



St. Joseph School, Fullerton

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

Monthly Newsletter



September, 2017

GREETINGS FROM THE PRINCIPAL'S DESK

Dear Parents and Caregivers,

What an exciting and busy summer we had! Since we departed in June the building has been bustling with excitement and change. We started the summer with an awesome Robotics camp along with an amazing Parish Summer Bible School. Simultaneously, demolition took place in preparation for the construction of the New Science Lab and PreK-4 program. We made other wonderful changes and facelifts to the building that you will see at Back to School Night. We are so grateful to everyone who helped make these changes possible over the summer. After being here for just one year I know that when we work together as a family anything is possible at St. Joseph School. We got so much accomplished this summer.

I want to thank each of you for entrusting St. Joseph School with your child's education. We are blessed this year to have eight new faces to welcome your students on Tuesday. These staff members are excited to be a part of the Wolfpack family and are anxious for the students to return. As we enter this year, I am pleased to share that enrollment has increased by 17% for a total of 541 smiling faces. The increase in enrollment brings new opportunities for students to experience this year. Everyone on staff 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 14th, when we will host Back to School Night in coordination with the first Home and School Association meeting starting 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. We will have many great things to celebrate together during the school year. 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.

“Let us always meet each other with a smile, for the smile is the beginning of love.” - Mother Teresa

Blessing and Peace,

Kenneth J. Pipkin

Kenneth J. Pipkin
Principal
St. Joseph School Fullerton
kpipkin@stjoeschool.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 will be opening school with a special celebration of Mass on Wednesday, September 6th. The Faculty and staff will organize the first celebration and we hope you can join us for one of our Liturgies this school year to worship with us. Again this year our children will be attending Mass every **Wednesday at 8:15**.

Back To School Night & The Home and School Association General Meeting

Please mark your calendar for Back to School Night at 6:30 on Thursday, September 14th. The evening will start in **CHURCH** (not the Parish Center) with our Home and School Association's (HASA) first of three general meetings along with greeting from Father Jesse and other school updates. During the business meeting they will explain their newest projects, upcoming plans for the year and accomplishments from last year. 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.

Along with the important information shared that night, we will be taking a vote on the newly revised By-Laws of the HASA organization. It has been several years since an update, so the document has been refreshed and is included for your review. If you have questions or concerns, please email SJSHASA@stjoeschool.org

It's A Totally Awesome 80's Casino and Bull Roast Dance Event!!

The Adult Only Casino, Dance Party and Bull Roast is scheduled for Saturday, November 4th. Mark your calendars for this amazing event. It is guaranteed to be the event of the year! More information, including prizes will be sent home soon!

HASA Information

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

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 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 7th. Participation prizes will be shown during the assembly. Your support is greatly appreciated.

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 are welcomed to join at any grade thereafter. Mr. Osment will introduce the instruments to the children in the morning of Wednesday, **September 13th** (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, the 2009 race funded tuition to keep the increase that year to a minimum, and 2016 helped fund the Science Lab 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 **Friday, September 22nd**. 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.

Mrs. Beres and Mrs. Isom are on a Poster at the Post Office

The last time Mrs. Beres and Mrs. Isom mailed the Race for Education letters at the Baltimore City Post Office, they were told our school will no longer be able to mail our Race for Education letters with **handwritten** mailing labels. Pictures were taken. Posters were made. Please don't let these ladies continue to be bulk mailing outlaws. Could you please help us and type your Race for Education mailing labels? If you start now, when the packets come home, all you will have to do is hit "print"! Thank you for your cooperation. Please email Mrs. Beres at pberes@stjoeschool.org with any questions.

Looking for Oriole and/or Ravens tickets

Are you or your company able to donate a set of Oriole and/or Ravens tickets to use as a prize for our Race for Education? Last year, an anonymous donor generously donated a set of each, but is unable to donate them again this year. They were a great incentive for a lot of our families last year, and we would love to once again offer them as prizes. Please contact Mrs. Beres at pberes@stjoeschool.org as soon as possible if you are able to help.

8th Grade Parent Information Meeting

The 8th Grade Parent Information Meeting will be held on Wednesday, September 20th 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 @ St. Joseph School

The FAIR is here at St. Joseph School. We had the greatest turnout as a school last year! Now that it is at home we can have an even bigger turnout. 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 is Monday, October 9th from 6:30 to 8:30 in the Parish Center. All parents and students in the 6th, 7th and 8th grade are encouraged to attend.

Grandparent's Day

On Friday, September 29th 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. This is also a half-day for our students.

Library Books

If your child forgets his/her library book on Library Day, they will bring home a reminder slip with the title of the book, and will be unable to check out another book until that book is returned. Please encourage your child to keep their book in their school backpack when they are not reading it. It's the best way have it ready on Library Day! Thank you for your cooperation.

Cross Country Team

Attention ALL runners. The St. Joseph School Fall Cross Country Team is getting warmed up. Please look for a flyer to be sent home soon with practice times and schedules. We had a great turn out last year with strong performances across all grade levels. Please contact Mr. D'Adamo, Mrs. Sosnowski or Mr. Ripley if you have any questions.

SHIELD THE VULNERABLE TRAINING REMINDER

We are very excited to have 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 has completed 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. mkbrooks@stjoeschool.org

ANNOUNCEMENTS

Welcome & Farewell

At the end of the school year we bid a fond farewell to Ms. Bruner who is enjoying retirement.

We are thrilled to announce eight new faculty/staff members to the St. Joseph School Family for the 2017 – 2018 school year. Ms. Janice Myers is one of our two new Middle School ELA teachers. She is a veteran teacher retired from Baltimore County and has been here all summer remodeling her classroom. Ms. Emily Wertlieb is our other new Middle School ELA and recently graduated from the University of Indiana. Mrs. Jessamyn Scott is our new PreK-4 teacher and she joins us from St. Michael the Archangel. Our new Instructional Assistant for PreK-4 is Mrs. Shanan Petryszak and is joining us from St. Clements. We are happy to have Mrs. Jillian Maul as our new Instructional Assistant for 1st grade and Mrs. Richelle Arnold as our new Instructional Assistant for 5th grade. We are fortunate to introduce Ms. Samantha Becker as our new full-time Spanish Teacher this year. She

is joining us from Seton Keough High School. We are also happy to share that we have hired Mr. Nick von Bank as our Maintenance person for the year.

BOOK DONATIONS ALWAYS WELCOME!

Remember the St. Joseph School Library if you have books your children have outgrown! Our library can always use them! You can send them in with your child, or give Mrs. Beres a call and she can meet you at the door!

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 sent out after 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 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 goals that were designed by the teacher will support continued student success.

HASA Hot Lunch Program

Again this year, the HASA will sponsor hot lunches on Tuesdays and Thursdays for the students beginning October 3rd. The HASA will send home a packet electronically with all the information about the Hot Lunch Program on September 11th. Please contact the HASA through Mrs. Jenn Brown at 1jennbrown@gmail.com or the school office at office@stjoeschool.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 Mondays, Wednesdays and Fridays. Information regarding The Good Taste Lunch Program was in the First Day of School Folder. The lunch program begins September 18th, all orders for this date are due by September 11th.

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

Latest and Greatest in Technology

Through generous contributions last year, we were able to purchase an iPad Cart for the school. It is the beginning of Phase III of the schoolwide Technology Plan.

Parish Information

All couples, married, dating, and engaged from around the Archdiocese of Baltimore are invited to join us at St. Joseph Church for Given on September 30th. Given is a day to connect with your spouse and other couples, praise the Lord, be inspired, and come away feeling refreshed. Please use the special promo code "school" for \$10 off registration until September 8th. Register today <http://www.archbalt.org/marriage/>.

CONGRATULATIONS

PBIS

We would like to congratulate the entire St. Joseph School Family on receiving the Bronze Award for the second year in a row. It is a great honor to all of the efforts of our students and faculty.

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 has revamped the program to align with the new school mascot. Please note on the student folders and assignment book that we are all part of the P.A.C.K.

Pray
Accept Responsibility
Cooperate
Keep trying

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...

The entire faculty and staff would like to send out a thank you to the HASA for the wonderful breakfast they provided on August 29th when teachers returned. It was greatly appreciated.

We would also like send a huge thank you to HASA for all of the “Teacher Wishes” they granted this summer.

Thank you to all of the parents who came in on August 14th to help move furniture and books throughout the school.

Mattress Discounters for helping furnish a bed for the Nurses Suite.

RHI for carpeting 6 classrooms in the school.

All of the student alumni, current high school students and college students that donated their time this summer to remove furniture and trash from the building.

Nick von Bank for coordinating the summer projects completed this summer.

Page Naimoli for organizing the “Buddy Program” for our new families.

Andrea Edwards for all of her graphic design work for the school folders, assignment books and the P.B.I.S. posters.

The entire school family would like to thank Dr. Tan for donating four posters to the school. Two are in the entrance and the other two are hanging in the gym.

Mrs. Collins for coming in almost every day this summer to help, demo, paint, unpack and assemble the new Science Lab. It wouldn't have happened without her tireless efforts.

Ms. Myers and Ms. Coster for coming into school over the summer to paint their classrooms.

