

DORRELL GREEN, Ed.D.
Superintendent

TED AMMANN, MBA, Ed.D.
Chief Operating Officer

MEMO TO: PARENTS/GUARDIANS

FROM: TED AMMANN
CHIEF OPERATING OFFICER

DATE: JULY 2024

SUBJECT: VOLUNTARY STUDENT ACCIDENT INSURANCE

The Board of Education of the Red Clay Consolidated School District is making available a group Voluntary Student Accident Insurance Plan administered by the Philadelphia Insurance Companies. Please be advised that:

1. The Board of Education in no way accepts responsibility for the program. It simply acts as an intermediary to place a group student insurance plan at your disposal.
2. If you wish to participate in the program, please go to our web page at www.redclayschools.com. See heading "For Families" and then onto "Forms and Publications". Print out the enrollment forms and send with payment to: The Philadelphia Insurance Companies, 500 Mamaroneck Ave., Suite 402, Harrison, NY 10538. **DO NOT RETURN IT TO THE SCHOOL.** If you do not have access to a computer and printer, copies of the enrollment forms are available in your school office.

3. This insurance provides the following optional plans for the annual premiums listed:

School Time Coverage	\$12.00
24 Hour Coverage	\$74.00

Payment by check or money order, made payable to **Philadelphia Insurance Companies.**
DO NOT SEND CASH.

4. The coverage will be effective the first day of school if the application and payment are received by The Philadelphia Insurance Companies before the seventh day of school. Applications and payments received after that date will be effective on the date received by Philadelphia Insurance Companies.
5. You should read the terms of the policy contained in the online brochure and retain the brochure for future reference in the event of a claim. **PLEASE NOTE THE LIMITS OF COVERAGE AND EXCLUSIONS, SINCE NOT ALL ACCIDENTS ARE COVERED AND THE INSURANCE MAY NOT COVER THE CHARGES IN FULL.** The insurance program is entirely voluntary on your part. Please compare this program with your

present coverage and determine whether or not you feel it is necessary to purchase this insurance. This insurance pays covered expenses on a primary basis, which means that **it pays regardless of any other family health insurance.** You are the sole judge as to the advisability of participating in the insurance program.

6. **Virus Exclusion:** sickness; disease; bodily or mental infirmity; bacterial or viral infection or medical or surgical treatment thereof; except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food.
7. **The Red Clay Consolidated School District does not provide insurance for student accidents, so you are strongly encouraged to purchase insurance if you do not have adequate coverage with another program. There have been several accidents that resulted in large medical bills for families who did not have any insurance or adequate insurance, which created a financial hardship that may have been avoided with the purchase of student accident insurance.**
8. In case of an accident covered by this policy, the child or parents should immediately notify the school nurse to secure the claim form. **ALL CLAIM FORMS MUST BE SUBMITTED WITHIN 90 DAYS FROM THE DATE OF THE ACCIDENT.**
9. After notifying the school of the accident, should you have any additional problems, your contact should be with Philadelphia Insurance Companies at (800)734-9326.
10. Please retain this letter for future reference if you purchase the insurance.