

K-12 Voluntary Student Accident Insurance up to \$250,000

2023-2024



Administrative Office
A-G Administrators LLC
Berwyn, PA USA
Phone (610)933-0800
www.agadministrators.com

Plans are Underwritten by
United States Fire Insurance Company



K-12 Accident Insurance

Unexpected Accidents Can Happen

This brochure explains how you can help guard against certain unexpected events. Our plans are designed to help supplement any insurance you have by satisfying deductibles or co-insurance requirements, or limiting the possible financial impacts of an injury if you have no other insurance. Remember that the more active your child is, the more valuable this coverage can be.

Choose Your Coverage Plan

24-Hour Coverage (Accident Only) – This plan provides around the clock coverage to your child 24-hours a day, while he or she is in school, at home or away. Coverage is provided from the effective date of the insured student's coverage for which premium has been received by A-G to the opening of the next school term. **Excludes all interscholastic sports.** (\$90.00)

School Time Coverage (Accident Only) – This plan provides coverage to your child while he or she is on school premises, during school hours/days, attending school sponsored and supervised activities including travel directly without interruption between the student's residence and school/activity with transportation furnished by the school. Coverage is provided from the effective date of the insured student's coverage for which premium has been received by A-G to the end of the regular school term. **Excludes all interscholastic sports.** (\$22.50)

Description of Benefits

Benefit	24 Hour Coverage/School Time Coverage
Benefits provided for all enrolled students of the Policyholder excluding interscholastic sports for whom premium is paid.	
Maximum Benefit:	\$250,000; \$15,000 payable as shown below, excess of \$15,000 payable at 100% Usual, Reasonable and Customary Charges
Deductible:	\$0
Benefit Period:	52 Weeks
Hospital Services	
Daily Room & Board: Semi Private Room	\$300 per day
Miscellaneous Hospital Services: During hospital confinement	\$3,000
Intensive Care: When confined to a Hospital Intensive Care Unit	\$700 per day, not to exceed 10 days
Emergency Room Charges: When hospital confinement is not required	\$400 Maximum
Emergency Room Charges: If out-patient surgery is required, the maximum is increased to (The benefits are payable in addition to the X-rays and surgeon's services shown below.)	\$1,500 Maximum
Physician Services	
Surgery: including pre- and post-operative care*	\$170 Unit Value
Anesthesia:	40% of the Surgery Benefit Paid
Assistant Surgeon:	40% of the Surgery Benefit Paid
Doctor's Visit: other than for Physiotherapy or similar treatment not payable in addition to Surgery Benefit	100% UCR
Non-Surgical doctor's charges in the emergency room	\$70 per visit
Second Surgical Opinion, Consultation and Specialists	\$150 aggregate benefit
Laboratory and X-Ray Services	
(Other than Dental and including fee for interpretation and/or reading of X-rays.)*	\$20 Unit Value
Lab and X-Ray: (when no fracture is demonstrated)	\$400 Maximum
Additional Services	
Physiotherapy or similar treatment: including Diatherm, Ultrasonic, Microtherm, Manipulation, Massage and Heat	\$50/Treatment Maximum of \$500
Registered Nurse:	100% UCR
Ambulance Transportation: (Ground Only)	\$300 Maximum
Orthopedic Appliances: When ordered by attending physician	\$500 Maximum
Out-Patient Drugs and Medication: Administered in Doctor's office or by prescription	100% UCR
Dental (including X-rays): For treatment, repair or replacement of each injured tooth which was sound and natural at the time of injury	\$200 per tooth
Eyeglasses, Contact Lenses: Replacement of broken glasses and/or frames, contact lenses, resulting from a covered injury	\$100 maximum
Accidental Death Benefit	
	\$2,500
Accidental Dismemberment, Loss of Sight	
	\$20,000
* In accordance with the 1974 Revised California Relative Values Studies, 5 th Addition, using a conversion factor.	

Policy Exclusions

Benefits will not be paid for a Covered Person's loss which:

- (1) Is caused by or results from the Covered Person's own:
 - (a) Intentionally self-inflicted Injury, suicide or any attempt thereat. (In Missouri this applies only while sane.);
 - (b) Voluntary self-administration of any drug or chemical substance not prescribed by, and taken according to the directions of, a doctor (Accidental ingestion of a poisonous substance is not excluded.);
 - (c) Commission or attempt to commit a felony;
 - (d) Participation in a riot or insurrection;
 - (e) Driving under the influence of a controlled substance unless administered on the advice of a doctor; or
 - (f) Driving while Intoxicated. "Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs;
- (2) Is caused by or results from:
 - (a) Declared or undeclared war or act of war;
 - (b) An Accident which occurs while the Covered Person is on active duty service in any Armed Forces. (Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days.);
 - (c) Aviation, except as specifically provided in this Certificate;
 - (d) Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural and foreseeable result of an accidental external bodily injury or accidental food poisoning.
 - (e) Nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 180 days of the initial incident and:
 - (i) The loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy; and
 - (ii) The Covered Person was within a 25-mile radius of the site of the release either:
 - 1) At the time of the release; or
 - 1) Within 24 hours of the start of the release.

