



St. Joseph School, Fullerton

8416 Belair Road Baltimore, MD 21236 Phone: 410-256-8026 Fax: 410-529-7234

Monthly Newsletter

September, 2016

GREETINGS FROM THE PRINCIPAL'S DESK

St. Joseph School educates children Pre-K through eighth grade in the Catholic tradition. Our mission is to provide a positive learning environment in which every child is challenged to develop their potential: academically, spiritually and morally."

St. Joseph School Mission

Dear Parents and Caregivers,

What an exciting summer we have had! There have been many great changes to the school and many more are planned. We are blessed to have five new faces to welcome your students, adding to the overwhelming love and passion our faculty and staff has in preparing for this school year. Our goal this year is to not just take pride in being a Catholic school, but also to instill in our students that each of us needs to "live in such a way that those who know you but don't know God will come to know God because they know you."

As we enter into the year, I wanted to thank each and every one of you for selecting and entrusting St. Joseph School with your child's education. This summer we have worked hard to improve the esthetics on the campus in order to make sure that our building is representative of the quality we know is happening in the classroom. I know that everyone is prepared to make this the best year possible for each of the students and together as a family we can continue to grow educationally and spiritually.

Please mark your calendars for Thursday, September 8th, when we will be having Back to School Night in coordination with the first Home and School Association meeting which starts in the Parish Center at 6:30 for all grade levels. I encourage each of you to join our incredible HASA and participate as much as your schedule permits. I know that we will have many great things to celebrate together during the school year. We are blessed for the many gifts that God has given us.

Please know how humbled we are to be a part of your family. We encourage you to reach out to us with any needs, concerns or suggestions this year.

Blessing and Peace,

Kenneth J. Pipkin

Kenneth J. Pipkin
Principal
St. Joseph School Fullerton
kpipkin@stjoefullerton.org

UPCOMING ACTIVITIES

Opening Liturgy

We are so blessed to be able to celebrate in the Eucharist every week. During the course of the school year each grade level plans and serves one special Mass. We opened school with a special celebration of Mass on Wednesday, August 31st. The Faculty and staff organized the first celebration and we hope you can join us for one of our Liturgies this school year to worship with us. This year our children will be attending Mass every **Wednesday at 8:15**.

Genevieve's Kick-Off Assembly

Our Home and School Association (HASA) is sponsoring the *Genevieve* company fundraiser this year. The *Genevieve* Product Sale is the biggest and most successful fundraiser, raising a large amount of money that supports various school initiatives. It is our primary fundraiser and we ask that all of our families will participate, even if it is in a small way, to insure our success. To get in the spirit the children will enjoy the kick off assembly on Thursday, September 1st. Participation prizes will be shown during the assembly. Your support is greatly appreciated.

Home and School Association General Meeting

Our Home and School Association (HASA) will hold their first of three general meetings on Thursday, **September 8th** beginning at 6:30 in the Parish Center. During the business meeting they will explain their newest projects, upcoming plans for the year and explain the new technology paid for, in part, by the HASA. After the meeting we will move to the school for Meet the Teachers sessions for grades K to 8. Please plan to attend the HASA meeting in the Parish Center in order to enter the building.

HASA Information

Please keep a look out for HASA information in the weekly blast.

Instrumental Music Program

Under the instruction of Mr. Wes Osment the St. Joseph Band has won countless awards both within the archdiocese and in national competition. Children are invited to begin band in the 4th grade but welcomed to join at any grade thereafter. Mr. Osment will introduce the instruments to the children in the morning of Wednesday, **September 14th** (various times) during the band demonstration in the Parish Center. Please call the school office if you would like to attend to learn more about the program. You are welcome to attend the demo if the program is new to you.

Race for Education Kick-Off Assembly

In 2005 we held our first Race for Education and ever since then this fundraiser has provided the opportunity for many new schoolwide initiatives and programs that otherwise would not have been possible. The moneys from the 2005 race built our playground, the 2007 race funded the Sports Court, and the 2009 race funded tuition to keep the increase that year to a minimum, just to name a few. Through a letter campaign friends, family members, and business associates are asked to support the school as students walk or run laps around the school campus.

The children will learn how the Race for Education works and what they must do to make it successful during the Kick-Off Assembly on **Wednesday, September 13th**. They will bring

paperwork home for you to complete with the names and addresses of your family, friends and associates who would like to support our school in any way possible. We appreciate everyone's support to make this the best year possible.

8th Grade Parent Information Meeting

The 8th Grade Parent Information will be held on Wednesday, September 14th at 7:30am in the Parish Center. The meeting will include information regarding the high school search process, applications, shadow days, testing, the interview process and financial aid. Special packets and forms will be distributed to 8th grade parents at this meeting with explanation on how they must be completed. A parent or representative of each 8th grader is required to attend. Please let the administrative team know if you have any questions or concerns about any of this information. We are here to help and are happy to provide any support we can during this very complex process. Seventh grade parents are welcome to join us if you would like to get a jump on planning for next year.

High School Regional Fair

Representatives from all the local Catholic high schools will make presentations and be available to answer your questions at the annual Regional High School Fair. This year's fair for our area is slated to be held at St. Ursula School on Harford Road in Parkville on Thursday, September 22nd from 6:30 – 8:30. All parents and students in the 7th and 8th grade are encouraged to attend.

Grandparent's Day

On Thursday, September 22nd in coordination with the HASA we will be hosting Grandparents' Day. Please look for a flyer in your student's folder for all of the details regarding this wonderful day.

ANNOUNCEMENTS

Welcome & Farewell

Over the summer we had to say goodbye to Mrs. Turner who has transferred within the Archdiocese to Immaculate Conception's Parish Office. We wish her all of the best in her new endeavors.

We are thrilled to announce three new teachers to the St. Joseph School Family for the 2016 – 2017 school year. Ms. Colleen Bates comes to us as our new Pre-K teacher. She is a veteran teacher from Harford County and an alumnus of St. Joseph School. Ms. Alison DeMelim comes to us as our new First Grade Teacher through the Operation Teach Program and is a recent graduate of Marywood University. Ms. Scarlett Tache is our new Spanish Teacher and comes to us from the Language Project. We wish them the best for this school year.

We are also thrilled to welcome our new pastor, Father Bolger, as our spiritual leader. His commitment to Catholic Schools is amazing and we look forward to a great relationship with our entire parish family.

Latest and Greatest in Technology

Through a generous contribution from our Home and School Association and use of allocated school budgeting we were able to purchase an additional Chrome Book Cart for student use. We also upgraded the Wi-fi coverage to include every classroom and the main office. This now supports all of the wireless technology in the building.

Scrip Is Back

Three years ago, our HASA began a new fundraiser with a new slant. The Scrip Program allows families to fundraise for themselves in order to pay down their tuition bill.

Here is how it works. Scrip is simply a word that means “substitute money” – in other words, scrip is gift certificates from national and local retailers. They are the same gift cards that you buy at the store. Many popular retailers participate in our scrip program including Target, Safeway, Shell, Home Depot, Outback Steakhouse and many, many others. Scrip participating retailers agree to sell gift certificates to our school at a discount. Member families buy the certificates for full face value, they redeem them for the full face value, and our school and your tuition account keeps the difference as revenue.

