



# LACEY TOWNSHIP SCHOOL DISTRICT

*A Tradition Of Pride · A Tradition Of Excellence*

**SHARON SILVIA**

BUSINESS ADMINISTRATOR/BOARD SECRETARY

July 2022

Re: Student Accident Insurance Program

Dear Parent/Guardian,

As we prepare for the opening of schools, I take this opportunity to remind you that the Lacey Township Board of Education has worked with its insurance broker to ensure the families of our district once again have an opportunity to secure coverage directly with the carrier. Coverage will be administered by *Risk Placement Services*, a *Bollinger Specialty Group*, and is underwritten by *Guarantee Trust Life*.

Families who wish to take advantage of this **purchase option** are required to complete an application and return it, along with your payment, to RPS Bollinger, Inc., P.O. Box 1515, Morristown, NJ 07962 by the date you wish the coverage to begin. Included with this letter is a document outlining coverage options, and includes the enrollment form. Online enrollment is available at <https://www.bollingerschools.com/site/default.aspx>

If you have any questions relating to coverage options, please contact Bollinger Specialty Group at (866) 267-0092.

Have a wonderful summer and see you in September.

Sincerely,

Sharon Silvia  
Business Administrator/Board Secretary

Attachment: 2022-2023 Student Accident Insurance – Plans and Enrollment Form





# 2020 New Jersey

## Policy Benefits and Premiums

All Maximum amounts are per Injury except as specifically stated

**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

<b>COVERAGE AND BENEFITS</b>	
<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 and outpatient miscellaneous Hospital charges	100% of R&C
Doctor's charges for surgery	100% of R&C
Assistant surgeon charges	100% of R&C
Administration of anesthesia	100% of R&C
Non-surgical inpatient and outpatient doctors' visits	100% of R&C
Hospital Emergency Care, excluding professional charges	100% of R&C
Outpatient X-ray and laboratory services	100% of R&C
Outpatient imaging procedures and interpretation for MRI/CAT Scan	100% of R&C
Ambulance charges	100% of R&C
Urgent Care Center charges, does not include professional surgical charges	100% of R&C
Durable Medical Equipment, including orthopedic appliances	100% of R&C
Prescription Drugs	100% of R&C
Outpatient Physical Therapy, rendered by a Doctor or Hospital	100% of R&C
Dental treatment for Injury to Sound, Natural Teeth	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
<b>SCHOOL-TIME ACCIDENT COVERAGE</b>	
Grades Pre-K - 12 includes all activities and interscholastic sports, except football	\$123.00
Grades Pre-K - 12 includes all activities except interscholastic sports	\$86.00
<b>24-HOUR-A-DAY ACCIDENT COVERAGE</b>	
Grades Pre-K - 12 includes all activities and interscholastic sports, except football	\$212.00
Grades Pre-K - 12 includes all activities except interscholastic sports	\$185.00
<b>OPTIONAL FOOTBALL ONLY ACCIDENT COVERAGE</b> Grades 6 -12	\$250.00

## 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 not caused by Injury; (6) Suicide or attempted suicide; (7) Heart and/or circulatory malfunction resulting from participation in a Covered Activity; (8) Repetitive motion injuries, strains, hernia, tendinitis, bursitis, spondylolysis, osteochondritis dissecans; (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) Injury sustained while participating in or practicing for interscholastic tackle football, including travel, unless optional coverage has been purchased; (17) 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; (18) Injury sustained flying in an ultra-light, hang gliding, parachuting or bungee-cord jumping; (19) Cosmetic or plastic surgery, except for reconstructive surgery on an injured part of the body; (20) Treatment of illness, disease or infections, except infections which result from an accidental Injury or infections which result from accidental, involuntary or an unintentional ingestion of a contaminated substance; (21) Charges for treatments, services or supplies which exceed reasonable and customary charges; (22) Losses directly or indirectly arising out of any chemical or biological release and/or contamination which results from Terrorist Activity; (23) Any loss as the result of Terrorist Activity and/or non-detonating weapons of mass destruction; (24) Any loss directly or indirectly arising out of any nuclear explosion, detonation, release and/or contamination whether in time of peace or war, and regardless of any other causes or events contributing concurrently or in any other sequence thereto.

## IMPORTANT INFORMATION

1. Treatment must begin within ninety (90) days of Accident.
2. Expense must be incurred within fifty-two (52) weeks of Accident.
3. Written proof of loss must be furnished within ninety (90) days of Accident.
4. No refunds are available.

Blanket Accident insurance products are issued on Form Series GP-2030, 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.

# 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.

Lacey Township School District  
NAME OF SCHOOL DISTRICT \_\_\_\_\_

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

*Please select the desired plan:*

## 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

## FOOTBALL ONLY PLAN

Grades 6 - 12

\$250.00

**PLEASE DO NOT SEND CASH.**

**ONLY CHECKS OR MONEY ORDERS WILL BE ACCEPTED.**

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

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

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