



**Bollinger Specialty Group**

BOLLINGER, INC., A SUBSIDIARY OF  
ARTHUR J. GALLAGHER & CO.

## *Student Accident Insurance*



### **Why Bollinger Specialty Group?**

Bollinger Specialty Group, has been proudly administering Student Accident Insurance for 70 years. We have become known as a leader in the industry with experience protecting over 36 million students since 1946.

Key program features that differentiate us in the marketplace include:

#### **Carrier Relationships**

We have built strong relationships with several carrier partners. As a result, we are able to provide numerous market options, which will allow you to select a program that works best both in terms of cost and plan design. All of our carrier partners are rated "A" or better for financial strength by A.M. Best.

#### **Service**

Relationships are the lifeline of our business; by not outsourcing our services, we make sure our clients receive the attention that they deserve. Our experienced team of in-house claim professionals, account managers, program administrators and underwriters are dedicated to providing you with the best possible service. We're here to help!

#### **No Outsourcing of Claims**

Our claims are administered in-house to ensure a level of exceptional service. We do not outsource. There is only one place to go to have all your questions answered.

#### **Enhanced Claim Reporting Capabilities**

We provide our clients with monthly, bimonthly or quarterly reports. Our enhanced claim reporting capabilities serve as a great tool to assist in risk management and cost-containment efforts.

### **Want Additional Information?**

**Bollinger Specialty Group**

200 Jefferson Park

Whippany, NJ 07981

[BollingerSpecialtyGroup@ajg.com](mailto:BollingerSpecialtyGroup@ajg.com)

800.350.8005 Main

973.921.2876 Fax

[www.ajg.com](http://www.ajg.com)

Bollinger Specialty Group is a MGU, MGA and TPA for several programs, including Rx, Dental, Student Accident and Medical.



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## K-12 Voluntary Student Accident Insurance

### Available Coverage Options

Depending on which program your school provides, some or all of the following voluntary insurance products are available for purchase on a voluntary basis:

- School Time Only Student Accident Insurance
- 24 Hour Accident Coverage
- Student Dental Accident Insurance

### Kids will be Kids!

1. Make sure your child is properly covered against unforeseen accidents.
2. Purchase coverage at your convenience from any computer.
3. Follow the easy step by step instructions and you're done in minutes!

These Voluntary Participation Student Accident Insurance Plans offered through your school can be purchased easily online at:

[www.BollingerSchools.com](http://www.BollingerSchools.com)



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Whippany, NJ 07981

1 800.350.8005  
1 973.932.2876  
[www.BollingerSchools.com](http://www.BollingerSchools.com)



# 2018-19 New Jersey **STUDENT ACCIDENT INSURANCE PROGRAM**

## Multi-Benefit Protection



### ***ACCIDENT INSURANCE PROTECTION HELPING PROVIDE:***

**For the Student - Sound coverage with a selection of plan options**

**For the Parent - Additional financial security to help in times of increasing medical costs**

*Administered by:*

**Bollinger Specialty Group**

A Gallagher Company

*Underwritten by:*

**GTL** | **GUARANTEE  
TRUST  
LIFE**

Guarantee Trust Life Insurance Company (GTL)

1275 Milwaukee Ave., Glenview, IL 60025

[www.gtlic.com](http://www.gtlic.com)

# 2018-2019 STUDENT ACCIDENT INSURANCE PLANS

- Accidents happen! When they happen to your child, someone must pay the bills.
- Here are Accident only insurance plans to help cover your child either 24 hours a day (24-Hour Plan) or while in school (School-Time Plan).
- These plans provide benefits to help meet the cost of medical and Hospital expense.
- This is a Primary Plan. Covered Charges will be eligible for payment regardless of other insurance.
- Any benefits payable by the Policy as a result of medical, surgical, dental, Hospital or nursing service will be paid directly to the Hospital or person rendering such service unless proof of payment in full is provided.

24-HOUR	SCHOOL TIME	IMPORTANT PROTECTION FACTS
✓	✓	Becomes effective the date premium payment is received by Bollinger Specialty Group (but not prior to the opening day of school). Students participating in preschool practice or play for interscholastic sports sanctioned by the High School Athletic Association will be covered as of the date of actual premium payment but only while engaged in actual practice, off-season physical conditioning or game sessions. Other aspects of coverage will not start sooner than the first date of regular school session.
✓	✓	Provides coverage during the hours that school is in regular session.
✓		Provides 24-Hour-A-Day protection.
✓	✓	Provides coverage during the time necessary for travel between the insured's home and the beginning or end of regular school sessions.
✓	✓	Provides coverage while participating in (or attending) activities organized, sponsored and supervised by the school. Coverage is also provided for travel directly to and from such activities in a Designated Vehicle furnished by the school.
	✓	Coverage expires at the close of the regular school term. (Coverage will be extended while attending academic classes for credit in the summer, when classroom sessions are exclusively sponsored and solely supervised by the school; however, no coverage will be provided for travel to and from classes).
✓		Coverage continues without interruption all summer until school re-opens for the following term.

