Your School Officials Have Chosen To Offer This Plan of Economical Group Insurance For Your Child. It Is Limited To Accidental Injuries.

Student Accident Insurance

See also these 2 optional plans

Student Life Insurance
Dental Accident Insurance

For more program information or to purchase coverage online, log onto our website at www.BollingerSchools.com

Personal Administration and Claims Service by the People of Bollinger Insurance Solutions

101 JFK Parkway, Short Hills, NJ 07078
Telephone 800-526-1379
www.BollingerSchools.com
School Sponsored Student Accident Insurance Plan

This plan underwritten by Monumental Life Insurance Company, Cedar Rapids, Iowa, covers medical expenses incurred from accidental bodily injuries such as: (1) broken arm from falling off bicycle, (2) concussion from being hit in the head, or (3) lacerated foot from stepping on broken glass. This plan does not cover medical expenses incurred from sicknesses such as measles, mumps, or the flu.

CHOOSE FROM TWO PLANS OF PROTECTION FOR YOUR CHILD

A. School Time Only Protection covers most school sponsored and supervised activities including regular school session, summer school, direct travel to and from regular school sessions, direct and uninterrupted travel to and from school activities, as well as participation in school activities (except for those listed under the section entitled, “Exclusions”).

B. 24-Hour Round-the-Clock Protection provides coverage on a 24-hour per day basis – during school hours, after school, evenings, weekends, holidays and summer vacation – anywhere in the world until school reopens in September.

Please note: Injuries from interscholastic athletic activities are not covered under this plan.

**BENEFITS:** are provided for accidental Injuries for which medical treatment by a physician, surgeon, dentist, or registered nurse, hospital services, ambulance services, or X-rays are rendered. The initial treatment must be rendered within 90 days of accident, and benefits are limited to treatment rendered within 260 weeks of the date of accident. All claims must be submitted to the company within 90 days from the date of accident.

**DEFINITIONS:** “Injury” means bodily injury resulting directly and independently of all other causes from a specific accident.

“Usual and Customary Charges” means those charges which in the Company’s experience are normally made by the majority of physicians in that area.

**MAXIMUM:** The maximum benefit payable for medical expenses as a result of any one accident is $500,000.

**SURGERY & ANESTHESIA:** Up to the Usual and Customary Charge is allowed.

**PHYSICIAN’S VISITS:** Non-surgical doctor visits will be paid up to the Usual and Customary Charge, as determined by the Company.

**NURSING SERVICES:** Covered up to the Usual and Customary Charge, if prescribed by a physician.

**X-RAYS:** Covered up to the Usual and Customary Charge.

| AMBULANCE: Services of a licensed ambulance unit are covered up to the Usual and Customary Charge. |
| HOSPITAL: Hospital room and board, miscellaneous expenses, and outpatient services are covered up to the Usual and Customary Charges for necessary medical expenses. |
| PRESCRIPTION DRUGS: Covered in full up to the Usual and Customary Charge. |
| APPLIANCES: Orthopedic appliances and braces are covered in full up to the Usual and Customary Charge. |

**SECOND OPINION:** Coverage is provided for consultations and second opinions up to the Usual and Customary Charge in cases in which surgery is contemplated.

**PHYSIOTHERAPY:** Necessary treatment such as Diathermy, heat treatment, adjustment, manipulation or massage is covered up to the Usual and Customary Charge in the hospital, doctor’s office or sports medicine center.

**DENTAL BENEFIT:** Up to the Usual and Customary Charge is allowed (treatment must commence within 26 weeks of the date of the accident).

**ACCIDENTAL DEATH:** $10,000 will be paid if death occurs within 100 days of a covered accident.

**DISMEMBERMENT:** The following amounts are payable for dismemberment occurring within 100 days of the date of a covered accident:

- Both Hands or Both Feet $20,000
- The Entire Sight of Both Eyes $20,000
- One Hand and One Foot $20,000
- One Hand and the Entire Sight of One Eye $20,000
- One Foot and the Entire Sight of One Eye $20,000
- One Hand or One Foot $10,000
- The Entire Sight of One Eye $10,000

**PRE-EXISTING CONDITIONS:** Coverage is provided for pre-existing conditions except for those treated in the initial period of the student’s participation under this voluntary coverage and for which the student has received medical advice or treatment for the condition within six months of the date of injury.

