## **Brookville Local School District**



Timothy L. Hopkins Superintendent (937) 833-2181 Tiffany Hiser Treasurer (937) 833-5582 Jeffery J. Requarth Dir. of Support Personnel (937) 833-4724 / 833-0724 (fax)

> Board of Education Offices 75 June Place Brookville, Ohio 45309 Fax (937) 833-2787

Dear Parents:

Our school district has made arrangements with Student Protective Agency to provide student accident and health 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 attaches them to the claim form. Once completed, mail to the claims office at Guaranteed Trust Life Insurance Co., 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 claims.