## 24-HOUR-A-DAY ACCIDENT COVERAGE

### *24-Hour-A-Day Protection for each Covered Accident*

Helps protect your child for the entire school year and extends **throughout the summer** - right up to the day school opens.

Your child's coverage is good **WORLDWIDE, 24-HOURS-A-DAY**. This includes covered accidents:

- ☞ At home
- ☞ At play
- ☞ At school
- ☞ On vacation
- ☞ Scouting, camping etc.
- ☞ During covered travel
- ☞ While engaged in sports, except those specifically excluded

## SCHOOL-TIME ACCIDENT COVERAGE

Helps protect your child while attending regular school sessions. Includes coverage for travel directly to and from your residence to attend regular school sessions for travel time required, but not more than one hour before or after regular classes. Travel time on the school bus is extended for any additional time needed. In addition, coverage is provided while participating in (or attending) covered activities exclusively organized, sponsored and solely supervised by the school and school employees, including travel directly to and from the activity in a Designated Vehicle furnished by the school and supervised solely by school employees.

## SPORTS ACCIDENT COVERAGE

Interscholastic sports (except football), including practice and off-season physical conditioning, are covered by the 24-Hour-A-Day Accident Coverage and School-Time Accident Coverage. Travel is also covered when going directly and uninterruptedly to and from practice or competition when traveling as a group in a Designated Vehicle.

# 2018-2019 STUDENT ACCIDENT INSURANCE PLANS

## What's Covered? *Up to \$25,000.00 as described under Coverage and Benefits for:*

- ACCIDENTS OCCURRING WHILE COVERAGE IS IN FORCE
- LOSS FROM ACCIDENTAL BODILY INJURY RESULTING DIRECTLY AND INDEPENDENTLY OF ALL OTHER CAUSES
- COVERED MEDICAL EXPENSE WHICH BEGINS WITHIN 90 DAYS OF THE ACCIDENT AND IS INCURRED WITHIN 52 WEEKS OF THE ACCIDENT

Injury means bodily Injury due to an Accident which results directly and independently of disease, bodily infirmity, or any other causes; solely, directly and independently of all other causes, results in medical expense; occurs after the effective date of the Insured's coverage under the Policy; and occurs while the Policy is in force. All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

BENEFITS ARE PAYABLE *UP TO* THE DOLLAR AMOUNTS SPECIFIED BELOW

COVERAGE AND BENEFITS	
<b>R&amp;C means Reasonable and Customary charges</b>	
Maximum Benefit Amount Per Injury	\$25,000.00
Deductible	\$0.00
Hospital Room and Board and general nursing care	100% of R&C
Intensive Care	100% of R&C
Inpatient Hospital Miscellaneous Expense	100% of R&C
Doctor's fees for surgery	100% of R&C
Assistant Surgeon Expense	100% of R&C
Anesthesia Services	100% of R&C
Non-Surgical Inpatient and Outpatient Doctors' Visits	100% of R&C
Hospital Emergency Care	100% of R&C
Outpatient X-ray and Laboratory Services	100% of R&C
Outpatient Imaging procedures for MRI/CAT Scan	100% of R&C
Ambulance Expense	100% of R&C
Urgent Care Center Expense	100% of R&C
Durable Medical Equipment, including Orthopedic Appliances	100% of R&C
Prescription Drugs	100% of R&C
Physical Therapy, rendered by a Doctor or Hospital	100% of R&C
Dental Treatment for Injury to Sound, Natural Teeth	100% of R&C
Casts, Non-surgical	100% of R&C
Ambulatory Surgical Facility	100% of R&C
Replacement expense for broken eyeglasses, lenses, contact lenses, hearing aids resulting from an Injury requiring medical treatment	100% of R&C
Registered Nurse Expense	100% of R&C
Loss of Life	\$10,000.00
Single Dismemberment	\$10,000.00
Double Dismemberment	\$20,000.00
PREMIUMS (ONE-TIME ANNUAL PAYMENT)	
<b>SCHOOL-TIME ACCIDENT COVERAGE</b>	
Grades Pre-K - 12 includes all activities and interscholastic sports, except football	\$123.00
<b>24-HOUR-A-DAY ACCIDENT COVERAGE</b>	
Grades Pre-K - 12 includes all activities and interscholastic sports, except football	\$212.00