**EXCLUSIONS:**

a) Service or treatment rendered as part of the school services by a physician or any other person employed or retained by the Policyholder;

b) Injury sustained or caused by any act of war (declared or undeclared), terrorist act, riots, civil disorders or commotions;

c) Eyeglasses, contact lenses, or prescription therefor, except for those expenses for eyeglasses or contact lenses broken or damaged in a covered accident resulting in covered medical expenses;

d) Hernia;

e) Self-inflicted injuries, suicide, or attempt thereat;

f) Vegetation or ptomaine poisoning;

g) Bacterial infections (except pyogenic infections due to accidental open cuts);

h) Congenital defect;

i) Under voluntary participation plan only, pre-existing injuries are excluded from coverage (unless the injury is divisible from an accidental injury occurring during the coverage). If it is in the initial period of the student’s coverage under this program and the student has received medical advice or treatment for the condition within six months of the date of injury;

j) Injuries sustained as a result of practice or participating in tackle football of any form;

k) Injuries sustained as a result of skiing, or snowboarding, unless sponsored, scheduled and supervised by the Policyholder;

I) Injury or sickness for which Worker’s Compensation or similar occupational benefits are available;

m) Any loss sustained or contracted in consequence of the insureds being intoxicated or under the influence of any narcotic unless administered on the advice of a physician;

n) Injuries sustained as a result of operating, riding in or on, entering into, alighting from, or being struck by a motorized, engine-driven 2, 3, or 4 wheel vehicle, go-cart, dune buggy, snowmobile, all terrain vehicle, or similar vehicle;

o) Dental implants.

**TERMS,** SEE THE MASTER POLICY HELD BY THE SCHOOL.

**MLG-MP.NJ**


**Life Insurance**

**Student Life Insurance Plan:** $10,000.00 Term Coverage

Anytime, Anywhere Protection
This Plan covers your child 24 hours a day, every day of the year, in school, at play, at home, on vacation – anywhere in the world.

Who Can Buy This Policy
This coverage may be purchased for any child who is in good general health. Policies will not be issued to children who have ever had known indications of, or have been treated for:

1. Any form of cancer,
2. Cerebral palsy,
3. Heart abnormality or disorder,
4. Lung abnormality or disorder,
5. Kidney abnormality or disorder.

A misrepresentation of the existence of any of the 5 conditions listed above will result in a rescission of life insurance during the first two years of coverage. The Student Life Insurance Plan covers death from any cause with the exception of suicide during the first two years of coverage. After the policy has been in force for 2 years, there are no exceptions.

A Necessary Part of Your Child’s Coverage
Every parent knows that a child’s coverage is not complete without some form of life insurance. Yet, many parents quite often put off obtaining this vital protection, whether because of the cost or because of the inconvenience. Today, there’s no longer a reason to put off getting this necessary coverage. This Student Life Insurance Plan gives you the opportunity to cover your child at an economical cost and with the convenience of the attached application.

Economical Premium
You can now obtain all this valuable coverage for the low annual premium of $30.00.

It’s Easy to Apply
To apply, just complete the application form below remembering to check the appropriate block and mail it to Bollinger along with the appropriate premium. Your child’s policy will be sent to you by return mail within 60 days. The policy will go into effect on the 1st of the month following approval of the application and premium payment.

**Dental Accident Insurance**

24-Hour Coverage

Underwritten by Monumental Life Insurance Company, Cedar Rapids, IA

$5,000.00 Maximum Benefit
This plan provides benefits of up to $5,000 per accident for expenses of a dentist’s Usual and Customary Charges for treatment and services begun within 26 weeks of an accidental injury to sound natural teeth. This plan does not cover routine dental work such as check-ups or teeth cleaning, nor does it cover dental disease, gum disease, or orthodontia.

Definition of Injury
“Injury”, means bodily trauma resulting directly and independently of all other causes from a specific accident.

