

Ameritas APPLICATION FOR STUDENT ACCIDENT INSURANCE

Ameritas Life Insurance Corp.
Lincoln, Nebraska

SCHOOL/SCHOOL DIST. Neshoba County School District DIST. NO. 5000
ADDRESS 401 East Beacon Street, Suite 102 Philadelphia, MS 39350 Neshoba
Street City State Zip County

1. What is the first day of authorized sports practice? August 1 2017
2. What is the first day of the regular school term? 8-9-17 Last Day of School 5-24-17
3. Select the PLAN desired below. Complete the Enrollment and Premium sections.
Effective Date 8/1/17 Termination Date 8/1/18

SCHOOLS THAT PROVIDE COVERAGE ON A GROUP BASIS PREMIUMS

- A: GROUP COVERAGES**
- 1. Group Athletic Coverage: Plan _____
Senior High Enrollment _____ Grades _____ \$ _____
Junior High Enrollment _____ Grades _____ \$ _____
 - 2. Supplemental Coverage: Plan _____ \$ _____
 - 3. Supplemental Coverage: Plan _____ \$ _____
 - 4. All Pupil Coverages : Plan _____
Enrollment grades PK-12 _____ @ \$ _____ = \$ _____
 - 5. Other Activity Coverage: \$ _____
 - 6. Other Activity Coverage: \$ _____
 - 7. Other Activity Coverage: \$ _____
- TOTAL PREMIUM** = \$ _____

SCHOOLS THAT OFFER COVERAGE ON A VOLUNTARY BASIS ENROLLMENTS

- B: VOLUNTARY COVERAGES: (See Brochure)**
- 1. Voluntary Sports/Football Coverage: Plan 1538
Estimated number of Interscholastic Sports Participants 7-12 350
 - 2. VOLUNTARY STUDENT COVERAGE: Plan 1538
Estimated Total Enrollment in grades PK-12 3300

PLEASE LIST ALL SCHOOLS IN THE DISTRICT WITH CORRESPONDING ENROLLMENTS (or attach list)

ONLINE ONLY - PLEASE SEND DIRECT LINK _____

In order to take advantage of all policy provisions, student brochures must be distributed at registration for each interscholastic sport and at registration or no later than the first day of school for all students PK-12. It is agreed and understood that: **(applies only to voluntary coverages)**

- a. The school will offer coverage to all students in the school system.
- b. Football/Sports Coverage is available only if the school installs the Voluntary Student Coverage.
- c. A school official will complete the school's section of each claim form for school related injuries.
- d. For enrollment forms returned to the school: Premiums must be sent to the agent within 30 days of receipt; and a school official will date each premium envelope on the date received.
- e. **Only one student accident insurance plan will be offered by the school.**

WEBSITE ACCESS AGREEMENT

By signing this form you will be given access to the Master Policy, roster, and claim status information. This information should only be shared by those persons in the school administration. After we receive this application you will receive an email that explains how to access all of the information at our website.

Applied for by: Tommy Holland 1001-656-3654 tholland@neshobacentral
Print Name of School Official Telephone Number E-Mail Address

Tommy Holland Athletic Director 7-12-17
Signature of School Official Title Date

School Contact _____
If different than above Telephone Number E-Mail Address

Agent Alisa Myatt, CIC, CISR 318-484-3335 alisa_myatt@rslinsurance.com
Print Name Telephone Number E-Mail Address

Risk Services - Leavitt Group 5515 John Eskew Blvd., Alexandria, LA 71303
Agent Mailing Address

<p>Administered by and Mail to:</p>  <p>STUDENT ASSURANCE SERVICES REGULATED</p>	<p>Student Assurance Services, Inc. P.O. Box 196 Stillwater, Minnesota 55082</p>	<p>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.</p>
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