



St. Helen Catholic School

2050 Vero Beach Avenue, Vero Beach, Florida 32960

Information regarding your student accident insurance

Dear Parent or Guardian:

When your son or daughter enrolled in our program this year he/she was automatically enrolled in the "student accident insurance" that applies to most accidents or injuries that may occur while participating in any of our sponsored activities.

When an injury occurs, St. Helen Catholic School makes available to you the claim forms provided by the BMI, which administers the claims on behalf of the insurance company, in this case BMI Benefits, LLC.

You are responsible for completing the form and submitting it directly to BMI. Because of privacy issues related to healthcare, BMI will communicate only with you from then on. We will have no access to any detailed healthcare information.

Please read carefully the claims and coverage information provided by BMI with the claim form. It is important to know that student accident insurance is excess coverage over any other health insurance that you may have for your son or daughter. Therefore, BMI will process a claim only after they are provided with a copy of the EOB "Explanation of Benefits" form provided by your regular health insurance carrier. However, in the event that it can be shown that there is no other health insurance available the BMI coverage becomes primary.

The date of accident must be stated on the claim form or BMI will not consider for payment. Please note that you must sign in two places found at the end of the first and second page of the claim form.

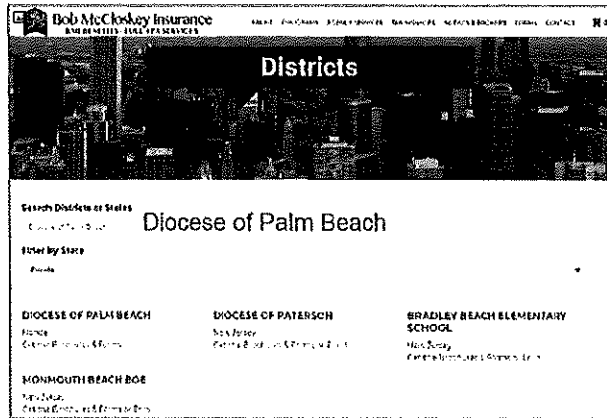
While we continue to pray for your son's or daughter's full prompt recovery from his/her accident or injury, we are prepared to assist you in any way possible.

Sincerely yours in Christ,

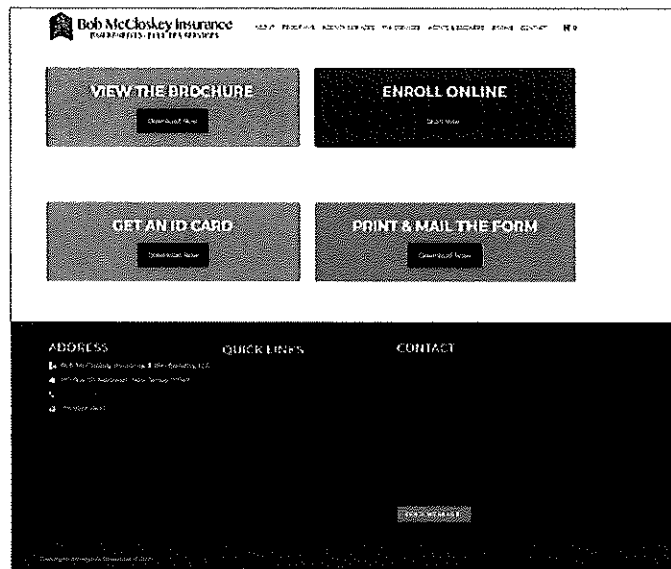
Debbie Irish
Principal

How to Apply for Optional 24 Hour Accident Coverage

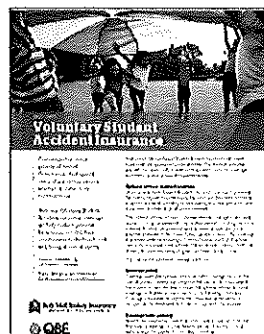
1. Visit the following link: <https://www.bobmccloskey.com/k12voluntary/>
2. Under Search District or State, type the Diocese name: **Diocese of Palm Beach**
3. Filter by State: **Florida**