To Mrs. Brown, the Foreman family, the Troiano family and the Brooks family for helping this past Saturday to finish getting the school ready for opening.

The school would also like to thank Mrs. Pipkin for her painting talents throughout the building. She painted the nurse's suite, science lab, stairs and touched up the hallway.

BITS AND PIECES

Building Improvements

This summer we saw the completion of several major projects. The first was the creation of a new Science Lab for PreK-4 to 8th grade. The room welcomes “Lab Leaner” as our new school resource for student learning. The second was the remodeling of the PreK-4 classroom with new paint and furniture as we welcome a new program to the school. The third was the renovation of the boys’ bathroom closest to fourth grade. Our last update was new carpeting in 5 classrooms this 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 is looking to share their talents.

CLASS NEWS

Class of 2017 Scholarship Money

We would like to congratulate the students and teachers of the 8th grade class of 2017 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

Coca-Cola

COUNSELOR'S CORNER

I want to welcome everyone back for what should be terrific school year.

For those of you that are new to our St. Joseph family, please know that I will be connecting with your children as part of our effort to insure they experience a smooth transition to our program.

As a reminder to all, I am here Monday-Thursday (Monday and Wednesdays half-days) every week and can always be reached by email when I am not at school. I do my best to respond quickly to your questions and concerns. I am here as a resource and support for you and your children in whatever capacity is needed.

I am so excited to be back and I look forward to seeing all your wonderful children!

“Together may we give our children the roots to grow and the wings to fly.”

My best,

Gail Vernick, LCSW-C

FROM THE SCHOOL NURSE

Just a few reminders from the nurse:

1. All medications need a physician's order, including *Over the Counter* medications. If you need the **Maryland State School Medication Administration Authorization form**, or the **Consent for Administration of Over the Counter Medications** form please click on the **Resources** tab then **Forms & Documents** on the School website, www.stjoeschool.org. All medications **MUST** be hand delivered **BY AN ADULT** to the nurse. Please **Do Not** send medications into school with your child.
2. All new students to St. Joseph School were supposed to turn in paperwork to the nurse by August 1st. If you have not turned in the required medical paperwork, please do so ASAP.
3. All incoming Kindergarten students must provide proof of 2nd dose MMR/VARICELLA vaccines. Please provide this to nurse if you have not done so.
4. All 6th grade students were to have a physical before the beginning of the 2017-2018 school year. If you have not done so, please do so ASAP. The physician may fill out the physical exam paperwork according to the most recent physical exam, within 1 year. The **Maryland**

Schools Record of Physical Examination form can be found on the school website under **Resources/Forms& Documents**.

5. All incoming 7th grade students are to provide proof of vaccination for Meningococcal and Tdap. Please provide this to the nurse if you have not done so.
6. If any parents are Registered Nurses and would like to act as a substitute for the school nurse, please contact Mary Konopacki RN, BSN.

I hope everyone had a fabulous summer and I look forward to a happy and healthy school year. Please feel free to contact me with any questions or concerns.

Mary Konopacki RN, BSN

mkonopacki@stjoeschool.org

410-256-8026, ext: 134

STUDENT INSURANCE INFORMATION

The Office of Risk Management, in conjunction with the Division of Schools, is pleased to once again offer a Student Accident Insurance program for all school families, including pre-k, for the school year 2017-2018. At a very low cost, this accident coverage is an excellent way to defray the costs so many families incur when an accident occurs, especially since there are no deductibles. There are seven coverage plans available for purchase, all offering both a low-option as well as a high-option. All coverage plans have a \$25,000 Maximum Benefit limit. The brochure attached provides a very clear explanation of the coverage options. Please take a few moments to review the brochure, and determine if this coverage can provide a cost-effective supplement to your family's insurance portfolio.

ST. JOSEPH HOME AND SCHOOL ASSOCIATION BY-LAWS

Article I – Name

The name of this organization is the Saint Joseph Home and School Association (HASA) for the Saint Joseph School, Fullerton in Baltimore County, Maryland.

Article II – Purpose and Intent

The purpose and intent of the HASA shall be:

1. To assist parents and teachers in their dedication to the education of the total child and to foster a commitment by teachers, parents, and students to a daily life in Christ, based on mutual trust, respect and understanding.
2. To promote an understanding of the mutual responsibility between the parents and teachers within the frame-work of a Christian education in the Catholic tradition.
3. To foster cooperation between teachers and parents in fulfilling their responsibilities while maintaining a proper balance among academic, religious training, physical and social development and co-curricular activities.
4. To ensure that the school family is seen as an integral part of the wider community and to develop civic awareness in the students.
5. To educate teachers and parents about solutions to the problems faced by the developing child.
6. To conduct and support fundraising activities which will aid educational programs at Saint Joseph School.

Article III – Membership – Voting Members – Dues

1. Membership shall consist of the parents/guardians of school children, members of the faculty and members of the school administration.
2. Family dues are \$10.00 per year.
3. Faculty members are automatic members of the HASA and are entitled to vote.
4. New families to the school are automatically members until the November HASA meeting when the new dues year begins.
5. Dues must be paid prior to January 1st to have the right to vote or run for an office.

Article IV – Officers

The officers of the HASA are listed below. New officer positions shall be considered based on the needs of the school and included with a majority vote of the Board Members.

The **PRESIDENT** shall conduct all meetings: designate the date, time and place of all regular and special meetings; prepare an agenda prior to each meeting and inform members of the proposed agenda; represent the HASA at meetings when the representation of the Home School Association is required and take such actions as required to implement the decisions of the Home School Association. The President shall be a member “ex-officio” of all Home School Association committees and a member “ex-officio” of the School Board. The President shall work to coordinate a smooth transition between out-going and in-coming officers of the Home School Association.

The **VICE PRESIDENT** shall become the presiding officer at any regular or special meeting of the HASA when the President is unable to preside; shall represent the HASA at other meetings when the President is unable to attend such meetings; and assume the authority of the President when designated to do so. The Vice-President shall fill the office of the President if for any reason the President should step down from that position. The duties of the Vice President may include handling the HASA ballot and bios for candidates, the HASA nomination letters and forms, updating and distributing the Chairperson list, summary sheets for their fundraisers and Thank You letters. The Vice President is also responsible for maintaining the Volunteer list.

The **RECORDING SECRETARY** shall record the minutes from the HASA Board Meetings as well as the HASA General Meetings. All approved minutes for the HASA General Meetings will be placed on the school website. Minutes should be typed and should be provided via email to the HASA Board Members (including the Principal and Assistant Principal).

The **CORRESPONDING SECRETARY** shall send out notices of all regular, special, rescheduled and canceled meetings; distribute an agenda for each meeting; handle all correspondence called for by the President of the HASA and assist the Recording Secretary. The duties of the Corresponding Secretary may include weekly updates of school information to all registered parents via the Constant Contact program and updates to social media. The Corresponding Secretary is also responsible for aggregating the content from event chairs, HASA Board Members, and the school Principal for inclusion in a weekly newsletter, and obtaining final approval by HASA President and the school Principal prior to the distribution of Constant Contact during school year.

The **TREASURER** shall maintain the checkbook of the HASA, and be listed as one of the four authorized signers (Treasurer, HASA President, School Principal, School Assistant Principal) on the HASA checking account. All checks must be signed by the Treasurer, as well as a secondary signatory. The Treasurer will pay vendors based on invoices, and reimburse parent volunteers based on original receipts. All documentation should be kept in a secure location, with check number/date noted on the documentation. The Treasurer will track annual dues from school families, and is responsible for distributing the corresponding HASA appreciation gifts based on payments received. The Treasurer shall verify deposits of HASA funds after receiving them from

a Chairperson, and should take the deposits to the bank in a timely manner. The Treasurer will reconcile the HASA bank account on a monthly basis.

The **PARENT REPRESENTATIVES** (Primary Representative for grades Pre-K-2, Intermediate Representative for grades 3-5, and Middle School Representative for grades 6-8) shall be the primary points of contact for parents in the grades corresponding to their assigned group. As part of this role, they will also assume responsibility for contacting and welcoming each new family registered at St. Joseph School. They are also the primary liaison to the HASA with those parents selected as Room Parents. They shall also assist the Hospitality Representative with various school events throughout the year.

The **HOSPITALITY REPRESENTATIVE** shall serve as the leader and coordinator of all HASA-sponsored events where hospitality may be offered. This may include events for teachers and staff such as the teacher's breakfast at the beginning of the school year, end of year luncheon, or teacher appreciation day. In addition, the Hospitality Representative is responsible for coordinating welcoming events for the parents, such as the parent welcome reception during Catholic Schools Week. The Hospitality Representative will work in conjunction with the Chairperson of each event as well as the Primary Representatives to ensure beverages and snacks are appropriately provided.

The **HOT LUNCH/EVENTS COORDINATOR** shall serve as the leader and coordinator of the HASA hot lunch program by setting the menu and the online order form. They will reconcile all orders and payments for the fall and spring sessions and transfer to the HASA bank account accordingly. They will forward all check payments to the HASA Treasurer for deposit. They will run reports for items ordered for each lunch and provide those reports to the individual hot lunch Chairpersons so they can handle the appropriate counts for their respective lunches. As Events Coordinator, they will assist with setting-up online ticketing for various HASA-sponsored events such as Lunch with Santa, Father/Daughter Dance and Mother/Son event and work with the appropriate Chairpersons to provide reports of those attending the events.

