myers | stevens | toohey

SHORT-TERM (24-HOUR)
Coverage Request Form 2013-2014 School Year
100% Participation Required

Provides excess accident medical and emergency sickness medical coverage and accidental death and dismemberment coverage for all of your students participating in school sponsored and supervised activities involving overnight travel and/or periods without direct and immediate school supervision**. Rate is $1.75/person/calendar day**. Coverage consists of **BASIC** and **CATASTROPHIC** injury benefits.

BASIC accident medical benefits are paid on an excess basis at 100% of Usual, Customary & Reasonable charges up to $25,000/injury and up to $1,000 for Emergency Sickness. Includes benefits for pre-approved Emergency Medical Evacuation expenses up to $25,000 and up to $10,000 of expenses for Repatriation of Remains to home country. Covered charges are limited to those incurred within one year from date of first treatment of the injury or sickness. Emergency Sickness benefits are limited to those charges incurred within 24 hours from the onset of sickness. **The policy has complete details of provisions, limits and exclusions.** Underwritten by ACE American Insurance Company.

CATASTROPHIC benefits are subject to a deductible of $25,000 and are then paid at 100% of Reasonable and Customary Charges up to $1,000,000. Includes additional cash benefits of up to $500,000 (depending upon the severity of the loss) and accidental death benefit of $25,000. Underwritten by ACE American Insurance Company.

COVERAGE REQUEST AND LIST OF NAMES

MUST BE RECEIVED BY MYERS-STEVENS PRIOR TO THE START DATE OF ACTIVITIES, OTHERWISE COVERAGE WILL BEGIN UPON RECEIPT. PREMIUM IS DUE WITHIN 10 DAYS OF THE START OF THE ACTIVITY.

Please complete the entire form, attach list of names, and return with your premium or billing information to:
Myers-Stevens & Toohey & Co., Inc., 26101 Marguerite Parkway, Mission Viejo, CA 92692-3203
(949) 348-0656 or (800) 827-4695, fax number (949) 348-0963

*It is required that **all students** attending this event are covered, whether they have other insurance or not.*
This plan does not cover paid school employees. (Coverage is optional for Parent chaperones; include names with list of students)

BILL TO: ☐ **NEW** ☐ **REVISED**

☐ DISTRICT: _____

☐ SCHOOL: _____PHONE #: ( )_____

ADDRESS: _____

DATE(S): From:_____To:_____

DESTINATION/ACTIVITY:_____

Coverage Requested By: _____ _____
Print Name Signature:

PLEASE NOTE: THERE IS A MINIMUM PREMIUM REQUIREMENT.
Premium is due within 10 days of the start date of activity

Calculate Premium Due: _____ **x** _____ **x** $1.75 = _____
# of Participants # of Calendar Days Premium Rate **PREMIUM DUE ($35 minimum)**

Please include list of participants with coverage request form.

METHOD OF PAYMENT: ☐ REQUEST INVOICE ☐ NO INVOICE NEEDED ☐ P.O. NUMBER _____

MC/VISA AUTHORIZATION: MC:_____ VISA:_____ _____-_____-_____-_____

_____/_____ _____ _____
Month / Year Security Code Zip Code of Cardholder

_____ _____
Name of Cardholder Cardholder's Signature