The Exclusions
This plan does not provide benefits for:
1. Expenses resulting from accidental injury occurring while the policy is not in force.
2. Dental treatment necessitated by sickness, deterioration or disease, for cosmetic, preventive, diagnostic or orthodontic purposes, or by any reason other than accidental injury.
3. Injury caused by war or act of war or while in the armed forces.
4. Existing, pre-existing, or congenital dental injuries or defects which are not caused by accidental injury sustained within the policy term.
5. Dental implants.

Benefits for Damage to Artificial Dental Devices
Benefits of up to $500.00 are payable for the treatment or repair of caps, crowns, braces, bridges, dentures, fillings or other artificial dental devices when this treatment or repair is necessitated by an accidental injury.

Benefits for Deferred Treatment
If a dentist determines that treatment cannot be performed during the first 52 weeks after an accidental injury, this plan will pay benefits of up to $100.00 for necessary treatment performed after that time.

Anytime, Anywhere Protection
This plan protects your child for accidental injury to teeth that occurs at any place – at school, at home, at play, on vacation – anytime of day or night the year-round.

**Questions?**
Give us a call toll free at 800.526.1379
Monday – Friday, from 8:00 AM to 5:00 PM, Eastern Time

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Apply Online!
For your convenience, visit our website
WWW.BOLLINGERSCHOOLS.COM
to apply for your child’s coverage. Instead of mailing the
application below, you may purchase coverage directly online
using your credit card!

DO NOT RETURN THE ENROLLMENT FORM TO THE SCHOOL.
Mail the form and the appropriate premium to:
Bollinger, Inc., PO Box 398, Short Hills, NJ 07078.
Your cancelled check is your receipt.

New Jersey: Application for Student Accident and Voluntary Individual Term Life Insurance

Monumental Life Insurance Company, Cedar Rapids, Iowa

New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

CHECK THE PLAN(S) DESIRED.

1. □ SCHOOL SPONSORED STUDENT ACCIDENT INSURANCE PLAN
   A. SCHOOL TIME ONLY PLAN
   □ $52.00
   B. 24-HOUR ‘ROUND THE CLOCK’ PLAN
   □ $112.00

2. □ STUDENT LIFE INSURANCE
   $30.00 Total Cost Per Year
   Has the proposed insured ever had any known indication of,
or ever been treated for any form of cancer, cerebral palsy,
heart, lung or kidney abnormality or disorder?
   □ YES □ NO

Health Question MUST BE ANSWERED

3. □ DENTAL ACCIDENT INSURANCE
   $20.00 TOTAL COST PER YEAR

□ I enclose $_____________ Total Premium

Mail this form and the appropriate premium to: Bollinger, Inc., PO Box 398, Short Hills, NJ 07078. Your cancelled check us your receipt.
Think you already have enough insurance? Read why your present insurance coverage may be inadequate to cover some injuries . . .

HERE ARE REASONS WHY YOUR PRESENT MEDICAL INSURANCE MAY FAIL TO FULLY COVER INJURIES TO YOUR CHILDREN.

- Most individual and group insurance plans have annual deductibles and coinsurance percentages which frequently result in out of pocket expenses to you.
- Dental injuries are excluded under some policies. Our policy provides a dental allowance of up to the Usual and Customary Charge for covered accidental injuries to sound and natural teeth.
- Doctor visits are excluded under some policies, unless the doctor performs surgery of some sort. This policy covers doctor visits even when there is no surgery.
- Under some policies X-Ray coverage is limited. Our policy provides coverage for X-rays, both in and out of hospital for covered accidental injuries.
- There is no deductible under this policy as there are under many medical plans.
- For covered accidental injuries, our policy will reimburse your financial loss up to the policy limits, regardless of any other insurance you may have.
- Children DO HAVE ACCIDENTS. Despite close care and supervision, active children do suffer injuries. For an economical cost, you can buy the coverage necessary for your child.

Plan Administered by:

Bollinger Insurance Solutions

Accident Plan Underwritten by:

MONUMENTAL LIFE INSURANCE COMPANY
Cedar Rapids, Iowa
a Transamerica company

Preferred Provider Network