

Northwestern Local School District

7571 North Elyria Road
West Salem, Ohio 44287-9707
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Treasurer - (419) 846-3400 x.3

Jeffrey N. Layton
Superintendent
Scott Smith
Associate Superintendent
Cathie L. Franks
Executive Secretary
EMIS Coordinator



Pride & Tradition

Lesia L. Forbes
Treasurer
Sherri L. Hamilton
Assistant to the Treasurer
Jamie L. Imhoff
Transportation Administrative
Secretary

Dear Parents:

Our school district has made arrangements with Student Protective Agency to provide student accident insurance for those wishing to purchase coverage this year. Please note the coverage shown on the application. Covered losses less than \$250 are paid without regard to other insurance.

Senior High football coverage requires an additional premium. All other school supervised sports are covered under the plan. On claims over \$250 this is an excess coverage policy for which benefits are payable only for that part of the loss not covered by other collectible insurance. If a person has no other insurance, the Company will pay the covered medical expenses incurred within one year, up to the specified limits of the policy.

Please note that the student applications will be available on our website. Complete the application and check the boxes for coverage desired. Tear off and keep the rest of the application, as it shows not only the coverage but the exclusions and limitations of the policy.

Mail the applications directly to Student Protective Agency, 300 Coshocton Avenue, Mount Vernon, OH 43050 along with a money order or check payable to Student Protective Agency. The school will be notified as to who takes out coverage. You can call Student Protective Agency at 800-278-2544 for more information.

In case of an accident the student or parent should immediately go to the building principal who will sign and provide the claim form if only school time coverage is taken out. 24 hour coverage needs no signature. The policy number shall be provided by the school for the claim or you can call 800-278-2544. You may give that policy number to the doctor or hospital but the bills should be sent to the parent or guardian who attach them to the claim form. Once completed, mail to the claims office at Guarantee Trust Life Insurance, PO Box 1148, Glenview, IL 60025. If you have any further questions regarding a claim, please call 1-800-622-1993. It is the responsibility of the parent or guardian to file the claim.

Husky Proud!

Lesia Forbes

GUARANTEE TRUST LIFE INSURANCE COMPANY

Glenview, Illinois

Application For Blanket Student Accident Insurance

Name of Policyholder: _____

Address: _____
Street City State Zip County

Junior/Middle High Schools consist of grades 6-8 Senior High Schools consist of grades 9-12
Total District enrollment: 1383 Please attach a list of all schools in the District.

Policy Number: 344-00P-

STUDENT ACCIDENT COVERAGE

Coverage shall become effective on the date that premium is received by the Company or its representative, but in no event prior to the first day of school, which is August 21, 2018. The termination date shall be 1st day 2019, which is the opening day of the following fall term of the Policyholder. Termination of each individual's insurance will be as outlined in the Master Policy.

For interscholastic sports which begin prior to the first day of school, coverage begins on the first day of the earliest practice, which is 8/1/2018. Coverage for each individual sport terminates at the end of its season, as determined by the State High School Athletic Association.

FOOTBALL ONLY ACCIDENT COVERAGE

IN EFFECT

NOT IN EFFECT

Interscholastic Football Only Accident Coverage becomes effective at 12:01 a.m. on 8/1/2018 and expires at 11:59 p.m. on December 31st of the same year. Spring Practice begins on n/a. Each individual's football coverage shall become effective on the date the premium is paid, provided the Company receives the name and premium in an envelope postmarked not later than three days after coverage is to be effective. In the event that the name and premium are received at a later date, coverage shall be effective on the day after the date of postmark.

It is understood and agreed that Interscholastic Football Only Accident Coverage will be null and void unless Student Accident Coverage is offered by the school authorities to all students in all schools of the Policyholder.

The Student Accident Insurance Policy will cover those students who pay the required premium as shown below:							
COVERAGE	GRADES	PREMIUMS		COVERAGE	GRADES	PREMIUMS	
24-Hour	K-6	\$79	\$158	Football Only Per Player	10-12	Low / High	
	7-12	\$91	\$182		(Including grade	\$129	\$258
School-Time	K-6	\$23	\$46		9 if playing or		
	7-12	\$37	\$74	practicing with			
				grades 10-12)			

It is agreed that any claim form presented by the Policyholder will certify that the claimant was actually injured while attending, playing, or practicing, or attending school as a student of the Policyholder.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

All documents that form our insurance relationship will be provided to you in electronic format, unless otherwise requested.

Authorized Signature: _____ Date: _____

Agent Signature: _____ Date: _____

Ship supplies to address below:

Street Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Attention: _____ Requested Date of Shipment: _____

Please provide an email address to receive supplies electronically: _____