

K-12 Student Accident Insurance **Enroll Online**



www.studentinsurance-kk.com

Worried about paying for your child's medical care if an accident should happen? K&K's student accident insurance can help.

K-12 Accident Plans available through your school:

- *At-School Accident Only*
- *24-Hour Accident Only*
- *Extended Dental*
- *Football*

How to Enroll Online

Enrolling online is easy and should take only a few minutes. Go to **www.studentinsurance-kk.com** and click the "**Enroll Now**" button.

1. Start by telling us the name of the school district and state where your child attends school.
2. We'll request each student's name and grade level.
3. You'll see the available plans and their rates. Select your coverage and continue to the next step.
4. We'll request information about you, like your name and email address.
5. Next, you'll enter information about the child or children to be covered.
6. Enter your credit card or eCheck payment information.
7. Finally, print out a copy of the confirmation for your records.

For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the policy may be continued in force, please refer to www.studentinsurance-kk.com. Student is able to purchase the coverage only if his/her school district is a policyholder with the insurance company.

¿Le preocupa tener que pagar la atención médica de su hijo si ocurre un accidente? El seguro contra accidentes para estudiantes de K&K puede ayudarlo.

Planes de cobertura en caso de accidente para K-12 disponibles a través de su escuela:

- *Sólo accidentes en la escuela*
- *Sólo accidentes, 24 horas*
- *Dental extendido*
- *Fútbol*

Cómo inscribirse en línea

Inscribirse en línea es fácil y sólo le tomará unos pocos minutos. Visite **www.studentinsurance-kk.com** y haga clic en el botón "**Enroll Now**" ("Inscribirse ahora").

1. Comience por decirnos el nombre del distrito escolar y el estado en el que su hijo(a) va a la escuela.
2. Solicitaremos el nombre y el grado de cada uno de los estudiantes.
3. Verá los planes disponibles y sus tarifas. Seleccione su cobertura y continúe con el siguiente paso.
4. Le solicitaremos información sobre usted, como su nombre y dirección de correo electrónico.
5. Después, ingresará la información acerca del niño o niños que recibirá(n) cobertura.
6. Ingrese la información de pago de su tarjeta de crédito o eCheck.
7. Finalmente, imprima una copia de la confirmación para sus registros.

Para obtener más detalles sobre la cobertura, incluidos costos, beneficios, exclusiones y reducciones o limitaciones y los términos en virtud de los cuales esta póliza podría continuar en vigencia, consulte www.studentinsurance-kk.com. Los estudiantes pueden comprar la cobertura únicamente si su distrito escolar es titular de una póliza con la compañía de seguros.

Enroll online for quicker service at www.StudentInsurance-kk.com

or complete and mail this form

Enrollment Form (School Year 2020-2021)

Student's Last Name: _____

Student's First Name: _____

Student's Middle Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Name of School District (required): _____

Name of School: _____

Grade Level: Pre-K/Headstart Kindergarten/Elementary Middle School High School/Above

Signature of Parent or Guardian: _____

Date: _____ Email Address: _____ Phone Number: _____

Student Insurance Plan Options — Check Your Selection:

Accident Only Coverage Plans

24-HOUR

24-HOUR Summer Only

AT-SCHOOL

HIGH SCHOOL FOOTBALL COVERAGE Full Year

HIGH SCHOOL FOOTBALL COVERAGE Spring Only
For New Players

HIGH SCHOOL FOOTBALL and AT-SCHOOL
Covers all athletics

HIGH SCHOOL FOOTBALL and 24-HOUR
Covers all athletics

Low Option

\$105.00

\$36.00

\$29.00

\$171.00

\$74.00

\$200.00

\$276.00

High Option

\$154.00

\$48.00

\$37.00

\$284.00

\$120.00

\$321.00

\$438.00

Enclose check for total payment payable to: **Nationwide Life Insurance Company**. Checks, money orders, or credit cards accepted.

DO NOT SEND CASH

TOTAL ENCLOSED: \$ _____

1731(A05_MR_ENG_03/20)

Mail this completed form with payment back to: **K&K Insurance Group, P.O. Box 2338, Fort Wayne, IN 46801-2338**

Complete this section only if you wish to pay with a Credit Card

Full name as it appears on card

First Name: _____ MI: _____ Last Name: _____

Billing Address (if different than above)

Street # _____ Address _____ Apt # _____

City: _____ State: _____ Zip: _____

Card Number: Expiration Date: Month: Year:

Cardholder signature: _____

Company does not issue refunds nor accept responsibility for cash payments. (Rejection of check or credit card by bank for any reason, will invalidate insurance.)

