

LISA LEWIS, DIRECTOR
STEPHANIE BONNETT, ASSISTANT FINANCE OFFICER
NICOLE CURRY, ACCOUNTING SUPERVISOR

DEPARTMENT OF FINANCE

TO: Board Members

FROM: Lisa Lewis, Director of Finance *Lewis*

DATE: June 1, 2023

RE: Voluntary Student Accident Insurance

Bollinger Specialty Group has provided voluntary student accident insurance plan renewal information which is attached. The rates are included for your review. The effective dates of coverage will be August 1, 2023 through July 31, 2024. This insurance is not paid by the Board of Education. It is provided as a service to our students and parents. The options include: 1) School Time Only; 2) 24-Hour coverage; and 3) Football Only coverage. I ask that Bollinger Specialty Group be approved as the provider for the voluntary student accident insurance plan for the upcoming school year.

OUR MISSION IS TO INSPIRE AND EQUIP OUR STUDENTS TO SUCCEED IN LIFE

BULLITT COUNTY PUBLIC SCHOOLS IS AN EQUAL EDUCATION AND EMPLOYMENT INSTITUTION

Bollinger Specialty Group
Student Accident Insurance Renewal Proposal
Designed Especially for
Bullitt County Public Schools

Bollinger Contact: Tom Doering
Phone Number: (404) 974-3943
Carrier: Guarantee Trust Life
Plan Year: 2023-2024
Broker Name: Morgan, Trevathan & Gunn

Proposal Type: Renewal
Proposal #: 051802
Policy #: To Be Assigned
Effective Date: 8/1/2023
Expiration Date: 7/31/2024

Voluntary Student Coverage All Options

Coverage	Plan Options	Maximum Benefit	Benefit Period	Payment Basis	Deductible	Ded. Type
Voluntary Students	Plan 1	\$25,000	1 Year	Excess	\$0	

The Voluntary Plan is purchased on an individual basis by students. See rates below.

Voluntary Student Plan Rates

SCHOOL-TIME ACCIDENT COVERAGE

Grades Pre K-12 includes all activities and interscholastic sports except football \$80.00

Grades Pre K-12 includes all activities except interscholastic sports \$56.00

24 HOUR-A-DAY ACCIDENT COVERAGE

Grades Pre K-12 includes all activities and interscholastic sports except football \$138.00

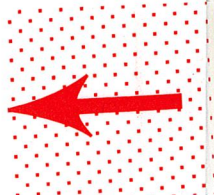
Grades Pre K-12 includes all activities except interscholastic sports \$120.00

OPTIONAL FOOTBALL ONLY ACCIDENT COVERAGE \$200.00

We thank you for the opportunity to provide a proposal for your insurance needs. Please feel free to call your sales representative if you have any questions about this proposal.

Accepted: _____ Title: Superintendent Date: 6-19-2023

To renew coverage, this form must be signed and returned prior to the effective date. Please mail this form to the address listed below or email to Tom_Doering@rpsins.com.



GUARANTEE TRUST LIFE INSURANCE COMPANY

1275 Milwaukee Avenue, Glenview, Illinois, 60025

Application For Student Accident Insurance

Name of
Policyholder: Bullitt County Public Schools

Address: 1040 Highway 44 East Shepherdsville KY 40165
Street City State Zip County

Junior/Middle High Schools consist of grades _____ Senior High Schools consist of grades _____

Total District enrollment _____ Please attach a list of all schools in the District.

Policy Number: _____

☒ STUDENT ACCIDENT COVERAGE

Coverage shall become effective on the date that premium is received by the Company or its representative, but in no event prior to the first day of school, which is _____. The termination date shall be _____, which is the opening day of the following fall term of the Policyholder. Termination of each individual's insurance will be as outlined in the Master Policy.

For interscholastic sports which begin prior to the first day of school, coverage begins on the first day of the earliest practice, which is _____. Coverage for each individual sport terminates at the end of its season, as determined by the State High School Athletic Association.

☐ FOOTBALL ONLY ACCIDENT COVERAGE ☐ IN EFFECT ☐ NOT IN EFFECT

Interscholastic Football Only Accident Coverage becomes effective on _____ and terminates at the end of its season, as determined by the State High School Athletic Association. Spring Practice begins on _____. Each individual's football coverage shall become effective on the date the premium is paid, provided the Company receives the name and premium in an envelope postmarked not later than three days after coverage is to be effective. In the event that the name and premium are received at a later date, coverage shall be effective on the day after the date of postmark.

It is understood and agreed that Interscholastic Football Only Accident Coverage will be null and void unless Student Accident Coverage is offered by the school authorities to all students in all schools of the Policyholder.

The Student Accident Insurance Policy will cover those students who pay the required premium as shown below:					
COVERAGE	GRADES	PREMIUMS	COVERAGE	GRADES	PREMIUMS
School-Time with sports, no football	PreK-12	\$80	24-Hour with sports, no football	PreK-12	\$138
School-Time, no sports	PreK-12	\$56	24-Hour, no sports	PreK-12	\$120
Optional Football Only	6-12	\$200			

It is agreed that any claim form presented by the Policyholder will certify that the claimant was actually injured while attending, playing, or practicing, or attending school as a student of the Policyholder.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

All documents that form our insurance relationship will be provided to you in electronic format, unless otherwise requested.

Authorized Signature: Jesse Bacon, Superintendent Date: 6-19-2023

Agent Signature: _____ Date: _____

