

Group Benefits from The Hartford



# Private School Accident Medical Expense Program

## Request for Insurance (Florida)

New Business Underwriting Company Hartford Life and Accident Insurance Company  
 Renewal of Policy No. \_\_\_\_\_

The Student policy provides ACCIDENT insurance only when participating in activities sponsored and supervised by the policyholder. This includes school-sponsored field trips. All registered or enrolled students of the policyholder are covered, subject to the terms of the policy. The policy does not provide coverage for SICKNESS. Please refer to brochure for exclusions that may apply. The minimum premium is \$310.

1. Name of School: \_\_\_\_\_  
 Address: \_\_\_\_\_

2. Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

3. Estimated Number of Students:  
 Grades Pre-K-6th \_\_\_\_\_  
 Grades K-12 \_\_\_\_\_  
 Grades 7-12 \_\_\_\_\_

4. Plan 1 Benefits:  
 \$10,000 Accidental Death and Dismemberment Benefit  
 \$25,000 Accident Medical Expense Benefit (EXCESS)  
 \$ 0 Deductible

<input type="checkbox"/> Plan 1 Rates	Not Including Sports	Including: Sports without Football and/or Ice Hockey	Including: Sports with Football and/or Ice Hockey
Grades Pre-K-6th	<input type="checkbox"/> \$3.80 per person	<input type="checkbox"/> \$4.56 per person	<input type="checkbox"/> \$5.17 per person
Grades K-12	<input type="checkbox"/> \$8.31 per person	<input type="checkbox"/> \$9.96 per person	<input type="checkbox"/> \$11.23 per person
Grades 7-12	<input type="checkbox"/> \$9.54 per person	<input type="checkbox"/> \$11.46 per person	<input type="checkbox"/> \$12.87 per person

Plan 2 Benefits:  
 \$15,000 Accidental Death and Dismemberment Benefit  
 \$50,000 Accident Medical Expense Benefit (EXCESS)  
 \$ 0 Deductible

<input type="checkbox"/> Plan 2 Rates	Not Including Sports	Including: Sports without Football and/or Ice Hockey	Including: Sports with Football and/or Ice Hockey
Grades Pre-K-6th	<input type="checkbox"/> \$4.32 per person	<input type="checkbox"/> \$5.17 per person	<input type="checkbox"/> \$5.82 per person
Grades K-12	<input type="checkbox"/> \$9.49 per person	<input type="checkbox"/> \$11.37 per person	<input type="checkbox"/> \$12.83 per person
Grades 7-12	<input type="checkbox"/> \$10.85 per person	<input type="checkbox"/> \$13.06 per person	<input type="checkbox"/> \$14.66 per person

Depending on the grade levels of the school and if sports coverage is requested multiply the appropriate per person rate by the number of students to determine total premium.

Please select one of the following Sports Coverage options. Note: All students in the school will be rated under this option.

Not Including Sports     Including Sports w/out Football and/or Ice Hockey     Including Sports with Football and/or Ice Hockey

Signature of person providing this information \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUIRED INFORMATION:**

Name of Agent \_\_\_\_\_ Agency Code \_\_\_\_\_ License no. \_\_\_\_\_

Address: \_\_\_\_\_

Signature of Licensed Resident Agent (where required) \_\_\_\_\_

Sub-Producer (Agent) Name: \_\_\_\_\_ License no. \_\_\_\_\_

Must be Life and Health appointed. Appointment application and license copy for Agent and Sub-Producer required.

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**Benefits without burden.<sup>SM</sup>**

Please see the next page for important information on disclosure

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