Article V – Terms of Office

1. The office of President shall be limited to one (1) two (2)-year term with an option for an additional one (1)-year term if voted by the Board members. Following a required one (1) year absence from the board, the individual may seek election to any office on the Executive Committee of the HASA. The President is required to be a Board member for a minimum of one year before being eligible to serve as President.
2. Any other office aside from the President shall serve in a (2)-year term. Individuals shall not be eligible to serve more than two (2) consecutive full two-year terms in the same office.

Article VI – Election of Officers

The Election Committee, which is chaired by the Vice President, will oversee all Board elections.

1. The nominations for office shall be open prior to the last general membership meeting of each calendar year.
2. The names of candidates for each office will be announced prior to the May meeting. Qualified candidates for offices in the Association shall be sought. No person may be nominated who is not a member of the association.
3. All persons nominated shall receive a letter asking for their acceptance of the nomination and a brief biographical sketch.
4. A ballot and biographical sketch of all persons nominated for offices shall be sent to all members in good standing who have paid their dues by January 1st of the election year.
5. Voting will occur online for a one week period prior to the May general membership meeting. These officers shall be announced at the May meeting by a majority of the members entitled to vote. These officers will take office on July 1st of each appropriate year.

Article VII – Vacancies

An officer position vacancy shall occur upon the written resignation of that officer to the Home School Association Executive Committee. The President of the Home School Association shall also declare a vacancy for any officer of the HASA absent without excuse from any three (3) meetings (General and/or Board) in a twelve (12) month period. Vacancies shall be filled by a majority vote of the HASA Board. Those elected shall serve until the end of the remaining term.

Article VIII – Committees

The HASA shall establish the following Committees:

1. EXECUTIVE (also referred to as the Board) – Consisting of all Officers in elected positions. It oversees the general activities of the HASA. The President is the lead of the Executive Board.
2. HOSPITALITY – The Hospitality Committee, led by the Hospitality Chair, coordinates all events requiring the preparation and distribution of food to faculty, students, or parents. Events would include, but are not limited to Back-to-School teacher breakfast, Catholic Schools Week events and Parent/Teacher Conferences.
3. CHAIRPERSONS – Represent the HASA as leaders of various scheduled events throughout the school year. The chairpersons are to discuss plans for events or activities

with the HASA Board so plans for use of facilities and logistics are carefully considered. All flyers must first be approved by the HASA Board and then approved by either the Principal or Assistant Principal before release to the students or families. Chairpersons act as Ambassadors for St. Joseph School and should be inclusive when planning events or gathering volunteers to assist. All school volunteers and Chairpersons must be *Shield the Vulnerable* certified through the Archdiocese of Baltimore. The Vice President oversees this Committee.

4. AD HOC – Available to be appointed as needed. At the beginning of the school year, the HASA Board has a discussion regarding the various committees required for the upcoming year. Both the Chairperson and the appropriate members are determined for each Committee.

Article IX – Management of Finances

A budget shall be established by the Board of the HASA. This budget shall account for expenses related to each of the planned activities in a school calendar year, and for financial commitments made to the school on behalf of the HASA. It shall be reviewed at each Board meeting.

Chairpersons who will need to spend HASA funds shall discuss with the Treasurer prior to allocating funds, and shall adhere to the budgeted amount within 10% when making purchases, unless otherwise approved by the HASA Treasurer. Chairpersons are responsible for the funds channeled through their Committee. Such funds should be turned over promptly to the Treasurer of the HASA on a regular basis or turned over to the school office for deposit. Likewise, all bills and receipts for reimbursement should be forwarded to the Treasurer once they are received. Within five (5) days of the completion of the fundraiser, the Chairperson is responsible to turn over to the Treasurer a complete final report, including copies of all bills and receipts.

Article X – Amendments

These By-Laws may be amended at any regular meeting of the HASA by a two-thirds vote of the members present who are eligible to vote. Written notice shall be given to all members eligible to vote at least five (5) days prior to the regular business meeting.

Article XI – Quorum

A quorum for general membership shall consist of twenty-five (25) members.

A quorum for the Executive Committee of the HASA shall consist of a simple majority of the members of the Committee.

Article XII – Rules of Order

All meetings of the Home School Association shall be conducted according to the ROBERTS RULES OF ORDER, REVISED, when not consistent with the Constitution and By-Laws of the Saint Joseph HASA.

Article XIII – Meetings

Regular general membership meetings of the HASA must be held at least three (3) times during the school year. Special general membership meetings of the HASA may be called by the President, Pastor, or Principal, provided a notice of at least ten (10) calendar days is given.

2017-2018 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.

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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

Enroll online for quicker service at www.StudentInsurance-kk.com
or complete and mail this form

Enrollment Form (School Year 2017-2018)

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_04/17)

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.)

Cobertura de accidentes para estudiantes 2017-2018

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.

Inscríbase 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 anestesista.
- 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

Formulario de inscripción (Año escolar 2017-2018)

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_04/17)

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.)



**SPECIALTY
BENEFITS, INC.**

an affiliate of K&K Insurance Group, Inc.



**STUDENT OR ATHLETE
ACCIDENT CLAIM FORM**
Excess Coverage
K-12 ACCOUNTS

CLAIMS DEPARTMENT

1712 Magnavox Way, P.O. Box 2338 | Fort Wayne, IN 46801-2338
Ph: 800-237-2917 Fax: 312-381-9077 California License #0334819
www.kandkinsurance.com

INSTRUCTIONS FOR FILING

NOTE: Claim Form must be fully completed and signed. File your claim promptly. Failure to do so could result in a denial of coverage.

Basic Procedures for Submitting Statement of Claim

1. A school official will complete their portion and then give the claim form to the student's or athlete's parent(s)/guardian(s) for completion.
2. The student's or athlete's parent(s)/guardian(s) will complete the appropriate portion of the form. Attach any related medical bills and primary insurance explanation of benefits and forward to K&K Insurance Group, Inc.

To the Student or Athlete/Parent/Guardian

If you are attaching related medical bills, these bills must show the patient's name, condition (diagnosis), type of treatment given, date the expense was incurred and the charges made. For hospital charges, this would be a UB04 and for the physician/ancillary charges, this would be a CMS1500. The medical providers may also bill K&K Insurance Group, Inc. direct at the address above.

SECTION I – TO BE COMPLETED BY CLAIMANT'S PARENT(S)/GUARDIAN(S)

1. Student's Name Last: _____ First: _____ MI: _____
2. Date of Birth: _____ SS# _____ Sex: Male Female
3. Student's grade in school: _____
4. Home Address Street: _____
City: _____ State: _____ Zip: _____
Parent(s)/Guardian(s) Home Phone: _____
5. Date of Accident: _____ Time of Accident: _____ AM PM
Nature of Injury: _____ Describe exactly how accident happened: _____
6. Nature of activity and location during which the injury occurred (check all boxes which apply):

<input type="radio"/> Pre-Kindergarten	<input type="radio"/> Elementary School	<input type="radio"/> Middle School
<input type="radio"/> High School	<input type="radio"/> Cafeteria	<input type="radio"/> Classroom Activities
<input type="radio"/> Interscholastic Sports	<input type="radio"/> Intramural Sports	Name of Sport, if applicable: _____
<input type="radio"/> Club Sports	<input type="radio"/> Physical Education Class	<input type="radio"/> Other Activity (specify) _____
<input type="radio"/> During Practice	<input type="radio"/> During Play	<input type="radio"/> During Travel To or From the Event
Nature of Your Participation:		
<input type="radio"/> Student	<input type="radio"/> Volunteer	<input type="radio"/> Student/Manager
<input type="radio"/> Athletic Participant	<input type="radio"/> Cheerleader	<input type="radio"/> Band Member
<input type="radio"/> Other (specify) _____		
7. Transfer Student? Yes No
If yes, please identify the former school name: _____
8. Name, address and phone number of physician who first treated you: _____

9. Have you had a similar injury in the past? Yes No

If yes, describe and give dates: _____

10. Name, address and phone number of physician who treated you for previous injury: _____

11. Are you covered by any other medical expense benefits plan? Yes No

If yes, give the names of the plan(s) and the person(s) through whom you are insured and their relationship to you:

IF YOU HAVE NO OTHER INSURANCE ON YOUR CHILD, BUT YOU AND/OR YOUR SPOUSE ARE EMPLOYED FULL TIME, PLEASE PROVIDE A STATEMENT FROM THE EMPLOYER(S) INDICATING YOUR CHILD IS NOT COVERED BY ANY INSURANCE OFFERED THERE.

ALL BENEFITS WILL BE MADE PAYABLE TO PROVIDERS OF SERVICE INVOLVED, UNLESS ACCOMPANIED BY PAID RECEIPTS.

THIS IS EXCESS MEDICAL COVERAGE

I hereby authorize any physician, hospital, or other medically related facility, insurance company, or other organization, institution or person that has any records of knowledge of me, and/or the above named claimant, to disclose, whenever requested to do so by K&K Insurance/Specialty Benefits and/or Nationwide Life Insurance Company or its representative, any and all such information. A photocopy of this authorization shall be considered as effective and valid as the original.