The beauty of Scrip is that you put your regular household shopping dollars to work. You earn money for our school without spending a single additional penny. Just spend your regular shopping dollars with scrip at the stores that participate in the scrip program! Scrip can be used for just about any household purchase including food, clothing, entertainment, gasoline and even dining out.

Information about our scrip program will be listed in the weekly Constant Contact emails you receive from the HASA. In it you will find all the facts about scrip, enrollment forms, and answers to your questions. If you have any additional questions, please call our HASA chairs listed below. They will be happy to fill you in!

Kelly Smith
kellycklein@hotmail.com
443-564-9296

Sue Murray
billsusanmurray@comcast.net
443-413-5489

Shield The Vulnerable Training

We are very excited to have as many volunteers take part in any and all activities that we host here at St. Joseph School. We just need to make sure that anyone who wants to volunteer to work with or around children must complete the Archdiocesan Shield the Vulnerable Training. Please contact Mrs. Brooks in the school office. The process involves online training and confirmation that it is complete before you are allowed to attend and/or volunteer around the children.

HASA Hot Lunch Program

Again this year, the HASA will sponsor hot lunches for the students beginning October 4th. The HASA will send home a packet electronically with all the information about the Hot Lunch Program on September 7th. Please contact the HASA through Mrs. Andrea Schermerhorn at amscherm@comcast.net or the school office at office@stjoefullerton.org if you are able to provide any assistance during the days we serve the Hot Lunch Program.

Again this year the HASA arranged the Hot Lunch Program Good Taste Catering on Monday's and Friday's. Information regarding The Good Taste Lunch Program was in the First Day of School Folder. The lunch program begins September 12th, all orders for this date are due by September 5th.

Standardized Testing

We have received the results of the Standardized testing that we took in the spring of this year. As in the past, we continue to show solid scores with increase in score results as individual children move through the grades. If your child took the test here at St. Joseph's, your results were included with their Progress Report on the last day of school.

We encourage parents to continue to emphasize the importance of accuracy and full understanding as you work with your child this year. Your work in the past has paid off. Our test scores are available on the Archdiocesan website and are linked to our website under 'Academics'.

Our teachers have met to analyze the results of these tests. They have used the general cluster scores to discover areas of strength and areas needing support. Then they wrote goals for this year to assist and support students by modifying their content accordingly.

The new standardized testing platform for the 2016-2017 school year will be the IOWA Standardized Test. More information regarding this test will be provided as the year unfolds. The goals that were designed by the teacher will support student success on this new assessment.

Greeter Desk

This year we are introducing a new initiative for the convenience of our parents and visitors. This is the Greeter Desk. (As you enter St. Joseph School you will find a friendly face as you come into the main entrance.) This person will help with the dropping off of late students, forgotten items, early pick-up and a myriad of other jobs. The main goal is to know that you are always welcome and we are here to help you as soon as you enter.

Tuition Reminder

This is a reminder from Mrs. Biggerman to all families who choose Plan C for tuition payment; your next payment is due on September 15, 2016. Please contact the school office with any questions or concerns.

CONGRATULATIONS

PBIS

We would like to congratulate the entire St. Joseph School Family on receiving the Bronze Award in their first year of implementing the PBIS Program. This is the highest honor you can receive in your first year of implementing the program.

PBIS is the Positive Behavioral Interventions and Supports program that has been instituted across the Archdiocese of Baltimore. Our team of faculty led by Mrs. Garing have written lessons and organized activities to help achieve our goals: Respect for Other, Self and the Environment. All classes will review the expectations that are already imbedded in the culture of St Joseph School. We will continue to expand the PBIS program this year to help all students internalize positive Christian behaviors in all their interactions throughout the year as the PBIS Team goes for Silver!!

THANKS TO...

As you arrived to school on the first day you may have noticed at drop-off or at pick-up the new shiny orange cones. Those are thanks to the efforts of our wonderful 7th grade teacher Mrs. Diggs and her husband. (Mr. Diggs works for "Grainger." They kindly donated the cones to give our morning and afternoon drop-off a new look. It is greatly appreciated.)

The entire faculty and staff would like to send out a thank you to the HASA for the wonderful breakfast they provided on August 23rd when teachers returned. It was greatly appreciated.

The entire school family would like to thank Mr. and Mrs. Timmy Ongoy who donated a wonderful indoor/outdoor speaker system in honor of their grandchildren: Riley and Madisen Phillips. This system will help all of our wonderful pep rallies, the Race for Education, and the Red Ribbon Parade to name just a few. Your generosity is overwhelming.

The school would also like to thank Mrs. Pipkin for her painting talents throughout the building. She stenciled the main lobby and did the face lift in the main office.

BITS AND PIECES

Building Improvements

This summer we saw the completion of two major projects. The first was the second phase of our bathroom renovation project. Two more bathrooms on the lower level were renovated over the summer and look amazing. Our second project was the expansion of the Wi-Fi within the building. Each room now has Wi-Fi with updated hubs.

We also gave the main office and lobby a face lift to set a new tone for the 2016-2017 school year. Our cleaning company also completed a thorough cleaning of the building over the summer.

We have more projects we plan to complete throughout the school year to give the school some more face lifts. Volunteer opportunities will be available for anyone who looks to share their talents.

CLASS NEWS

Class of 2016 Scholarship Money

We would like to congratulate the students and teachers of the 8th grade class of 2016 who earned over one million dollars in scholarship money for high school. These students will be attending a variety of prestigious Catholic and public high schools this year. These students will be placed in various accelerated honors courses and specialty programs. We are very proud of all of our graduates and wish them the best in the future.

BONUS PROGRAMS

During the year, through the efforts of the Home and School Association, funds are raised using a variety of bonus programs. Some of these programs are on-going; others have a beginning and ending point. But in all cases they raise money for our school by points you accrue through purchasing their products. We continue to do the following programs with great success and encourage you to send in your Campbell Labels and Boxtops for Education!!

Programs include:

Boxtops for Education

Giant

Campbells

FROM THE COUNSELING OFFICE

Welcome Back Everyone!

It has been so wonderful to see all your children's smiling faces this week. I have been visiting all the classrooms and have enjoyed the opportunity to catch up with them.

As always, I am here as a support to insure that your child has a smooth transition back to school.

Please do not hesitate to contact me if you have any questions or concerns as the year progresses. I can be reached by calling the school -410-256-8026 Ext. 133 or by my email –

gvernick@stjoefullerton.org.

I look forward to seeing you at Back To School Night.

My best,

Gail Vernick, LCSW-C

FROM THE SCHOOL NURSE

Let's Tackle Fall!!!

Parents

Please inform me about any new medications, any change in medications, or any new allergies identified. It is important to have all the necessary information about each student's medical history in the event I would have to do a medical handoff, to EMTs for example.

In an effort to track any trends of illness throughout the school, please specify symptoms when reporting a student's absence.

Unfortunately, we are not offering the Flu mist here at school this year. This is per the Baltimore County Health Department. Please make the necessary arrangements to vaccinate your children against the flu virus.

