



Student Accident Insurance Program

Administrative Enrollment Form

DISTRICT INFORMATION

Name of School / District: SWEETWATER ISD

Street Address: 207 MUSGROVE

City: SWEETWATER State: TX ZIP: 79556

Mailing Address (if different): _____

Contact Person: CASEY BILLS Title: CFO

Email address: CASEYBILLS@SWEETWATERISD.NET Telephone number: 325-235-4371

Effective Date: 8/1/26 Expiration Date: 7/31/27

MANDATORY PLANS (BASIC)

Please select policy term:	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	Policy Number: <u>SRG 0009478236</u>			
Coverage	Available Plans	Athletic Classification	Grades	Total # Insured	Rates	Premium
<input checked="" type="radio"/> 1. School Time and All Sports	Pick Plan <u>Premier Plus</u>		Pick/Type Grades		\$	\$ <u>62,319</u>
<input type="radio"/> 2. School Time and Sports (no football)	Pick Plan		Pick/Type Grades		\$	\$
<input type="radio"/> 3. All Sports including School Sponsored & Supervised Elementary UIL* Activities	Pick Plan		Pick/Type Grades		\$	\$
<input type="radio"/> 4. Sports (no football)	Pick Plan		Pick/Type Grades		\$	\$
<input type="radio"/> 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: 1 year 2 years Policy Number: _____

Please utilize and attach the Catastrophic Calculation Worksheet

Calculated Catastrophic Premium Total: 10m cat med, 10yr. Benefit including Football \$ —

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

COMMENTS

Customization requests:
to include physical therapy + occupational therapy

AUTHORIZATION Invoice Date: 9/2/26 Invoice Email: SAME

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 CFO	Date Signed
Name of Authorized Official - Printed CASEY BILLS	Agent Name - Printed Marcus (Keith) Cargile	Agent Signature

*UIL activities are only in TX.