



# 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: <u>8-1-26</u>	Expiration Date: <u>7-31-27</u>
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## MANDATORY PLANS (BASIC)

Please select policy term:	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	Policy Number: <u>SRG 0009478136</u>			
Coverage	Available Plans	Athletic Classification	Grades	Total # Insured	Rates	Premium
1. School Time and All Sports	Pick Plan		Pick/Type Grades		\$	\$
2. School Time and Sports (no football)	Pick Plan		Pick/Type Grades		\$	\$
3. All Sports including School Sponsored & Supervised Elementary UIL* Activities	Premier <input type="checkbox"/>		6-12 <input type="checkbox"/>		\$	\$ <b>24,020</b>
4. Sports (no football)	Pick Plan		Pick/Type Grades		\$	\$
5. Interscholastic Football Only	Pick Plan		Pick/Type Grades		\$	\$

All Plans include K-12 Field Trip Coverage

## CATASTROPHIC PLANS (ONLY AVAILABLE IN TX)

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

The amount of benefits provided depends upon the plan selected. Premium will vary with the amount of benefits selected.

## 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	Title <b>SUPERINTENDENT</b>	Date Signed
Name of Authorized Official - Printed <b>JAY RATCLIFF</b>	Agent Name - Printed <b>Marion Turner</b>	Agent Signature <i>Marion Turner</i> 10

\*UIL activities are only in TX.



# 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: 2026-2027	
Contact Name:			JAY RATCLIFF		
Title:			SUPERINTENDENT		
Address:				City:	
17000 HWY 154 PO BOX 510				HARLETON	
State:		Zip:		Phone:	
TX		75451-0510		(903) 777-8601	
Email Address: COXTINA@HARLETONISD.NET <span style="float: right;">(Policy &amp; Invoice will be sent to this email address)</span>					

### Section 2 - Program Specifics

Voluntary Enrollment Offered?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Estimated # Student's Enrolled in School/District:	
Effective Date / First Class Day:		8-12-26		Last Class Day: 4-5-27	
<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>					

### High School Football Information (Complete if applicable)

Is Offseason Program Permitted?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Athletic Effective Dates:		From:		To:	
Is Contact Practice Permitted?		<input 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>							
						<b>Total:</b>	

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:
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### 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		Date Signed
JAY RATCLIFF		
Name of Authorized Official - Printed		Agent Signature
SUPERINTENDENT		
Title		
Marion Turner		
Agent Name - Printed		

**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)