School or School District \_\_\_\_\_ Policy Number: \_\_\_\_\_

Contracting Official Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ County \_\_\_\_\_

Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

**ELIGIBLE CLASSES:**

- Class 1: All students including coverage for interscholastic and intramural sports activities/events.
- Class 2: All interscholastic athletes, cheerleaders, band members, majorettes, student coaches, student managers and student trainers.
- Class 3: All interscholastic athletes, cheerleaders, band members, majorettes, intramural sports participants, gym class participants, student coaches, student managers, student trainers and student participants of school sponsored non-sport extracurricular activities.
- Class 4: All students excluding coverage for interscholastic and intramural sports activities/events.

**PLAN OPTIONS:**

Please select one box indicating the Covered Sports for the desired plan and select one box indicating the desired Class.

Plan		A		B		C		D	
Accident Medical Maximum Benefit		\$1,000,000		\$1,000,000		\$1,000,000		\$1,000,000	
Benefit Plan		Allocated		Allocated		Medical and AD&D		Medical and AD&D	
Benefit Period		Lifetime	Lifetime	10-Year	10-Year	Lifetime	Lifetime	10-Year	10-Year
Covered Sports (Not applicable under Class 4)		<input type="checkbox"/> All Sports	<input type="checkbox"/> All Sports-No Football	<input type="checkbox"/> All Sports	<input type="checkbox"/> All Sports-No Football	<input type="checkbox"/> All Sports	<input type="checkbox"/> All Sports-No Football	<input type="checkbox"/> All Sports	<input type="checkbox"/> All Sports-No Football
<input type="checkbox"/> Class 1	Grades K-8	\$1.40	\$1.21	\$1.23	\$1.07	\$1.12	\$0.97	\$0.95	\$0.82
	Grades 9-12	\$3.69	\$2.27	\$3.26	\$2.00	\$2.95	\$1.82	\$2.51	\$1.54
<input type="checkbox"/> Class 2	Middle School or Jr. High	\$2.16	\$1.35	\$1.91	\$1.19	\$1.73	\$1.08	\$1.47	\$0.92
	Senior High	\$4.80	\$2.46	\$4.24	\$2.17	\$3.84	\$1.97	\$3.26	\$1.67
<input type="checkbox"/> Class 3	Middle School or Jr. High	\$2.43	\$1.62	\$2.15	\$1.43	\$1.94	\$1.30	\$1.65	\$1.10
	Senior High	\$5.08	\$2.74	\$4.49	\$2.42	\$4.07	\$2.19	\$3.46	\$1.87
<input type="checkbox"/> Class 4	Grades K-8	\$1.18	\$1.18	\$1.05	\$1.05	\$0.95	\$0.95	\$0.80	\$0.80
	Grades 9-12	\$1.29	\$1.29	\$1.14	\$1.14	\$1.03	\$1.03	\$0.87	\$0.87
Minimum Premium		\$650.00	\$650.00	\$600.00	\$600.00	\$600.00	\$600.00	\$500.00	\$500.00

**Class 1 (Count Participant as a Student or an Athlete not both.)**

Grades K-8 \_\_\_\_\_ No. Students + \_\_\_\_\_ No. Athletes = \_\_\_\_\_ Total Participants x \_\_\_\_\_ Per Participant = \$ \_\_\_\_\_  
 Grades 9-12 \_\_\_\_\_ No. Students + \_\_\_\_\_ No. Athletes = \_\_\_\_\_ Total Participants x \_\_\_\_\_ Per Participant = \$ \_\_\_\_\_

**Classes 2 & 3**

Middle School or Jr. High \$ \_\_\_\_\_ per athlete x \_\_\_\_\_ athletes = \$ \_\_\_\_\_  
 Senior High (Grades 9-12) \$ \_\_\_\_\_ per athlete x \_\_\_\_\_ athletes = \$ \_\_\_\_\_

**Class 4**

Grades K-8 \$ \_\_\_\_\_ per student x \_\_\_\_\_ students = \$ \_\_\_\_\_  
 Grades 9-12 \$ \_\_\_\_\_ per student x \_\_\_\_\_ students = \$ \_\_\_\_\_

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

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

\*Any account with Total Premium Due of \$10,000.00 or more must have underwriter review/approval prior to acceptance and binding.

We hereby enroll with Mutual of Omaha Insurance Company for a Catastrophic Student Accident Insurance Policy. We understand that insurance will be in force as of the effective date indicated above or the postmark date; whichever is later, if this Enrollment Form is accepted and the required premium is received by the Company.

