


DEPARTMENT OF FINANCE

LISA LEWIS, DIRECTOR
STEPHANIE BONNETT, ASSISTANT FINANCE OFFICER
FREDA HOLDERMAN, ACCOUNTING SUPERVISOR

TO: Board Members

FROM: Lisa Lewis, Director of Finance 

DATE: June 3, 2024

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, 2024 through July 31, 2025. 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

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 Hwy 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: _____

Agent Signature: _____ Date: _____

2024-25 MULTI-STATE STUDENT ACCIDENT INSURANCE PROGRAM

Multi-Benefit Protection



ACCIDENT INSURANCE PROTECTION HELPING PROVIDE:

For the Student - Sound coverage with a selection of plan options

For the Parent - Additional financial security to help in times of increasing medical costs

Administered by:

Bollinger Specialty Group

A Gallagher Company

Underwritten by:

GTL | GUARANTEE
TRUST
LIFE

Guarantee Trust Life Insurance Company (GTL)
1275 Milwaukee Ave., Glenview, IL 60025
www.gtlic.com

2024-2025 STUDENT ACCIDENT INSURANCE PLANS

- Accidents happen! When they happen to your child, someone must pay the bills.
- Here are Accident only insurance plans to help cover your child either 24 hours a day (24-Hour Plan) or while in school (School-Time Plan).
- These plans provide benefits to help meet the cost of medical and Hospital charges.
- If you have other insurance, these plans can help offset the deductibles and coinsurance for those plans.
- If you have no other insurance, these plans will provide basic coverage.
- Any benefits payable by the Policy as a result of medical, surgical, dental, Hospital or nursing service will be paid directly to the Hospital or person rendering such service unless proof of payment in full is provided.

24-HOUR	SCHOOL TIME	IMPORTANT PROTECTION FACTS
✓	✓	Becomes effective the date premium payment is received by Bollinger Specialty Group (but not prior to the opening day of school). Students participating in preschool practice or play for Interscholastic sports sanctioned by the High School Athletic Association will be covered as of the date of actual premium payment but only while engaged in actual practice, Off-Season Physical Conditioning or game sessions. Other aspects of coverage will not start sooner than the first date of regular school session.
✓	✓	Provides coverage during the hours that school is in regular session.
✓		Provides 24-Hour-A-Day protection.
✓	✓	Provides coverage during the time necessary for travel between the insured's home and the beginning or end of regular school sessions.
✓	✓	Provides coverage while participating in (or attending) activities organized, sponsored and supervised by the school. Coverage is also provided for travel directly to and from such activities in a Designated Vehicle furnished by the school.
	✓	Coverage expires at the close of the regular school term. (Coverage will be extended while attending academic classes for credit in the summer, when classroom sessions are exclusively sponsored and solely supervised by the school; however, no coverage will be provided for travel to and from classes).
✓		Coverage continues without interruption all summer until school re-opens for the following term.

24-HOUR-A-DAY ACCIDENT COVERAGE

24-Hour-A-Day Protection for each Covered Accident

Helps protect your child for the entire school year and extends **throughout the summer** - right up to the day school opens.

Your child's coverage is good **WORLDWIDE, 24-HOURS-A-DAY**. This includes covered accidents:

- 📍 At home
- 📍 At play
- 📍 At school
- 📍 On vacation
- 📍 Scouting, camping etc.
- 📍 During covered travel
- 📍 While engaged in sports, except those specifically excluded or for which additional coverage is required

SCHOOL-TIME ACCIDENT COVERAGE

Helps protect your child while attending regular school sessions. Includes coverage for travel directly to and from your residence to attend regular school sessions for travel time required, but not more than one hour before or after regular classes. Travel time on the school bus is extended for any additional time needed. In addition, coverage is provided while participating in (or attending) covered activities exclusively organized, sponsored and solely supervised by the school and school employees, including travel directly to and from the activity in a Designated Vehicle furnished by the school and supervised solely by school employees.

SPORTS ACCIDENT COVERAGE

Interscholastic sports (except football), including practice and Off-Season Physical Conditioning, are covered by the 24-Hour-A-Day Accident Coverage and School-Time Accident Coverage if the required additional premium is paid. Travel is also covered when going directly and uninterruptedly to and from practice or competition when traveling as a group in a Designated Vehicle.

OPTIONAL FOOTBALL ONLY ACCIDENT COVERAGE: Players in Grades 6 through 12 are covered for accidents occurring while participating in Interscholastic tackle football practice or competition and Off-Season Physical Conditioning. Travel is also covered when going directly and uninterruptedly to and from practice or competition when traveling as a group in a Designated Vehicle. Football Only Accident Coverage requires an additional premium.

