

## **VOLUNTARY STUDENT INSURANCE OPTIONS**

**OFFERED BY A-G ADMINISTRATORS, LLC  
FOR ADDITIONAL PURCHASE**

### **Choose Your Coverage**

**24 Hour Coverage (Accident Only)** – This plan provides around the clock coverage to your child 24 hours a day, while he/she is in school, at home or away. Coverage is provided from the effective date of the insured student's coverage for which premium has been received by A-G Administrators, LLC to the opening of the next school term. **Excludes all interscholastic sports. (\$124.00)**

**School Time Coverage (Accident Only)** – This plan provides coverage to your child while he/she is on school premises, during school hours/days, attending school sponsored and supervised activities including travel directly without interruption between the student's residence and school/activity with transportation furnished by the school. Coverage is provided from the effective date of the insured student's coverage for which premium has been received by A-G Administrators, LLC to the end of the regular school term. **Excludes all interscholastic sports. (\$28.00)**

If you purchase one of the coverages listed above and an accident in school arises during the year, please inform the school nurse and a claim form will be given to you. The school nurse will complete the accident information section and sign the claim form. You must complete the rest of the claim form, attach itemized bills and must mail the information to A-G Administrators, LLC **within 90 days** after the date of injury. Please keep a copy of the claim form, all bills and primary insurance Explanations of Benefits for your own records.

If you need further information, call A-G Administrators, LLC at 610-933-0800 or visit their website at [www.agadministrators.com](http://www.agadministrators.com).

On the reverse side is the Description of Benefits for voluntary student insurance.

**For families with limited coverage or high deductible health plans, this is a very low cost policy that warrants strong consideration.**

**For any parent/guardian interested in voluntary student insurance, please complete the attached enrollment form and mail form plus check to A-G Administrators, LLC.**

# Description of Benefits

## Voluntary Student Insurance

Benefit	24 Hour Coverage/School Time Coverage
<b>Benefits provided for all enrolled students of the Policyholder excluding interscholastic sports for whom premium is paid</b>	
<b>Maximum Benefit:</b>	\$250,000
<b>Deductible:</b>	\$0
<b>Benefit Period:</b>	52 Weeks
<b>Hospital Services</b>	
<b>Daily Room &amp; Board:</b> Semi Private Room	100% URC
<b>Miscellaneous Hospital Services:</b> During hospital confinement	100% URC (not to exceed \$10,000)
<b>Intensive Care:</b> When confined to a Hospital Intensive Care Unit	100% URC
<b>Emergency Room Charges:</b> When hospital confinement is not required	\$500 Maximum
<b>Emergency Room Charges:</b> If out-patient surgery is required, the maximum is increased to (The benefits are payable in addition to the X-rays and surgeon's services shown below.)	\$2,500 Maximum
<b>Physician Services</b>	
<b>Surgery:</b> including pre- and post-operative care	100% URC
<b>Anesthesia:</b>	45% of the Surgery Benefit Paid
<b>Assistant Surgeon:</b>	100% URC
<b>Doctor's Visit:</b> other than for Physiotherapy or similar treatment not payable in addition to Surgery Benefit	100% URC
<b>Non-Surgical doctor's charges in the emergency room</b>	100% URC
<b>Second Surgical Opinion, Consultation and Specialists</b>	100% URC
<b>Laboratory and X-Ray Services</b>	
(Other than Dental and including fee for interpretation and/or reading of X-rays.)*	\$28 Unit Value
<b>Lab and X-Ray:</b> (when no fracture is demonstrated)	\$700 Maximum
<b>Additional Services</b>	
<b>Physiotherapy or similar treatment:</b> including Diatherm, Ultrasonic, Microtherm, Manipulation, Massage and Heat	\$60/Visit up to 12 Visits Maximum of \$720
<b>Registered Nurse:</b>	100% URC
<b>Ambulance Transportation:</b> (Ground Only)	100% URC
<b>Orthopedic Appliances:</b> When ordered by attending physician	\$700 Maximum
<b>Out-Patient Drugs and Medication:</b> Administered in Doctor's office or by prescription	100% URC
<b>Dental (including X-rays):</b> For treatment, repair or replacement of each injured tooth which was sound and natural at the time of injury	\$300 per tooth
<b>Eyeglasses, Contact Lenses:</b> Replacement of broken glasses and/or frames, contact lenses, resulting from a covered injury	100% URC
<b>Accidental Death Benefit</b>	
	\$2,500
<b>Accidental Dismemberment, Loss of Sight</b>	
	\$20,000
* In accordance with the 1974 Revised California Relative Values Studies, 5 <sup>th</sup> Addition, using a conversion factor.	

# INDIVIDUAL VOLUNTARY STUDENT ENROLLMENT FORM

## How to Enroll

1. Determine which plan of coverage you would like to enroll your child in – **24 Hour Coverage Only**) or **School Time Coverage**
2. **Fill out the Enrollment Form below, enclose a check or money order in an envelope payable to the Company for the correct amount and mail to A-G Administrators LLC at P.O. Box 824936 Lock Box #824936, Philadelphia, PA 19182-4936.**
3. **Make Checks Payable to UNITED STATES FIRE INSURANCE COMPANY c/o A-G ADMINISTRATORS, LLC.**
4. Return by mail to A-G Administrators, LLC. Your cancelled check or money order stub will be your receipt and confirmation of payment. Please write student's name and school name on your check.

INDIVIDUAL VOLUNTARY STUDENT ENROLLMENT FORM UNITED STATES FIRE INSURANCE COMPANY STUDENT ACCIDENT COVERAGE	
STUDENT'S LAST NAME (one letter per box) <input type="text"/>	Individual Voluntary Student Accident Plans
STUDENT'S FIRST <input type="text"/>	
Age: _____ Grade: _____ Phone #: _____	<b>24-HOUR COVERAGE</b> <input type="checkbox"/> \$124.00 per student
Date of Birth: _____ Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>SCHOOL TIME COVERAGE</b> <input type="checkbox"/> \$28.00 per student
Home Address _____	
City _____ State _____ Zip _____	
Name of School _____	
School District <u>Bethlehem Area School District</u>	
X _____ Date: _____ Signature of Parent or Guardian	

## Period of Coverage

Persons applying for coverage shall be covered as of the date premium receipt, but in no event prior to the opening of school activities. Coverage ends at the close of the regular school term, except under 24 Hour Coverage, which continues until school reopens for the fall term. You may enroll at any time, but premiums will not be prorated.