

STUDENT INJURY & SICKNESS PLAN
2010-2011 SCHOOL YEAR
Addendum to Enrollment Contract

Dear Parents/Guardians:

Out of concern for the health and welfare of our students, Blair Academy requires that every student be covered by a comprehensive injury and sickness plan, one that meets the high cost of medical services and is accepted by local providers and practitioners. While most United States families are insured under managed care programs (HMO's, PPO's, etc.) such "network plans" often do not provide coverage for your child when they are away from home. It is your responsibility to contact your insurance company to discuss what benefits will be lost and what deductibles and co-payments will be required when your child leaves home.

- **Secondary Student Accident Insurance is automatically provided to each student at no additional cost. Please note that the plan is an accident insurance plan and it is also a Full Excess Plan, which only provides coverage in addition to a student's primary insurance plan.**

To help you meet this financial responsibility, we offer a choice of two plans, one of which should meet your needs.

PREMIER HEALTH PLAN I (PRIMARY COVERAGE)

Provides primary, first dollar benefits for those of you who do not have any insurance or whose coverage is not accepted outside your geographical area. This policy will cover students anytime during a full 12-month period (8/15/10 to 8/14/11) anywhere in the world for an annual premium of \$1,640.00 or for a full 10 month period (8/15/10 to 6/15/11) for a premium of \$1,490.00. This plan was designed especially for private secondary schools and meets the mandated requirements of New Jersey State law.

ANY STUDENT WHO DOES NOT HAVE COVERAGE WITH A USA BASED COMPANY (AS A DEPENDENT ON THEIR PARENT'S PLAN) MUST ENROLL IN PLAN I – UNLESS PROOF OF COVERAGE IN THE USA IS PROVIDED.

PREMIER HEALTH PLAN II (SUPPLEMENTAL COVERAGE)

For families who have insurance accepted by providers in our area, **PLAN II** offers secondary coverage to your primary insurance plan. Claims would be filed with your current plan first and, with appropriate documentation; any remaining balances would then be filed with plan II. This plan offers limited benefits and in no way is meant to replace your existing coverage. It can help meet upfront deductibles and co-payments as well as other costs not met by your plan when your child is away from home. Your child will be covered while in the United States for an annual premium of only \$660.00 (8/15/10 to 8/14/11) or for a ten month premium of only \$550.00 (8/15/10 to 6/15/11).

YOU MUST SELECT ONE OF THE THREE OPTIONS PROVIDED BELOW. PLEASE NOTE THAT THIS DOCUMENT IS AN ADDENDUM TO YOUR ENROLLMENT CONTRACT AND BOTH YOUR CONTRACT AND THIS ADDENDUM MUST BE RETURNED TOGETHER TO THE SCHOOL.

If you have further questions or concerns, please contact the Business Office.

(Please return the portion below with your Contract and Parent Data Form)

2010-2011 STUDENT ACCIDENT & SICKNESS INSURANCE PLAN

Please check the appropriate box, include the student's name, sign your name, date, and **RETURN THIS FORM WITH YOUR SIGNED CONTRACT.**

1. Please enroll _____ in PLAN I for:
(STUDENT'S NAME)
 A full 12 months (8/15/10 to 8/14/11) for \$1,640.00
 A full 10 months (8/15/10 to 6/15/11) for \$1,490.00
2. Please enroll _____ in PLAN II for:
(STUDENT'S NAME)
 A full 12 months (8/15/10 to 8/14/11) for \$660.00
 A full 10 months (8/15/10 to 6/15/11) for \$550.00
3. Please do not enroll _____ in either plan. My present in-force plan is as follows:
(STUDENT'S NAME)

(Insurance Company Name)

(Policy Number & Phone Number)

(Insurance Company Address)

(City, State & Zip Code)

(Signature of Parent or Guardian)

(Date)