Students

Flu season is approaching fast. Please make an effort to keep yourself and other students healthy!

1. Wash your hands with soap and water or use an alcohol based hand sanitizer, especially before you eat.
2. Cover your mouth with your elbow when sneezing.
3. After using a tissue, please throw it away and wash or sanitize your hands.
4. DO NOT share drinks, utensils, or food!!

Thank you and here's to a HEALTHY FALL!

Mary Konopacki RN, BSN

mkonopacki@stjoefullerton.org

STUDENT INSURANCE INFORMATION

The following attachment is information for student insurance offered to families for the 2016 – 2017 school year.

2016-2017 Student Accident Coverage

Serviced by: **K&K Insurance Group, Inc.** Phone: 855-742-3135

**Remember to visit our website for faster enrollment: www.studentinsurance-kk.com
Online Enrollment—Secured Accident Coverage can be purchased any time throughout the year.**

ACCIDENT ONLY COVERAGE: The Policy provides benefits for loss due to a covered Injury up to the Maximum Benefit of \$25,000 for each Injury. Provided that treatment by a qualified, licensed Physician begins within 60 days from the date of Injury, benefits will be paid for Covered Medical Expenses incurred within 52 weeks from the date of Injury up to the Maximum Benefit per service as shown below.

SCHEDULE OF BENEFITS: *Maximum Benefits Paid As Specified Below. Medically Necessary and Reasonable Charges are based on the 75th percentile.*

Compare and Choose	Low Option Accident Only	High Option Accident Only
Maximum Benefit:	\$25,000 (For Each Injury)	\$25,000 (For Each Injury)
Deductible:	\$0	\$0
Inpatient		
Room & Board:	Up to \$150 per day/ Semi-private room rate	80% of Reasonable Charges/ Semi-private room rate
Hospital Miscellaneous:	\$600 maximum per day	\$1,200 maximum per day
Registered Nurse:	75% of Reasonable Charges	100% of Reasonable Charges
Physician's Visits: <i>(Benefits are limited to one visit per day and do not apply when related to surgery)</i>	\$40 first day/\$25 each subsequent day	\$60 first day/\$40 each subsequent day
Outpatient		
Day Surgery Miscellaneous:	\$1,000 maximum	\$1,200 maximum
Physician's Visits: <i>(Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)</i>	\$40 first day/ \$25 each subsequent day	\$60 first day/ \$40 each subsequent day
Outpatient Physical Therapy: <i>(Benefits are limited to one visit per day)</i>	\$30 first day/\$20 each subsequent day/ 5 days maximum	\$60 first day/\$40 each subsequent day/ 5 days maximum
Emergency Room Services: <i>(Treatment must be rendered within 72 hours from the time of the injury)</i>	\$150 maximum	\$300 maximum
X-Rays:	\$200 maximum	\$600 maximum
Diagnostic Imaging Services:	\$300 maximum	\$600 maximum
Laboratory:	\$50 maximum	\$300 maximum
Prescription Drugs:	\$75 maximum	\$200 maximum
Injections:	No Benefits	No Benefits
Orthopedic Braces & Appliances:	\$75 maximum	\$140 maximum
Inpatient and/or Outpatient		
Surgery Fees: <i>(Limited to primary procedure per injury)</i>	\$1,000 maximum	\$1,200 maximum
Anesthetist:	20% of Surgery Allowance	25% of Surgery Allowance
Assistant Surgeon:	20% of Surgery Allowance	25% of Surgery Allowance
Ambulance:	\$300 maximum	\$800 maximum
Consultant:	\$200 maximum	\$400 maximum
Dental Treatment due to Injury to Teeth: <i>(For Injury to sound, natural teeth only)</i>	\$10,000 maximum per policy term	\$10,000 maximum per policy term
Replacement of Eye Glasses, Contact Lenses or Hearing Aids that are broken as a result of a Covered Injury:	100% of Reasonable Charges	100% of Reasonable Charges
Durable Medical Equipment:	No Benefits	No Benefits
Maternity:	No Benefits	No Benefits
Complication of Pregnancy:	No Benefits	No Benefits

Expenses for the following are not covered: Prosthetic Devices, Mental and Nervous Disorders, Home Health Care, Injections.

This policy contains an excess provision. Benefits will not be paid under the Basic Accident Medical Expense for Covered Expenses to the extent that they are collectible under another Health Care Plan.

*Details of these benefits may be found in the Master Policy on file at the School District. **NOTE:** This is a brief summary of the benefits and not a contract. A Master Policy has been provided to your school district that contains all of the provisions, limitations and exclusions and qualifications of the insurance benefits. The Master policy is the contract and will govern and control the payment of benefits.*

Choose Your Coverage Plan: *One-Time Payment For Accident Coverage*

PLEASE NOTE - FOR COVERAGE PLANS LISTED BELOW

Coverage Effective Date: A person's coverage takes effect at the later of the date his or her completed application and premium is received by the company or the effective date of the policy issued to his or her school or school district.

Coverage Termination Date: Coverage ends on the earlier of the date his or her coverage has been in force for twelve months or the first day of the next school year. All coverage ceases if the policyholder cancels the policy or when the person ceases to be eligible. Termination of coverage for any reason will not affect a claim which occurs before coverage ends.

	Low Option	High Option
24-Hour Accident (Students & Employees) Around-the-clock/anywhere in the world. Before, during and after school. Weekends, vacation and all summer including summer school. School sponsored and extracurricular sports excluding High School Football.	\$82.00	\$122.00
24-Hour Accident (Summer Only Coverage, Students Only) Summer begins on the first day after the school year ends. Summer ends the first day of the next school year.	\$27.00	\$38.00
At-School Accident (Students & Employees) During the regular school term, on school premises while school is in session. Direct and uninterrupted travel to and from home and scheduled classes. School Sponsored and supervised activities and sports excluding High School Football. Travel to and from school sponsored and supervised activities and sports while in a school furnished or approved vehicle.	\$26.00	\$35.00
High School Football (Full Year) Play or practice of regularly scheduled football. Consult your Athletic Department for enrollment instructions.	\$134.00	\$205.00
High School Football (Spring Only Rates) For new players who participate in spring training and not already insured under Football Coverage. Sports seasons are defined by your state high school athletic association.	\$59.00	\$87.00
High School Football and At-School Accident (Covers all athletics)	\$160.00	\$240.00
High School Football and 24-Hour Accident (Covers all athletics)	\$216.00	\$327.00

Facts about the Policy

1. WHO IS ELIGIBLE: students of the policyholder who make the required premium contribution for the coverage selected are eligible. Student status continues after graduation and between school years unless the person enrolls at a different school district.
2. The Master Policy on file with the school district is a non-renewable policy.
3. This is a limited benefit policy.
4. COVERAGE EFFECTIVE DATE: A person's coverage takes effect at the later of the date his or her completed application and premium is received by the company or the effective date of the policy issued to his or her school or school district.
5. COVERAGE TERMINATION DATE: Coverage ends on the earlier of the date his or her coverage has been in force for twelve months or the first day of the next school year.
All coverage ceases if the policyholder cancels the policy or when person ceases to be eligible. Termination of coverage for any reason will not affect a claim which occurs before coverage ends.
6. LATE ENROLLMENT: Coverage may be purchased at any time during the school year. There is no premium reduction for any individual who enrolls late in the year
7. CANCELLATION: Coverage under the Policy will not be cancelled, and accordingly, premiums may not be refunded after acceptance by the Company. However, a pro-rata refund of premium shall be made in the event a Covered Person enters the Military Service.
8. STUDENT TRANSFER: The policy continues to be in force anywhere in the world if the Covered Person should relocate prior to the expiration of coverage.