Any person who knowingly and with intent to defraud any insurance company or other person files claim forms for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Date _____ Parent/Guardian Signature _____

SECTION II

(TO BE COMPLETED BY PARTICIPATING SCHOOL)

**FAILURE TO COMPLETE THIS FORM IN FULL
MAY RESULT IN AN UNNECESSARY DELAY IN THE PROCESSING OF THIS CLAIM.**

1. Student's Name Last: _____ First: _____ MI: _____

2. Date of Accident _____

3. Activity _____

4. Nature of Injury _____

5. Name of Participating SCHOOL SYSTEM or SCHOOL DISTRICT _____

6. Name of participating SCHOOL _____

7. I hereby certify the foregoing statements made by me on this form to be true to the best of my knowledge. I am aware that if any of the foregoing statements on this form made by me are willfully false, I may be subject to penalties, which may include criminal prosecution.

SIGNATURE OF SCHOOL OFFICIAL: _____

PRINTED NAME/TITLE: _____

PHONE: _____ FAX: _____

EMAIL: _____ DATE: _____

Any person who knowingly and with intent to defraud any insurance company or other person files forms for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Date _____ Policyholder (School Official) Signature _____

**CLAIMS DEPARTMENT**

1712 Magnavox Way, P. O. Box 2338 | Fort Wayne, IN 46801-2338
 Ph: 800-237-2917 | Fax: 312-381-9077 California License #0334819
 www.kandkinsurance.com

OTHER INSURANCE QUESTIONNAIRE

NAME OF CLAIMANT: _____ INTERNATIONAL STUDENT Yes No

EMANCIPATED STUDENT: Yes No OVER AGE 26 AND NO LONGER DEPENDENT ON PARENT: Yes No

NAME OF INSURED: _____ POLICY NO: _____

FATHER	MOTHER
<p>IS FATHER DECEASED? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>IS FATHER LEGALLY RESPONSIBLE? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>FATHER'S NAME (if injured is a minor) _____</p> <p>SOCIAL SECURITY #: _____</p> <p>EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No SELF-EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>DISABLED ON MEDICAID OR OTHER PUBLIC ASSISTANCE? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>EMPLOYER NAME: _____</p> <p>EMPLOYER ADDRESS: _____</p> <p>CITY: _____ STATE: _____ ZIP: _____</p> <p>PHONE: (____) _____</p> <p>CONTACT PERSON: _____</p> <p>Do you have group medical insurance coverage through your employment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please be advised K&K may contact your employer to verify no primary insurance is in force.</p> <p>INSURANCE COMPANY: _____</p> <p>INSURANCE COMPANY ADDRESS: _____</p> <p>CITY: _____ STATE: _____ ZIP: _____</p> <p>POLICY NUMBER: _____</p> <p>TYPE OF PLAN: <input type="checkbox"/> HEALTH MAINTENANCE ORGANIZATION (HMO) <input type="checkbox"/> PREFERRED PROVIDER ORGANIZATION (PPO) <input type="checkbox"/> STANDARD MEDICAL AND HOSPITALIZATION COVERAGE <input type="checkbox"/> OTHER (describe) _____</p>	<p>IS MOTHER DECEASED? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>IS MOTHER LEGALLY RESPONSIBLE? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>MOTHER'S NAME (if injured is a minor) _____</p> <p>SOCIAL SECURITY #: _____</p> <p>EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No SELF-EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>DISABLED ON MEDICAID OR OTHER PUBLIC ASSISTANCE? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>EMPLOYER NAME: _____</p> <p>EMPLOYER ADDRESS: _____</p> <p>CITY: _____ STATE: _____ ZIP: _____</p> <p>PHONE: (____) _____</p> <p>CONTACT PERSON: _____</p> <p>Do you have group medical insurance coverage through your employment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please be advised K&K may contact your employer to verify no primary insurance is in force.</p> <p>INSURANCE COMPANY: _____</p> <p>INSURANCE COPANY ADDRESS: _____</p> <p>CITY: _____ STATE: _____ ZIP: _____</p> <p>POLICY NUMBER: _____</p> <p>TYPE OF PLAN: <input type="checkbox"/> HEALTH MAINTENANCE ORGANIZATION (HMO) <input type="checkbox"/> PREFERRED PROVIDER ORGANIZATION (PPO) <input type="checkbox"/> STANDARD MEDICAL AND HOSPITALIZATION COVERAGES <input type="checkbox"/> OTHER (describe) _____</p>

I/WE AGREE THAT ALL INFORMATION PROVIDED IN THIS DOCUMENT IS ACCURATE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE. I/WE UNDERSTAND THAT ANY INCORRECT OR UNDISCLOSED INFORMATION CAN RESULT IN DUPLICATE PAYMENTS CREATING A SUBSTANTIAL OVERPAYMENT. THE RESPONSIBILITY OF SUCH OVERPAYMENT WILL BE THE OBLIGATION OF THE UNDERSIGNED TO REIMBURSE IN FULL, UPON REQUEST, ALL AMOUNTS DEEMED REFUNDABLE. I UNDERSTAND THAT IT IS A CRIME TO INTENTIONALLY ATTEMPT TO DEFRAUD OR KNOWINGLY FACILITATE A FRAUD AGAINST AN INSURER BY FILING INFORMATION CONTAINING FALSE OR DECEPTIVE STATEMENTS. ANY QUESTIONS ON THIS FORM NOT ANSWERED TRUTHFULLY CAN RESULT IN A CRIME.

PARENT/GUARDIAN/FATHER SIGNATURE: _____ PARENT/GUARDIAN/MOTHER SIGNATURE: _____

DATE: _____

DATE: _____

FACTS	WHAT DOES NATIONWIDE DO WITH YOUR PERSONAL INFORMATION?
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Why?	Financial companies choose how they share your personal information. Federal and state law gives consumers the right to limit some but not all sharing. Federal and state law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	The types of personal information we collect and share depend on the product or service you have with us. This information can include: <ul style="list-style-type: none"> • Social Security number, government issued identification, and contact information • Policy, account, and contract information • Credit reports and other consumer reports
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Nationwide chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Nationwide share?	Can you limit this sharing?
For our everyday business purposes — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes — to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes — information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes — information about your creditworthiness	Yes	Yes
For our affiliates to market to you	Yes	Yes
For nonaffiliates to market to you	Yes	Yes

To limit our sharing	<ul style="list-style-type: none"> • Call us toll free at 1-866-280-1809 and our menu will prompt you through your choices. • If you have previously opted out, your preference remains on file and you do not need to opt out again. • Please have your account or policy number handy when you call. <p>Please note: If you are a <i>new</i> customer, we can begin sharing your information 30 days from the date we sent this notice. When you are <i>no longer</i> our customer, we continue to share your information as described in this notice. However, you can contact us at any time to limit our sharing.</p>
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Questions?	1-800-237-2917
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Who we are	
Who is providing this notice?	Nationwide Life Insurance Company
What we do	
How does Nationwide protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal and state law. These measures include computer safeguards and secured files and buildings. We limit access to your information to those who need it to do their job.

How does Nationwide collect my personal information?	We collect your personal information, for example, when you: <ul style="list-style-type: none"> • Apply for insurance • Make a payment or file a claim • Conduct business with us We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.
Why can't I limit all sharing?	Federal and state law gives you the right to limit only: <ul style="list-style-type: none"> • Sharing for affiliates' everyday business purposes—information about your creditworthiness; • Affiliates from using your information to market to you; and • Sharing for nonaffiliates to market to you. State laws and individual companies may give you additional rights to limit sharing. See below for more information.
Definitions	
Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies. These companies include Nationwide Life Insurance Company, Nationwide Bank, and Nationwide Property and Casualty Insurance Company. Visit nationwide.com for a list of affiliated companies.
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies.
Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you.
Other important information	
California Residents: We currently do not share information we collect about you with affiliated or nonaffiliated companies for their marketing purposes. Therefore, you do not need to opt out.	
Nevada Residents: You may request to be placed on our internal Do Not Call list. Send an email with your phone number to privacy@nationwide.com . You may request a copy of our telemarketing practices. For more on this Nevada law, contact Bureau of Consumer Protection, Office of the Nevada Attorney General, 555 E. Washington St., Suite 3900, Las Vegas, NV 89101; Phone number: 1-702-486-3132; email: BCPINFO@ag.state.nv.us .	
Vermont Residents: For Vermont customers only. We will not share your personal information for marketing purposes with the Nationwide family of companies or third parties without your authorization, except as permitted by law.	
AZ, CA, CT, GA, IL, ME, MA, MT, NV, NJ, NM, NC, ND, OH, OR, and VA Residents: When we refer to "Information" we mean information we collect during an insurance transaction (not including medical record information). We will not use your medical information for marketing purposes without your consent. We share personal information with nonaffiliates without your prior authorization as permitted or required by law. They may use it to investigate fraud, respond to court orders, and conduct actuarial studies. We share it with insurance regulatory authorities and law enforcement. We share it with consumer reporting agencies. They may retain it or disclose it to other companies with which you do business. These other companies use and disclose it to others as permitted by law. We obtain reports prepared by an insurance-support organization. The insurance-support organization keeps copies and discloses them to others. You have a right to access and correct your Information as described below.	
Accessing your information	
You can ask us for a copy of your personal information. Please send your request to the address below and have your signature notarized. This is for your protection so we may prove your identity. Please include your name, address, and policy number. You can change your personal information at Nationwide.com or by calling your agent. We can't change information that other companies, like credit agencies, provide to us. You'll need to ask them to change it.	
K&K Insurance Group, Inc. Attn: Privacy Manager 1712 Magnavox Way P.O. Box 2338 Fort Wayne, IN 46801-2338	

NOTICE OF PROTECTION PROVIDED BY MARYLAND LIFE AND HEALTH INSURANCE GUARANTY CORPORATION

This notice provides a brief summary of the Maryland Life and Health Insurance Guaranty Corporation (the Corporation) and the protection it provides for policyholders. This safety net was created under Maryland law, which determines who and what is covered and the amounts of coverage.

