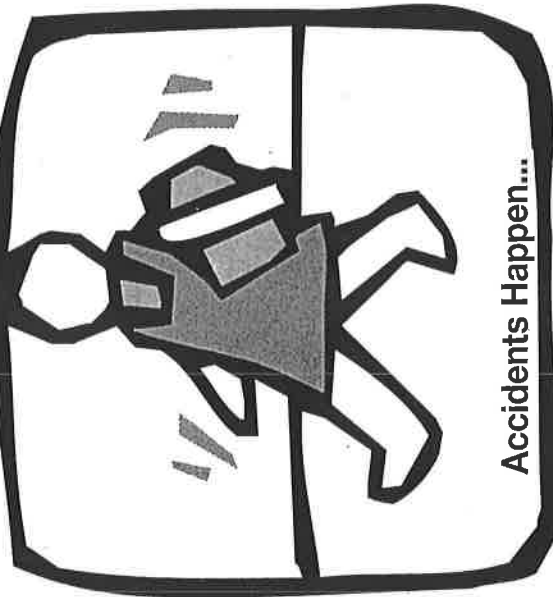


STUDENT ACCIDENT INSURANCE

2011-2012
School Year

"Pennies" a day can insure your child.



Accidents Happen...

This brochure is distributed with the approval of your child's school to provide you with affordable protection.

PLAN ADMINISTRATOR:

ZEVITZ-REDFIELD & ASSOCIATES, INC.

333 N. Michigan Avenue, Suite 714

Chicago, IL 60601

(312) 346 - 7460 • Chicago

(847) 374 - 0888 • Suburbs

UNDERWRITTEN BY:

Markel Insurance Company

Policy Identification Card

This card is evidence that a policy has been issued to the student's school when premium has been paid.

- Benefit plan selected
- 24 Hour
 - 24 Hour Dental Accident Plan
 - Deluxe
 - School-Time
 - Standard
 - Football

Student Name:

ZEVITZ-REDFIELD & ASSOCIATES, INC.
333 N. Michigan Avenue, Suite 714
Chicago, IL 60601
(312) 346-7460 (847) 374-0888

SCHOOL-TIME COVERAGE

YOUR CHILD'S SCHOOL HAS PURCHASED A STUDENT ACCIDENT INSURANCE PROGRAM THAT COVERS YOUR CHILD FOR INJURIES INCURRED WHILE HE OR SHE IS PARTICIPATING IN SCHOOL SPONSORED AND SUPERVISED ACTIVITIES INCLUDING ALL ATHLETICS. THIS PLAN IS SECONDARY TO ANY PRIMARY INSURANCE THE STUDENT MAY CURRENTLY HAVE. THIS PROGRAM PAYS BENEFITS TO \$5 MILLION WITH NO DEDUCTIBLE, WHICH IS UNDERWRITTEN BY GERBER LIFE INS. CO.

ADDITIONAL COVERAGE PLANS

OPTIONAL 24-HOUR DENTAL ACCIDENT PLAN (CAN BE PURCHASED SEPARATELY OR WITH OTHER COVERAGE)

Covers Accidents occurring anytime, anywhere in the world, including all athletics and all forms of transportation. Coverage begins on the date premium is received by Plan Administrator (but not before the start of the school year), and ends when school reopens for the following year. **BENEFITS** — If, within 60 days from the date of injury, the student is treated by a legally qualified dentist (other than by a family member) for the injury to teeth, the Company will PAY BENEFITS FOR THE USUAL AND CUSTOMARY for necessary dental treatment which is incurred within five years from the date of injury. Injury must occur while the policy is in force. \$10,000 maximum. Coverage is not limited to treatment of natural teeth.

PRIMARY EXCESS COVERAGE — If you have other valid coverage providing benefits for the same loss, benefits shall be paid first by your other coverage. The balance of unpaid eligible dental expense will then be paid by the policy.

EXCLUSIONS — Conditions which are not caused by accidental injury. Re-injury or complications of a condition for which medical advice or treatment was recommended by or received from a physician within a 12-month period prior to the effective date of this insurance.

ANNUAL PREMIUM: \$10.50

AFTER REMOVING APPLICATION/RETURN ENVELOPE, RETAIN BROCHURE FOR YOUR RECORDS.

ALTERNATIVE COVERAGE

For information on Sickness and Major Medical coverage, which Markel Insurance Company does not underwrite, please contact the plan Administrator, Zevitz-Redfield & Associates at 847 374-0888

ACCIDENTAL DEATH, DISMEMBERMENT & LOSS OF SIGHT

Benefits are paid for losses which are incurred within 180 days from date of injury. The following benefits (the largest applicable amount) are paid in addition to the medical benefit:

- Loss of Life: \$10,000
- Loss of both hands, both feet, or sight in both eyes: \$10,000
- Loss of one hand, one foot, or sight in one eye: \$ 5,000

Loss on hands and feet means severance at or above the wrist or ankle joint; Loss of sight means total and irrevocable loss of sight.

"Severance" means the complete separation and dismemberment of the part from the body.

IMPORTANT NOTICE TO PARENTS

Every year parents call School Districts and say "I wish I had purchased student accident insurance." Why? Because their child has had an accident and the family does not have insurance or their insurance pays only a small portion of the medical expenses associated with the accident. That's why we strongly recommend you consider one or more of the student accident insurance plans described in this brochure. Read them carefully—they cover specific medical expenses.

Your School District did choose to carry medical and dental insurance benefits for students injured in accidents on school premises and during school sponsored and supervised activities. The District has also approved a medical and dental accident insurance plan worthy of your consideration to add to coverage purchased. This coverage will extend the hours the child is covered and also may cover the child during certain activities not covered in the school purchased plan. We urge you to consider the benefits described in this brochure. If you have no other insurance or your deductible is \$500 or more, you may want to seriously consider the higher level of benefits in the Deluxe option.

We offer fast accurate claims processing. For your benefit, we negotiate fees with some doctors and hospitals. Savings are passed along to parents and help us in controlling costs that directly affect premium.

When an accident occurs, please call the plan administrators to obtain a claim form.

Should your child have an accident, this coverage can be important: if no accident occurs, you have invested "little" money for "large" peace of mind.

RETAIN THIS DESCRIPTION OF COVERAGE FOR YOUR RECORDS

This brochure describes the benefits available under the plan of insurance. This is not a contract of insurance. Coverage is governed by a policy of blanket student accident insurance underwritten by Markel Insurance Company. Coverage may vary by state. In some states the Company will issue a policy to the school. **(No individual certificates will be provided to the students.)**



QUESTIONS?

**CALL THE REGIONAL REPRESENTATIVE
ZEVITZ-REDFIELD & ASSOCIATES, INC.**

333 N. Michigan Avenue, Suite 714

Chicago, IL 60601

(312) 346 - 7460 • CHICAGO

(847) 374 - 0888 • SUBURBS

Claim Procedure

To file a claim under this plan, the student (or student's family) should:

- 1) Complete a claim form, which is available from the Claims Administration or School.
- 2) The claim form must be completed and signed. Attach all itemized medical bills. Itemized bills must be furnished with the claim form within 90 days from the date of the loss.
- 3) Questions should be referred to the Claims Administrator.

Pre-authorization or pre-certification of benefits to providers of medical service are not required nor provided by us or our Administrator.

Mail Claims Forms and Bills to:

Co-ordinated Benefit Plans

P.O. Box 21282

Tampa, FL 33622-1282

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