TERMINATION OF POLICY/CERTIFICATE OF COVERAGE: The Policy is issued for the agreed upon term of coverage and is non-renewable. Coverage will terminate at the earlier of: (1) the date the Policy terminates; or (2) the date the Insured ceases to be a member of the Policyholder's sports teams; or (3) the last day of regularly scheduled sports activity; or (4) the date the Insured ceases to be an Eligible Person; or (5) the end of the period for which any applicable premium has been paid. We have the right to terminate the coverage of any Insured who submits a fraudulent claim under the Policy.

2024-2025 STUDENT ACCIDENT INSURANCE PLANS

What's Covered? Up to \$25,000.00 as described under Coverage and Benefits for:

- ACCIDENTS OCCURRING WHILE COVERAGE IS IN FORCE
- LOSS FROM ACCIDENTAL BODILY INJURY RESULTING DIRECTLY AND INDEPENDENTLY OF ALL OTHER CAUSES
- COVERED MEDICAL CHARGES WHICH BEGIN WITHIN 90 DAYS OF THE ACCIDENT AND ARE INCURRED WITHIN 52 WEEKS OF THE ACCIDENT

Injury means bodily Injury due to an Accident which results directly and independently of disease, bodily infirmity, or any other causes; solely, directly and independently of all other causes, results in medical expense; occurs after the effective date of the Insured's coverage under the Policy; and occurs while the Policy is in force. All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

BENEFITS ARE PAYABLE UP TO THE DOLLAR AMOUNTS SPECIFIED BELOW

COVERAGE AND BENEFITS	
R&C means Reasonable and Customary charges	
Maximum Benefit Amount Per Injury	\$25,000.00
Deductible	\$0.00
Hospital room and board and general nursing care	100% of R&C
Intensive Care	100% of R&C
Inpatient and outpatient miscellaneous Hospital charges	100% of R&C
Doctor's charges for surgery	100% of R&C
Assistant surgeon charges	100% of R&C
Administration of anesthesia	100% of R&C
Non-surgical inpatient and outpatient doctors' visits	100% of R&C
Hospital Emergency Care, excluding professional charges	100% of R&C
Outpatient X-ray and laboratory services	100% of R&C
Outpatient imaging procedures and interpretation for MRI/CAT Scan	100% of R&C
Ambulance charges	100% of R&C
Urgent Care Center charges, does not include professional surgical charges	100% of R&C
Durable Medical Equipment, including orthopedic appliances	100% of R&C
Prescription Drugs	100% of R&C
Outpatient Physical Therapy, rendered by a Doctor or Hospital	100% of R&C
Dental treatment for Injury to Sound, Natural Teeth	100% of R&C
Ambulatory Surgical Facility	100% of R&C
Replacement expense for broken eyeglasses, lenses, contact lenses, hearing aids resulting from an Injury requiring medical treatment	100% of R&C
Registered nurse expense	100% of R&C
Loss of Life	\$10,000.00
Single Dismemberment	\$10,000.00
Double Dismemberment	\$20,000.00
PREMIUMS (ONE-TIME ANNUAL PAYMENT)	
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 Grades 6 -12	\$200.00

EXCESS PROVISION: All Covered Charges will be considered for payment on an Excess basis if any Other Valid and Collectible Insurance covers the Insured person.

2024-2025 STUDENT ACCIDENT INSURANCE PLANS

EXCLUSIONS THE POLICY DOES NOT PROVIDE BENEFITS FOR: 1) Treatment, services or supplies which are not Medically Necessary; are not prescribed by a Doctor as necessary to treat an Injury; are Experimental/Investigational in nature; are received without charge or legal obligation to pay; are received from persons employed or retained by the Policyholder or any Family Member, unless otherwise specified; or are not specifically listed as Covered Charges in the Policy; (2) Intentionally self-inflicted Injury; (3) Injury by acts of war, whether declared or not; (4) Injury received while traveling or flying by air, except as a fare paying passenger on a regularly scheduled commercial airline; (5) Treatment of Mental or Nervous Disorders, whether or not caused by Injury; (6) Suicide or attempted suicide; (7) Heart and/or circulatory malfunction resulting from participation in a Covered Activity; (8) Repetitive motion injuries, strains, hernia, tendinitis, bursitis, spondylolysis, osteochondritis dissecans; (9) Any penalty imposed by Other Valid and Collectible Insurance or Plan for failure to follow plan procedures; (10) Re-Injury or complications of an Injury which occurred prior to the Policy's Effective Date; (11) Dental treatment, except as specifically stated; (12) Injury sustained fighting or brawling, except as an innocent victim; (13) Injury sustained scuba diving; (14) Any expense for which benefits are payable under a Catastrophic Accident Insurance Program of the State Interscholastic Activities Association; (15) Injury sustained while participating in or practicing for Interscholastic athletics, including travel, unless optional coverage has been purchased; (16) Injury sustained while participating in or practicing for interscholastic tackle football, including travel, unless optional coverage has been purchased; (17) Injury which occurs while the Insured is on active duty service in any armed forces. Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days; (18) Injury sustained flying in an ultra-light, hang gliding, parachuting or bungee-cord jumping; (19) Cosmetic or plastic surgery, except for reconstructive surgery on an injured part of the body; (20) Treatment of illness, disease or infections, except infections which result from an accidental Injury or infections which result from accidental, involuntary or an unintentional ingestion of a contaminated substance; (21) Charges for treatments, services or supplies which exceed reasonable and customary charges; (22) Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the Injury occurs; (23) Loss resulting from the use of any drug or agent classified as narcotic, psycholytic, psychedelic, hallucinogenic, or having a similar classification or effect, unless prescribed by a Doctor; (24) Injury sustained while committing or attempting to commit a felony; (25) Losses directly arising out of any chemical or biological release and/or contamination which results from Terrorist Activity; (26) Any loss as the direct result of Terrorist Activity and/or non-detonating weapons of mass destruction; (27) Any loss directly arising out of any nuclear explosion, detonation, release and/or contamination whether in time of peace or war, and regardless of any other causes or events contributing concurrently or in any other sequence thereto.