The Corporation is not a department or unit of the State of Maryland and the liabilities or debts of the Life and Health Insurance Guaranty Corporation are not liabilities or debts of the State of Maryland.

The Corporation was established to provide protection in the unlikely event that your life, annuity, or health insurance company becomes financially unable to meet its obligations and is taken over by its Insurance Department. If this should happen, the Corporation will typically arrange to continue coverage and pay claims, in accordance with Maryland law, with funding from assessments paid by other insurance companies.

The basic protections provided by the Corporation are:

- Life Insurance
 - \$300,000 in death benefits
 - \$100,000 in cash surrender or withdrawal values
- Health Insurance
 - \$500,000 for basic hospital, medical, and surgical insurance or major medical insurance provided by health benefit plans
 - \$300,000 for disability insurance
 - \$300,000 for long-term care insurance
 - \$100,000 for a type of health insurance not listed above, including any net cash surrender and net cash withdrawal values under the types of health insurance listed above
- Annuities
 - \$250,000 in the present value of annuity benefits, including net cash withdrawal values and net cash surrender values
 - With respect to each payee under a structured settlement annuity, or beneficiary of the payee, \$250,000 in present value annuity benefits, in the aggregate, including any net cash surrender and net cash withdrawal values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is:

- \$300,000 in aggregate for all types of coverage listed above, with the exception of basic hospital, medical, and surgical insurance or major medical insurance
- \$500,000 in aggregate for basic hospital, medical, and surgical insurance or major medical insurance

NOTE: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Maryland law.

To learn more about the above protections, please visit the Corporation's website at www.mdlifega.org, or contact:

Maryland Life and Health Insurance
Guaranty Corporation
8817 Belair Road, Suite 208
Perry Hall, Maryland 21236
410-248-0407

Maryland Insurance Administration
200 St. Paul Place, Suite 2700
Baltimore, Maryland 21202
1-800-492-6116, ext. 2170

Insurance companies and agents are not allowed by Maryland law to use the existence of the Corporation or its coverage to encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Corporation coverage. If there is any inconsistency between this notice and Maryland law, then Maryland law will control.

POLICY APPLICATION (please print or type)

which upon acceptance and approval by **NATIONWIDE LIFE INSURANCE COMPANY – Columbus, Ohio 43216** will become a part of **SPECIFIED HAZARD INSURANCE POLICY NUMBER: JXS0000027977700**

1. **Name of Plan Sponsor** ARCHDIOCESE OF BALTIMORE
(Group's Name)

Permanent Mailing Address 320 CATHEDRAL STREET
BALTIMORE, MD 21201

2. **Policy Term:** The policy term starts at **12:01 a.m.** on 08/01/17 which is the effective date and ends at **12:01 a.m.** on 08/31/18 which is the termination date.

3. Covered Activities

For each class of persons, covered activities are as described below.

Class	Description of Activities
1 & 2	All activities, excluding high school football
3 & 4	All activities between the last day of the school year commencing during the policy period and the first day of the following school year.
5 & 6	Participating in or attending any Policyholder sponsored activity, excluding high school football; or while traveling to or from the Insured Person's residence and the Policyholder's premises on days when the Insured Person has regularly scheduled classes or work and within one hour of the scheduled start of or dismissal from the scheduled class or work or at any other time if traveling by transportation furnished or approved by the Policyholder.
7, 8, 9 & 10	Practice or play of football in accordance with the rules of the state high school athletics authority. Group or team travel supervised by the Policyholder to or from a practice or play is covered if in a vehicle furnished or approved by the Policyholder.

4. Maximum Benefit Amounts -- the word "None" means the benefit is not included.

Benefit Provisions	Maximum Benefit Amounts
	Classes 1, 3, 5, 7 & 9
ACCIDENTAL DEATH AND SPECIFIC LOSS with a \$100,000.00 overall maximum for any one accident.	
Death	\$10,000
Specific Loss (Face Amount)	\$10,000
MEDICAL EXPENSE - Accident	
Deductible	\$0
Overall Maximum	\$25,000

The ACCIDENT MEDICAL EXPENSE BENEFIT is modified as follows:

- 1) The deductible is reduced by amounts paid by Other Insurance.
- 2) Medically necessary professional ambulance service is a Covered Expense.
- 3) Covered Expenses does not include Injections, Prosthetic Devices, Mental and Nervous Disorders, Home Health Care and Durable Medical Equipment.
- 4) The following Covered Expenses limitations apply. Limitations are per Insured per Injury, unless otherwise specified.

Office Use Only: LOW

Covered Expenses	Covered Expense Limitations
Inpatient Hospital Services	
Room & Board – Semi-Private or Private	Maximum \$150 per day

Hospital Miscellaneous Expense (including general nursing care and pre-admission testing performed within 3 working days prior to admission)	Maximum \$600 per day
Registered Nurse Services (private duty nursing care when ordered by a licensed Physician)	75% of R&C
Emergency Room Services (including use of the emergency room and supplies)	Maximum \$150 if rendered within 72 hours of Injury
Physician Services	
Physician Non-Surgical Services	Maximum \$40 for the first visit, and \$25 for each subsequent visit, limited to one visit per day
Physician Surgical Services, Inpatient or Outpatient	Maximum \$1,000 (limited to primary procedure per injury)
Consultant Physician, when requested and approved by the attending Physician	Maximum \$200
Assistant Surgeon	20% of Physician Surgical Maximum
Anesthetist Services (not including supervision of an anesthetist)	20% of Physician Surgical Maximum
Day Surgery Miscellaneous (including supplies, drugs and services in connection with scheduled outpatient day surgery)	Maximum \$1,000
X-Ray Services	Maximum \$200 for Outpatient
Diagnostic Imaging Services	Maximum \$300 for Outpatient
Laboratory Services	Maximum \$50 for Outpatient
Combined Ground and Air Ambulance Services	Maximum \$300
Orthopedic Braces and Appliances	Maximum \$75
Dental Services	Maximum \$200 per tooth
Outpatient Physical Therapy	Maximum \$30 for the first visit, and \$20 for each subsequent visit for a maximum of 5 visits, limited to one visit per day
Prescription Drugs	Maximum \$75
R&C = Reasonable and Customary Charges	

4. Maximum Benefit Amounts -- the word "None" means the benefit is not included.

Benefit Provisions	Maximum Benefit Amounts
	Classes 2, 4, 6, 8 & 10
ACCIDENTAL DEATH AND SPECIFIC LOSS with a \$100,000.00 overall maximum for any one accident.	
Death	\$10,000
Specific Loss (Face Amount)	\$10,000
MEDICAL EXPENSE - Accident	
Deductible	\$0
Overall Maximum	\$25,000
The ACCIDENT MEDICAL EXPENSE BENEFIT is modified as follows:	
<ol style="list-style-type: none"> 1) The deductible is reduced by amounts paid by Other Insurance. 2) Medically necessary professional ambulance service is a Covered Expense. 3) Covered Expenses does not include Injections, Prosthetic Devices, Mental and Nervous Disorders, Home Health Care and Durable Medical Equipment. 4) The following Covered Expenses limitations apply. Limitations are per Insured per Injury, unless otherwise specified. 	
Office Use Only: HIGH	

Covered Expenses	Covered Expense Limitations
Inpatient Hospital Services	
Room & Board – Semi-Private or Private	80% of R&C
Hospital Miscellaneous Expense (including general nursing care and pre-admission testing performed within 3 working days prior to admission)	Maximum \$1,200 per day
Registered Nurse Services (private duty nursing care when ordered by a licensed Physician)	100% of R&C
Emergency Room Services (including use of the emergency room and supplies)	Maximum \$300 if rendered within 72 hours of Injury
Physician Services	
Physician Non-Surgical Services	Maximum \$60 for the first visit and \$40 for each subsequent visit , limited to one visit per day
Physician Surgical Services, Inpatient or Outpatient	Maximum \$1,200 (limited to primary procedure per injury)
Consultant Physician, when requested and approved by the attending Physician	Maximum \$400
Assistant Surgeon	25% of Physician Surgical Maximum
Anesthetist Services (not including supervision of an anesthetist)	25% of Physician Surgical Maximum
Day Surgery Miscellaneous (including supplies, drugs and services in connection with scheduled outpatient day surgery)	Maximum \$1,200
X-Ray Services	Maximum \$600
Diagnostic Imaging Services	Maximum \$600
Laboratory Services	Maximum \$300
Combined Ground and Air Ambulance Services	Maximum \$800
Orthopedic Braces and Appliances	Maximum \$140
Dental Services	Maximum \$500 per tooth
Outpatient Physical Therapy	Maximum \$60 for the first visit and \$40 for each subsequent visit , for a maximum of 5 visits
Prescription Drugs	Maximum \$200
R&C = Reasonable and Customary Charges	Injections, Prosthetic Devices, Mental and Nervous Disorders, Home Health Care

