

2021-2022 NORTH AMERICAN DIVISION OF SEVENTH-DAY ADVENTIST

K-12 ACCIDENT INSURANCE COVERAGE REQUEST FORM

Name of School or School Conference _____

Street Address City State Zip Code

Phone Fax Email Address

ELIGIBILITY:

Class 1 - All enrolled students (grades PK-12, includes enrolled and registered early childhood infants to school age), including the graduating class trip, religious services or instructions and all interscholastic student athletes excluding senior high football are covered under the Policyholder program for whom premium has been paid.

Class 2 – All enrolled boarding students (grades PK-12) excluding senior high football are covered under the Policyholder program for whom premium has been paid.

BASE PLAN OPTIONS:

Please make selections below indicating the Desired Plan of Coverage.

	Class 1:	Deductible	1a: Preschool & Kindergarten	1b: Day Students Grade 1-8	1c: Students Grades 9-12
	Full Excess	\$0.00	\$6.56	\$13.33	\$41.21
	Full Excess	\$100.00	\$4.51	\$10.25	\$30.96
	\$500 Primary Excess	\$0.00	\$9.84	\$18.86	\$54.94

	Class 2:	Deductible	Boarding Students
	Full Excess	\$0.00	\$128.74
	Full Excess	\$100.00	\$94.71
	\$500 Primary Excess	\$0.00	\$217.30

CAT PLAN OPTIONS:

Please make one of the boxes below indicating the Desired Plan of Coverage.

	Option 1: Medical Only	\$2.30
	Option 2: CAT Cash	\$3.30

\$ _____ X _____ = _____
Base Class 1a: Rate Per Student # of Students

\$ _____ X _____ = _____
Base Class 1b: Rate Per Student # of Students

\$ _____ X _____ = _____
Base Class 1c: Rate Per Student # of Students

\$ _____ X _____ = _____
Base Class 2: Rate Per Student # of Students

\$ _____ X _____ = _____
CAT: Rate Per Student # of Students

TOTAL PREMIUM DUE*** (for the benefits shown above) \$ _____

(The Premium Due is fully earned and nonrefundable on the effective date of coverage)

Underwritten by: Mutual of Omaha Insurance Company; 3300 Mutual of Omaha Plaza; Omaha, NE 68175

Mail completed enrollment form to the following address:

**Relation Insurance Services
P.O. Box 25936
Overland Park, KS 66225
1-800-955-1991, ext. 5614
Attn: Janice Briggs**

Term of Coverage

It is understood that the effective date of coverage under this program will be August 1, or the date this form and the premium are received and accepted by the Company, whichever is later. Coverage for this term will expire on August 1.

By _____ Date _____
Signature of Contracting Official

Licensed Agent's Signature License Number Date



**Adventist Risk
Management, Inc.**