# 2018-2019 STUDENT ACCIDENT INSURANCE PLANS

## EXCLUSIONS

THE POLICY DOES NOT PROVIDE BENEFITS FOR: (1) Treatment, services or supplies which are not Medically Necessary; are not prescribed by a Doctor as necessary to treat an Injury; are 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; (2) Intentionally self-inflicted Injury; (3) Injury by acts of war, whether declared or not; (4) Injury received while traveling or flying by air, except as a fare paying passenger on a regularly scheduled commercial airline; (5) Treatment of Mental or Nervous Disorders; (6) Suicide or attempted suicide; (7) 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; (8) Repetitive motion injuries, strains, hernia, tendinitis, bursitis, spondylolysis, osteochondritis dissecans not related to a specific Injury; (9) Any penalty imposed by Other Valid and Collectible Insurance or Plan for failure to follow plan procedures; (10) Re-Injury or complications of an Injury which occurred prior to the Policy's Effective Date; (11) Dental treatment, except as specifically stated; (12) Injury sustained fighting or brawling, except as an innocent victim; (13) Injury sustained while committing or attempting to commit a felony; (14) Loss sustained or contracted as a consequence of being intoxicated or being under the influence of any narcotic unless administered or consumed on the advice of a Doctor; (15) Injury sustained scuba diving; (16) Any expense for which benefits are payable under a Catastrophic Accident Insurance Program of the State Interscholastic Activities Association; (17) Injury sustained while participating in or practicing for interscholastic tackle football, including travel, unless optional coverage has been purchased; (18) Injury which occurs while the Insured is on active duty service in any armed forces. Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days; (19) Injury sustained flying in an ultra-light, hang gliding, parachuting or bungee-cord jumping; (20) Cosmetic or plastic surgery, except for reconstructive surgery on an injured part of the body; (21) Treatment of illness, disease, or infections, except pyogenic infections or bacterial infections which result from an accidental open cut or the accidental ingestion of contaminated substances.

**To file a claim:** Report accidents that happen during the school day to a school official. If you purchased 24-Hour-A-Day coverage and the accident occurs after school hours, the school is not required to sign the claim form.

**Claim forms are available on our website: [www.BollingerSchools.com](http://www.BollingerSchools.com)**

Group Blanket Accident insurance products are issued on Form Series GP-2020 or GP-1200 by Guarantee Trust Life Insurance Company, Glenview, IL. These products and their features are subject to state availability and may vary by state. Certain exclusions and limitations may apply. The exact provisions governing the insurance are contained in the Policy issued to the Policyholder and certain provisions may be administered to conform to state requirements. The Policy shall control in the event of any conflict between the Policy and this brochure. For complete details of coverage please contact the agent administering the program.

NO REFUNDS ARE AVAILABLE

## ID CARD

**STUDENT ACCIDENT INSURANCE**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Town: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
School District: \_\_\_\_\_

To obtain a claim form, please visit [www.BollingerSchools.com](http://www.BollingerSchools.com)

Administered by:  
**Bollinger Specialty Group**  
A Gallagher Company  
P.O. Box 1346, Morristown, NJ 07962  
1-866-267-0092

**Please store your card in a safe location for future reference.**



# New Jersey: Enrollment for Student Accident Insurance

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

MALE  FEMALE DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month/Day/Year)

STREET ADDRESS \_\_\_\_\_

CITY OR TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

NAME OF PARENT OR GUARDIAN (BENEFICIARY) **PLEASE PRINT**

All statements made on this enrollment form are true and complete to the best of my knowledge and belief.

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

NAME OF SCHOOL DISTRICT \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_ GRADE \_\_\_\_\_

Please select the plan desired.

### SCHOOL SPONSORED STUDENT ACCIDENT INSURANCE PLAN Premium Cost Per Year

**A. SCHOOL TIME PLAN**

**B. 24-HOUR PLAN**

Students

Grades Pre-K-12  \$123.00

\$212.00

I enclose \$ \_\_\_\_\_ Total Premium

PARENT'S SIGNATURE \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

Mail this form and the appropriate premium to: **Bollinger, Inc., PO Box 1515, Morristown, NJ 07962.** Your cancelled check is your receipt.



