



AFFINITY
PROGRAM
PARTNER



ACSI Student Insurance Application Instructions

Thank you for considering UnitedHealthcare **StudentResources** for your student insurance needs.

Page 1 - School Application Form, Elections and Signatures *(Return this page)*

Section 1 – Please complete the school contact information including a shipping address if different from mailing address.

Section 2 – Please complete this entire box. If an item does not apply to you, please mark with “N/A” in the field.

Section 3 – Please complete this section after you have selected your coverage and determined your premium amount from the Rate Calculation Worksheet on page 2. In addition to the Voluntary coverage choice, select only one At-School Accident plan and enter the dollar amount from the grand total on page 2.

Section 4 – Please have an authorized person sign the form and keep a copy for your files.

Page 2 - Insurance Premium Rate Calculation Worksheet *(Return this page)*

Carefully review the enclosed plan information or view your options within the “Products” tab at www.ACSInsurance.com. This worksheet shows rates for the mandatory At-School Accident plans only. There are two options for plans which do not include athletics and activities and there are two options for plans which do include athletics and activities. Complete the form by choosing a plan and entering the number of students per grade level. Multiply each student count by the applicable rate to calculate your subtotals. Then add all of the right hand column figures to reach your Total Premium Due. Please copy this grand total back to section 2 on page 1 (School Application page). Your worksheet must be returned with the full application.

Page 3 - Voluntary Rates & Parent Information Supply Requisition *(Return this page)*

While on the “Products” tab at www.ACSInsurance.com, please review the opportunities to make additional student insurance coverage available to parents to purchase directly from UnitedHealthcare on a voluntary basis. UnitedHealthcare **StudentResources** will make flyers available to you to promote these programs and encourage parents to enroll online. Please complete the supply requisition form and indicate your preferred delivery date for the voluntary plan flyers. (Use date when someone can sign for delivery.)

State Specific Mandatory Offers of Coverage Page *(Return this page – if applicable)*

The Mandatory Offers of Coverage page will appear in this application if applicable to your state. You are not required to add this extra coverage, but UnitedHealthcare Insurance Company is required to provide you with the offer to elect the coverage. Electing any state mandated optional coverage may result in an adjustment/increase in premium. You should return the completed and signed form with your decision(s) to elect or decline coverage clearly marked on the form.

Mail ALL completed and signed forms to:

UnitedHealthcare **StudentResources**
Attn: K12 Sales
P.O. Box 42299
St. Petersburg, FL 33742-9936

Payment Note - You may mail a check with your application, or UnitedHealthcare **StudentResources** will send you an invoice after your application is processed.

For more information on UnitedHealthcare **StudentResources**' student insurance products or for assistance with your application, please call 800-237-0903 x 6281

UnitedHealthcare Insurance Company

P.O. Box 42299, St. Petersburg, FL 33742

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PLEASE TYPE OR PRINT

Section 1

Name of School: _____ Policy #: _____
(leave blank if unknown)
Contact Name: _____ Title: _____
Address: _____ City: _____
State: _____ Zip: _____ Phone: () _____ Fax: () _____
Email Address: _____
Physical address for shipping (if different): _____
City: _____ State: _____ Zip: _____

Section 2 School Information

Estimated 2010-2011 School Enrollment: _____ (Total number of students)
Grades (Mark one): (PK - 12) (E) Elementary School (M) Middle School
 (EM) Elementary & Middle School (MH) Middle & High School
 (H) High School
Effective Date/First Class Day: _____ Last Class Day: _____

Note: Sports/Athletics/Activities coverage (including Football) begins July 1.

High School Football Information (complete if applicable)

Is Offseason Program Permitted? _____ Football Effective: _____ to _____
(leave blank if unknown)
Is Contact Practice Permitted? _____
Who pays Football Premium? School or Parents

Section 3 Coverage Selected and Premium Calculation (See worksheet on page 2 for calculating your premium.)

Select only one plan from plans 1-4 for all students. All enrolled students must be covered.
 Plan 1 - At-School Accident - Excluding Athletics & Activities - \$10,000 Maximum Benefit Premium \$ _____
 Plan 2 - At-School Accident - Excluding Athletics & Activities - \$25,000 Maximum Benefit Premium \$ _____
 Plan 3 - At-School Accident - Including Athletics & Activities - \$10,000 Maximum Benefit Premium \$ _____
 Plan 4 - At-School Accident - Including Athletics & Activities - \$25,000 Maximum Benefit Premium \$ _____
 Voluntary Coverage - Optional for parents - No cost to school. You may select this in addition to one At-School Accident plan.

Section 4 We hereby apply for the plans of insurance selected above. We understand that insurance will be in force if this is accepted by UnitedHealthcare Insurance Company, and the required premium is received by UnitedHealthcare **StudentResources** when due.

X _____ Date Signed: _____
Signature of Official Authorized to Contract for School

Printed Name: _____ Title: _____

Agent Signature: _____ Date Signed: _____
UnitedHealthcare **StudentResources** representative Agent Name: Mandy Lance Agent #: 5594

Please include a copy of this signature page with your completed application by mail.

For assistance with your application, please call 800-237-0903 x 6281.

