

STUDENT ACCIDENT INSURANCE

Select the insurance plan that you need to offset the cost of medical care.....

- SCHOOL-TIME ACCIDENT COVERAGE
- FULL-TIME ACCIDENT COVERAGE
- DENTAL ACCIDENT OPTION
- TACKLE FOOTBALL INSURANCE PLAN
- UIL ACTIVITIES COVERAGE



THIS IS A LIMITED BENEFIT POLICY. ACCIDENT ONLY INSURANCE. NON-RENEWABLE

Enrollment Form Enclosed

APPROVED BY YOUR SCHOOL FOR GRADES PK-12

Make the Smart Choice Now!



**COLUMBIAN LIFE
INSURANCE COMPANY**
HOME OFFICE: CHICAGO, IL
ADMINISTRATIVE SERVICE OFFICE
P.O. BOX 196
STILLWATER, MN 55082-0196

Form No. 3715-CL-08

T-1745(TX)

PRIVACY POLICY: You may obtain a detailed copy of Columbian Life's privacy policy from your school, by contacting SAS, Inc. at (800) 328-2739, or visiting www.sas-mn.com.

**ACCIDENT INSURANCE PLAN COVERAGE DESCRIPTIONS
(POLICY 9F140-CL)(Rev.)TX**

ANNUAL RATES

<p>School Time Coverage - Grades PK-12 Coverage would be in force for each person for whom the School Time Coverage premium has been paid as set forth in the Policy: (a)while on the School premises; during the hours and on the days School is in regular session, and during the hours and on the days when School is not in session while the insured is participating in or attending any Sponsored and Supervised Activity*, except interscholastic football for students in the 10th grade or above and grades 7-9, if they practice or play with grades 10-12; and (b)while away from the School premises; other than traveling, if participating in a Sponsored and Supervised Activity*, except interscholastic football for students in the 10th grade or above and grades 7-9, if they practice or play with grades 10-12; and (c)while traveling directly to or from the Insured's residence and School; for regular School sessions, or for any Sponsored and Supervised Activity* in School provided transportation, except interscholastic football for students in the 10th grade or above and grades 7-9, if they practice or play with grades 10-12; or</p>	<p align="center">\$ 50.00</p> 
<p>Full Time Coverage (24-Hour Coverage) - Grades PK-12 Coverage would be in force for each person for whom the Full Time Coverage premium has been paid as set forth in the Policy on a twenty-four (24) hour per day basis, except for interscholastic football for students in the 10th grade or above and grades 7-9, if they practice or play with grades 10-12*.</p> <p>* Includes Interscholastic Activities Coverage (UIL), except Football Coverage must be purchased separately.</p>	<p align="center">\$140.00</p> 
<p>Football Coverage - Grades 10-12 and Grades 7-9 if they practice or play with Grades 10-12 Coverage would be in force for each person for whom the Football Coverage premium has been paid as set forth in the Policy: (a)while practicing for or competing in football which is exclusively sponsored by the Policyholder, as a representative of the School, and while under the direct and immediate supervision of an employee of the Policyholder; and (b)while traveling directly to or from such practice or competition in School provided transportation.</p>	<p align="center">\$185.00</p> 
<p>Dental Accident Coverage - Grades PK-12 (Endorsement 9E509-CL) Coverage would be in force for accidental injuries to teeth on a 24 hour per day basis including participation in all UIL Activities subject to the limitations and exclusions of the Insurance Plan and this Dental Endorsement. Pays the usual and customary charges incurred within one year from the date of injury up to \$5,000 per injury, after other valid coverage. All insurance plans with our Company would be secondary to all Other Valid Coverage. A dental claim must be filed with your other coverage first.</p>	<p align="center">\$ 8.00</p> 

T-1745(TX)

HOW TO ENROLL

1. Determine the Insurance Plan of coverage you want. Complete the Enrollment envelope and enclose your check made payable to: STUDENT ASSURANCE SERVICES, INC. or complete the credit payment information form. Premium cannot be prorated. Please write the name of the student on your check.
2. You can also enroll online at the Student Assurance Services, Inc. website www.sas-mn.com. The online form will be available under the K-12 School District Look-up.
3. Be sure to retain this brochure and a copy of the premium payment as proof of insurance. You will not receive a policy or ID card. The master policy is issued to your school.