1799(MD_MB_ENG_03/16)

Enroll online at:

www.StudentInsurance-kk.com

or by mail using attached enrollment form.

1. Complete and detach the enrollment form.
2. Make check or money order payable to Nationwide Life Insurance Company. Do not send cash. The Company is not responsible for cash payments.
3. Write your child's name on your check or money order.
4. Mail completed enrollment form with payment back to:
**K&K Insurance Group,
P.O. Box 2338
Fort Wayne, IN 46801-2338**
5. Your cancelled check, credit card billing, or money order stub will be your receipt and confirmation of payment.
6. Keep this brochure for future reference. Individual policies will not be sent to you.

Privacy Policy

We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information.

Administered by:

K&K Insurance Group, P.O. Box 2338,
Fort Wayne, IN 46801-2338

 Cut out card and retain for your records

STUDENT INSURANCE CARD

Student's Name _____

If premium has been paid, the student whose name appears above has been insured under a Policy issued to:

School District: _____

Accident Only Coverage: 24-HOUR 24-HOUR (Summer Only Coverage)

AT-SCHOOL FOOTBALL FOOTBALL (Spring Only)

Paid by Check # _____ Amount Paid: _____ Date Paid: _____

Policy # _____

Underwritten by: Nationwide Life Insurance Company
Claims Questions: K&K Insurance Group, Inc.
1712 Magnavox Way • Fort Wayne, IN 46801 • 800-237-2917

Policy Exclusions and Limitations for Accident Only Coverages

The following exclusions apply to any and all Benefits and any applicable Riders, unless otherwise specifically referenced. **We will not pay Benefits for:**

1. An Injury or Loss that is:
 - a. caused by war or any act of war, declared or undeclared, whether civil or international, or any substantial armed conflict between organized forces of military nature (which does not include acts of terrorism);
 - b. caused while the Insured is serving full-time active duty (more than 31 days) in any Armed Forces;
 - c. caused by participating in a riot or violent disorder;
 - d. the result of an Insured's taking part in committing or attempting to commit a felony, or engaging in any unlawful act or illegal occupation, or committing or provoking an unlawful act;
 - e. the result of the Insured being under the influence of any drug, narcotic, intoxicant or chemical (unless prescribed by a Physician and taken according to the Physician's instructions) as defined by the law of the jurisdiction in which the Accidental Injury occurred. Conviction is not necessary for determination of being "under the influence."; or
 - f. intentionally self-inflicted, including suicide or attempt thereof, while sane or insane.
2. An Injury or Loss that is the result of travel or flight (including getting in or out, on or off) in any aircraft except solely as a fare-paying passenger in a commercial aircraft, or as a passenger in a Policyholder chartered aircraft, provided such aircraft has a valid and current airworthiness certificate and is operated by a duly licensed or certified pilot, and while such aircraft is being used for the sole purpose of transportation and such travel is listed as a Covered Activity in the Schedule of Benefits.
3. Any Accident where the Insured is the operator and does not possess a current and valid motor vehicle operator's license (except in a Driver's Education Program).
4. An Accident that occurs while:
 - a. participating in any hazardous activities, including the sports of snowmobile, ATV (all terrain or similar type wheeled vehicle), personal watercraft, sky diving, scuba diving, skin diving, hang gliding, cave exploration, bungee jumping, parachute jumping or mountain climbing;
 - b. riding, driving, or testing a motorized vehicle used in a race or speed contest, sport, exhibition work or test driving. Motorized Vehicle for purposes of this provision means any self-propelled vehicle or conveyance, including but not limited to automobiles, trucks, motorcycles, ATV's, snow mobiles, tractors, golf carts, motorized scooters, lawn mowers, heavy equipment used for excavating, boats, and personal watercraft. Motorized Vehicle does not include a Medically Necessary motorized wheelchair, unless such activity is specifically listed as a Covered Activity in the Schedule of Benefits.
5. Medical or surgical treatment, diagnostic or preventative care of any Sickness, except for treatment of pyogenic infection that results from an Accidental Injury or a bacterial infection that results from the Accidental ingestion of contaminated substances.
6. Any Heart or Circulatory Malfunction, whether or not known or diagnosed, except as may be otherwise covered under the Policy or unless the immediate cause of such malfunction is external trauma.

Additional exclusions for the Accident Medical Expense Benefit and any applicable Riders: **We will not pay Benefits for:**

1. Expenses Incurred for services or treatment rendered by a Physician, Nurse or any other Provider who is:
 - a. employed or retained by the Policyholder, or its subsidiaries or affiliates;
 - b. the Insured, or the Insured's Family Member.
2. Expenses Incurred for charges which the Insured would not have to pay if he/she did not have insurance or for which no charge is made.
3. Expenses Incurred for charges which are in excess of Reasonable Charges.
4. That part of medical expenses payable by any automobile insurance Policy without regard to fault.
5. Expenses Incurred for any treatment that is considered to be experimental by the American Medical Association (AMA) or the American Dental Association (ADA).
6. Expenses Incurred for the examination, prescription, purchase, or fitting of eyeglasses, contact lenses, or hearing aids, unless Injury has caused impairment of sight or hearing or unless repair or replacement of existing eye glasses, contact lenses or hearing aids is necessary as a result of a covered Injury.
7. Expenses Incurred for new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except as a result of Injury up to the Dental Maximum shown in the Schedule of Benefits, if applicable.
8. Expenses Incurred for personal comfort or convenience items including, but not limited to, Hospital telephone charges, television rentals, or guest meals.
9. Expenses Incurred for or in connection with Custodial Care, unless otherwise specified in the Schedule of Benefits.
10. Expenses Incurred for supervision of an anesthetist.
11. Expenses Incurred for Durable Medical Equipment rental in excess of the purchase price.
12. Expenses Incurred for subsequent repairs and replacement of prosthetic devices.
13. Expenses Incurred for any condition covered by any Workers' Compensation Act, Occupational Disease law or similar law.

Accident Only Definitions:

Injury A bodily injury which is:

1. directly and independently caused by specific Accidental contact with another body or object;
2. a source of loss that is sustained while the Insured Person is covered under this Policy and while he or she is taking part in a Covered Activity.

For all Benefits, Injury includes Heart and Circulatory Malfunction, subject to the following conditions:

1. Malfunction must occur before age 65 while the Insured is taking part in a Covered Activity; and

2. The symptom(s) of such malfunction(s) is (are) first medically treated while the Policy is in force with respect to the Insured and within 48 hours of having taken part in a Covered Activity; and
3. Such Insured has not, within one year prior to the date of participation in the Covered Activity, been medically diagnosed with, or received any medication for, any myocardial infarction, angina pectoris, coronary thrombosis, hypertension, heart attack, or a cerebral vascular incident.

