

**COLONNA INSURANCE SERVICES, LLC
1828 DIXWELL AVENUE PO BOX 4245
HAMDEN CT 06514
(203)288-5936 FAX# (203)230-2211
TOLL FREE 1-888-234-9910**

August 2016

Dear Administrator:

Your Student Accident Insurance Program will be provided by our agency for the 2016-2017 school year. Our enrollment brochures will be located on our agency website at www.colonnainsurance.com. A note should be placed on your website indicating this change. **Teachers, Administrators and Office Employees** are eligible to enroll in this program.

The parents may enroll in the student plan by simply completing the application, enclosing a check for the premium and mailing the form to our office. The coverage will be effective the day after the postmark.

Late enrollments will be accepted throughout the school year. However, coverage will be effective the day after the postmark. Should you receive a brochure at your office, please date stamp to establish the effective date of coverage.

We are enclosing a sample, explanatory letter which may be duplicated on your school's stationary for distribution with the take-home flyers.

Also enclosed is an outline of claim procedures. If you require additional claim forms, please visit our website at www.colonnainsurance.com. All claims will be administered by Commercial Travelers Mutual Insurance Company.

We sincerely appreciate your cooperation. Please do not hesitate to contact our office if you should have any questions.

Yours truly,



Vincent D. Colonna Sr.

TO THE PARENTS OR GUARDIANS OF STUDENTS

We are once again offering you the opportunity to purchase Student Accident Insurance for your child. The enrollment form may be obtained from our agency website at www.colonnainsurance.com

Please note that while the school has liability insurance, this covers injuries to pupils only if liability is proven against the school. The school does not pay for routine accidental injuries. The student accident insurance pays claims on a primary basis and covers accidental injuries regardless of liability. The exclusions and limitations are explained on the brochure.

SCHOOL-TIME PLAN (to-from-at-school)

* Maximum Accident Medical Benefit	\$250,000.00
* Maximum Dismemberment Benefit	\$ 10,000.00
* Accidental Death Benefit	\$ 2,500.00

	<u>Economy Plan</u>	<u>Superior Plan</u>
* Premium All Grades – Per Pupil	\$14.00	\$28.00

24-HOUR COVERAGE PLAN

* Maximum Accident Medical Benefit	\$250,000.00
* Maximum Dismemberment Benefit	\$ 10,000.00
* Accidental Death Benefit	\$ 2,500.00

	<u>Economy Plan</u>	<u>Superior Plan</u>
* Premium All Grades – Per Pupil	\$68.00	\$136.00

EXTENDED OPTIONAL DENTAL PLAN

* Both Plans – All Grades	
* Premium – Per Pupil	\$ 8.00

If you should have any questions regarding this coverage, please do not hesitate to contact the program administrator, Colonna Insurance Services, LLC, as indicated on the enrollment brochure. *The plans do not cover Interscholastic Sports as the Board of Education provides this coverage separately.*

COLONNA INSURANCE SERVICES, LLC
&
COMMERCIAL TRAVELERS MUTUAL INSURANCE COMPANY

CLAIMS REPORTING PROCEDURES

SCHOOL-TIME COVERAGE
REPORTING CLAIMS FOR STUDENTS INJURED DURING
NORMAL SCHOOL HOURS

1. Part A – School Report must be completed and signed by appropriate school person. If your school has its own School Report, it can be attached to the claim form in lieu of Part A. Claim forms can be obtained from the school nurse, school administrative personnel or at www.colonnainsurance.com
2. Send claim form home to parent for completion of Part B – Statement of Parent or Guardian.
3. Parent then mails the claim form, along with any bills pertaining to the claim, Directly to Commercial Travelers as indicated on the claim form.

PLEASE NOTE: THE STUDENT MUST HAVE PURCHASED EITHER THE SCHOOL-TIME COVERAGE OR AROUND-THE-CLOCK PLAN IN ORDER TO BE COVERED IF AN INJURY OCCURS DURING SCHOOL HOURS.