Return your payment or credit information form with the requested enrollment information in the attached envelope.

EFFECTIVE AND EXPIRATION DATES

Coverage becomes effective the later of: the Master Policy Effective Date (08-01-2008); or 12:01A.M. following the date the envelope containing the enrollment form and premium payment is postmarked by the U.S. Postal Service, or for on-line enrollment 12:01AM following the date the proper premium is received by the Plan Administrator. All Coverages expire on the Master Policy Expiration Date (07-31-2009), or when premium is due and unpaid.

HOW TO FILE A CLAIM

1. Report school related injuries immediately to the school office;
2. Obtain a claim form from the school;
3. Follow ALL claim form instructions, attach all itemized bills and send to:
STUDENT ASSURANCE SERVICES, INC.
P.O. BOX 196 • STILLWATER, MN 55082-0196
4. Questions about claims will be answered immediately by calling (800) 328-2739 or (651) 439-7098. The claims staff is available 8:00 a.m. to 4:30 p.m. Central Time, Monday through Friday.

IT IS NOT THE INTENT OF THE POLICY TO PROVIDE BENEFITS FOR AN EXISTING MEDICAL PROBLEM. A re-injury will not be covered if the insured has received treatment within a period of 180 days prior to the effective date of the policy.

MEDICAL BENEFITS (What the Insurance Plan Pays) - When injury covered by this policy results in treatment by a Licensed Physician within 90 days from the date of injury, the Company will pay the Usual and Customary expenses incurred for necessary Services and Supplies as listed below, for expenses actually incurred within one year from the date of injury up to a Maximum Medical Benefit of \$25,000 per injury. This policy will pay benefits regardless of Other Valid Coverage.

A. IN-PATIENT BENEFITS

1. Hospital Room and Board..... up to \$400 per day
2. Intensive Care (in lieu of Hospital Room and Board)..... up to \$600 per day
3. Hospital Miscellaneous Services (All Charges except Room & Board) First day up to \$500, thereafter up to \$250 per day; max \$2,500
4. Physician's Non-Surgical Visits (other than Physical Therapy) .. First day of treatment up to \$50, subsequent visits up to \$30, maximum 10 visits
5. Physical Therapy Treatment (includes whirlpool, diathermy, EMS, massage, manipulation or adjustments in any form, and/or office visits connected therewith)..... Included in Hospital Misc. Benefit
6. X-ray and Radiology Services Included in Hospital Misc. Benefit
7. Registered Nurse..... 100% of U&C charges

B. OUT-PATIENT SURGERY BENEFITS

1. Day Surgery (Facility Charge) Room supplies and all other expenses for out-patient surgery up to \$1,250

C. OTHER OUT-PATIENT BENEFITS

1. Hospital Emergency Room Charges 60% up to \$200
2. X-ray and Radiology Services 60% up to \$200
3. CAT Scans, MRI and Bone Scans..... 60% up to \$600
4. Physician's Non-Surgical Visits \$40 per visit, 10 visit maximum
5. Orthopedic Appliances (when prescribed by a physician for healing) \$500 maximum
6. Shots and Injections (within 24 hours of an injury) up to \$25
7. Prescription Drugs up to \$25
8. Physical Therapy Treatment (includes whirlpool, diathermy, EMS, massage, manipulation or adjustments in any form, and/or office visits connected therewith)..... \$30 per visit, maximum 5 visits
9. Ambulance Service (Air or Ground)..... up to \$500
10. Eyeglass Replacement (if medical treatment is also received for a covered injury) up to \$100
11. Durable Medical Equipment (Post-Surgical Only) up to \$100

D. OTHER PHYSICIAN SERVICES

1. Dental Treatment (in lieu of all other medical benefits, including X-rays of sound & natural teeth)..... up to \$200 per tooth
 2. Physician's Surgical Care (In-Patient or Out-patient) (includes pre-operative & post-operative care for fractures, dislocations, or repair of lacerations)..... up to \$1,500
 3. Assistant Surgeon Charges (In-Patient or Out-patient) 20% of Surgery Allowance
 4. Anesthetist Charges (In-Patient or Out-patient)..... 25% of Surgery Allowance
- E. MOTOR VEHICLE INJURY** up to \$1,000 max. as scheduled above
- F. OTHER BENEFITS** - Heat Stroke and Heat Exhaustion will be covered as any other accident.

