



**2021-2022  
NORTH AMERICAN DIVISION OF SEVENTH-DAY ADVENTIST  
K-12 ACCIDENT INSURANCE COVERAGE REQUEST FORM**

Name of School or School District \_\_\_\_\_

\_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email Address \_\_\_\_\_

**ELIGIBILITY:**

Class 1 - All enrolled students (grades PK-12, includes enrolled and registered early childhood infants to school age), including the graduating class trip, religious services or instructions and all interscholastic student athletes excluding senior high football are covered under the Policyholder program for whom premium has been paid.

Class 2 - All enrolled boarding students (grades PK-12) excluding senior high football are covered under the Policyholder program for whom premium has been paid.

**BASE PLAN OPTIONS:**

Please make selections below indicating the Desired Plan of Coverage.

Class 1:	Corridor Deductible	1a: Preschool & Kindergarten	*1b: Day Students Grades 1-8	1c: Students Grades 9-12
Full Excess	\$0.00	\$6.56	\$13.33	\$41.21
Full Excess	\$100.00	\$4.51	\$10.25	\$30.96
\$500 Primary Excess	\$0.00	\$9.84	\$18.86	\$54.94

Class 2:	Corridor Deductible	Boarding Students
Full Excess	\$0.00	\$128.74
Full Excess	\$100.00	\$94.71
\$500 Primary Excess	\$0.00	\$217.30

\*If a school has 9<sup>th</sup> & 10<sup>th</sup> grade students and no 11<sup>th</sup> & 12<sup>th</sup> grade students, use rates for Grades 1-8 for the 9<sup>th</sup> & 10<sup>th</sup> grade students.

**CAT PLAN OPTIONS:**

Please make one of the boxes below indicating the Desired Plan of Coverage.

<input type="checkbox"/>	<b>Option 1: Medical Only</b>	<b>\$2.30</b>
<input type="checkbox"/>	<b>Option 2: CAT Cash</b>	<b>\$3.30</b>

\$ \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_  
Base Class 1a: Rate Per Student # of Students

\$ \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_  
Base Class 1b: Rate Per Student # of Students

\$ \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_  
Base Class 1c: Rate Per Student # of Students

\$ \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_  
Base Class 2: Rate Per Student # of Students

\$ \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_  
CAT : Rate Per Student# of Students # of Students

**TOTAL PREMIUM DUE** (for the benefits shown above) \$ \_\_\_\_\_

(The Premium Due is fully earned and nonrefundable on the effective date of coverage)

**Underwritten by: Mutual of Omaha Insurance Company; 3300 Mutual of Omaha Plaza; Omaha, NE 68175**

Make premium check payable to Relation and mail payment along with this completed form to the following office:

**Relation  
P.O. Box 25936  
Overland Park, KS 66225  
1-800-955-1991, ext. 5614  
Attn: Janice Briggs**

**Term of Coverage**

It is understood that the effective date of coverage under this program will be August 1, or the date this form and the premium are received and accepted by the Company, whichever is later. Coverage for this term will end on August 1.

By \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Contracting Official

\_\_\_\_\_  
Licensed Agent's Signature License Number Date



**Adventist Risk  
Management,® Inc.**