

## SHORT-TERM (24-HOUR) COVERAGE Accident Insurance Enrollment Form for the 2023-2024 School Year 100% Participation Required

Provides excess accident and emergency sickness medical coverage and accidental death and dismemberment coverage for all of your students participating in school sponsored and supervised activities involving overnight travel and/or periods without direct and immediate school supervision. Rate is \$1.85/person/calendar day. Coverage consists of BASIC and CATASTROPHIC injury benefits.

Basic

Accident Medical Expense Benefits are paid on an excess basis at 100% of Usual and Customary charges up to \$25,000/injury and up to \$3,000 for Emergency Sickness. Includes benefit for pre-approved Medical Evacuation statement of the control of the property of the control of the contr

expenses up to \$25,000 and up to \$10,000 of expenses for Repatriation of Remains to home country. Covered charges

for injuries are limited to those incurred within two years from date of injury.

Catastrophic

Benefits are subject to a deductible (disappearing\*) of \$25,000 and are then paid at 100% of Usual and Customary
Charges up to \$1,000,000. Includes additional cash benefits of up to \$500,000 (depending upon the severity of the

loss) and accidental death benefit of \$25,000.

Underwritten by ACE American Insurance Company - The policies have complete details of provisions, limits and exclusions.

\*May be satisfied using benefits payable under the Basic plan described above or other primary insurance

## **APPLICATION AND LIST OF NAMES**

MUST BE RECEIVED BY MYERS-STEVENS PRIOR TO THE START DATE OF ACTIVITIES, OTHERWISE COVERAGE WILL BEGIN UPON RECEIPT. PREMIUM IS DUE WITHIN 10 DAYS OF THE START OF THE ACTIVITY. It is required that all students attending this event are covered, whether they have other insurance or not. Coverage is optional for parent volunteers and other youth participants. Staff may also be included on an optional basis. Please include names with list of students on reverse.

Please complete the entire form below and the list of names on the reverse side. Return with your premium or billing information.

*Mail, fax or email to:* Myers-Stevens & Toohey Co., Inc. - 26101 Marguerite Parkway Mission Viejo, CA. 92692 or

Via Fax: (949) 348-2630 or Via Email: activities@myers-stevens.com

## QUESTIONS??? Call (800) 827-4695

ACTIVITY INFORMATION		
Name of District		
Name of School		
Address	Phone	
E-mail Contact		
Starting date	Ending Date	
Destination/Activity		
Coverage requested by:		
Print Name	Signature	Date
	E IS A MINIMUM PREMIUM REQUIREME thin 10 days of the start date of activity	
PAYMENT/BILLING INFORMATION	○ NEW	○ REVISED
Calculate Premium Due: x x # of Calculate Premium Due:	x \$1.85 = \$	IM DUE (#95 minimum)
# of Participants # of Calendar Days		JM DUE (\$35 minimum)
METHOD OF PAYMENT:	ONO INVOICE NEEDED OF E will appear as "MYERS-STEVENS & TOOH	<sup>2</sup> .O. NUMBER IEY 800-827-4695 CA <i>" on your statement.</i>
MC/VISA AUTHORIZATIONS: OMC: VISA:		
I authorize Myers-Stevens & Toohey Co., Inc. to deduct the pre	Month / Year Security Code emium payment:	e Zip Code of Cardholder
Name of Cardholder ————————————————————————————————————	Cardholder's Signature ————————————————————————————————————	

## **SHORT-TERM (24-HOUR) COVERAGE**

LIST OF STUDENTS / PARENT VOLUNTEERS AND OTHER YOUTH PARTICIPANTS / STAFF Please provide names below. If necessary, please make copies and attach separately. Name of School \_ Name and location of activity \_\_\_\_\_ Starting date Ending Date **Students** Last Name First Name Last Name First Name 26. 1. 2. 27. 3. 28. 4. 29. 5. 30. 6. 31. 7. 32. 8. 33. 9. 34. 35. 10. 11. 36. 12. 37. 13. 38. 14. 39. 15. 40. 16. 41. 17. 42. 18. 43. 19. 44. 20. 45. 21. 46. 22. 47. 23. 48. 24. 49. 25. 50. **Parent Volunteers and Other Youth Participants** Last Name First Name Staff Last Name First Name