

Up to \$1,000,000 Student Accident Medical Insurance Protection



Administered By:
LEFEBVRE INSURANCE, LLC
850 Franklin Street, Wrentham, MA 02093
(800) 451-9668

18 19

AXIS Insurance Company

24 Hour Accident Coverage

Accident coverage is provided for the insured while driving a covered vehicle during the policy term. Coverage is provided for the insured while driving a covered vehicle during the policy term.

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SCHOOL TIME ACCIDENT COVERAGE

School time accident coverage is provided for the insured while driving a covered vehicle during the policy term. Coverage is provided for the insured while driving a covered vehicle during the policy term.

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CONDITIONS

Conditions of coverage apply to all accidents. Coverage is provided for the insured while driving a covered vehicle during the policy term. Coverage is provided for the insured while driving a covered vehicle during the policy term.

Direct All Questions and Correspondence To:

LEFEBVRE INSURANCE, LLC
850 Franklin Street, Wrentham, MA 02093
(800)451-9668

Additional conditions of coverage apply to all accidents. Coverage is provided for the insured while driving a covered vehicle during the policy term. Coverage is provided for the insured while driving a covered vehicle during the policy term.

Disclosure: This policy is provided by Lefebvre Insurance, LLC. Coverage is provided for the insured while driving a covered vehicle during the policy term. Coverage is provided for the insured while driving a covered vehicle during the policy term.

Accidental Death & Dismemberment

Accidental death and dismemberment coverage is provided for the insured while driving a covered vehicle during the policy term. Coverage is provided for the insured while driving a covered vehicle during the policy term.

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Effective & Termination Date

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ACCIDENT INSURANCE PROTECTION PROVIDING A MAXIMUM OF \$1,000,000 MEDICAL EXPENSE

Maximum benefit for medical expenses is \$1,000,000 per accident. This benefit is subject to a \$500 deductible. The maximum benefit for medical expenses is \$1,000,000 per accident. This benefit is subject to a \$500 deductible.

MAXIMUM BENEFITS

Hospital Services:

Maximum benefit for hospital services is \$8,000 per accident. This benefit is subject to a \$500 deductible. The maximum benefit for hospital services is \$8,000 per accident. This benefit is subject to a \$500 deductible.

Miscellaneous Services:

Maximum benefit for miscellaneous services is \$8,000 per accident. This benefit is subject to a \$500 deductible. The maximum benefit for miscellaneous services is \$8,000 per accident. This benefit is subject to a \$500 deductible.

Doctor's Services:

Maximum benefit for doctor's services is \$19,000 per accident. This benefit is subject to a \$500 deductible. The maximum benefit for doctor's services is \$19,000 per accident. This benefit is subject to a \$500 deductible.

Laboratory & X-Ray Services:

Maximum benefit for laboratory & X-ray services is \$8,000 per accident. This benefit is subject to a \$500 deductible. The maximum benefit for laboratory & X-ray services is \$8,000 per accident. This benefit is subject to a \$500 deductible.

Additional Services

Maximum benefit for additional services is \$1,000 per accident. This benefit is subject to a \$500 deductible. The maximum benefit for additional services is \$1,000 per accident. This benefit is subject to a \$500 deductible.

Dental Services

For repair or replacement of injured natural teeth, includes initial braces when required for treatment of a covered injury, as well as examination, x-rays, restorative treatment, endodontics, oral surgery, and treatment for gingivitis resulting from trauma. \$750/tooth

FULL EXCESS COVERAGE

Full excess coverage is provided for medical expenses. The maximum benefit for medical expenses is \$1,000,000 per accident. This benefit is subject to a \$500 deductible.

EXCLUSIONS AND LIMITATIONS

Exclusions: This policy does not cover medical expenses for pre-existing conditions.

Limitation for Motor Vehicle Accidents

Limitation for motor vehicle accidents: The maximum benefit for medical expenses is \$1,000,000 per accident. This benefit is subject to a \$500 deductible.

EXCLUDED EXPENSES:

Excluded expenses include: 1. Pre-existing conditions. 2. Experimental treatments. 3. Cosmetic surgery. 4. Contraception. 5. Alcohol and drug abuse. 6. Self-inflicted injuries. 7. War, terrorism, and nuclear incidents. 8. Intentional self-harm. 9. Suicide. 10. Maternity and prenatal care.

Common Exclusions:

1. Pre-existing conditions.
2. Experimental treatments.
3. Cosmetic surgery.
4. Contraception.
5. Alcohol and drug abuse.
6. Self-inflicted injuries.
7. War, terrorism, and nuclear incidents.
8. Intentional self-harm.
9. Suicide.
10. Maternity and prenatal care.

To File A Claim:

- 1. Complete and return the claim form.
- 2. Provide a copy of the policy to MCA Administrators, Inc.
- 3. Provide a copy of the death certificate to MCA Administrators, Inc.
- 4. Provide a copy of the funeral bill to MCA Administrators, Inc.
- 5. Provide a copy of the burial record to MCA Administrators, Inc.

MCA Administrators, Inc.
PO Box 6540
Harrisburg, PA 17112
(800) 427-9308

Proof of Loss is required within 90 days from the date of the Accident. You have ONE year from the time Proof of Loss would have been required to file a claim. Claims submitted past this period will not be considered for payment under the policy.

ENROLLMENT FORM CHECKLIST

Did You:

- Read and understand the policy and the MCA Administrators, Inc. enrollment form.
- Provide a copy of the policy to MCA Administrators, Inc.
- Provide a copy of the death certificate to MCA Administrators, Inc.

For questions, inquiries, and information contact:

MCA Administrators, Inc.
 800-427-9308
 Monday - Friday, 9:00 AM - 5:00 PM
 (800) 427-9308

DO NOT SEND CASH

Enrollment Form

Please Print

2018-2019 MA

STUDENT'S LAST NAME		
STUDENT'S FIRST NAME		MIDDLE INITIAL
BIRTH DATE (MM/DD/YYYY)	GRADE	PHONE
HOME ADDRESS		APT#
CITY	ST	ZIP
SCHOOL SYSTEM/DISTRICT		
SCHOOL NAME		
<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>		
SIGNATURE OF PARENT OR GUARDIAN		DATE
<p>My signature above certifies that I have read and understand the Student Accident Insurance Protection brochure and agree to accept the terms and conditions stated herein.</p>		

No obligation to purchase.

School Year Rate – 2018-2019 CHECK ✓ YOUR SELECTION	
Coverage Plans	Premiums
24-Hour – Including Extended Dental	<input type="checkbox"/> \$58.00
24 Hour Only	<input type="checkbox"/> \$50.00
School Time Only – Including Extended Dental	<input type="checkbox"/> \$16.00
School Time Only	<input type="checkbox"/> \$ 8.00

Make checks payable to:
AXIS Insurance Company

How to Enroll

1. Decide whether you want the School Time, 24-Hour Accident Protection (with or without Dental).
2. Fill out the enrollment form and enclose the form along with a check or money order made payable to AXIS Insurance Company shown for the correct amount.
3. Mail envelope to Lefebvre Insurance, LLC. – 850 Franklin Street – Wrentham, MA 02093. Your cancelled check or money order stub will be your receipt and confirmation of payment. (Please write the student's name and school name on your check.)