4. Available links to obtain Brochure and forms:



1. View the Brochure: [extension://efaidnbmnnlbpcajpcgclefindmkaj/http://www.bobmccloskey.com/wp-content/uploads/2021/09/diocese-of-palm-beach-voluntary-sap-brochure.pdf](https://www.bobmccloskey.com/wp-content/uploads/2021/09/diocese-of-palm-beach-voluntary-sap-brochure.pdf)

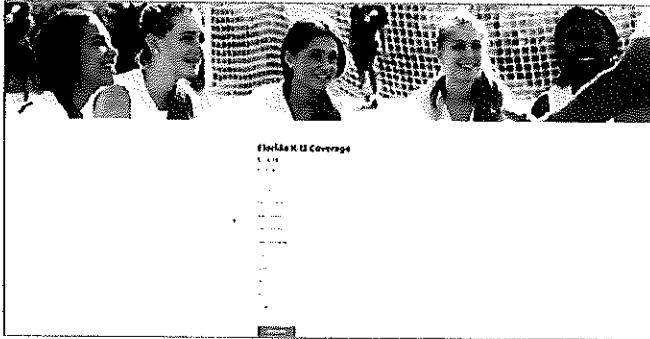


2. Forms to Enroll

A) Via Online: [Florida K-12 Coverage – Bob McCloskey Insurance](#)

B) Via Mail: Print, complete and Mail out

extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.bobmcloskey.com/wp-content/uploads/2021/08/enrollment-form-diocese-of-palm-beach.pdf



ENROLLMENT FORM FOR STUDENT ACCIDENT INSURANCE 2021-2022 SCHOOL YEAR

ENROLLMENT INSTRUCTIONS

- Fill out the remainder of this form's info.
- Make your check or money order payable to Bob McCloskey Insurance. Be sure to write your child's name on the check. **DO NOT** send cash.
- Place this form and your payment into an envelope and mail to the address below.
- Keep your cancelled check or money order receipt as proof of payment.
- Keep the summary document in your records as a description of coverage.
- Print and keep the Student Insurance ID Card.

PLAN SELECTION

Check One:	Annual Premium
<input type="checkbox"/> 24-Hour Coverage - Accident Coverage	\$128.00

STUDENT INFORMATION

School System/District: Diocese of Palm Beach

School Name: _____ Mailed Check/Money Order Payable To: Bob McCloskey Insurance

Last Name: _____ Amount Enrolled: _____

First Name: _____ Check or Money Order #: _____

Date of Birth: _____ Gender: Male Female Signatures of Parent/Guardian: _____

Home Phone #: _____

Street Address: _____ Mail To: _____

City: _____ Bob McCloskey Insurance _____

State: _____ P.O. Box 511 _____

Zip: _____ Matawan, NJ 07712 _____

Bob McCloskey Insurance Insurance Underwritten by QBE Insurance Corporation
Program Administrator: Bob McCloskey Ins. W-18
Claim Administrator: BMI Benefits, LLC

QBE

3. Get an ID card- it will be available to print after signing up:

~~2021-2022~~ **2022 Student Accident Insurance Card**

If premium has been paid, the student whose name appears below has been insured under an Accident-Only program covering students of the school system:

Student Name: _____

School System/District Name: Diocese of Palm Beach

COVERAGE ENROLLED IN:

24-Hour Accident – Accident Only

Paid By Check #: _____ Check Date: _____ Amount Paid: _____

4. Claim instructions for 24 hour voluntary

Claim Filing Instructions

Coverage under this policy is Primary. Initial medical treatment must be incurred within 90 days from the date of the accident. Claims must be submitted to BMI Benefits, LLC within 90 days after the date of treatment. Mail, Fax, or E-mail all medical bills to BMI Benefits. Please include the name of the insured and the name of the school that the student attended:

BMI Benefits, LLC
 P O Box 511 | Matawan, NJ 07747
 Phone: 800-445-3126, Fax: 732-583-9610
 E-Mail: BMI@bobmcloskey.com

Insurance Carrier: QBE Insurance Corporation
 Claim Administrator: BMI Benefits, LLC.