For the Accident Medical Expense Benefit, Injury also includes repetitive motion injuries resulting from participation in a Covered Activity. Repetitive motion injuries are injuries such as, but not limited to, strains, sprains, hernias, tennis elbow, tendonitis, bursitis, and muscle tears. The repetitive motion injury must be diagnosed by a Physician and occur within 30 days of participation in a Covered Activity.

All Injuries sustained in one Accident, including all related conditions and recurrent symptoms of these Injuries will be considered as one Injury.

Accidental Death & Specific Loss Benefits:

The Aggregate Limit is \$500,000 and is the maximum amount payable for claims incurred for all Insureds under the Policy which are caused by any one Incident that occurs when the Policy is in force. If this limit is not sufficient to pay the total of all such Claims, then the Benefit payable to any one Insured will be determined in proportion to our total aggregate limit of liability. This Aggregate Limit of Liability applies only to Accidental Death and Specific Loss Benefits.

Life	\$10,000
Both arms or both legs	\$10,000
Both hands and both feet	\$10,000
One arm and one leg	\$10,000
One hand and one foot	\$10,000
Either both hands or both feet	\$10,000
Speech and hearing in both ears	\$10,000
The sight of both eyes	\$10,000
The sight of one eye and either one hand or one foot	\$10,000
Either one arm or one leg	\$7,500
Either one hand or one foot	\$5,000
Speech or hearing in both ears	\$5,000
Sight of one eye	\$5,000
Hearing in one ear	\$2,500
Both the thumb and index finger of one hand	\$2,500

Cobertura de accidentes para estudiantes 2016-2017

Servicio prestado por: **K&K Insurance Group, Inc.** Teléfono: 855-742-3135

Recuerde visitar nuestro sitio web para una inscripción más rápida: www.studentinsurance-kk.com
Inscripción por Internet —La Cobertura de accidentes garantizada se puede comprar en cualquier momento durante todo el año.

COBERTURA SOLO PARA ACCIDENTES: La Póliza ofrece beneficios por pérdida debido a una Lesión cubierta hasta un Beneficio máximo de \$25,000 por cada Lesión. Siempre que el tratamiento a cargo de un Médico calificado y matriculado comience en el término de 60 días a partir de la fecha de la Lesión, se pagarán beneficios por los Gastos médicos cubiertos incurridos dentro de las 52 semanas a partir de la fecha de la Lesión, hasta el Beneficio máximo por servicio según se muestra a continuación.

PROGRAMA DE BENEFICIOS: *Los Beneficios máximos se pagan según lo especificado a continuación. Los Cargos razonables y necesarios por razones médicas están basados en el percentil 75.*

Compare y elija	Opción baja de Solo accidentes	Opción alta de Solo accidentes
Beneficio máximo:	\$25,000 (por cada lesión)	\$25,000 (por cada lesión)
Deducible:	\$0	\$0
Paciente hospitalizado		
Habitación y comidas:	Hasta \$150 por día/ tarifa de habitación semiprivada	80% de los cargos razonables/tarifa de habitación semiprivada
Varios del hospital:	\$600 como máximo por día	\$1,200 como máximo por día
Personal de enfermería registrado:	75% de los cargos razonables	100% de los cargos razonables
Consultas médicas: <i>(Los beneficios se limitan a una consulta por día y no aplican cuando la consulta se relaciona con una cirugía)</i>	\$40 primer día/\$25 cada día subsiguiente	\$60 primer día/\$40 cada día subsiguiente
Paciente ambulatorio		
Procedimientos quirúrgicos ambulatorios varios:	\$1,000 como máximo	\$1,200 como máximo
Consultas médicas: <i>(Los beneficios se limitan a una consulta por día y no aplican cuando la consulta se relaciona con una cirugía o fisioterapia)</i>	\$40 primer día/ \$25 cada día subsiguiente	\$60 primer día/ \$40 cada día subsiguiente
Fisioterapia para pacientes ambulatorios: <i>(Los beneficios se limitan a una consulta por día)</i>	\$30 primer día/\$20 cada día subsiguiente/ máximo de 5 días	\$60 primer día/\$40 cada día subsiguiente/ máximo de 5 días
Servicios en la sala de emergencias: <i>(El tratamiento se debe realizar en el término de 72 horas desde que se produce la lesión)</i>	\$150 como máximo	\$300 como máximo
Radiografías:	\$200 como máximo	\$600 como máximo
Servicios de diagnóstico por imágenes:	\$300 como máximo	\$600 como máximo
Laboratorio:	\$50 como máximo	\$300 como máximo
Medicamentos recetados:	\$75 como máximo	\$200 como máximo
Inyecciones:	No hay beneficios	No hay beneficios
Aparatos y dispositivos ortopédicos:	\$75 como máximo	\$140 como máximo
Paciente hospitalizado y/o paciente ambulatorio		
Aranceles de cirugía: <i>(Limitado al procedimiento primario por herida)</i>	\$1,000 como máximo	\$1,200 como máximo
Anestesiista:	20% de la prestación por cirugía	25% de la prestación por cirugía
Auxiliar quirúrgico:	20% de la prestación por cirugía	25% de la prestación por cirugía
Ambulancia:	\$300 como máximo	\$800 como máximo
Asesor:	\$200 como máximo	\$400 como máximo
Tratamientos dentales debido a Lesiones en los dientes: <i>(Para Lesiones en dientes naturales y en buen estado)</i>	Máximo de \$10,000 por período de póliza	Máximo de \$10,000 por período de póliza
Reemplazo de anteojos, lentes de contacto o audífonos que se rompen como consecuencia de una Lesión cubierta:	100% de los cargos razonables	100% de los cargos razonables
Equipos médicos duraderos:	No hay beneficios	No hay beneficios
Maternidad:	No hay beneficios	No hay beneficios
Complicación del embarazo:	No hay beneficios	No hay beneficios

No se cubren los gastos de los siguientes rubros: Dispositivos protésicos, trastornos mentales y nerviosos, atención de la salud en el hogar, inyecciones.

Esta póliza contiene una disposición de exceso. No se pagarán beneficios en virtud de los Gastos médicos básicos por accidente por gastos cubiertos en la medida en que sean pagaderos en virtud de otro Plan de atención médica.

*Los detalles de estos beneficios se pueden encontrar en la Póliza maestra archivada en el distrito escolar. **NOTA:** Este es un breve resumen de los beneficios y no es un contrato. Se le ha entregado al distrito escolar una Póliza maestra que contiene todas las disposiciones, limitaciones, exclusiones y calificaciones de los beneficios del seguro. La Póliza maestra es el contrato que registrará y controlará el pago de los beneficios.*

Elija su plan de cobertura: *Pago único para cobertura de accidente*

OBSÉRVESE – PARA LOS PLANES DE COBERTURA ENUMERADOS A CONTINUACIÓN

Fecha de entrada en vigencia de la cobertura: La cobertura de una persona entra en vigencia cuando la compañía recibe la solicitud completada y la prima, o en la fecha de entrada en vigencia de la póliza emitida a su escuela o distrito escolar, la fecha que sea posterior.

