



**Bollinger Specialty Group**

BOLLINGER, INC., A SUBSIDIARY OF  
ARTHUR J. GALLAGHER & CO.



## K-12 Voluntary Student Accident Insurance

### Available Coverage Options

Depending on which program your school provides, some or all of the following voluntary insurance products are available for purchase on a voluntary basis:

- \$500,000 School Time Only Student Accident Insurance
- \$500,000 'Round The Clock – 24 Hour Accident Coverage
- \$10,000 Student Life Insurance
- \$5,000 Student Dental Accident Insurance

### Kids will be Kids!

1. Make sure your child is properly covered against unforeseen accidents.
2. Purchase coverage at your convenience from any computer.
3. Follow the easy step by step instructions and you're done in minutes!

These Voluntary Participation Student Accident Insurance Plans offered through your school can be purchased easily online at:

[www.BollingerSchools.com](http://www.BollingerSchools.com)



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# FAIRFIELD PUBLIC SCHOOLS

## Student Accident Insurance Programs 2016-2017

### **Interscholastic/Intramural Insurance Coverage** (Provided by the Board of Education)

A Fairfield Public School student accident report form must be filled out and signed by the school official. A completed copy must be sent to the Business Office for the file. Note: This is insurance in excess coverage. The parent's health insurance is primary insurance.

#### **Examples of what is covered:**

- Intramural sports – sport within the school – Middle School and High School only.
- Non-sport extra curricular activity (all grades).
- Gym Classes (all grades).
- Attending a class trip (one day field trips non-sports related – all grades with a maximum benefit of \$10,000).
- Dental injuries that occur during any of the above.

#### **Examples of what is not covered:**

- If a student trips and falls down the stairs.
  - If a student is injured while on the playground.
  - Travel to and from school.
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### **Voluntary Student Accident Insurance Program – Plan A. – School Time Only**

A Fairfield Public School student accident report form must be filled out and signed by the school official. A completed copy must be sent to the Business Office for the file. Note: This insurance is non-excess and is considered the student's primary coverage.

*Students may enroll in the Voluntary Student Accident Insurance Program at any time during the school year. Enrollment is effective upon the date your payment is received.*

#### **Examples of what is covered:**

- Any injury incurred during the school day (i.e. travel to and from school, playing on the playground, tripping down the stairs).

#### **Examples of what is not covered:**

- School sports (this type of injury is covered under the interscholastic/intramural insurance coverage).

## Student Accident Insurance Programs

2016-2017

Continued

### Voluntary Student Accident Insurance Program – Plan B - 24 hour coverage

A Fairfield Public School student accident report form must be filled out and signed by the school official if accident occurs on school property. A completed copy must be sent to the Business Office for the file. *Note: This insurance is Non-excess and is considered the student's primary coverage.*

#### Examples of what is covered:

- Any injury incurred during the coverage period.

#### Examples of what is not covered:

- School sports (this type of injury is covered under the interscholastic/intramural insurance coverage).

#### Instructions for filing a Voluntary Student Accident Claim with Bollinger Insurance Solutions:

In case of accident please secure a claim form from the school or by going to the **Bollinger Website @ [www.BollingerSchools.com](http://www.BollingerSchools.com)**.

- The claim form must be filed within 90 days from the date of injury.
- Treatment must commence within 90 days from the date of injury.
- A school official will complete and sign the front section of the claim form for school related injuries only.
- If this accident is not a school related injury parent and/or guardian should complete the front of the claim form.
- The parent and/or guardian must sign the authorization at the bottom of the form.
- Forward the accident report form, claim form and itemized medical bills (include the explanation of benefits) to:

**Bollinger, Inc.**  
**Claims Administrator**  
**PO Box 1346**  
**Morristown, NJ 07962**

- Subsequent bills should be sent in as you receive them. Please show the student's name, the policy number, and the date of accident on all of the subsequent bills. An additional claim form is not necessary.
- **DO NOT** leave the claim form with the medical facility
- All benefits will be paid to **Providers**, unless accompanied by paid receipts.

For details on the above insurance coverage or claims instructions, please call **BollingerInsurance Solutions at 1-866-267-0092** or visit their website at **[www.BollingerSchools.com](http://www.BollingerSchools.com)**.