



DIOCESE SHORT-TERM (24-HOUR) COVERAGE

Enrollment Form 2011-2012 School Year

100% Participation Required

Provides excess accident and emergency sickness medical coverage and accidental death and dismemberment coverage for students participating in school sponsored and supervised activities involving overnight travel and/or periods without direct and immediate school supervision. **Rate is \$1.60/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, Reasonable & Customary charges up to \$25,000/injury and up to \$500 for Emergency Sickness. Includes benefit for pre-approved Medical Evacuation expenses up to \$25,000 and up to \$10,000 of expenses for Repatriation of Remains to home country. Covered charges for injuries are limited to those incurred within one year from date of first treatment and 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 BCS Insurance Company in the states of AZ, CA, KS, MO and NV and by ACE American Insurance Company in all other states.

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 with a 10 year benefit period. Includes additional cash benefits of up to \$500,000 (depending upon the severity of the loss) and accidental death benefit of \$10,000. Underwritten by ACE American Insurance Company.

See separate marketing materials for information on carrier, policy and plan details.

APPLICATION AND LIST OF NAMES MUST BE RECEIVED BY MYERS-STEVENSON PRIOR TO THE START DATE OF ACTIVITIES, OTHERWISE COVERAGE WILL BEGIN UPON RECEIPT.

Please fill in form completely, attach list of names, and return with your premium or billing information to:
Myers-Stevens & 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)*

NAME OF DIOCESE: _____

SCHOOL/PARISH: _____ Phone# _____

ADDRESS: _____

Please check one: Is this a: () School Activity () Youth Ministry Activity () Religious Education (CCD) Activity

DATE(S): From: _____ To: _____

DESTINATION/ACTIVITY: _____

PLEASE NOTE: THERE IS A \$35.00 MINIMUM PREMIUM REQUIREMENT.

Premium is due within 10 days of the start date of activity

Calculate Premium Due:

$$\frac{\text{# of Participants}}{\text{# of Participants}} \times \frac{\text{# of Calendar Days}}{\text{# of Calendar Days}} \times \frac{\$1.60}{\text{Premium Rate}} = \text{PREMIUM DUE (\$35 minimum)}$$

If paying by MC/Visa, please complete section below.

Coverage

Requested By: _____ Signature: _____
Print Name

METHOD OF PAYMENT: (Please do not send cash)

MC/VISA AUTHORIZATION: MC: _____ VISA: _____ EXP. DATE: ____/____/____ - ____ - ____ - ____

P.O. NUMBER _____

Zip code of card holder _____

Card holders signature _____