Fecha de vencimiento de la cobertura: La cobertura finaliza cuando se cumplen doce meses de vigencia de la cobertura o el primer día del año escolar siguiente, la fecha que sea anterior. Se extinguirá toda la cobertura si el titular de la póliza cancela la póliza o cuando la persona deja de reunir los requisitos necesarios. La extinción de la cobertura por cualquier motivo no afectará a ninguna reclamación que tenga lugar antes de la finalización de la cobertura.

	Opción baja	Opción alta
Accidente las 24 horas (alumnos y empleados) A toda hora/en cualquier parte del mundo. Antes, durante y después del horario escolar. Los fines de semana, vacaciones y todo el verano, incluidos los cursos de verano. Deportes patrocinados por la escuela y extracurriculares, queda excluido el fútbol americano de preparatoria.	\$82.00	\$122.00
Accidente las 24 horas (cobertura solo durante el verano, solo estudiantes) El verano comienza el primer día después de que termina el año escolar. El verano termina el primer día del año escolar siguiente.	\$27.00	\$38.00
Accidente en la escuela (alumnos y empleados) Durante el período lectivo regular, en las instalaciones de la escuela durante las horas de clase. Traslado directo e ininterrumpido desde y hacia el hogar y las clases programadas. Actividades y deportes patrocinados y supervisados por la escuela; queda excluido el fútbol americano de preparatoria. Traslados desde y hacia actividades y deportes patrocinados y supervisados por la escuela en un vehículo proporcionado o aprobado por la escuela.	\$26.00	\$35.00
Preparatoria Fútbol americano (Todo el año) Juego, práctica o partidos de fútbol americano regulares programados. Consulte con el Departamento de Deportes a fin de obtener las instrucciones para la inscripción.	\$134.00	\$205.00
Preparatoria Fútbol americano (tarifas exclusivas para la primavera) Para los jugadores nuevos que participan en el entrenamiento de primavera y todavía no están asegurados en virtud de la Cobertura de fútbol americano. La asociación de atletismo de las preparatorias de su estado define las temporadas de deportes.	\$59.00	\$87.00
Preparatoria Fútbol americano y Accidentes en la escuela (Cubre todas las disciplinas atléticas)	\$160.00	\$240.00
Preparatoria Fútbol americano y Accidente las 24 horas (Cubre todas las disciplinas atléticas)	\$216.00	\$327.00

Datos sobre la Póliza

- ¿QUIÉNES REÚNEN LOS REQUISITOS? Son elegibles los alumnos del titular de la póliza que efectúan el aporte requerido en concepto de prima para la cobertura seleccionada. La condición de alumno se mantiene después de la graduación y entre los años escolares, a menos que la persona se inscriba en otro distrito escolar.
- La Póliza maestra archivada en el distrito escolar es una póliza no renovable.
- Esta es una póliza de beneficios limitados.
- FECHA DE ENTRADA EN VIGENCIA DE LA COBERTURA: La cobertura de una persona entra en vigencia cuando la compañía recibe la solicitud completada y la prima, o en la fecha de entrada en vigencia de la póliza emitida a su escuela o distrito escolar, la fecha que sea posterior.
- FECHA DE VENCIMIENTO DE LA COBERTURA: la cobertura finaliza cuando se cumplen doce meses de vigencia de la cobertura o el primer día del año escolar siguiente, la fecha que sea anterior.
Se extinguirá toda la cobertura si el titular de la póliza cancela la póliza o cuando la persona deja de reunir los requisitos necesarios. La extinción de la cobertura por cualquier motivo no afectará a ninguna reclamación que tenga lugar antes de la finalización de la cobertura.
- INSCRIPCIÓN TARDÍA: La cobertura se puede comprar en cualquier momento durante el año escolar. No habrá ninguna reducción de prima para ninguna persona que se inscriba más avanzado el año.
- CANCELACIÓN: La Cobertura en virtud de la Póliza no se cancelará y, por consiguiente, las primas no se podrán reembolsar después de la aceptación por parte de la Compañía. Sin embargo, se reembolsarán en forma prorrateada las primas en caso de que una Persona cubierta ingrese en el Servicio Militar.
- TRASLADO DEL ALUMNO: La póliza continúa vigente en cualquier parte del mundo si la Persona cubierta se muda antes del vencimiento de la cobertura.

Inscríbese por Internet en:

www.StudentInsurance-kk.com

o por correo mediante el formulario de inscripción adjunto.

- Complete y recorte el formulario de inscripción.
- Emita el cheque o el giro postal pagadero a Nationwide Life Insurance Company. No envíe dinero en efectivo. La Compañía no se hace responsable de los pagos en efectivo.
- Escriba el nombre de su hijo en el cheque o giro postal.
- Envíe por correo el formulario completado con el pago a:
**K&K Insurance Group,
P.O. Box 2338
Fort Wayne, IN 46801-2338**
- El cheque cancelado, la facturación de la tarjeta de crédito o el talón del giro postal serán su comprobante y la confirmación del pago.
- Conserve este folleto para consultar en el futuro. No se le enviarán pólizas individuales.

Política de privacidad

Sabemos que su privacidad es importante para usted y nos esforzamos por proteger la confidencialidad de su información personal no pública. No revelamos ninguna información personal no pública sobre nuestros clientes o exclientes a nadie, excepto según lo permita o exija la ley. Consideramos que mantenemos las salvaguardias físicas, electrónicas y procedimentales apropiadas para garantizar la seguridad de su información personal no pública.

Administrado por:

K&K Insurance Group, P.O. Box 2338,
Fort Wayne, IN 46801-2338

 Recorte la tarjeta y consérvela para sus registros

TARJETA DE SEGURO DEL ALUMNO

Nombre del alumno _____
Si se ha pagado la prima, el alumno, cuyo nombre aparece más arriba, ha sido asegurado en virtud de la Póliza emitida para:

Distrito escolar: _____

Cobertura solo para accidentes: 24 HORAS 24 HORAS (cobertura solo durante el verano)
 EN LA ESCUELA FÚTBOL AMERICANO FÚTBOL AMERICANO (solo primavera)

Pagado con el cheque N.º _____ Cantidad pagada: _____ Fecha de pago: _____

N.º de póliza _____

Suscrito por: Nationwide Life Insurance Company
Preguntas sobre las reclamaciones: K&K Insurance Group, Inc.
1712 Magnavox Way • Fort Wayne, IN 46801 • 800-237-2917

Exclusiones y limitaciones de la póliza para Coberturas de solo accidentes

Las siguientes exclusiones aplican a todos los Beneficios y todas las Cláusulas adicionales pertinentes, a menos que se mencione explícitamente lo contrario. **No pagaremos Beneficios por:**