G. ACCIDENTAL DEATH AND DISMEMBERMENT

When injury covered by this policy results in Accidental Death or Dismemberment within 180 days from the date of accident, the following benefits would be payable.

Loss of Life.....	\$2,000	Double Dismemberment	\$10,000
Loss of an Eye	\$2,000	Single Dismemberment.....	\$ 2,000

EXCLUSIONS (What the Plan DOES NOT Pay)

1. Any sickness, disease, infection (unless caused by an open cut or wound), aggravation of a congenital condition, blisters, headaches, hernia of any kind, mental or physical infirmity, Osgood-Schlatter disease, osteochondritis, osteochondritis dissecans, osteomyelitis, spondylolysis, slipped femoral capital epiphysis, orthodontics, injuries involving bone cysts or dental implants.
2. Injuries for which benefits are payable under Workers' Compensation or Employer's Liability Laws.
3. The services of a second or subsequent Physician when not requested in writing by the attending Physician. This exclusion does not apply to any Assistant Surgeon Benefits.
4. Any Injury involving a two or three-wheeled motor vehicle or snowmobile or any motorized or engine driven vehicle not designed primarily for use on public streets and highways.
5. Air travel or the use of any device or equipment for aerial navigation, except as a fare-paying passenger on a regularly scheduled commercial airline.
6. Intentionally self-inflicted Injuries; Injuries sustained while fighting or brawling, or violating or attempting to violate any existing city, state, or federal law.
7. Treatment received from any person employed or retained by the Policyholder.
8. Replacement of contact lenses, hearing aids or prescriptions or examinations thereof.
9. The practice or play of tackle football, including travel to or from such practice or play for students in the 10th grade or above or students in grades 7-9 practicing or participating in grades 10-12 Football (unless such voluntary coverage is purchased).

For specific costs and details of coverage, including exclusions, reductions, or limitations, see your Servicing Agent or write the Plan Administrator.

Usual and Customary charges means charges for medical services or supplies for which the Insured is legally liable and which do not exceed the average rate charged for the same or similar services or supplies in the geographic region where the services or supplies are received.

WHEN AND WHERE WILL MY STUDENT BE COVERED BY THIS INSURANCE?

The choice is yours! This Insurance offering describes several enrollment options designed to fit your individual needs. Please review this entire brochure, especially the coverage descriptions, before making your selections.

WHY IS THE SCHOOL PARTICIPATING IN THIS OFFERING?

Students are particularly susceptible to accidental injury. Your school district does not carry insurance to pay for X-rays, stitches, ambulances, etc..

WHAT KIND OF INSURANCE IS THIS?

This is supplemental accidental bodily injury insurance; it covers accidental bodily injury occurring while the coverage is in force. Illnesses such as measles, sore throats, etc., are not covered.


WHO SHOULD CONSIDER BUYING THIS INSURANCE?

1. All families with no health insurance.
 - If you have no insurance, we will be your primary carrier.
2. Families with policies having deductibles or co-pays.
 - The larger the deductible or co-pay percentage, the more you can benefit. There is no deductible in our plan.

WHEN AND HOW CAN I ENROLL?

ENROLL ANYTIME! It is to your advantage to enroll early. The premium cannot be prorated. **Make check payable to: Student Assurance Services, and Mail to: Student Assurance Services, Inc. • P.O. Box 196 • Stillwater, MN 55082-0196.** Write the student's name on the check. There are also convenient credit card and on-line enrollment options available. Be sure to retain this brochure and a copy of the premium payment as proof of insurance. You will not receive a policy or ID card!

**HAVE QUESTIONS?
CALL US TOLL FREE AT
(800) 366-4810 OR (210) 366-4800**

	<p>Marketed by David Cates The Brokerage Store 4091 Dezavala Road, #3 San Antonio, TX 78249 210-366-4800 or Toll Free 800-366-4810</p>
	<p>Underwritten by COLUMBIAN LIFE INSURANCE COMPANY <small>HOME OFFICE: CHICAGO, IL</small> <small>ADMINISTRATIVE SERVICE OFFICE</small> <small>Vestal Parkway E. • P.O. Box 1381</small> <small>Binghamton, NY 13902-1381</small></p>

This brochure is a summary of master policy 9F140-CL (Rev.)TX issued to the educational institution. If there is a discrepancy between this brochure and the policies, the master policy language will govern.