



# Student Accident Insurance Program

## Administrative Enrollment Form

### DISTRICT INFORMATION

Name of School / District: HARLETON ISD  
Street Address: 17000 HWY 154 PO BOX 510  
City: HARLETON State: TX ZIP: 75451-0510  
Mailing Address (if different):  
Contact Person: JAY RATCLIFF Title: SUPERINTENDENT  
Email address: COXTINA@HARLETONISD.NET Telephone number: (903) 777-8601

Effective Date: 8-1-25 Expiration Date: 7-31-26

### MANDATORY PLANS

Please select policy term:	<input checked="" type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	Policy Number: SRG 0009478136			
Coverage	Available Plans	Athletic Classification	Grades	Total # Insured	Rates	Premium
1. School Time and All Sports					\$	\$
2. School Time and Sports (no football)					\$	\$
3. All Sports including School Sponsored & Supervised Elementary UIL Activities	Premier		6-12		\$	\$ 17,925

All Plans include K-12 Field Trip Coverage

### CATASTROPHIC PLANS (ONLY AVAILABLE IN TX)

Please select policy term:	<input checked="" type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	Policy Number: SRG 0009478137
Please utilize and attach the Catastrophic Calculation Worksheet			
Calculated Catastrophic Premium Total:	PR-12 MD		\$ 1130

### COMMENTS

Customization requests:
-------------------------

### AUTHORIZATION

Invoice Date: 9-1 Invoice Email: COXTINA@harletonisd.net

We hereby authorize Health Special Risk, Inc. to request a binder for coverage from National Union Fire Insurance Co. of Pittsburgh, Pa. on our behalf. 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 Authorized Official	SUPERINTENDENT Title	Date Signed
JAY RATCLIFF Name of Authorized Official - Printed	Marion Turner Agent Name - Printed	



# Health Special Risk, Inc. Student Insurance - District Form

Insurance Underwritten by Mutual of Omaha Insurance Company; 3300 Mutual of Omaha Plaza; Omaha, Nebraska 68175

## Section 1 - District Information

Name of School/District:	HARLETON ISD		
Policy #:	SR2014TX-P-100141	School Year:	2025-2026
Contact Name:	JAY RATCLIFF	Title:	SUPERINTENDENT
Address:	17000 HWY 154 PO BOX 510	City:	HARLETON
State:	TX	Zip:	75451-0510
		Phone:	(903) 777-8601
Email Address:	COXTINA@HARLETONISD.NET (Policy & Invoice will be sent to this email address)		

## Section 2 - Program Specifics

Voluntary Enrollment Offered?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Estimated # Student's Enrolled in School/District:	
Effective Date / First Class Day:	8-13-25	Last Class Day:	5-22-26
<i>Note: Athletic coverage begins August 1<sup>st</sup> if the signed application is received prior to the first athletic start date. Exception: Dates set by state governing organization which are prior to August 1<sup>st</sup>.</i>			
<b>High School Football Information</b> (Complete if applicable)			
Is Offseason Program Permitted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Athletic Effective Dates:	From: To:
Is Contact Practice Permitted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Who pays Football Premium?	<input type="checkbox"/> School <input checked="" type="checkbox"/> Parents

## Section 3 - Mandatory Plans - Coverage Selected by School/District

	Product/ Option	Division	Grades	Total # Insured	Rate	Premium*
<b>At-School</b>	<input type="checkbox"/> With Athletics/Activities					
	<input type="checkbox"/> Without Athletics/Activities					
<b>Athletics &amp; Activities Only</b>						
Total:						

Benefit changes from last year? ☐ Yes ☐ No (If Yes, explain):

## Section 4 - Catastrophic Plans

Maximum	Plan Type	HH/CC Max	Benefit Period	FB	Covered Class	Grade Level	# of Students	# of Athletes	Rate Per Person	Total Premium*
				Y/N						

## Section 5 - Invoice

Invoice/Supplies To (email address):		Invoice Date	
--------------------------------------	--	--------------	--

## Section 6 - Comments

--

**Acceptance:** The benefits, conditions and premium for this coverage are as outlined within the coverage materials and this form. If acceptable, in AL, IN, KS, LA, ME, NE, OH, VA & WV; please sign the Participant Accident Insurance Application (Form SR2014 APP) and return with this signed form and the premium to the address below.

## Section 7 - Coverage Authorization

We hereby enroll with Mutual of Omaha Insurance Company for the coverage indicated above. We understand that insurance will be in force as of the requested effective date indicated, if all information is accurate and the required premium is received by Mutual of Omaha.		
Signature of Authorized Official	SUPERINTENDENT Title	Date Signed
JAY RATCLIFF	Marion Turner	
Name of Authorized Official - Printed	Agent Name - Printed	Agent Signature

Mail Completed Enrollment form to:  
8400 Bellevue Dr., Suite 150 · Plano, TX 75024 · (866) 345-2680 · Fax (972) 512-5819  
[K12insurance@hsri.com](mailto:K12insurance@hsri.com)