2018-19

# Student Accident Claim Form

## Please Read Instructions On The Next Page Before Completing

**SEND ALL FORMS TO CLAIMS ADMINISTRATOR: BOLLINGER INC. P.O. Box 1346 Morristown, NJ 07962**

1. School District or Diocese:		2. School Within District or Parish Child Attends:		3. Master Policy No.:	
4. Claimant's Last Name:		First Name:		5. Date of Birth:	6. <input type="checkbox"/> Male <input type="checkbox"/> Female
8. Home Address:			9. City/State/Zip Code:		
10. Personal Email Address of Parent or Guardian:					

11. **Check activity in which student was involved when injured:**

A.  Interscholastic Sports \_\_\_\_\_  
Name of Sport

B.  Cheerleading     Twirling or Flagwaving     Band Member

OR:

01  Physical Ed. Class      04  To and From School      07  Extra Curr. Activity ON Premises  
02  Classroom or Hallway    05  Group Travel                    08  Extra Curr. Activity OFF Premises  
03  Playground (NOT Phys. Ed.) 06  Non-School Activity (24 Hr. Plan) 09  Spectator

**Was School in Session?** YES  NO  **Starting Time** \_\_\_\_\_ **Dismissal Time** \_\_\_\_\_

12. Date of Accident:	13. Time: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	14. How Did Accident Occur?
15. Where Did Accident Occur?		16. Part of Body Injured:

17. I certify that the activity checked above is school sponsored and supervised and is covered under a policy applied for and purchased by the policyholder.

Signature of School Official \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

### AUTHORIZATIONS AND STATEMENT OF OTHER INSURANCE MUST BE COMPLETED BY PARENT OR GUARDIAN

MEDICAL AUTHORIZATION: I authorize the release of any medical or other information necessary to process this claim, including all data covering this and/or previous confinements and/or disabilities.  SIGNED _____ DATE _____	PAYMENT AUTHORIZATION: I authorize payment of medical benefits directly to the providers rendering services.  SIGNED _____ DATE _____
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1. Father's Name:	2. Name and Address of His Employer:
3. Mother's Name:	4. Name and Address of Her Employer:
5. <input type="checkbox"/> No, we do not have any personal or group medical insurance. I have enclosed a letter from my employer verifying this. <input type="checkbox"/> We have no other insurance. We are (please check one): <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Yes, we do have other insurance. (Please complete #6). <input type="checkbox"/> <b>We have a government funded plan (Medicaid, Tricare, etc.).</b> If you have Medicaid, please supply us with a copy of your card.	

6. Names of other Insurance Companies	Address

I hereby certify, swear and affirm that the information given above is true and accurate. I fully understand that any willful misrepresentation made by me in an attempt to collect benefits under this policy constitutes fraud and is punishable by law.

**Parent or Guardian's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_



**PARENTS: PLEASE READ ALL INSTRUCTIONS BEFORE FILING A CLAIM:**

The Accident Insurance coverage purchased by the Board of Education/School provides coverage on an **EXCESS BASIS** only. This means that only those medical expenses which are **NOT** payable by your own personal or group insurance are eligible for coverage under this policy up to the limits.

**Please follow these instructions below when filing a claim:**

1. **THIS CLAIM FORM MUST BE MAILED TO BOLLINGER WITHIN 90 DAYS OF THE DATE OF ACCIDENT TO ESTABLISH YOUR CHILD'S CLAIM FILE.**

Please be sure that:

- a) The school official has completed his/her section of the claim form.
  - b) You have completed and signed the Parent's Statement and Medical Authorization.
  - c) The Statement of Other Insurance section must be fully completed.
2. Once you have sent this claim form to Bollinger, submit a claim for all medical expenses to the company that administers your personal or group insurance (including Major Medical coverage).
3. After your primary insurance has paid the medical expenses, up to the policy limits, submit all Bills (CMS-1500 from physicians and UB-04 from hospitals) with the corresponding Explanation of Benefits from your primary insurance company as you receive them and mail to the PO Box shown below.

If this is a dental injury, your provider should submit injury related services only on an ADA Dental Form J430 or its equivalent and copies of corresponding Explanation of Benefits from your primary insurance company. Documents should be mailed to the PO Box shown below.

**We cannot accept balance due bills, statements, invoices or ledgers.**

4. Please write the claimant's name, policy number, and date of accident on all Bills and Explanation of Benefits.
5. Please keep a copy of this Claim Form, all bills, and primary insurance Explanation of Benefits for your own records.
6. If you need further information or have any questions, please call 866-267-0092 to speak to one of our highly qualified Customer Service Representatives between the hours of 8 a.m. and 5 p.m. E.S.T. Monday - Friday or contact us on our website [www.BollingerSchools.com](http://www.BollingerSchools.com)  
**PLEASE DO NOT CALL THE SCHOOL.**
7. After you have submitted your completed claim form and have received your first Explanation of Benefits from Bollinger Specialty Group, you will now have a claim number and you may go to [www.BollingerSchools.com](http://www.BollingerSchools.com) to enroll and check the status of your claim online.