5. Premium Rates by Class of Eligible Persons

Class	Eligible Persons	Premium per Participant per Year
		Medical Expense Excess Plan
1	Students and employees on whose behalf the required premium contribution is made for Low Option 24-Hour coverage.	As stated in the brochure
2	Students and employees on whose behalf the required premium contribution is made for High Option 24-Hour coverage.	As stated in the brochure
3	Students on whose behalf the required premium contribution is made for Low Option Summer Only coverage.	As stated in the brochure
4	Students on whose behalf the required premium contribution is made for High Option Summer Only coverage.	As stated in the brochure
5	Students and employees on whose behalf the required premium contribution is made for Low Option At-School coverage.	As stated in the brochure
6	Students and employees on whose behalf the required premium contribution is made for High Option At-School coverage.	As stated in the brochure

7	Student members of the High School Football team on whose behalf the required premium contribution is made for full football season Low Option coverage.	As stated in the brochure
8	Student members of the High School Football team on whose behalf the required premium contribution is made for full football season High Option coverage.	As stated in the brochure
9	Student members of the High School Football team on whose behalf the required premium contribution is made for Spring football Low Option coverage.	As stated in the brochure
10	Student members of the High School Football team on whose behalf the required premium contribution is made for Spring football High Option coverage.	As stated in the brochure

The minimum premium per policy term is \$175.00.

6. **The policy is to cover all eligible persons.**

7. **It is understood and agreed that** the premium will be paid entirely as agreed between the Plan Sponsor and the Company.

 JXS0000027304100
 (Previous Policy Number)

 (Signature of Applicant)

 (Date)

 (Printed Name and Title of Applicant)

 K&K INSURANCE GROUP INC 13-0090572
 (Agent's Signature and Number)

 (Address of Applicant)

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.



NATIONWIDE LIFE INSURANCE COMPANY

Home Office: 1 Nationwide Plaza, Columbus, Ohio 43215

SPECIFIED HAZARD INSURANCE POLICY

ARCHDIOCESE OF BALTIMORE

Thank you for taking this policy with us.

POLICY NUMBER: JXS0000027977700

INSURING AGREEMENT - We promise to pay, subject to the terms of this policy, the benefits stated herein. We make this promise and issue this policy to you in exchange for the premium shown in the application. This policy is a legal contract between you and us.

POLICY TERM - The policy term starts and ends at 12:01 a.m. standard time at your address on the effective and termination dates shown in the application. The contract cannot be renewed.

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KEY WORDS DEFINED - When we use these words, we mean:

You, your, or plan sponsor - the plan sponsor named in the application.

We, our, us, or Nationwide - the Nationwide Life Insurance Company.

Application - the attached policy application which is part of the contract.

Eligible person - a person described under (one of) the class(es) of eligible persons listed in the application.

Insured - an eligible person insured under the contract.

Covered activities - the covered activities described in the application.

Injury - a bodily injury which meets all of the following conditions: (1) it is caused solely by an accident which happens while the contract is in force on the insured and while he or she is taking part in a covered activity; (2) it results in loss or expense covered by the contract; and (3) neither the injury, the loss, nor the expense may result from sickness, disease, or bodily infirmity, or from any cause other than the accident.

Reasonable and customary charges - (1) reasonable in terms of services, care, or treatment provided; and (2) customary in that charges made by a provider are in line with charges made by providers of similar training and experience for a similar service within the same area.

Doctor - a person duly licensed and legally qualified to diagnose and treat injury. Such person must be providing services within the scope of his or her license. The term "doctor" does not include the insured.

THIS IS LIMITED ACCIDENT INSURANCE. IT IS AN ACCIDENT ONLY POLICY AND DOES NOT COVER LOSS OR EXPENSE RESULTING FROM SICKNESS, DISEASE, OR BODILY INFIRMITY. PLEASE READ YOUR POLICY CAREFULLY.

PREMIUM - The premium rates and the method of payment are shown in the application. The premium is due on the date coverage begins. The premium must be paid to our Home Office or to one of our agents.

TERM OF A PERSON'S COVERAGE - A person's coverage begins on the later of: (1) the effective date of the contract; or (2) when he or she becomes an eligible person.

An insured's coverage ends on the first of these to occur: (1) when he or she is no longer an eligible person; or (2) the date to which premium has been paid; or (3) the termination date of the contract.

Termination of coverage will not affect a claim which occurs before the coverage ends.

THE MAXIMUM BENEFIT AMOUNTS which apply to an insured are shown in the application to the right of the benefit provision(s) for which he or she is insured.

EXCLUSIONS AND LIMITATIONS - We will not pay benefits for covered expenses incurred for:

- (1) the examination, prescription, purchase, or fitting of eyeglasses, contact lenses, or hearing aids;
- (2) treatment by a person employed or retained by you or your subsidiaries or affiliates and for which no charge is normally made; or
- (3) care or treatment by a person who ordinarily lives in the insured's home or is a parent, grandparent, spouse, brother, sister, or child of either the insured or the insured's spouse.

Nor will we pay benefits for loss or covered expenses resulting from:

- (4) intentional self-destruction or an attempt at it, or intentional self-inflicted injury while sane or insane (if a Missouri contract, while sane);
- (5) war or an act of war, declared or undeclared; or
- (6) air travel unless the insured is a passenger on a regularly scheduled flight of a properly licensed commercial airline.

ACCIDENTAL DEATH AND SPECIFIC LOSS BENEFIT

Death- If, as a result of injury, an insured dies within one year from the date of the accident causing the injury, we will pay, subject to the overall maximum for any one accident, the death benefit which applies less any specific loss benefit paid because of the same accident. The one year limit does not apply in a Pennsylvania contract.

Specific loss- If, as a result of injury, an insured suffers a specific loss within one year from the date of the accident causing the injury, we will pay, subject to the overall maximum for any one accident, a benefit based on the face amount which applies to the insured as specified in the table below.

For the Loss of:	Percent of the Face Amount
Each Arm	75%
Each Leg	75%
Each Hand	50%
Each Foot	50%
Sight of Each Eye	50%
Speech	50%
Hearing of Each Ear	25%
Thumb and Index Finger of the Same Hand	25%

Specific loss means the total, permanent, and irrecoverable loss of:

- (1) a natural arm or leg severed at or above the elbow or knee joint;
- (2) a natural hand or foot severed at or above the wrist or ankle joint;
- (3) the entire sight of an eye, entire speech, or entire hearing of an ear; or
- (4) a natural thumb and index finger severed at or above the joints which attach them to the hand.

The total payment for all of the specific losses of an insured because of any one accident will not be more than the face amount shown in the application. No specific loss benefit will be paid if the death benefit applies. The loss of the thumb and index finger of the same hand benefit will not be paid if the loss of the hand or arm benefit applies. The loss of the hand or foot benefit will not be paid if the loss of the arm or leg benefit applies.

The overall maximum for any one accident is shown in the application. This is the maximum amount payable by us for all death and specific loss claims incurred for all insureds under the contract which are caused by any one accident. If this is not enough to pay the total of all such claims, then the amount we will pay for the death or specific loss of any one insured will be his or her proportional share of this amount.

POLICY NUMBER: JXS0000027977700

ACCIDENT MEDICAL EXPENSE BENEFIT-if, as a result of injury, an insured incurs covered expenses starting within 90 days from the date of the accident causing the injury, we will pay, less the deductible (if any) shown in the application and not to exceed the maximum benefit amounts shown therein, all covered expenses incurred within 3 years from such date.

Covered expenses mean the reasonable and customary charges for local professional ambulance service to or from a hospital and/or surgical center as well as the following reasonable and customary charges for treatment, services, and supplies provided or prescribed by a doctor:

- (1) hospital or surgical center care;
- (2) medical treatment;
- (3) nursing care provided by a licensed nurse;
- (4) X-rays and lab exams;
- (5) prescription drugs and therapeutic services and supplies;
- (6) dental treatment as a result of injury to sound, natural teeth; and
- (7) the following licensed home health care agency services and supplies provided instead of an otherwise required hospital or skilled nursing home confinement: (a) physical, occupational, respiratory, and speech therapy, (b) the services of a home health aide, and (c) medical supplies.

If the application indicates that the excess plan applies, we will not pay benefits for, nor can the deductible (if any) be satisfied by, covered expenses to the extent that they are collectible under:

- (1) another insurance contract or prepayment plan;
- (2) a trustee, union, employer, or employee benefit plan;
- (3) Workers' Compensation (or a similar occupational law); or
- (4) a government plan (except Medicaid and other public assistance plans), including one set forth by statute (such as Medicare).

