



School District of the City of Pontiac

Kelley Williams, Superintendent

PONTIAC BOARD OF EDUCATION Agenda Item Request Form

Purpose:	<input type="checkbox"/>	Discussion
	<input checked="" type="checkbox"/>	Action
	<input type="checkbox"/>	Report
Contract:	<input type="checkbox"/>	New
	<input checked="" type="checkbox"/>	Renewal
	<input type="checkbox"/>	Extension/ Modification
	<input type="checkbox"/>	N/A

Presenter(s): Mrs. Kelley Williams, Superintendent
Ms. Cyndi Willoughby, Director of Business Services

Attachment(s): First Agency – 2017/18 Renewal

Board Meeting Date: June 19, 2017

Agenda Item: Student Catastrophic Accident Insurance (First Agency)

Background/Rationale: Renewal policy which covers students of the District for school sponsored and supervised student activities including interscholastic athletics and sponsored group travel (including field trips).

This is an increase of \$416.18 from FY 2016/17

Renewal Dates: August 1, 2017 through August 1, 2018

Funding Source/Account Number/s: 150-071-1259-3990-0000-0000 \$25,109.95

Recommendation: It is the recommendation of Administration that the Board of Education approve First Agency (Student Catastrophic Accident Insurance) Renewal for the period of August 1, 2017 through August 1, 2018 in an amount not to exceed \$25,109.95.

Approvals Required:

<u>Kelley Williams</u>	<u>6-15-17</u>	<u>Camryn White</u>	<u>6-15-17</u>
Superintendent	Date	Human Resources	Date
<u>[Signature]</u>	<u>15 June 2017</u>	<u>Dr. Leverist</u>	<u>6-15-17</u>
Business and Finance	Date	Curriculum & Instruction	Date
<u>Darryl Legars</u>	<u>6/15/17</u>		
Legal Counsel	Date		

Moved By: _____ Supported By: _____

Board Vote: _____

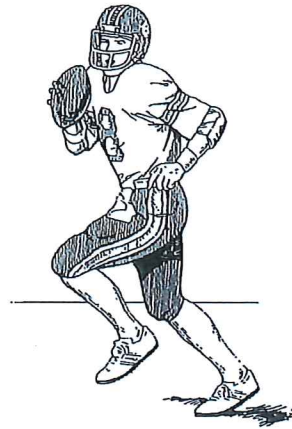
Ayes: _____

Nays: _____

Request Approved: Yes No Date Approved: _____

CATASTROPHIC

STUDENT ACCIDENT MEDICAL INSURANCE PROGRAM



*First Agency, Inc.
5071 West H Avenue
Kalamazoo, MI 49009-8501
Phone: (269) 381-6630
Fax: (269) 492-0084
www.1stAgency.com*



GTL | GUARANTEE
TRUST
LIFE

*Contacts: David Turley DTurley@1stAgency.com
John Griesbach JGriesbach@1stAgency.com
Michael Fitzpatrick MFitzpatrick@1stAgency.com
Bryan Cronen BCronen@1stAgency.com
Joe Block JBlock@1stAgency.com
Lyndon Cronen*

CATASTROPHIC STUDENT ACCIDENT MEDICAL INSURANCE PROGRAM

INTERSCHOLASTIC ATHLETICS

COVERED PARTICIPANT: All students who suffer a catastrophic Injury while participating as a team member in a Covered Activity of a participating school. Students include student athletes, student managers, student trainers, cheerleaders or other activity participants, if applicable.

COVERED ACTIVITY: An interscholastic athletic competition which is officially authorized, sanctioned and scheduled by the Insured person's participating school and governed by the rules and regulations of the state high school/athletic/activities association. This includes related pre-competition activities, practice sessions, and team travel which are authorized, organized and supervised by the Insured person's participating school.

STUDENT COVERAGE (School-sponsored activities)

A participating school may cover students participating in all school-sponsored activities other than interscholastic athletic competition (i.e., school-sponsored activities not governed by the rules and regulations of the appropriate state high school athletic/activities association). These activities might include the following:

1. Intramural sports
 2. Physical education classes
 3. Regular school sessions
 4. Off-campus group activities that are school-sponsored and supervised
 5. On-campus group activities that are school-sponsored and supervised
 6. Travel directly to and from the above activities in a school vehicle operated by a licensed driver or as a group in a private vehicle if designated as school transportation by the authority of the school and operated by a valid licensed adult driver
-

GENERAL DESCRIPTION OF COVERAGE:

ACCIDENT MEDICAL EXPENSE

(Includes Accidental Death of \$10,000 and Accidental Dismemberment Schedule)

Coverage is provided for a covered Injury to an Insured:

1. While participating in a Covered Activity or performing directly assigned duties in connection with a Covered Activity;
2. During covered travel to and from the location of a Covered Activity; or
3. During a temporary stay at the location of a Covered Activity held away from the location of the participating school or while the Insured is engaged in an activity sponsored, supervised, and travel authorized by the participating school.