PLAN ADMINISTRATION AND CLAIM SERVICE BY:

**Bollinger Specialty Group**

A Gallagher Company

P.O. BOX 1346, MORRISTOWN, N.J. 07962  
TELEPHONE 866-267-0092

[www.BollingerSchools.com](http://www.BollingerSchools.com)

# Fraud Warnings Disclosure

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which may subject the person to criminal and civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, PA, PR, RI, TN, TX, VA, VT, WA, and WV.)

In **Arkansas, Louisiana, Rhode Island, or West Virginia**: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

In **Alabama**: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

In **Colorado**: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

In **District of Columbia**: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

In **Florida**: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

In **Kansas**: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to an insurer, purported insurer, or to or by a broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act and may be subject to criminal and/or civil fines or penalties.

In **Kentucky**: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

In **Maine, Tennessee, Virginia, or Washington**: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

In **Maryland**: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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

In **New Mexico**: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

In **New York**: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

In **Ohio**: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

In **Oklahoma**: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

In **Oregon**: Any person who knowingly and with intent to defraud any insurer or other person files an application for insurance or statement of claim containing any materially false information upon which an insurer relies, if such information was either material to the risk assumed by the insurer or the misinformation was provided fraudulently, may commit a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

In **Pennsylvania**: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

In **Puerto Rico**: Any person who has committed fraud, as defined in the law, shall incur a felony, and if convicted, shall be sanctioned for each violation by a penalty of a fine of not less than five thousand dollars (\$5,000), nor more than ten thousand dollars (\$10,000), or a penalty of imprisonment for a fixed term of three (3) years, or both penalties. If there were aggravating circumstances, the fixed penalty thus established may be increased up to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years. In addition to the penalties provided in this chapter, any person who, as a result of the fraud thus committed is benefited in any way to obtain insurance, or in the payment of a loss pursuant to an insurance contract, shall be imposed the payment of restitution of the amount of money resulting from the fraud. Every violation shall have a prescription term of (5) five years.

In **Texas**: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

In **Vermont**: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.



# Dental Accident Insurance

## 24-Hour Coverage

Underwritten by Catlin Insurance Company Incorporated, Houston, TX

### **\$5,000 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 180 days of an accidental injury to sound natural teeth. This plan does not cover routine dental work such as check-ups for teeth cleaning, nor does it cover dental disease, gum disease, or orthodontia.

### **Definition of Injury**

"Injury" means accidental bodily harm sustained by a Covered Person that results directly and independently from all other causes from a Covered Accident.

### **The Exclusions**

This plan does not provide for:

1. Intentionally self-inflicted Injury.
2. War or any act of war, whether declared or not.
3. Sickness; disease; bodily or mental infirmity; bacterial or viral infection; or medical or viral infection; or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food.
4. Travel in or on any on-road or off-road motorized vehicle not requiring licensing as a motor vehicle.
5. The Covered Person being under the influence of drugs or intoxicants, unless taken under the advice of a Doctor.

### **Covered Medical Expenses**

Dental expenses including dental x-rays for the repair or treatment of each injured tooth that is: whole; sound; and a natural tooth at the time of the Accident and emergency alleviation of dental pain.

Dental expenses for an impacted wisdom tooth, in the event the tooth becomes impacted due to a Covered Accident.

### **Maximum Benefit Period**

The benefit period for each eligible claim is up to two years from the date of the Covered Accident providing the claim is reported within 90 days of the Accident.

### **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.

### **Sensible Protection for Children's Teeth**

Sound teeth are one of your child's most valuable natural possessions. But they also represent one of the more vulnerable areas to accident. Even an otherwise harmless spill can inflict severe damage to children's teeth, damage that could remain with them permanently.

Today, you can provide your child with dental accident insurance at a competitive price. In features and benefits, it is the kind of coverage that no child should ever be without.

### **What Happens if You Have Other Insurance?**

This policy pays its benefits regardless of other insurance you may have.

### **How to Apply**

Student Dental Accident Insurance is available through our website [www.BollingerSchools.com](http://www.BollingerSchools.com). You may purchase coverage online for the cost of \$20 per year. We will email you your child's Certificate of Insurance within 60 days. Coverage will go into effect on October 1st if the coverage is purchased in September. Applications received after September 30th will become effective at midnight on the day following purchase (example: if plan is purchase on December 3rd, coverage will go into effect on December 4th). Coverage expires on September 30, 2019.

