ST. MARK'S SCHOOL
STUDENT ACCIDENT PLAN
UNDERWRITTEN BY ATLANTIC SPECIALTY INSURANCE COMPANY
2017- 2018 SCHOOL YEAR

This plan reimburses the parent for any medical expense, which may arise from an accident (including sports), in which their child is injured. This plan is beneficial to families who have insurance with deductibles and/or large out-of-state co-payment requirements. Some of the features are as follows:

- Students are covered worldwide on a twenty-four hour basis.
- Insurance pays 100% of eligible expenses incurred for services actually performed, for medical care or treatment by a doctor, hospital confinement, or for the professional care and services of a registered nurse, for each incident during the 24 month period immediately following date of injury up to a maximum payment of $1,000.
- Coverage begins 8/15/17 and continues through 6/10/18.
- There is no limit to the number of accidents covered by the Plan during the policy term.

The cost for the plan is $65.00 for the school year. See the enclosed brochure for a list of exclusions.

2017- 2018 STUDENT ACCIDENT PLAN

Please indicate your choice below. Include the student's name; sign your name, and the date.
Return this form to the Business office in the enclosed return envelope promptly. If you are purchasing this insurance, enclose a check payable to St. Mark's School for $65.00 and include your child's name on the lower left side of the check.

1. **YES -** please enroll _____ in the Student Accident Plan for

(Student's Name)

the 2017-18 School Year (8/15/17 – 6/10/18) at an annual premium of $65.00.

2. **NO –** I do not want to enroll _____ in the Student Accident Plan.

(Student's Name)

Date: _____ _____

(Parent's or Guardian's Signature)