

School/District: Frisco Independent School District Phone #: 469-633-6340 Fax #: 469-633-6325
 Mailing Address: 5515 Ohio Drive City: Frisco State & Zip TX 75035
 Contact Person: Tim Sanz Title: Director of Risk Mgt. E-mail: sanzt@friscoisd.org

Base Plan Coverage

Premium: 368,000 Plan Selected: Frisco Custom Grades: PK-12 Deductible: \$0
 Athletic /Activities Coverage (premium paid by School) Addtl. Activities: _____
 School Plan (premium paid by School) Number Students K - 6 _____ Number Students 7-12 _____

Catastrophic Plan Coverage

Premium: \$25,000 Includes Football: Yes No Junior Highs: 12 Senior Highs: 17
 Class II: All enrolled Students of the School or School District, while participating in gym classes and extracurricular school activities, including intramural and interscholastic sports, such as football, band members, cheerleaders, majorettes, student coaches, student trainers and student managers. Coverage also includes supervised travel to and from such games and practice sessions.

- *Accident Medical Expense (AME) Benefit Amount - \$10,000,000*
 - \$25,000 Deductible; First treatment within 180 days; 10 Year Benefit Period
- *Accidental Death & Dismemberment (AD&D)*
 - \$10,000 Death, \$20,000 Dismemberment
- *Heart or Circulatory Malfunction Benefit*
 - \$10,000 maximum benefit

 Catastrophic Cash Benefit (Maximum Benefit Amount \$500,000)

- \$100,000 max lump sum; \$13,333.34 max monthly benefit; 30 month benefit period

Voluntary Plan Coverage

****Voluntary Accident Medical Coverage** (premium paid by parent/guardian)

Voluntary Accident Only Coverage: <small>**This option coverage is available only when one of the above plans is purchased by the school.</small>	Standard		Elite	
	K-6	7-12	K-6	7-12
School Time	\$35	\$35	\$50	\$50
24 Hour with athletics (excluding football)	\$75	\$125	\$100	\$150
Varsity Football Coverage	N/A	\$275	N/A	N/A

Voluntary Applications: (please select one if Voluntary coverage will be offered)

- Electronic Options:** We will provide you an electronic brochure and link to our website.
 Paper Option: Forms will be shipped to the above address unless additional shipping/contact information is provided.

Dates available to receive ground shipments: _____
 Number of Brochures Requested: _____ Total Enrollment: _____
 Contact (if different from above): _____
 Shipping Address (if different from above): _____

We hereby apply to New York Life Insurance Company for a Student Accident Policy. We understand that insurance will be in force if this Application is accepted by the Company, and the required premium is received by the Company when due. Make check payable to Student Insurance Plans.

Print Name: _____
 School Official Signature: _____
 Date Signed: _____ Phone Number: _____
 Name of Agent: _____
 Agent Signature: _____ Date: _____

FRISCO ISD ~ SCHEDULE OF BENEFITS
ACCIDENT ONLY – ALL STUDENT PLAN GRADES PK-12
MAXIMUM BENEFIT \$25,000 For Each Injury
52 Week Benefit Period, 180 Day Filing Period, Full Excess

<u>In-Patient Benefits</u>		<u>Outpatient Benefits</u>	
Room & Board:	Semi-Private Room Charges	Day Surgery	U&C up to \$2,000
Intensive Care (in lieu of Hospital Room & Board):	1.5 X Semi-Private Room Charges	Miscellaneous: (<i>Facility Charge</i>)	
Hospital Miscellaneous (all charges except R&B):	First day up to \$1,000, thereafter up to \$500 per day; maximum \$5,000	Physician's Visits: (<i>Benefits limited to one visit per day and do not apply when related to surgery or Physical Therapy</i>)	\$50 per visit; maximum of 10 visits
X-Rays and Radiology Services:	Included in Hospital Misc. Benefit	Physician Visit (treatment for concussion):	\$80 per visit, first two visits, then paid \$50 per visit for additional 10 visits
Physiotherapy (includes whirlpool, diathermy, EMS, massage, manipulation or adjustments in any form, and/or office visits):	Included in Hospital Misc. Benefit	Physiotherapy (includes whirlpool, diathermy, EMS, massage, manipulation or adjustments in any form, and/or office visits):	\$40 per visit; maximum of 10 visits
Physician's Visits: (<i>Benefits limited to one visit per day and do not apply when related to surgery or Physical Therapy</i>)	First day of treatment up to \$50, subsequent visits up to \$40, maximum of 10 visits	Emergency Room: (Use of Room and Supplies: Treatment must be rendered within 72 hours from time of injury)	U&C up to \$300
Registered Nurse:	U&C	Emergency Room Physician (non-surgical, non-concussion):	U&C up to \$150
		X-rays, Diagnostic Testing:	U&C up to \$250; \$50 for reading
		Lab:	100% Usual & Customary
<u>Other Benefits:</u>			
Physician Surgical Care: (inpatient or outpatient) (<i>No more than one procedure through the same incision will be paid</i>)	U&C up to \$3,000	MRI/Cat Scan:	U&C, up to \$750; \$50 for reading
Ambulance:	U&C up to \$1,000	Eyeglasses, Contact Lens and Hearing Aids:	U&C up to \$200
Orthopedic Braces and Appliances:	U&C up to \$500	Prescriptions:	U&C up to \$50
Dental:	U&C up to \$2,000	Durable Medical Equipment (post-surgical only):	U&C up to \$100
Anesthetist:	25% of Surgery Allowance	Shots & Injections:	U&C up to \$50
Assistant Surgeon:	25% of Surgery Allowance	MVA:	U&C up to \$1,000 as scheduled above
Field Trip Coverage:	Basic benefits apply up to \$2,000	Heat Stroke/Exhaustion:	Covered as any other accident

* Coverage includes all students enrolled in the Frisco Independent School District as well as the Laura Ellison Child Development Center. Additionally, coverage will be extended to the overnight camps (e.g. 5th grade outdoor education camps) attended by the students of Frisco ISD as well as any carnivals or productions that are sponsored by the District.