- Una Lesión o Pérdida que:
 - sea causada por una guerra o cualquier acto de guerra, declarada o no declarada, sea civil o internacional, o cualquier conflicto armado importante entre fuerzas organizadas de naturaleza militar (lo que no incluye actos de terrorismo);
 - sea causada mientras la Persona asegurada presta servicio activo a tiempo completo (más de 31 días) en cualquier rama de las Fuerzas Armadas;
 - sea causada por la participación en una revuelta o disturbio violento;
 - sea el resultado de la participación de la Persona asegurada en la perpetración o intento de perpetración de un delito grave, la intervención en cualquier acto ilícito u ocupación ilegal o la perpetración o provocación de cualquier acto ilícito;
 - se produzca porque la Persona asegurada está bajo la influencia de cualquier droga, narcótico, psicotrópico o sustancia química (a menos que sea recetado por un Médico y se lo utilice de acuerdo con las indicaciones del Médico) según lo definen las leyes de la jurisdicción en la que se produjo la Lesión accidental. No es necesario una condena para determinar si se está "bajo la influencia de..."; o
 - se autoinflija intencionalmente, lo que incluye suicidio o intento de suicidio, en estado de sano juicio o no.
- Una Lesión o Pérdida que sea resultado de un viaje o vuelo (que incluye entrar, salir, subir o bajar) en cualquier aeronave excepto y exclusivamente como pasajero que paga su pasaje en una aeronave comercial, o como pasajero en una aeronave contratada por el Titular de la póliza, siempre que dicha aeronave tenga un certificado de aeronavegabilidad válido y vigente y sea operada por un piloto autorizado o con la debida licencia, y mientras dicha aeronave sea utilizada exclusivamente con fines de transporte y dicho viaje se consigne como una Actividad cubierta en el Programa de beneficios.
- Todo Accidente donde la Persona asegurada sea el operador y no posea una licencia de operador de vehículo a motor válida y vigente (excepto en un Programa de formación de conductores).
- Un Accidente que se produzca durante:
 - la participación en cualquier actividad peligrosa, incluidos los deportes de vehículos de nieve, vehículos todo terreno (vehículos todo terreno o vehículos con ruedas similares), embarcaciones personales, paracaidismo acrobático, buceo, submarinismo, vuelo en ala delta, exploración de cuevas, salto elástico (bungee), lanzamiento en paracaídas o alpinismo;
 - el viaje en, la conducción de o la prueba de un vehículo a motor utilizado en una carrera o competencia de velocidad, deporte, trabajo de exhibición o prueba de manejo. Para los fines de esta disposición, Vehículo a motor significa todo medio de transporte o vehículo autopropulsado, que incluye, entre otros, automóviles, camiones, motocicletas, vehículos todo terreno, motos de nieve, tractores, carros de golf, motopatines, cortadoras de césped, equipos pesados utilizados para excavar, barcos y embarcaciones personales. El concepto Vehículo a motor no incluye una silla de ruedas motorizada necesaria por razones médicas, a menos que dicha actividad esté explícitamente consignada como una Actividad cubierta en el Programa de beneficios.
- Tratamiento médico o quirúrgico, atención de diagnóstico o preventiva de cualquier Enfermedad, excepto el tratamiento de una infección piógena que sea consecuencia de una Lesión accidental o una infección bacteriana resultado de la Ingestión accidental de sustancias contaminadas.
- Toda Insuficiencia cardíaca o circulatoria, sea conocida o no o esté diagnosticada o no, excepto según se cubra de otro modo en virtud de la Póliza o a menos que la causa inmediata de dicha insuficiencia sea un traumatismo externo.

Otras exclusiones para el Beneficio de gastos médicos por accidente y toda Cláusula adicional pertinente: **No pagaremos Beneficios por:**

- Los Gastos por servicios o tratamientos prestados por un Médico, Enfermero o cualquier Proveedor que:
 - sea empleado de o esté contratado por el Titular de la póliza o sus subsidiarias o filiales;
 - sea la Persona asegurada o un Integrante de la familia de la Persona asegurada.
- Los Gastos incurridos por cargos que la Persona asegurada no pagaría si no tuviera el seguro o servicios por los que no se cobra ningún cargo.
- Los Gastos incurridos por cargos que superan los Cargos razonables.
- La parte de los gastos médicos pagaderos por cualquier Póliza de seguro automotor sin tener en cuenta la culpa.
- Los Gastos incurridos por cualquier tratamiento que la American Medical Association (AMA) o la American Dental Association (ADA) consideren experimental.
- Los Gastos incurridos por la inspección, indicación, compra o ajuste de anteojos, lentes de contacto o audífonos, a menos que la Lesión haya causado el deterioro de la vista o la audición, o a menos que sea necesario reparar o reemplazar los anteojos, lentes de contacto o audífonos en uso como consecuencia de una Lesión cubierta.
- Los Gastos incurridos por dentaduras postizas, puentes, implantes dentales, bandas o frenos u otros aparatos dentales, coronas, fundas, incrustaciones *inlay* u *onlay* y empastes nuevos, su reparación o reemplazo, o cualquier otro tratamiento de los dientes o las encías, excepto como resultado de una Lesión y hasta el Máximo de cobertura odontológica que figura en el Programa de beneficios, si corresponde.
- Los Gastos incurridos por artículos para la comodidad o el confort personal, que incluyen, entre otros, cargos por llamadas telefónicas en el Hospital, alquiler de televisores o comidas para las personas de visita.
- Los Gastos incurridos por o a propósito de Atención personal no médica, a menos que se especifique lo contrario en el Programa de beneficios.
- Los Gastos incurridos por la supervisión de un anestesiista.
- Los Gastos incurridos por el alquiler de Equipos médicos duraderos que superen el precio de compra.
- Los Gastos incurridos por la posterior reparación y reemplazo de dispositivos protésicos.
- Los Gastos incurridos por cualquier afección cubierta por alguna Ley de Compensación de los Trabajadores, Ley de Enfermedades Ocupacionales o ley similar.

Definiciones de Solo accidentes:

Lesión Una lesión física que:

- está directa o independientemente causada por un contacto accidental con otro cuerpo u objeto;
- es una fuente de pérdida sufrida mientras la Persona asegurada está cubierta en virtud de la Póliza y mientras esa persona participa en una Actividad cubierta.

Para todos los Beneficios, Lesión incluye Insuficiencia cardíaca y circulatoria, con sujeción a las siguientes condiciones:

- La Insuficiencia se debe presentar antes de los 65 años de edad mientras la Persona asegurada participa en una Actividad cubierta; y

- Un médico trata el o los síntomas de dicha insuficiencia en primera instancia mientras la Póliza está vigente con respecto a la Persona asegurada y en el término de 48 horas de haber participado en una Actividad cubierta; y
- A dicha Persona asegurada, en el término de un año antes de la fecha de la participación en la Actividad cubierta, un médico no le ha diagnosticado, ni ha recibido medicamentos para, infarto de miocardio, angina de pecho, trombosis coronaria, hipertensión, ataque cardíaco o incidente cerebrovascular.

Para el Beneficio de gastos médicos por accidente, Lesión también incluye lesiones por movimientos repetitivos como consecuencia de la participación en una Actividad cubierta. Las lesiones por movimientos repetitivos incluyen, entre otras, esguinces, torceduras, hernias, codo de tenista, tendinitis, bursitis y desgarros musculares. La lesión por movimientos repetitivos debe ser diagnosticada por un Médico y se debe producir dentro de los 30 días de participar en una Actividad cubierta.