Bob McCloskey Insurance
 BMI BENEFITS - FULL TPA SERVICES

QBE



2022-2023

Voluntary Student Accident Insurance

Coverage for your peace of mind

Protect your child against medical and dental injuries, whether at home or on summer break.

With our Voluntary Student Accident Insurance coverage, we help make it possible for schools to fulfill their commitment to the health and well-being of their students.

*Insurance underwritten by:
QBE Insurance Corporation*

*Program Manager & Claim Administrator:
Bob McCloskey Insurance & BMI Benefits, LLC*

Your school has purchased Student Accident Insurance that covers supervised and sponsored school activities. This brochure provides you with the opportunity to extend the accident insurance coverage purchased by your school, as explained below.

Optional 24-hour accident coverage

Under your school's Student Accident Insurance, coverage is provided for covered injuries incurred during the hours and days when school is in session and while attending or participating in school sponsored and supervised activities on or off school premises.

This optional 24-hour accident coverage extends coverage to enrolled students during the weekends and vacation periods, including the entire summer. Students are protected while at home or away, any place, anytime, anywhere in the United States, Canada or Mexico. No coverage is provided while participating in 1) interscholastic sports or 2) school sponsored and supervised activities that are already covered under the Student Accident Insurance program purchased by the school.

The cost for this additional coverage is \$116.00.

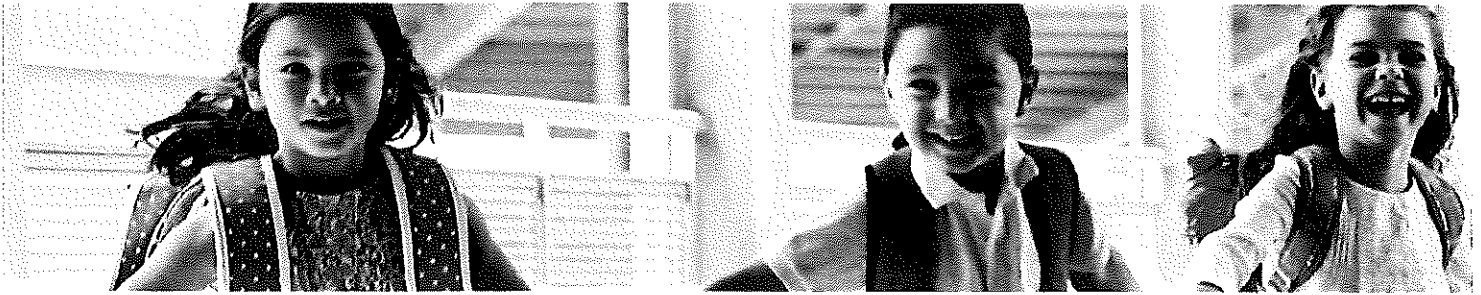
Coverage period

Coverage under the optional 24-hour accident coverage starts on the date of premium receipt but not before the start of the school year. If the student remains enrolled in school, the optional 24-hour accident coverage ends when school reopens for the following school year. Coverage is available throughout the school year at the premium included on the enrollment form. (No pro rata premiums available.)

Coverage basis: primary

Benefits are payable for covered accident medical expenses from the first dollar of expense incurred. Benefits are paid in addition to and without regard to payments from other insurance.





Accident medical expense benefit

When a covered accident results in 1) treatment by a legally qualified physician or 2) hospital confinement, and treatment begins within 60 days from the date of the covered accident, this plan will pay up to \$25,000 for covered expenses that are not payable by the insured's primary health insurance plan. Only eligible medical expenses incurred by the insured within 52 weeks from the date of the accident are covered. Benefits for any one covered accident will not exceed the maximum benefits shown.

