

HAMBLEN COUNTY SCHOOLS

TO: Principal

SCHOOL: Meadowview Middle School

RE: Student Accident Insurance - - - 2017-18

Scholastic Insurors has been selected to offer accident insurance to your students. Because of decreasing student participation and increasing costs of printing and shipping, we are sending a limited number of brochures. Your enrollment brochures are enclosed.

Annual Rates	
<i>Rates For Regular Benefit Plans</i>	
School Time	\$ 8.00
24 Hour Plan (Without Extended Dental)	\$44.00
24 Hour Plan (With Extended Dental)	\$49.00
High School Football Plan	\$40.00
<i>(Double and Triple Benefits Plans Also Available)</i>	

ENROLLMENT

Parents should mail the enrollment envelope directly to Scholastic Insurors if they desire the coverage.

LATE ENROLLEES

A student may purchase the insurance any time during the school year. The coverage becomes effective when the premium is received by Scholastic Insurors.

INFORMATION ON WEBSITE An Enrollment Form is available on the HAMBLEN COUNTY SCHOOL'S WEBSITE.

CLAIM FORM

Each school has been furnished a claim form that can be copied.

Offered & Administered By:
SCHOLASTIC INSURORS, INC.
John Joy, Agent
johnj@scholasticinsurors.com
P. O. Box 3194 • Johnson City, TN 37602
800-872-1953 • FAX (423) 928-2761

ENROLLMENT BROCHURES - 25

CC: Ms. Traci Antrican

NOTE: PLEASE READ THIS BEFORE SUBMITTING A CLAIM

INSTRUCTIONS FOR FILLING OUT THIS CLAIM FORM

NOTE: TO SCHOOL PERSONNEL AND PARENTS

Our objective at Scholastic Insurors is to provide fast and accurate claims service. Listed below are instructions that, when followed, will assist us in providing this service.

Please Note: The Accident Insurance Plan Has Exclusions and Benefit Limitations.
The Insurance Plan May Not Pay 100% For All Expenses.

WHEN TO FILE A CLAIM

1. The completed claim form and supporting documents should be sent to Scholastic Insurors within 90 days after the date of injury.

HOW TO FILE A CLAIM

1. All information on the claim form must be provided in full for us to process the claim.
2. PART A must be completed by a school official if the accident occurred during a school related activity. If the accident did not occur during a school related activity, PART A is to be completed by the parent or guardian.
3. The parent or guardian must complete PART B in full.
4. Attach *itemized* bills showing the: (a) name of patient, (b) diagnosed condition, (c) date(s) of treatment, (d) nature of treatment, and (e) charge per treatment.

WHERE TO FILE A CLAIM

Send all completed forms, itemized medical bills, etc., to:

SCHOLASTIC INSURORS, INC.
P. O. BOX 3194
JOHNSON CITY, TN 37602

THANK YOU FOR YOUR COOPERATION