UnitedHealthcare Insurance Company

Insurance Premium Rate Calculation Worksheet

Mandatory Rates – At-School Accident coverage for all enrolled students

Products: ACSI Accident/Injury - Usual and Customary 2010/2011 Options Plans 1-4

Select only one plan for entire school. Multiply your estimated quantity of students per grade level by the rate per student. Tally the right hand column for Total Premium Due. Re-write the total premium in the appropriate space on the application (page 1, section 3). **Please include a copy of this worksheet with your completed application by mail to UnitedHealthcare StudentResources, Attn: K12 Sales, P.O. Box 42299, St. Petersburg, FL 33742-9936.**

School Name: _____ City: _____ State: _____

Select Plan 1, 2, 3 or 4 for your school. All enrolled students must be covered.

Plan 1 - At-School Accident with no sports coverage (Excludes Athletics & Activities) - \$10,000 Maximum Benefit

Grade Level	Est. # of Students	x	Rate per Student	=	Premium Subtotal
A Pre K – K	_____	x	\$2.10	=	\$ _____
B Grades 1-6	_____	x	\$5.30	=	\$ _____
C Grades 7-8	_____	x	\$5.30	=	\$ _____
D Grades 9-12	_____	x	\$6.95	=	\$ _____
E Teachers/Admin.	_____	x	\$12.60	=	\$ _____
F Overnight Field Trips - \$210 per school/school year (if applicable)				=	\$ _____
Total Premium Due (for the benefits shown above) Add A – F					\$ _____

Plan 2 - At-School Accident with no sports coverage (Excludes Athletics & Activities). - \$25,000 Maximum Benefit

Grade Level	Est. # of Students	x	Rate per Student	=	Premium Subtotal
A Pre K – K	_____	x	\$2.40	=	\$ _____
B Grades 1-6	_____	x	\$5.85	=	\$ _____
C Grades 7-8	_____	x	\$5.85	=	\$ _____
D Grades 9-12	_____	x	\$7.50	=	\$ _____
E Teachers/Admin.	_____	x	\$15.25	=	\$ _____
F Overnight Field Trips - \$210 per school/school year (if applicable)				=	\$ _____
Total Premium Due (for the benefits shown above) Add A – F					\$ _____

Plan 3 - At-School Accident with sports coverage (Includes Athletics & Activities). - \$10,000 Maximum Benefit Sports excludes interscholastic football. Football coverage requires a separate premium per player (see letter E below). High School Football coverage is available only with plans 3 or 4.

Grade Level	Est. # of Students	x	Rate per Student	=	Premium Subtotal
A Pre K – K	_____	x	\$2.10	=	\$ _____
B Grades 1-6	_____	x	\$5.30	=	\$ _____
C Grades 7-8	_____	x	\$9.75	=	\$ _____
D Grades 9-12	_____	x	\$12.85	=	\$ _____
E Gr. 9-12 Football	_____	x	\$76.65	=	\$ _____
F Teachers/Admin.	_____	x	\$12.60	=	\$ _____
G Overnight Field Trips - \$210 per school/school year (if applicable)				=	\$ _____
Total Premium Due (for the benefits shown above) Add A – G					\$ _____

Plan 4 - At-School Accident with sports coverage (Includes Athletics & Activities). - \$25,000 Maximum Benefit Sports excludes interscholastic football. Football coverage requires a separate premium per player (see letter E below). High School Football coverage is available only with plans 3 or 4.

Grade Level	Est. # of Students	x	Rate per Student	=	Premium Subtotal
A Pre K – K	_____	x	\$2.40	=	\$ _____
B Grades 1-6	_____	x	\$5.85	=	\$ _____
C Grades 7-8	_____	x	\$11.35	=	\$ _____
D Grades 9-12	_____	x	\$19.80	=	\$ _____
E Gr. 9-12 Football	_____	x	\$92.60	=	\$ _____
F Teachers/Admin.	_____	x	\$15.25	=	\$ _____
G Overnight Field Trips - \$210 per school/school year (if applicable)				=	\$ _____
Total Premium Due (for the benefits shown above) Add A – G					\$ _____

Voluntary Rates - See Voluntary Rate page for details on voluntary 24-Hour Accident and Injury & Sickness plans.

UnitedHealthcare Insurance Company

Voluntary Rates

Plan Description	Premium per Student
24-Hour Accident with Extended Dental Coverage - High Option	\$102.00
24-Hour Accident with Extended Dental Coverage - Low Option	\$69.00
Injury and Sickness per policy year	\$588.00
Injury and Sickness per 3 month period	\$147.00
Injury and Sickness per 2 month period	\$98.00

Parent Information Supply Requisition

If you elect to offer additional coverage for parents to purchase on a voluntary basis (at no extra cost to the school), UnitedHealthcare **StudentResources** will provide informational flyers to the school to make available to parents. The 2010/2011 plan options offer two levels of coverage for 24-Hour Accident and a health plan for Injury and Sickness. Enrollment may be completed by parents online at www.K12StudentInsurance.com after July 1, 2010.

By your request below, UnitedHealthcare **StudentResources** will ship a supply of flyers that you may hand out to every student with other parental information on the first day of school and/or you may make the flyers available as a "take-one" item within an area likely to have high parent traffic. Quantity of flyers requested should be the same number used as your estimated total number of students on the application (page 1, section 2).

Voluntary Plan Flyer Supply Requisition *(Please Complete)*

School Name: _____

Estimated 2010-2011 School Enrollment: _____ *(Number of students)*

Voluntary Plan Flyer preferred delivery date *(when someone can sign for delivery)*: _____

Physical address for shipping: _____

City: _____ State: _____ Zip: _____

***Please include a copy of this voluntary rates page with your completed application by mail to
UnitedHealthcare StudentResources
Attn: K12 Sales
P.O. Box 42299
St. Petersburg, FL 33742-9936.***

