

Coverage Request for Student Accident Insurance

West Virginia Schools



The Young Group

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Policyholder Information

Today's date 04/06/2016	Policy number SHH060020		
Policyholder Monongalia County Schools			
Mailing address: Street 13 S. High Street	City Morgantown	State WV	Zip code 26501
Requested effective date 08/01/2016	First day of school	Last day of school	Football coverage effective

District or School Paid Coverages

Select plan

Sports only plans

- 4946
 4952

School time with sports plans

- 5918
 5924

Vocational plan (no sports)

- 7916

Refer to attached Benefit Summary for coverage highlights.

Fill in the following information on your students, as applicable.

	Number of students		Rate per student		Premium
Plans: 5918, 5924 & 7916	_____	x	_____	=	_____

Fill in the following information on your student athletes, as applicable.

Only count an athlete that participates in multiple sports **once** for purposes of premium calculation.

	Number of athletes		Rate per athlete		Premium
Plans: 4946, 4952, 5918 & 5924	_____	x	_____	=	_____
Middle/junior high school	_____	x	_____	=	_____
Senior high school	_____	x	_____	=	_____
			Annual premium	=	_____

Additional coverages

To obtain coverage, select the plan and fill in the following information, as applicable.

	Plan	Number of students		Rate per student (or flat premium if applicable)		Premium
District band	_____	_____	x	_____	=	_____
JROTC	_____	_____	x	_____	=	_____
JTPA	_____	_____	x	_____	=	_____
Before & after school	_____	_____	x	_____	=	_____
School volunteers	_____	_____	x	_____	=	_____
Other	_____	_____	x	_____	=	_____
Other (flat premium)	_____	_____		_____	=	_____
				Annual premium	=	_____

All Coverages Requested – Total Annual Premium

Voluntary coverage options – parent or guardian paid (check all that apply)

- School time coverage, including all interscholastic sports, except interscholastic football
- School time coverage, excluding all interscholastic sports
- 24 hour coverage, including all interscholastic sports, except interscholastic football
- 24 hour coverage, excluding all interscholastic sports
- 24 hour extension
- Interscholastic football coverage
- Extended dental coverage

Acknowledgement and Signature

To the best of my knowledge and belief, all information, statements, and answers provided above are true and complete.

Signed for the proposed policyholder

X Frank D. Devono
Title

Superintendent

Phone number

304-291-9210 ext 1530

Name

Frank D. Devono

Email

beth.harvey@k12.WV.us

Fax

304-291-3015

List the names of all schools and grades to be covered, or attach a separate sheet listing the schools.

School name	Grades	No. of students	No. of athletes
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See Attached

STUDENT INSURANCE FORMS NEEDED BY SCHOOLS

2016-2017
MONONGALIA COUNTY SCHOOLS 2015-2016

Brookhaven Elementary	650
Cheat Lake Elementary	900
Clay Battelle High School	550
Eastwood Elementary	650
Mason Dixon Elementary	450
Morgantown High School	1700
Mountaineer Middle	600
Mountainview Elementary	900
Mylan Park Elementary	550
North Elementary	850
Ridgedale Elementary	550
Skyview Elementary	550
South Middle	850
Suncrest Middle	575
Suncrest Primary	375
University High School	1350
Westwood Middle	525
Board of Education Office	350