\$50,000 maximum extended dental benefit

Dental benefits are automatically extended to provide payment of covered expenses to a maximum of \$50,000. This additional benefit provides payment for the U&C expenses incurred within 24 months from the date of

injury for treatment, repair, and replacement of each Injured natural tooth, including examination, diagnosis, x-ray, restorative treatment, endodontics and oral surgery, plus for the replacement of caps, crowns, dentures and orthodontic appliances. Dental services will only be covered under this benefit and not under the accident medical expense benefit. In addition, when the dentist certifies that treatment must be deferred until after the two-year benefit period, deferred benefits will be paid to a maximum of \$1,000. The student must be treated by a legally qualified dentist who is not a member of the student's immediate family. If there is more than one way to treat a dental problem, covered benefits will be paid for the least expensive procedure provided if it meets acceptable dental standards. All claims for deferred dental benefits must be submitted no later than 60 days after the end of the two-year benefit period.



How to file a claim

- 1** | Obtain a claim form from your school office or BMI Benefits, and answer all questions in detail on the front of the claim form.
- 2** | The claim form should identify the student's name, school name or district, and the date of accident.
- 3** | Make sure the claim form is signed and submitted to BMI within 90 days from the date of accident.
- 4** | Attach all itemized bills to the completed claim form and mail to BMI at the address provided on the claim form.
- 5** | Bills that cannot be attached to the initial form must be submitted within 90 days of the date of service.

Call the Claim Administrator, BMI Benefits, with any claim questions.



Maximum benefits - per covered person per covered accident

Accident medical expense benefit

Maximum benefit	\$25,000
Deductible	\$0
Benefit period	1 year

Covered expenses per covered accident

Hospital room and board (average semi-private room rate)	Up to 80% U&C
Hospital intensive care for up to seven days	Up to 80% U&C
Inpatient hospital miscellaneous expenses	Up to 80% U&C
Outpatient hospital miscellaneous	Up to 80% U&C
Ambulatory medical center	Up to 80% U&C, maximum of \$1,500
Emergency room treatment	Up to 80% U&C, maximum of \$1,500
Surgery (including pre-and post-operative care)	Up to 80% U&C
Assistant surgeon &/or anesthesiologist	35% of surgery benefits
Consultants or second opinion	Up to 80% U&C
Physician's inpatient and office visits (other than physical therapy)	Up to 80% U&C
Physician's outpatient treatment in connection with physical therapy	Up to 80% U&C, maximum of \$35 per visit for up to 5 visits
Nursing services	Up to 80% U&C
Prescriptions drugs	Up to 80% U&C
Outpatient X-ray, CAT scan, MRI and laboratory tests	Up to 80% U&C
Ambulance services	Up to 80% U&C, maximum of \$500
Durable medical equipment (including orthopedic braces & appliances)	Up to 80% U&C
Replacement of eyeglasses, hearing aids, contact lenses if medical treatment is also received for the covered injury	Up to 80% U&C
Dental treatment to sound, natural teeth due to covered injury	Up to 80% U&C, maximum of \$250

Accidental death and dismemberment benefit

Loss must occur within 365 days of the covered accident. If more than one loss results from any accident, only the largest amount will be paid.

Loss of life	\$15,000
Both hands or both feet, or the sight of both eyes	\$30,000
One hand and the sight of both eyes	\$30,000
One foot and the sight of both eyes	\$30,000
One hand or one foot, or the sight of one eye	\$15,000

Loss of hand or foot means the complete severance through or above the wrist or ankle joint. Severance means the complete separation and dismemberment of the part from the body. Loss of sight means the total, permanent loss of sight in one eye. Loss of sight must be irrecoverable by natural, surgical or artificial means.

Definitions

Covered accident means a sudden, unforeseeable event that results, directly and independently of all other causes, in an injury or loss and meets all of the following conditions: 1) occurs while the covered person is insured under the policy; 2) is not contributed to by disease, sickness, or mental or bodily infirmity; and 3) is not otherwise excluded under the policy.

Usual and customary (U&C) means the normal charge, in the absence of insurance, made by the provider of any appropriate treatment, but not more than the prevailing charge in the area: 1) for a like service by a provider with similar training or experience; or 2) for a supply that is identical or substantially equivalent.