To file a claim: Report accidents that happen during the school day to a school official. If you purchased 24-Hour-A-Day coverage and the accident occurs after school hours, the school is not required to sign the claim form.

Claim forms are available on our website: www.BollingerSchools.com

Blanket Accident insurance is issued under Policy Form Series GP-2030, GP-2020 or GP-1200 by Guarantee Trust Life Insurance Company, Glenview, IL. The policy has exclusions, limitations, reductions of benefits, and conditions of eligibility and termination. Subject to state availability and variability. The Policy shall control in the event of any conflict between the Policy and this brochure. For complete details of coverage, please contact the agent administering the program.

NO REFUNDS ARE AVAILABLE

ID CARD

STUDENT ACCIDENT INSURANCE

Name: _____

Street Address: _____

Town: _____ City: _____ State: _____ Zip: _____

School District: _____

To obtain a claim form, please visit www.BollingerSchools.com

Administered by:

Bollinger Specialty Group

A Gallagher Company

P.O. Box 1515, Morristown, NJ 07962
1-866-267-0092

Please store your card in a safe location for future reference.

2024-25 SCHOOL YEAR ENROLLMENT FORM



PLEASE PRINT CLEARLY

ONE-TIME PREMIUM PAYMENT	
OPTIONS	ANNUAL RATES
<p>24-HOUR-A-DAY COVERAGE Grades Pre K-12- Includes all activities <u>and</u> interscholastic sports, except football.....</p> <p>Grades Pre K-12- Includes all activities <u>except</u> all interscholastic sports.....</p>	<p><input type="checkbox"/> \$138</p> <p><input type="checkbox"/> \$120</p>
<p>SCHOOL-TIME COVERAGE Grades Pre K-12- Includes all activities <u>and</u> interscholastic sports, except football.....</p> <p>Grades Pre K-12- Includes all activities <u>except</u> all interscholastic sports.....</p>	<p><input type="checkbox"/> \$80</p> <p><input type="checkbox"/> \$56</p>
<p>OPTIONAL FOOTBALL ONLY COVERAGE (2024 season only) Grades 6-12.....</p>	<p><input type="checkbox"/> \$200</p>
<p>TOTAL ENCLOSED \$ _____ ONLY CHECKS OR MONEY ORDERS WILL BE ACCEPTED. (Please do not send cash)</p>	
<p>NO REFUNDS ARE AVAILABLE</p>	

STUDENT'S NAME _____
FIRST NAME MIDDLE INITIAL LAST NAME

DATE OF BIRTH _____ MALE FEMALE
MONTH DAY YEAR

SCHOOL DISTRICT _____ SCHOOL _____

GRADE _____ STUDENT'S ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE # _____ DATE OF ENROLLMENT _____

PARENT OR GUARDIAN'S EMAIL ADDRESS _____

NAME OF PARENT OR GUARDIAN (PLEASE PRINT) _____

 SIGNATURE OF PARENT OR GUARDIAN

GA-15-KEF

KY-GTL-2024-25

PLEASE REMEMBER TO:



COMPLETE THE ENROLLMENT FORM AND CHECK THE PLAN AND OPTIONS YOU WANT.



MAKE YOUR CHECK OR MONEY ORDER (PLEASE DO **NOT** SEND CASH) FOR THE TOTAL ENCLOSED PAYABLE AS INDICATED.

MAIL THE ENROLLMENT FORM WITH YOUR CHECK OR MONEY ORDER TO:



Bollinger Specialty Group
PO Box 1515
Morristown, NJ 07962



PLEASE NOTE: YOUR CANCELED CHECK IS YOUR RECEIPT. IF CANCELED CHECK IS NOT RECEIVED WITHIN 60 DAYS, PLEASE CONTACT YOUR PLAN ADMINISTRATOR.