



**SHORT-TERM (24-HOUR) COVERAGE
Accident Insurance Enrollment Form for the
2019-2020 School Year
100% Participation Required**

Provides excess accident and emergency sickness medical coverage and accidental death and dismemberment coverage for all of your students participating in school sponsored and supervised activities involving overnight travel and/or periods without direct and immediate school supervision. Rate is \$1.85/person/calendar day. Coverage consists of BASIC and CATASTROPHIC injury benefits.

Basic	Accident medical benefits are paid on an excess basis at 100% of Usual and Customary charges up to \$25,000/injury and up to \$1,000 for Emergency Sickness (“Emergency Care Benefit” in IN, KS, and MO). Includes benefit for pre-approved Medical Evacuation expenses up to \$25,000 and up to \$10,000 of expenses for Repatriation of Remains to home country. Covered charges for injuries are limited to those incurred within one year from date of first treatment and Emergency Sickness benefits are limited to those charges incurred within 24 hours from the onset of sickness.
Catastrophic	Benefits are subject to a deductible of \$25,000 and are then paid at 100% of Usual and Customary Charges up to \$1,000,000. Includes additional cash benefits of up to \$500,000 (depending upon the severity of the loss) and accidental death benefit of \$25,000.

**Underwritten by ACE American Insurance Company
The policies have complete details of provisions, limits and exclusions.**

APPLICATION AND LIST OF NAMES

MUST BE RECEIVED BY MYERS-STEVENS PRIOR TO THE START DATE OF ACTIVITIES, OTHERWISE COVERAGE WILL BEGIN UPON RECEIPT. PREMIUM IS DUE WITHIN 10 DAYS OF THE START OF THE ACTIVITY. It is required that all students attending this event are covered, whether they have other insurance or not.

Coverage is optional for parent volunteers and other youth participants. Staff may also be included on an optional basis. Please include names with list of students on reverse.

Please complete the entire form below and the list of names on the reverse side. Return with your premium or billing information.

Mail, fax or email to: Myers-Stevens & Toohey & Co., Inc. - 26101 Marguerite Parkway Mission Viejo, CA. 92692-3203 •
Via Fax – (949) 348-0963 • Via Email – activities@myers-stevens.com **QUESTIONS???** Call (800) 827-4695

ACTIVITY INFORMATION

Name of District _____

Name of School _____

Address _____ Phone _____

E-mail Contact _____

Starting date _____ Ending Date _____

Destination/Activity _____

Coverage requested by: _____

_____ Print Name _____ Signature _____ Date

PLEASE NOTE: THERE IS A MINIMUM PREMIUM REQUIREMENT.
Premium is due within 10 days of the start date of activity.

PAYMENT/BILLING INFORMATION

Calculate Premium Due: _____ x _____ x \$1.85 = \$ _____

of Participants # of Calendar Days Premium Rate PREMIUM DUE (\$35 minimum)

METHOD OF PAYMENT: () REQUEST INVOICE () NO INVOICE NEEDED () P.O. NUMBER _____
<i>If paying by credit card, complete below. Your amount of charge will appear as "MYERS-STEVENS & TOOHEY 800-827-4695 CA" on your statement.</i>
MC/VISA AUTHORIZATIONS: MC: () VISA: () _____ - _____ - _____ - _____
Month / Year Security Code Zip Code of Cardholder
I authorize Myers-Stevens & Toohey & Co., Inc. to deduct the premium payment:
Name of Cardholder _____ Cardholder's Signature _____

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LIST OF STUDENTS / PARENT VOLUNTEERS AND OTHER YOUTH PARTICIPANTS / STAFF

Please provide names below. If necessary, please make copies and attach separately.

Name of School _____

Name and location of activity _____

Starting date _____

Ending Date _____

Students

#	Last Name	First Name		#	Last Name	First Name
1.				26.		
2.				27.		
3.				28.		
4.				29.		
5.				30.		
6.				31.		
7.				32.		
8.				33.		
9.				34.		
10.				35.		
11.				36.		
12.				37.		
13.				38.		
14.				39.		
15.				40.		
16.				41.		
17.				42.		
18.				43.		
19.				44.		
20.				45.		
21.				46.		
22.				47.		
23.				48.		
24.				49.		
25.				50.		

Parent Volunteers and Other Youth Participants

Last Name	First Name

Staff

Last Name	First Name