POLICY APPLICATION (please print or type)

which upon acceptance and approval by **NATIONWIDE LIFE INSURANCE COMPANY – Columbus, Ohio 43216** will become a part of **SPECIFIED HAZARD INSURANCE POLICY NUMBER: JXS0000027977700**

1. **Name of Plan Sponsor** ARCHDIOCESE OF BALTIMORE
(Group's Name)

Permanent Mailing Address 320 CATHEDRAL STREET
BALTIMORE, MD 21201

2. **Policy Term:** The policy term starts at **12:01 a.m.** on 08/01/17 which is the effective date and ends at **12:01 a.m.** on 08/31/18 which is the termination date.

3. Covered Activities

For each class of persons, covered activities are as described below.

Class	Description of Activities
1 & 2	All activities, excluding high school football
3 & 4	All activities between the last day of the school year commencing during the policy period and the first day of the following school year.
5 & 6	Participating in or attending any Policyholder sponsored activity, excluding high school football; or while traveling to or from the Insured Person's residence and the Policyholder's premises on days when the Insured Person has regularly scheduled classes or work and within one hour of the scheduled start of or dismissal from the scheduled class or work or at any other time if traveling by transportation furnished or approved by the Policyholder.
7, 8, 9 & 10	Practice or play of football in accordance with the rules of the state high school athletics authority. Group or team travel supervised by the Policyholder to or from a practice or play is covered if in a vehicle furnished or approved by the Policyholder.

4. Maximum Benefit Amounts -- the word "None" means the benefit is not included.

Benefit Provisions	Maximum Benefit Amounts
	Classes 1, 3, 5, 7 & 9
ACCIDENTAL DEATH AND SPECIFIC LOSS with a \$100,000.00 overall maximum for any one accident.	
Death	\$10,000
Specific Loss (Face Amount)	\$10,000
MEDICAL EXPENSE - Accident	
Deductible	\$0
Overall Maximum	\$25,000

The ACCIDENT MEDICAL EXPENSE BENEFIT is modified as follows:

- 1) The deductible is reduced by amounts paid by Other Insurance.
- 2) Medically necessary professional ambulance service is a Covered Expense.
- 3) Covered Expenses does not include Injections, Prosthetic Devices, Mental and Nervous Disorders, Home Health Care and Durable Medical Equipment.
- 4) The following Covered Expenses limitations apply. Limitations are per Insured per Injury, unless otherwise specified.

Office Use Only: LOW

Covered Expenses	Covered Expense Limitations
Inpatient Hospital Services	
Room & Board – Semi-Private or Private	Maximum \$150 per day

Hospital Miscellaneous Expense (including general nursing care and pre-admission testing performed within 3 working days prior to admission)	Maximum \$600 per day
Registered Nurse Services (private duty nursing care when ordered by a licensed Physician)	75% of R&C
Emergency Room Services (including use of the emergency room and supplies)	Maximum \$150 if rendered within 72 hours of Injury
Physician Services	
Physician Non-Surgical Services	Maximum \$40 for the first visit, and \$25 for each subsequent visit, limited to one visit per day
Physician Surgical Services, Inpatient or Outpatient	Maximum \$1,000 (limited to primary procedure per injury)
Consultant Physician, when requested and approved by the attending Physician	Maximum \$200
Assistant Surgeon	20% of Physician Surgical Maximum
Anesthetist Services (not including supervision of an anesthetist)	20% of Physician Surgical Maximum
Day Surgery Miscellaneous (including supplies, drugs and services in connection with scheduled outpatient day surgery)	Maximum \$1,000
X-Ray Services	Maximum \$200 for Outpatient
Diagnostic Imaging Services	Maximum \$300 for Outpatient
Laboratory Services	Maximum \$50 for Outpatient
Combined Ground and Air Ambulance Services	Maximum \$300
Orthopedic Braces and Appliances	Maximum \$75
Dental Services	Maximum \$200 per tooth
Outpatient Physical Therapy	Maximum \$30 for the first visit, and \$20 for each subsequent visit for a maximum of 5 visits, limited to one visit per day
Prescription Drugs	Maximum \$75
R&C = Reasonable and Customary Charges	

4. Maximum Benefit Amounts -- the word "None" means the benefit is not included.

Benefit Provisions	Maximum Benefit Amounts
	Classes 2, 4, 6, 8 & 10
ACCIDENTAL DEATH AND SPECIFIC LOSS with a \$100,000.00 overall maximum for any one accident.	
Death	\$10,000
Specific Loss (Face Amount)	\$10,000
MEDICAL EXPENSE - Accident	
Deductible	\$0
Overall Maximum	\$25,000
The ACCIDENT MEDICAL EXPENSE BENEFIT is modified as follows:	
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Office Use Only: HIGH	

Covered Expenses	Covered Expense Limitations
Inpatient Hospital Services	
Room & Board – Semi-Private or Private	80% of R&C
Hospital Miscellaneous Expense (including general nursing care and pre-admission testing performed within 3 working days prior to admission)	Maximum \$1,200 per day
Registered Nurse Services (private duty nursing care when ordered by a licensed Physician)	100% of R&C
Emergency Room Services (including use of the emergency room and supplies)	Maximum \$300 if rendered within 72 hours of Injury
Physician Services	
Physician Non-Surgical Services	Maximum \$60 for the first visit and \$40 for each subsequent visit , limited to one visit per day
Physician Surgical Services, Inpatient or Outpatient	Maximum \$1,200 (limited to primary procedure per injury)
Consultant Physician, when requested and approved by the attending Physician	Maximum \$400
Assistant Surgeon	25% of Physician Surgical Maximum
Anesthetist Services (not including supervision of an anesthetist)	25% of Physician Surgical Maximum
Day Surgery Miscellaneous (including supplies, drugs and services in connection with scheduled outpatient day surgery)	Maximum \$1,200
X-Ray Services	Maximum \$600
Diagnostic Imaging Services	Maximum \$600
Laboratory Services	Maximum \$300
Combined Ground and Air Ambulance Services	Maximum \$800
Orthopedic Braces and Appliances	Maximum \$140
Dental Services	Maximum \$500 per tooth
Outpatient Physical Therapy	Maximum \$60 for the first visit and \$40 for each subsequent visit , for a maximum of 5 visits
Prescription Drugs	Maximum \$200
R&C = Reasonable and Customary Charges	Injections, Prosthetic Devices, Mental and Nervous Disorders, Home Health Care

5. Premium Rates by Class of Eligible Persons

Class	Eligible Persons	Premium per Participant per Year
		Medical Expense Excess Plan
1	Students and employees on whose behalf the required premium contribution is made for Low Option 24-Hour coverage.	As stated in the brochure
2	Students and employees on whose behalf the required premium contribution is made for High Option 24-Hour coverage.	As stated in the brochure
3	Students on whose behalf the required premium contribution is made for Low Option Summer Only coverage.	As stated in the brochure
4	Students on whose behalf the required premium contribution is made for High Option Summer Only coverage.	As stated in the brochure
5	Students and employees on whose behalf the required premium contribution is made for Low Option At-School coverage.	As stated in the brochure
6	Students and employees on whose behalf the required premium contribution is made for High Option At-School coverage.	As stated in the brochure

7	Student members of the High School Football team on whose behalf the required premium contribution is made for full football season Low Option coverage.	As stated in the brochure
8	Student members of the High School Football team on whose behalf the required premium contribution is made for full football season High Option coverage.	As stated in the brochure
9	Student members of the High School Football team on whose behalf the required premium contribution is made for Spring football Low Option coverage.	As stated in the brochure
10	Student members of the High School Football team on whose behalf the required premium contribution is made for Spring football High Option coverage.	As stated in the brochure

The minimum premium per policy term is \$175.00.

6. **The policy is to cover all eligible persons.**

7. **It is understood and agreed that** the premium will be paid entirely as agreed between the Plan Sponsor and the Company.

 JXS0000027304100
 (Previous Policy Number)

 (Signature of Applicant)

 (Date)

 (Printed Name and Title of Applicant)

 K&K INSURANCE GROUP INC 13-0090572
 (Agent's Signature and Number)

 (Address of Applicant)

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.

CLAIMS INFORMATION

When must we receive notice? Written notice of claim must be given within 30 days after a covered loss occurs or expense starts or it must be given as soon as reasonably possible. The notice must be sent to the servicing group claims office, our Home Office, or to one of our agents. It should include your policy number and the name of the insured.

How are claim forms obtained? We will send forms to persons who ask for them within 15 days after notice of claim is given. If we do not, written proof (including the event, nature, and extent of loss) may be sent to us without using our forms. This proof must meet the terms of the next paragraph.

When must we receive proof of loss? Written proof must be given to us: (1) within 90 days after the end of any period of disability or hospital confinement for which claim is made; or (2) within 90 days after the date of loss on any other claim.

If it is not reasonably possible to give such proof, it should be given as soon as reasonably possible; but no later than one year from the time it is otherwise due. The one year limit is waived if the insured is legally incapable of giving such proof.

When will we pay claims? First we need written proof of loss. Then all benefits due the insured for loss of time because of total disability will be paid monthly as long as we are liable. Any balance not paid when our liability ends will be paid as soon as we receive proper written proof.