AROUND THE CLOCK COVERAGE
REPORTING CLAIMS FOR STUDENTS INJURED OUTSIDE OF
NORMAL SCHOOL HOURS

1. Parent must complete Part A & B of the claim form. Signature of school official is not necessary. Parent can obtain claim form from the school or visiting www.colonnainsurance.com
2. Parent then forwards the claim form to Commercial Travelers along with any bills Pertaining to the injury.

PLEASE NOTE: THE STUDENT MUST HAVE PURCHASED THE AROUND THE CLOCK COVERAGE IN ORDER TO BE COVERED FOR ANY INJURIES OCCURING OUTSIDE THE NORMAL SCHOOL HOURS.

Plan Administered by:



COMMERCIAL TRAVELERS
MUTUAL INSURANCE COMPANY

COMMERCIAL TRAVELERS
MUTUAL INSURANCE COMPANY
COMMERCIAL TRAVELERS BUILDING
UTICA, NEW YORK 13502

For Toll-free Policyholder Service 1-800-756-3702 • Utica area 315-797-5200

Please check the correct Underwriting Company:

- COMMERCIAL TRAVELERS MUTUAL INSURANCE COMPANY
- NIAGARA LIFE AND HEALTH

Instructions

1. PART A — must be completed by the school.
2. PART B — must be completed by Parent or Guardian
3. Attach all itemized medical bills you have received to date. Later bills can be mailed to the claims administrator separately. Please show name of school on all later bills.
4. Mail this report and bills within 90 days after the first treatment to:

Special Risks Claims
Commercial Travelers Mutual Insurance Company
70 Genesee Street • Utica, NY 13502

Notice: When we are the secondary plan, we do not pay until after the primary plan has paid its benefits if any. We will review Usual & Customary charges of each plan and allow the highest. Any amount paid by your primary plan for an eligible expense under our plan may satisfy all or a portion of our deductible.

Accident Claim Form

Please print or type

Part A: School Report

Instructions — school official completes this Part A, then gives the form to the student's parent or guardian to complete Part B on the reverse side. Parent must provide name of school/school district, if not school related accident.

If you have submitted an accident report to another insurance company, please attach a copy.

Name of School			School District/Policyholder		
Phone No. ()					
Address					
Street/Box#	City	State	Zip	Policy No.	
Name of Student			<input type="checkbox"/> Male <input type="checkbox"/> Female		Grade
Date of Accident / /		How Accident Occurred			
Time of Accident <input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> Enroute to/from school <input type="checkbox"/> During school session <input type="checkbox"/> Practice or play of interscholastic sports Name of Sport _____ <input type="checkbox"/> JV <input type="checkbox"/> Varsity <input type="checkbox"/> Other _____			

How did accident happen?

Details of Injury — including part of body injured:

Name of Teacher or Coach Supervising the Activity

FOR RESIDENTS OF ALL STATES OTHER THAN THOSE LISTED ON PAGE 3: Any person who knowingly, and with intent to defraud, injure or deceive any insurance company, files or causes to be filed, a claim for payment of a loss, containing any false or incomplete information commits a fraudulent insurance act that may be a crime and may subject such person to confinement in prison, fines and denial of benefits.

Signature of School Official/Title	Date Signed

—Reverse side must be completed by parent or guardian—

AK, CT, DE, HI, IA, ID, IL, IN, MI, MN, MO, MT, MS, NC, ND, NV, SC, SD, UT, WI & WY: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud.

AL, AR, DC, LA, MA, and RI: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

AZ: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

CA: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies."

FL: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

GA, NE, KS, OR, TX, VT: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any material-ly false or misleading information may be guilty of insurance fraud.

KY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any material-ly false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

ME: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

MD: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NH: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud.

NJ: Any person who includes any false or misleading information on an application or statement of claim for an insurance policy is subject to criminal and civil penalties.

NM: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for health insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, any information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000.00 and the stated value of the claim for each such violation.

OH: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

OK: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

TN: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

VA, WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines or a denial of insurance benefits.

WV: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.