

## How to Enroll

1. Determine which plan of coverage you would like to enroll your child in – 24 Hour Coverage or School Time Coverage
2. Fill out the Enrollment Form below, enclose a check or money order in an envelope payable to the Company for the correct amount and mail to A-G Administrators LLC PO Box 824936 Lock Box # 824936 Philadelphia, PA 19182-4936
3. Make Checks Payable to UNITED STATES FIRE INSURANCE COMPANY c/o A-G Administrators LLC
4. Return by mail to A-G Administrators LLC. Your cancelled check or money order stub will be your receipt and confirmation of payment. Please write student's name and school name on your check.

### INDIVIDUAL VOLUNTARY STUDENT ENROLLMENT FORM

#### UNITED STATES FIRE INSURANCE COMPANY

#### STUDENT ACCIDENT COVERAGE

STUDENT'S LAST NAME (one letter per box)

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STUDENTS FIRST NAME

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Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male  Female

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of School \_\_\_\_\_

School District \_\_\_\_\_

X \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian (Required)

#### Individual Voluntary Student Accident Plans

#### 24 HOUR COVERAGE

\$150.00 per student

#### SCHOOL TIME COVERAGE

\$70.00 per student

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## Period of Coverage

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Persons applying for coverage shall be covered as of the date premium receipt, but in no event prior to the opening of school activities. Coverage ends at the close of the regular school term, except under 24 Hour Coverage, which continues until school reopens for the fall term. You may enroll at any time, but premiums will not be prorated.

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## ***Questions and Answers***

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Q. Is this Policy primary or secondary coverage?

A. This policy is Primary Excess – meaning A-G will pay the first \$100 in valid medical expenses payable without regard to any other valid and collectible insurance plan. Once expenses have exceeded \$100, A-G will make payments in excess of any other valid and collectible insurance.

Q. May we purchase the policy at any time during the year?

A. Yes, coverage may be purchased at any point in time during the school year for your child. However, there is no pro-rating of premium for enrollment that occurs after the policy effective date. The earlier you enroll the more your child will maximize their coverage.

Q. Will this policy pay if our other insurance has a deductible?

A. Yes, this policy does not have deductible. You should submit expenses in excess of \$100 to your other insurance carriers and forward a copy of the itemized bill and explanation of benefits showing the amount of the deductible.

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## ***How to File a Claim***

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1. Obtain an accident claim form through your school office or A-G Administrators LLC Please answer all questions and provide all necessary signatures.
2. Attach all itemized bill(s) and any explanation of benefits to the claim form and mail or fax to the Administrator's Address indicated on the claim form.
3. Claims for benefits must be filed within 90 days from the date of accident. Only one claim form is needed per accident.

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## ***Important Note***

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This brochure is a summary of the insurance plan as specified in the policy form (GA26932-002) on file with the School. This brochure is subject to the terms and conditions of the Policy, which contains all benefits, limitations and exclusions as underwritten by United States Fire Insurance Company. This coverage may not be available in all states and Policy terms and conditions may vary by state. In the event of a discrepancy, the Policy with prevail.