



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:		HENDERSON ISD				
Policy #:		SR2014TX-P-101016	School Year:		2026-2027	
Contact Name:		JESSICA WARNER	Title:		DIRECTOR OF FINANCE	
Address:		P.O. BOX 728	City:		HENDERSON	
State:		TX	Zip:	75653	Phone:	(903) 655-5021
Email Address:		jwarner@HENDERSONISD.ORG				
(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:	08/12/2026	Last Class Day:	05/27/2027
Note: Athletic coverage begins August 1 st 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 st .			

High School Football Information (Complete if applicable)

Is Offseason Program Permitted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Athletic Effective Dates:	From: 8-1-26	To: 7-31-27
Is Contact Practice Permitted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Who pays Football Premium?	<input checked="" type="checkbox"/> School <input type="checkbox"/> Parents	

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

	Product/Option	Division	Grades	Total # Insured	Rate	Premium*
At-School	<input checked="" type="checkbox"/> With Athletics/Activities	PREMIER	PK-12			\$39,900
	<input type="checkbox"/> Without Athletics/Activities					
Athletics & Activities Only						
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*
7.5 M	CCA1	25.000	10 YRS	N	1	PK-12				\$5092

Section 5 - Invoice

Invoice/Supplies To (email address):	jwarner@hendersonisd.org	Invoice Date	9-1
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Section 6 - Comments

PEMIUM GOOD FOR 27-28 <i>(Marion Special)</i>

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 JESSICA WARNER Name of Authorized Official - Printed	DIRECTOR OF FINANCE Title Marion Turner Agent Name - Printed	Date Signed Agent Signature