

**Pan American Life Insurance Company Inc.**

**2022-2023 Policy Number:**

**TBD**

School/District: Denton Independent School District Phone #: 940-369-0121 Fax #: 940-304-3078  
 Mailing Address: 1303 N Elm Street City: Denton State & Zip TX 76201  
 Contact Person: Christopher Bomberger Title: Director of Risk Mgt. E-mail: cbomberger@dentonisd.org

**Base Plan Coverage**

Premium: \$140,000 Plan Selected: TX Premier Grades: 7-12 Deductible: \$0  
 **Athletic /Activities Coverage** (premium paid by School) Addtl. Activities: To include Career Tech, Headstart, and overnight field trip / performances within the US.  
 **School Plan** (premium paid by School) Number Students K - 6 ~20K Number Students 7-12 ~10K

**Catastrophic Plan Coverage**

Premium: \$10,904 Includes Football:  Yes  No Junior Highs: 8 Senior Highs: 4  
 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 - \$7,500,000*
  - \$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; \$6,666.66 max monthly benefit; 60 month benefit period

**Voluntary Plan Coverage**

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

<b>Voluntary Accident Only Coverage:</b> <i>**This option coverage is available only when one of the above plans is purchased by the school.</i>	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 PALIC 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: \_\_\_\_\_