

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.

2922 (07/08)

Expertise without equal.
Benefits without burden.SM