Todas las Lesiones sufridas en un Accidente, incluidas todas las afecciones relacionadas y los síntomas recurrentes de estas Lesiones, se considerarán una sola Lesión.

Beneficios por Muerte accidental y pérdida específica:

El Límite global es de \$500,000 y es la cantidad máxima que se puede pagar por reclamaciones incurridas para todos los Asegurados en virtud de la Póliza que resultan de un Incidente cualquiera que se produce cuando la Póliza se encuentra vigente. Si este límite no fuera suficiente para pagar el total de todas dichas Reclamaciones, el Beneficio que se debe pagar a cualquier Asegurado se determinará proporcionalmente a nuestro Límite global total de responsabilidad. Este Límite global de responsabilidad aplica únicamente a los Beneficios por Muerte accidental y Pérdida específica.

Vida	\$10,000
Ambos brazos o ambas piernas	\$10,000
Ambas manos y ambos pies	\$10,000
Un brazo y una pierna	\$10,000
Una mano y un pie	\$10,000
Ambas manos o ambos pies	\$10,000
El habla y la audición en ambos oídos	\$10,000
La visión de ambos ojos	\$10,000
La visión de un ojo y una mano o un pie	\$10,000
Un brazo o una pierna	\$7,500
Una mano o un pie	\$5,000
El habla o la audición en ambos oídos	\$5,000
La visión de un ojo	\$5,000
La audición de un oído	\$2,500
El dedo pulgar y el índice de una mano	\$2,500

Enroll online for quicker service at www.StudentInsurance-kk.com

or complete and mail this form

Enrollment Form (School Year 2016-2017)

Student's Last Name: _____

Student's First Name: _____

Student's Middle Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Name of School District (required): _____

Name of School: _____

Grade Level: Pre-K/Headstart Kindergarten/Elementary Middle School High School/Above

Signature of Parent or Guardian: _____

Date: _____ Email Address: _____ Phone Number: _____

Student Insurance Plan Options — Check Your Selection:

Accident Only Coverage Plans	Low Option	High Option
24-HOUR	<input type="checkbox"/> \$82.00	<input type="checkbox"/> \$122.00
24-HOUR Summer Only	<input type="checkbox"/> \$27.00	<input type="checkbox"/> \$38.00
AT-SCHOOL	<input type="checkbox"/> \$26.00	<input type="checkbox"/> \$35.00
HIGH SCHOOL FOOTBALL COVERAGE Full Year	<input type="checkbox"/> \$134.00	<input type="checkbox"/> \$205.00
HIGH SCHOOL FOOTBALL COVERAGE Spring Only <i>For New Players</i>	<input type="checkbox"/> \$59.00	<input type="checkbox"/> \$87.00
HIGH SCHOOL FOOTBALL and AT-SCHOOL <i>Covers all athletics</i>	<input type="checkbox"/> \$160.00	<input type="checkbox"/> \$240.00
HIGH SCHOOL FOOTBALL and 24-HOUR <i>Covers all athletics</i>	<input type="checkbox"/> \$216.00	<input type="checkbox"/> \$327.00

Enclose check for total payment payable to: Nationwide Life Insurance Company. Checks, money orders, or credit cards accepted.

DO NOT SEND CASH

TOTAL ENCLOSED: \$ _____

1799(MD_MB_ENG_03/16)

Mail this completed form with payment back to: K&K Insurance Group, P.O. Box 2338, Fort Wayne, IN 46801-2338

Complete this section only if you wish to pay with a Credit Card

Full name as it appears on card

First Name: _____ MI: _____ Last Name: _____

Billing Address (if different than above)

Street # _____ Address _____ Apt # _____

City: _____ State: _____ Zip: _____

Card Number: Expiration Date: Month: Year:

Cardholder signature: _____

Company does not issue refunds nor accept responsibility for cash payments. (Rejection of check or credit card by bank for any reason, will invalidate insurance.)

Formulario de inscripción (Año escolar 2016-2017)

Apellido del alumno: _____
 Nombre del alumno: _____
 Segundo nombre del alumno: _____ Fecha de nacimiento: _____
 Dirección: _____
 Ciudad: _____ Estado: _____ Código postal: _____
 Nombre del distrito escolar (obligatorio): _____
 Nombre de la escuela: _____
 Grado: Prekinder/Preescolar Kindergarten/Escuela primaria Escuela secundaria Preparatoria/Nivel más alto
 Firma del padre/madre o tutor: _____
 Fecha: _____ Dirección de correo electrónico: _____ Número de teléfono: _____

Opciones del Plan de seguro para estudiantes — Marque su elección:

Planes de cobertura solo para accidentes	Opción baja	Opción alta
24 HORAS	<input type="checkbox"/> \$82.00	<input type="checkbox"/> \$122.00
24 HORAS Solo durante el verano	<input type="checkbox"/> \$27.00	<input type="checkbox"/> \$38.00
EN LA ESCUELA	<input type="checkbox"/> \$26.00	<input type="checkbox"/> \$35.00
Preparatoria COBERTURA DE FÚTBOL AMERICANO Todo el año	<input type="checkbox"/> \$134.00	<input type="checkbox"/> \$205.00
Preparatoria COBERTURA DE FÚTBOL AMERICANO Solo durante la primavera <i>Para jugadores nuevos</i>	<input type="checkbox"/> \$59.00	<input type="checkbox"/> \$87.00
Preparatoria FÚTBOL AMERICANO y EN LA ESCUELA <i>Cubre todas las disciplinas atléticas</i>	<input type="checkbox"/> \$160.00	<input type="checkbox"/> \$240.00
Preparatoria FÚTBOL AMERICANO y 24 HORAS <i>Cubre todas las disciplinas atléticas</i>	<input type="checkbox"/> \$216.00	<input type="checkbox"/> \$327.00

Adjuntar el cheque por el pago total pagadero a: **Nationwide Life Insurance Company**. Se aceptan cheques, giros postales o tarjetas de crédito. **NO ENVÍE DINERO EN EFECTIVO**

TOTAL ADJUNTO: \$ _____

1854 (MD_MB_SPA_03/16)

Adjuntar el cheque por el pago total pagadero a: **K&K Insurance Group, P.O. Box 2338, Fort Wayne, IN 46801-2338**

Complete esta sección únicamente si desea pagar con tarjeta de crédito

Nombre completo según figura en la tarjeta

Nombre: _____ Inicial del segundo nombre: _____ Apellido: _____

Dirección de facturación (si es distinta de la anterior)

N.º de calle _____ Dirección _____ N.º de apto. _____

Ciudad: _____ Estado: _____ Código postal: _____

Número de la tarjeta: Fecha de vencimiento: Mes: Año:

Firma del titular de la tarjeta:

La compañía no emite reembolsos ni acepta responsabilidad por los pagos en efectivo. (Si el banco por cualquier motivo rechaza un cheque o una tarjeta de crédito, el seguro quedará invalidado.)