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Date Signed

M26500\_0109-National Allocated

Policy Form SB20CC Series 8342S  
 ID Policy Form SB20CC Series 8365S  
 OR Policy Form SB20CC Series 8359S



# \$5,000,000 CATASTROPHIC ACCIDENT INSURANCE ENROLLMENT FORM

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Name of School or School District \_\_\_\_\_ Policy Number: \_\_\_\_\_

Contracting Official Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ County \_\_\_\_\_

Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

**ELIGIBLE CLASSES:**

- Class 1: All students including coverage for interscholastic and intramural sports activities/events.
- Class 2: All interscholastic athletes, cheerleaders, band members, majorettes, student coaches, student managers and student trainers.
- Class 3: All interscholastic athletes, cheerleaders, band members, majorettes, intramural sports participants, gym class participants, student coaches, student managers, student trainers and student participants of school sponsored non-sport extracurricular activities.
- Class 4: All students excluding coverage for interscholastic and intramural sports activities/events.

**PLAN OPTIONS:**

Please select one box indicating the Covered Sports for the desired plan and select one box indicating the desired Class.

Plan		A		B		C		D	
Accident Medical Maximum Benefit		\$5,000,000		\$5,000,000		\$5,000,000		\$5,000,000	
Benefit Plan		Allocated		Allocated		Medical and AD&D		Medical and AD&D	
Benefit Period		Lifetime	Lifetime	10-Year	10-Year	Lifetime	Lifetime	10-Year	10-Year
Covered Sports (Not applicable under Class 4)		<input type="checkbox"/> All Sports	<input type="checkbox"/> All Sports- No Football	<input type="checkbox"/> All Sports	<input type="checkbox"/> All Sports- No Football	<input type="checkbox"/> All Sports	<input type="checkbox"/> All Sports- No Football	<input type="checkbox"/> All Sports	<input type="checkbox"/> All Sports- No Football
<input type="checkbox"/> Class 1	Grades K-8	\$2.15	\$1.86	\$1.51	\$1.30	\$1.72	\$1.49	\$1.12	\$0.97
	Grades 9-12	\$5.67	\$3.49	\$3.97	\$2.45	\$4.54	\$2.79	\$2.95	\$1.82
<input type="checkbox"/> Class 2	Middle School or Jr. High	\$3.32	\$2.08	\$2.33	\$1.45	\$2.66	\$1.66	\$1.73	\$1.08
	Senior High	\$7.38	\$3.78	\$5.17	\$2.65	\$5.91	\$3.03	\$3.84	\$1.97
<input type="checkbox"/> Class 3	Middle School or Jr. High	\$3.74	\$2.49	\$2.62	\$1.74	\$2.99	\$1.99	\$1.94	\$1.30
	Senior High	\$7.82	\$4.22	\$5.47	\$2.95	\$6.26	\$3.38	\$4.07	\$2.19
<input type="checkbox"/> Class 4	Grades K-8	\$1.82	\$1.82	\$1.27	\$1.27	\$1.46	\$1.46	\$0.95	\$0.95
	Grades 9-12	\$1.98	\$1.98	\$1.39	\$1.39	\$1.58	\$1.58	\$1.03	\$1.03
Minimum Premium		\$750.00	\$750.00	\$650.00	\$650.00	\$700.00	\$700.00	\$600.00	\$600.00

**Class 1 (Count Participant as a Student or an Athlete not both.)**

Grades K-8 \_\_\_\_\_ No. Students + \_\_\_\_\_ No. Athletes = \_\_\_\_\_ Total Participants x \_\_\_\_\_ Per Participant = \$ \_\_\_\_\_  
 Grades 9-12 \_\_\_\_\_ No. Students + \_\_\_\_\_ No. Athletes = \_\_\_\_\_ Total Participants x \_\_\_\_\_ Per Participant = \$ \_\_\_\_\_

**Classes 2 & 3**

Middle School or Jr. High \$ \_\_\_\_\_ per athlete x \_\_\_\_\_ athletes = \$ \_\_\_\_\_  
 Senior High (Grades 9-12) \$ \_\_\_\_\_ per athlete x \_\_\_\_\_ athletes = \$ \_\_\_\_\_

**Class 4**

Grades K-8 \$ \_\_\_\_\_ per student x \_\_\_\_\_ students = \$ \_\_\_\_\_  
 Grades 9-12 \$ \_\_\_\_\_ per student x \_\_\_\_\_ students = \$ \_\_\_\_\_

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

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\_\_\_\_\_  
 Signature of School Official  
 M26501\_0109-National Allocated

\_\_\_\_\_  
 Date Signed  
 Policy Form SB20CC Series 8342S  
 ID Policy Form SB20CC Series 8365S  
 OR Policy Form SB20CC Series 8359S

All items must be completed in full in order for policy to be issued.

Names of schools and grades to be covered

Number of students/athletes

School Name

Grades

Students

Athletes\*

<u>School Name</u>	<u>Grades</u>	<u>Students</u>	<u>Athletes*</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*Number of Athletes is required for Classes 1, 2, & 3.

Mail this form and premium to:

All above information requested is required for policy issuance. The licensed appointed agent is required to complete the section below. Policies can not be issued without the required information being completed.

Local/Regional Licensed Agency

Agency Name: \_\_\_\_\_

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

Agent Name (Printed): \_\_\_\_\_

Agent Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Licensed Agent)

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

Email Address: \_\_\_\_\_