Benefits due for other losses will be paid when we receive proper written proof.

To whom will we pay claims? We will pay loss of life benefits to the insured's designated beneficiary in effect at the time of payment. If none is then in effect, or if the beneficiary dies first, we will pay the benefits to the insured's estate or, at our option, to one or more of the first surviving class of the following classes of successive preference beneficiaries: the insured's surviving spouse, children, parents, or brothers and sisters. This will, to the extent paid, release us from further liability. Other benefits will be paid to the insured except that those unpaid at death may, at our option, be paid to either the insured's estate or beneficiary.

If the insured is a minor or is not competent to give a valid release, we may pay an amount otherwise payable to the insured to his or her parents, guardian, or to a person supporting the insured.

If payment is to be made to the insured's estate or to a beneficiary who is either a minor or is not competent to give a valid release, we may pay up to \$1,000 to someone related to either the insured or to his or her beneficiary by blood or marriage whom we consider to be entitled to the payment. Such payment made by us in good faith will fully discharge us to the extent of the payment.

We may pay covered expenses to the hospital or person providing the service, unless the insured states otherwise in writing by the time proofs of loss are filed. It is not required that a service be provided by any one hospital or person.

How may the beneficiary be changed? The insured may change his or her beneficiary. The beneficiary's consent is not needed unless the designation is irrevocable. Changes may be made during the insured's lifetime by written notice to us at our Home Office.

A change will take effect when the notice is signed, whether or not the insured is living when we receive it. The change will not prejudice a payment made or action taken by us before we receive it at our Home Office.

Can a physical exam be required? Yes. We have the right to have a doctor examine a person whose condition is the basis of a claim. This may be done as often as is reasonably necessary while a claim is pending. This will be at our expense.

Is there a free choice of a doctor? Yes. The insured will have a free choice of a doctor. The doctor-patient relationship will be maintained.

What if there is a common accident? If an insured and his or her beneficiary die from the same accident without enough evidence that they died other than at the same time, the insured's benefits will be paid as if he or she died last.

GENERAL INFORMATION

What is your agreement with us? How can it be changed? The policy (with the application and attached papers) and the individual enrollment forms, if any, make up the entire legal contract between you and us. All statements made by you or by an insured are representations and not warranties. Such statements will not affect coverage or be used in defense of a claim unless they are in a written application or individual enrollment form which has been signed by the insured. A copy of the statement must be furnished to the insured or to his or her beneficiary, if any. No change in the contract will be valid unless it is in an amendment signed by either our President or Secretary and accepted (signed) by you.

The contract may be changed at any time by mutual agreement between you and us. The consent of an insured or others having a beneficial interest is not required. A change will not affect a claim which occurs before the change is made.

No agent may: (1) change the contract in any way; (2) accept premium in arrears; or (3) extend a premium due date.

What if the contract does not conform with state laws? If, on its effective date, any provision of the contract is in conflict with a law of the state in which it is delivered, such provision is amended to conform to the law's minimum requirements.

What about new eligible persons? They must be added to the groups or classes for which they are eligible.

Are individual certificates used? When the law requires it, we will provide a supply of these forms to be given to all insureds. The certificates will contain the main features of the contract which relate to the insured. They are not contracts.

What kind of records must be kept? Records must be kept which will show, at all times, the names of the insureds and the details of each insured's insurance.

We have the right to inspect these records at any reasonable time to the extent that they relate to the contract.

What kind of reports must be made? Those that we need to administer and rate the contract.

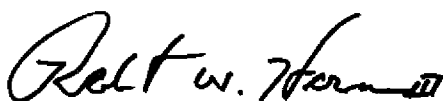
What if an eligible person is not recorded or reported? Coverage will not be denied if failure to record or to report an eligible person for insurance is the result of a clerical error.

May benefits be assigned? Yes; but only medical expense benefits, if any. We are not bound by an assignment until we receive it in writing at either the servicing group claims office or our Home Office. We are not responsible for its validity.

When can legal action be brought? Legal action to recover under the contract can be brought only after 60 days and before 3 years (5 years if a Kansas contract or 6 years if a South Carolina contract) from the time written proof of loss must be given.

Is this a Workers' Compensation contract? No. It does not replace or affect any requirement for coverage by Workers' Compensation or a similar occupational law.

NATIONWIDE LIFE INSURANCE COMPANY



Secretary



President

Countersigned by _____
(LICENSED RESIDENT AGENT)

SPECIFIED HAZARD INSURANCE RIDER

NATIONWIDE LIFE INSURANCE COMPANY

Columbus, Ohio

issues this rider to

THE PLAN SPONSOR REFERRED TO ON THE FIRST PAGE
OF THE POLICY OR CERTIFICATE TO WHICH THIS RIDER IS ATTACHED

This rider is subject to all of the terms of the policy and certificate.

The effective date of this rider is the effective date of the policy or certificate.

The policy or certificate is amended as follows:

1. The second paragraph of the "ACCIDENT MEDICAL EXPENSE" provision is deleted and replaced by the following:

Covered expenses mean the following reasonable and customary charges for treatment, services, and supplies provided or prescribed by a doctor:

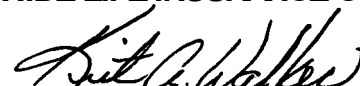
- (1) local professional ambulance service from a hospital or surgical center to either the injured person's home or to any other local medical facility for further treatment (ambulance service from the scene of the accident is not covered);
- (2) hospital or surgical center care;
- (3) medical treatment;
- (4) nursing care provided by a licensed nurse;
- (5) X-rays and lab exams;
- (6) prescription drugs and therapeutic services and supplies;
- (7) dental treatment as a result of injury to sound, natural teeth; and
- (8) the following licensed home health care agency services and supplies provided instead of an otherwise required hospital or skilled nursing home confinement: (a) physical, occupational, respiratory, and speech therapy, (b) the services of a home health aide, and (c) medical supplies.

2. The "EXCLUSIONS AND LIMITATIONS" provision is amended to add the following:

Nor will we pay benefits for loss or covered expenses resulting from:

- (7) being intoxicated or under the influence of a narcotic unless it is administered on the advice of a doctor; and
- (8) participation in a scheduled competitive event or meet by a person who is receiving benefits under the contract, unless he or she has a written statement from a doctor permitting such participation.

NATIONWIDE LIFE INSURANCE COMPANY



Kit C. Walker
President

Accepted by _____
(Plan Sponsor Representative)

MARYLAND SPECIFIED HAZARD POLICY RIDER

NATIONWIDE LIFE INSURANCE COMPANY Columbus, Ohio

issues this rider to

THE PLAN SPONSOR NAMED ON PAGE 4
OF THE POLICY TO WHICH THIS RIDER IS ATTACHED

This rider is subject to all of the terms of the policy.

The effective date of this rider is the effective date of the policy.

The policy is amended as follows:

1. The policy provision on page 2 entitled "**THE MAXIMUM BENEFIT AMOUNTS**" is amended to read as follows:

THE MAXIMUM BENEFIT AMOUNTS which apply to the insured are shown in item 4 of the application to the right of the benefit provision(s) for which he or she is insured and under the class in which he or she falls as indicated by the class checked in item 5 of the application.

2. The first sentence of the **GENERAL INFORMATION** policy provision on page 6 entitled "**What is your agreement with us? How can it be changed?**" is amended to read as follows:

The policy (with the application and attached papers) make up the entire legal contract between you and us.

3. The **GENERAL INFORMATION** policy provision on page 6 entitled "**What about new eligible persons?**" is amended to read as follows:


What about new eligible persons? They will be added immediately to the groups or classes for which they are eligible. Premium will be charged for new eligible persons only to the extent referred to in item 7(b) of the application.

4. The **GENERAL INFORMATION** policy provision on page 6 entitled "**When can legal action be brought?**" is amended to read as follows:

When can legal action be brought? Action at law or in equity to recover under the contract can be brought only after 60 days from the time written proof of loss has been given as required by this contract. No such action may be brought after 3 years from the time written proof of loss is required to be given.

5. If there is an "overall maximum for any one accident" set forth in item 4 of the application, it is hereby amended to be the larger of (a) the amount shown, (b) \$500,000, or (c) 10 times the largest Accidental Death Benefit Amount afforded by the policy for one insured.

NATIONWIDE LIFE INSURANCE COMPANY



Kit C. Walker
President

SPECIFIED HAZARD ACCIDENT INSURANCE POLICY RIDER

NATIONWIDE LIFE INSURANCE COMPANY Columbus, Ohio

Issues this rider to

THE PLAN SPONSOR REFERRED TO ON THE FIRST
PAGE OF THE POLICY TO WHICH THIS RIDER IS ATTACHED
AND MADE A PART THEREOF

The effective date of this rider is the effective date of the policy to which this rider is attached.

The policy is amended as described below. All other terms remain unchanged.

The following paragraph is added as a second paragraph under the section entitled **PREMIUM** on page two of the policy:

When experience on a case is available to the company under a policy or policies issued by the company or issued by another insurer, the premium rates and benefit limits may be adjusted, on a prospective basis, to produce anticipated experience for the case approximating the anticipated loss ratio.

NATIONWIDE LIFE INSURANCE COMPANY



President