After the Deductible is satisfied, benefits will be payable for the Reasonable and Customary charges incurred for injuries sustained in a covered Accident. The Insured must be under the care of a duly licensed Doctor. Accident Medical Expense Benefits are payable up to the Maximum Benefit Amount for each Insured per Injury. The first Covered Charge must be incurred within 26 weeks of the covered Accident. The Deductible must be incurred within 2 years after the date of the covered Accident.

All Covered Charges will be considered for payment on an excess basis if any Other Valid and Collectible Insurance or Plan covers the Insured person.

AVAILABLE OPTIONS:**Heart/Circulatory Coverage**

Coverage can be extended to cover the treatment of heart and/or circulatory malfunction resulting from participation in a Covered Activity such as stroke, heat exhaustion, heart attack, and brain circulatory malfunctions.

EXCLUSIONS:

The Policy does not provide benefits for:

- Treatment, services or supplies which:
 - Are not Medically Necessary;
 - Are not prescribed by a Doctor as necessary to treat an Injury;
 - Are determined to be Experimental/Investigational in nature;
 - Are received without charge or legal obligation to pay;
 - Are received from persons employed or retained by the Policyholder or any Family Member, unless otherwise specified; or
 - Are not specifically listed as Covered Charges in the Policy.
- Intentionally self-inflicted Injury; Injury received while violating or attempting to violate any duly enacted law. Injury by acts of war, whether declared or not.
- Injury received while traveling or flying by air, except as a fare-paying passenger on a regularly-scheduled commercial airline.
- Injury covered by Worker's Compensation or the Occupational Disease Law.
- Treatment of Osgood-Schlatter's disease; appendicitis; osteomyelitis; pathological fractures; congenital weakness; TMJ; fainting; headaches; boils; detached retina unless directly caused by Injury; or Mental or Nervous Disorders whether or not caused by Injury.
- Injury caused by or contributed to by aggravation or reinjury of a Pre-existing Condition.
- Suicide or attempted suicide.
- Injury sustained fighting, except as an innocent victim.
- Expense incurred for the use of orthotics unless used exclusively to promote healing.
- Off season physical conditioning for interscholastic sports. The "official season" for each specific covered sport is the period within the dates determined by the appropriate athletic/activities association for the practice and play of that sport.
- Heart and/or circulatory malfunction resulting from participation in a Covered Activity such as stroke, heat exhaustion, except as specifically stated, heart attack, and brain circulatory malfunctions.
- Repetitive motion Injuries, strains, all types of hernia, tendinitis, bursitis, spondylolysis, osteochondritis dissecans, and heat exhaustion not related to a specific Injury.
- Any penalty imposed by Other Valid and Collectible Insurance or Plan for failure to follow plan procedures.
- Treatment of illness, disease or infections except infections which result from an accidental Injury or infections which result from accidental, involuntary or unintentional ingestion of a contaminated substance.
- Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the Injury occurs.
- Loss resulting from the use of any drug or agent classified as a narcotic, psycholytic, psychedelic, hallucinogenic, or having a similar classification or effect, unless prescribed by a Doctor.

Please see reverse side for enrollment instructions

ENROLLMENT

Schools or school districts may enroll in the CATASTROPHIC STUDENT ACCIDENT MEDICAL INSURANCE PROGRAM by completing the application form as follows:

1. Select persons to be covered (interscholastic athletes only, students only, or both combined).
2. Enter number of athletes and/or students to be covered.
3. Complete, sign and date the application form.
4. If there is more than one school building to be covered, note these on the back of the application form with appropriate grades.
5. Attach payment for the premium payable to Guarantee Trust Life Insurance Company.

SEND TO:

First Agency, Inc.
5071 West H Avenue
Kalamazoo, MI 49009-8501
Phone: 269-381-6630
Fax: 269-492-0084
www.1stAgency.com



NOTE: The Policy terminates on *August 1st* following the effective date of enrollment.

This program is underwritten by *Guarantee Trust Life Insurance Company* of Glenview, Illinois.

This is an illustrative brochure, not a policy

NOTE: This product is subject to state availability. Certain benefits, exclusions, and provisions may vary by state.

2017/2018 RENEWAL REPORT



5071 West H Avenue
Kalamazoo, Michigan 49009-8501
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E-mail: DTurley@1stAgency.com

Pontiac Public Schools

Coverage would be in force for all participants in SCHOOL-SPONSORED AND SUPERVISED STUDENT activities including interscholastic athletics and sponsored group travel.

An accident is defined as an unexpected, sudden and definable event, which is the direct cause of a bodily injury, independent of any illness, prior injury, or congenital predisposition.

The coverage would be for those medical/dental expenses INCURRED WITHIN 52 WEEKS from the date of the original accident. Treatment must begin within 60 DAYS from the date of the accident by a legally licensed medical or dental practitioner (not a member of the insured's immediate family).