Choose Your Coverage Plan: *One-Time Payment For Accident Coverage*

PLEASE NOTE - FOR COVERAGE PLANS LISTED BELOW

Coverage Effective Date: A person's coverage takes effect at the later of the date his or her completed application and premium is received by the company or the effective date of the policy issued to his or her school or school district.

Coverage Termination Date: Coverage ends on the earlier of the date his or her coverage has been in force for twelve months or the first day of the next school year. All coverage ceases if the policyholder cancels the policy or when the person ceases to be eligible. Termination of coverage for any reason will not affect a claim which occurs before coverage ends.

24-Hour Accident (Students & Employees)

Around-the-clock/anywhere in the world. Before, during and after school. Weekends, vacation and all summer including summer school. School sponsored and extracurricular sports excluding High School Football.

24-Hour Accident (Summer Only Coverage, Students Only)

Summer begins on the first day after the school year ends. Summer ends the first day of the next school year.

At-School Accident (Students & Employees)

During the regular school term, on school premises while school is in session. Direct and uninterrupted travel to and from home and scheduled classes. School Sponsored and supervised activities and sports excluding High School Football. Travel to and from school sponsored and supervised activities and sports while in a school furnished or approved vehicle.

High School Football (Full Year)

Play or practice of regularly scheduled football. Consult your Athletic Department for enrollment instructions.

High School Football (Spring Only Rates)

For new players who participate in spring training and not already insured under Football Coverage. Sports seasons are defined by your state high school athletic association.

High School Football and At-School Accident (Covers all athletics)

High School Football and 24-Hour Accident (Covers all athletics)

	Low Option	High Option
24-Hour Accident (Students & Employees)	\$105.00	\$154.00
24-Hour Accident (Summer Only Coverage, Students Only)	\$36.00	\$48.00
At-School Accident (Students & Employees)	\$29.00	\$37.00
High School Football (Full Year)	\$171.00	\$284.00
High School Football (Spring Only Rates)	\$74.00	\$120.00
High School Football and At-School Accident (Covers all athletics)	\$200.00	\$321.00
High School Football and 24-Hour Accident (Covers all athletics)	\$276.00	\$438.00

Facts about the Policy

- WHO IS ELIGIBLE:** students of the policyholder who make the required premium contribution for the coverage selected are eligible. Student status continues after graduation and between school years unless the person enrolls at a different school district.
- The Master Policy on file with the school district is a non-renewable policy.
- This is a limited benefit policy.
- COVERAGE EFFECTIVE DATE:** A person's coverage takes effect at the later of the date his or her completed application and premium is received by the company or the effective date of the policy issued to his or her school or school district.
- COVERAGE TERMINATION DATE:** Coverage ends on the earlier of the date his or her coverage has been in force for twelve months or the first day of the next school year.
All coverage ceases if the policyholder cancels the policy or when person ceases to be eligible. Termination of coverage for any reason will not affect a claim which occurs before coverage ends.
- LATE ENROLLMENT:** Coverage may be purchased at any time during the school year. There is no premium reduction for any individual who enrolls late in the year
- CANCELLATION:** Coverage under the Policy will not be cancelled, and accordingly, premiums may not be refunded after acceptance by the Company. However, a pro-rata refund of premium shall be made in the event a Covered Person enters the Military Service.
- STUDENT TRANSFER:** The policy continues to be in force anywhere in the world if the Covered Person should relocate prior to the expiration of coverage.

1731(A03_MB_EHG_03/20)

Enroll online at:

www.StudentInsurance-kk.com

or by mail using attached enrollment form.


- Complete and detach the enrollment form.
- Make check or money order payable to Nationwide Life Insurance Company. Do not send cash. The Company is not responsible for cash payments.
- Write your child's name on your check or money order.
- Mail completed enrollment form with payment back to:
**K&K Insurance Group,
P.O. Box 2338
Fort Wayne, IN 46801-2338**
- Your cancelled check, credit card billing, or money order stub will be your receipt and confirmation of payment.
- Keep this brochure for future reference. Individual policies will not be sent to you.

Privacy Policy

We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information.

Administered by:

K&K Insurance Group, P.O. Box 2338,
Fort Wayne, IN 46801-2338

 Cut out card and retain for your records

STUDENT INSURANCE CARD

Student's Name _____

If premium has been paid, the student whose name appears above has been insured under a Policy issued to:

School District: _____

Accident Only Coverage: 24-HOUR 24-HOUR (Summer Only Coverage)
 AT-SCHOOL FOOTBALL FOOTBALL (Spring Only)

Paid by Check # _____ Amount Paid: _____ Date Paid: _____

Policy # _____

Underwritten by: Nationwide Life Insurance Company
Claims Questions: K&K Insurance Group, Inc.

1712 Magnavox Way • Fort Wayne, IN 46801 • 800-237-2917