Exclusions

Benefits will not be paid for any covered injury or covered loss which, directly or indirectly, in whole or in part, is caused by or results from any of the following: 1) suicide, intentionally self-inflicted injury, or any attempt thereof while sane or insane; 2) treatment of hernia of any kind; 3) travel in or on any on-road or off-road vehicle that does not require motor vehicle licensing; 4) commission or attempt to commit a felony or an assault, or commission of or active participation in a riot or insurrection; 5) declared or undeclared war or act of war; 6) services or treatment provided by persons who do not normally charge for services, unless there is a legal obligation to pay; 7) flight in, boarding or alighting from an aircraft except as a fare-paying passenger on a regularly scheduled commercial or charter airline; 8) bungee-cord jumping, parachuting, skydiving, parasailing or hang-gliding; 9) an accident if the insured is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless the insured holds a valid learner's permit and the insured is receiving instruction from a driver's education instructor; 10) services or treatment rendered by any person who is employed or retained by the policyholder or living in the insured's household: a parent, sibling, spouse or child either of the insured or the insured's spouse or the insured; 11) cosmetic surgery, except for reconstruction surgery needed as the result of a covered injury; 12) injuries compensable under workers' compensation law or any

similar law; 13) sickness, disease, bodily or mental illness, 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; 14) the insured being legally intoxicated as determined according to the laws of the jurisdiction in which the covered accident occurred or voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a physician and taken in accordance with the prescribed dosage; 15) any hospital stay or days of a hospital stay that are not appropriate treatment for the condition and locality; 16) treatment of injury resulting from a condition that the insured knew existed on the date of a covered accident, unless the company has received a written medical release from his physician; 17) blood, blood plasma or blood storage; 18) any elective or routine treatment, surgery, health treatment or examinations; 19) rest cures or custodial care; 20) expenses payable by any automobile insurance policy; 21) treatment of injuries that result over a period of time, such as blisters, tennis elbow, et al, that are a normal, foreseeable result of participation in the covered activity; 22) travel or activity outside of the United States, Canada or Mexico; 23) injury sustained as a result of practice or play in interscholastic sports or injuries covered under the student accident insurance program purchased by the school. A full list of the exclusions and limitations are in the policy.

Retain this description for your records.

IMPORTANT NOTICE - This information is a brief description of certain benefits and features of this voluntary insurance. It is not a contract and does not extend or alter the coverage afforded by the actual policy. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations and exclusions, are set forth in the policy. To the extent there is any discrepancy between the descriptions in this brochure and the terms, conditions, limitations and exclusions of the policy, the policy shall prevail. The policy will be subject to the laws of the jurisdiction in which it is issued. You may review a copy of the policy upon request.

Program Manager and Claim Administrator:

Bob McCloskey Insurance
BMI Benefits, LLC.
P.O. Box 511 | Matawan, NJ 07747
Phone: 800.445.3126 | Fax: 732.583.9610
E-mail: BMI@bobmccloskey.com
www.bobmccloskey.com/K12Voluntary

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2022-2023 SCHOOL YEAR

ENROLLMENT INSTRUCTIONS

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- Print and keep the Student Insurance ID Card.

STUDENT INFORMATION

School System/District: Diocese of Palm Beach

School Name: _____

Last Name: _____

First Name: _____

Date of Birth: _____ Gender: Male Female

Home Phone #: _____

Street Address: _____

City: _____

State: _____ Zip: _____

PLAN SELECTION

Check One: Annual Premium

24 Hour Coverage – Accident Coverage \$116.00

Make Check/Money Order Payable To: Bob McCloskey Insurance

Amount Enclosed: _____

Check or Money Order #: _____

Date: _____

Signature of Parent/Guardian: _____

Mail To:

Bob McCloskey Insurance

c/o K12 Voluntary Sales

P.O. Box 511

Matawan, NJ 07747



Bob McCloskey Insurance
BMI BENEFITS - FULL TPA SERVICES

Insurance Underwritten by: QBE Insurance Corporation
Program Administrator: Bob McCloskey Insurance
Claim Administrator: BMI Benefits, LLC.



QBE.