MEDICAL BENEFITS

Benefits are determined on the basis of REASONABLE AND CUSTOMARY for the geographic location where services are performed and are payable on the 100% basis.

EXCESS PROVISION

Payment of all medical/dental expenses incurred from accidents is made ONLY IN EXCESS over any family or employer group coverage or plan that must contribute its maximum before this coverage has any liability. This is a program of supplemental coverage designed to pick up eligible balances left by the family or employer group insurance or plan and, if no other coverage or plan is available, to pay the medical/dental expenses incurred to the limits stated in the policy.

HMO AND PPO PROVISIONS

If the insured's primary coverage is an HMO (health maintenance organization) or PPO (preferred provider organization), this plan will provide benefits in excess of coverage provided by the insured's HMO or PPO. If the insured chooses not to use an authorized medical vendor (under HMO or PPO), this plan will pay the expense incurred that would have been honored had he or she used the proper medical vendor.

SERVICE

The total staff at FIRST AGENCY, INC. wants to THANK YOU for the opportunity to service your school and its accident medical insurance needs. We are COMMITTED to PROVIDING you with the type of SERVICE YOU BOTH DESERVE and EXPECT.

BASIC COVERAGE

Athletic Accident \$0 to \$25,000
Student Accident \$0 to \$25,000

LIFETIME CATASTROPHIC COVERAGE*

Athletic Accident \$25,000 to \$1 Million
Student Accident \$25,000 to \$1 Million

Effective date is August 1, if premium is received at First Agency, Inc. by that date. If premium is received after August 1, effective date will be the date premium is received at First Agency, Inc.

* Higher Limits Available

2017/2018 RENEWAL

We are pleased to report that all rates and benefits shall remain "as is" for the coming school year with no changes.

BASIC COVERAGE

LIFETIME CATASTROPHIC COVERAGE

Grades

Premium to cover all students
for the 2017/2018 year

\$19,048.00

_____	athletes	@	\$3.35	=	\$_____	6-12
_____	athletes	@	\$0.15	=	\$_____	
_____	students	@	\$1.15	=	\$_____	PK-12
_____	students	@	\$0.15	=	\$_____	
	Total Catastrophic Premium				\$_____	

ADDITIONAL INFORMATION

Okay to email policy & invoice? yes no

Renewal accepted by: _____ Date: _____

GUARANTEE TRUST LIFE INSURANCE COMPANY
Glenview, Illinois

Application for: CATASTROPHIC STUDENT AND INTERSCHOLASTIC ATHLETIC ACCIDENT INSURANCE

NAME OF POLICYHOLDER: Pontiac Public Schools POLICY #: 214-156-315-A
 ADDRESS: 47200 Woodward Ave TELEPHONE: ()
 CITY: Pontiac STATE: MI ZIP: 48342

ACCIDENT MEDICAL EXPENSE BENEFITS

Maximum Benefit Amount	\$1,000,000
Disappearing Deductible	\$25,000
Deductible Period	24 Months
Initial Treatment Period	60 Days
Benefit Period	Lifetime
Accidental Death & Dismemberment up to	\$10,000

COVERED ACTIVITIES

INTERSCHOLASTIC ATHLETIC ACTIVITIES ONLY
 Coverage for student athletics and school authorized, non-playing student team personnel

<u>Number of Athletes</u>	<u>Rate per Athlete</u>			<u>Grades</u>
<u>360</u>	x <u>\$3.35</u>	= Interscholastic Athletic Accident Medical Premium	\$ <u>1,206⁰⁰</u>	<u>6-12</u>
<u>360</u>	x <u>\$0.15</u>	= Heart/Circulatory Coverage Premium	\$ <u>54⁰⁰</u>	<u>6-12</u>

STUDENT ACCIDENT COVERAGE
 School-sponsored activities coverage for all student accidents other than interscholastic athletic activities

<u>Number of Students</u>	<u>Rate per Student</u>			<u>Grades</u>
<u>4173</u>	x <u>\$1.15</u>	= Student Accident Medical Premium	\$ <u>4,798⁹⁵</u>	<u>PK-12</u>
	x <u>\$0.15</u>	= Heart/Circulatory Coverage Premium	\$	
TOTAL PREMIUM			\$ <u>6,058⁹⁵</u>	

It is hereby understood that the effective dates of coverage under the Policy are 08/01/2017 to 08/01/2018 or the date the application and required premium are received the home office of Guarantee Trust Life Insurance Company or its general agent, whichever date is later. In no event will coverage come effective prior to payment of premium.

All documents that form our insurance relationship will be provided to you in electronic format, unless otherwise requested.

The following notices are applicable where stated:

ALL OTHER STATES, except NEW HAMPSHIRE: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information may be guilty of insurance fraud and subject to criminal and civil penalties.

Authorized Signature _____

Date _____

Agent Signature _____

Date _____

Fax or Mail to:
First Agency, Inc.
5071 West H Avenue
Kalamazoo, MI 49009-8501
Phone: 269-381-6630 or Fax: 269-492-0084