Benefits will not be paid for:

1. Normal health check ups
2. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the Covered Person is covered under this Certificate, and rendered within 6 months of the Accident;
3. Services or treatment rendered by a doctor, nurse or any other person who is:
 - a. Employed or retained by the Certificateholder; or
 - b. Who is the Covered Person or a member of his immediate family;
4. Charges which:
 - a. The Covered Person would not have to pay if he did not have insurance; or
 - b. Are in excess of Usual, Reasonable and Customary charges.
5. An Injury that is caused by flight in:
 - a. An aircraft, except as a fare-paying passenger;
 - b. A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
 - c. An ultra light, hang-gliding, parachuting or bungi-cord jumping;
6. Travel in or upon:
 - a. A snowmobile;
 - b. Any two or three wheeled motor vehicle;
 - c. Any off-road motorized vehicle not requiring licensing as a motor vehicle;

7. Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license;
8. That part of medical expense payable by any automobile insurance policy without regard to fault. (Does not apply in any state where prohibited);
9. Injury that is: a. The result of the Covered Person being Intoxicated. ("Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs); or
 - a. Caused by any narcotic, drug, poison, gas or fumes voluntarily taken, administered, absorbed or inhaled, unless prescribed by a doctor;
10. Any sickness, except infection which occurs directly from an Accidental cut or wound or diagnostic tests or treatment, or ingestion of contaminated food;
11. An Injury resulting from participation in or practice for non-School sponsored skiing, ice hockey, lacrosse, soccer or football;
12. Practice or play in any sports activity, including travel to and from the activity and practice, unless specifically provided for in this Certificate;
13. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan;
14. Blood or Blood plasma, except for charges by a Hospital for the processing or administration of blood;
15. Elective treatment or surgery, health treatment, or examination where no Injury is involved;
16. Injury sustained while in the service of the armed forces of any country. When the Covered Person enters the armed forces of any country, we will refund the unearned pro rata premium upon request;
17. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore;
18. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;
19. Treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy;
20. Cosmetic surgery, except for reconstructive surgery on a diseased or injured part of the body;
21. Any loss which is covered by state or federal worker's compensation, employers liability, occupational disease law, or similar laws;
22. The repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices;
23. The repair or replacement of existing dentures, partial dentures, braces or fixed or removable bridges;
24. Services and supplies furnished by a Student Infirmary, its employees, or doctors who work for the School;
25. Expenses incurred for an Accident after the Benefit Period shown in the Schedule of Benefits; or
26. Hernia of any kind; or any bacterial infection that was not caused by an Accidental cut or wound.
27. Rest cures or custodial care;
28. Prescription medicines unless specifically provided for under the Certificate;
29. Orthopedic appliances which are used mainly to protect an Injury so that a covered student can take part in interscholastic or intercollegiate sports;

How to Enroll

1. Determine which plan of coverage you would like to enroll your child in - **24 Hour Coverage or School Time Coverage**
2. Fill out the Enrollment Form below, enclose a check or money order in an envelope payable to the Company for the correct amount and mail to **A-G Administrators LLC PO Box 824936 Lock Box # 824936 Philadelphia, PA 19182-4936**
3. Make Checks Payable to **UNITED STATES FIRE INSURANCE COMPANY c/o A-G Administrators LLC**
4. Return by mail to A-G Administrators LLC. Your cancelled check or money order stub will be your receipt and confirmation of payment. Please write student's name and school name on your check).

**INDIVIDUAL VOLUNTARY STUDENT ENROLLMENT FORM
UNITED STATES FIRE INSURANCE COMPANY
STUDENT ACCIDENT COVERAGE**

STUDENT'S LAST NAME (one letter per box)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

STUDENTS FIRST NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Age: _____ Grade: _____ Phone #: _____

Date of Birth: _____ Gender: Male ☐ Female ☐

Home Address _____

City _____ State _____ Zip _____

Name of School _____

School District _____

X _____ Date: _____

Signature of Parent or Guardian (Required)

**Individual Voluntary
Student Accident Plans**

24-HOUR COVERAGE

☐ \$90.00 per student per year

SCHOOL TIME COVERAGE

☐ \$22.50 per student

Period of Coverage

Persons applying for coverage shall be covered as of the date premium receipt, but in no event prior to the opening of school activities. Coverage ends at the close of the regular school term, except under 24-Hour Coverage, which continues until school reopens for the fall term. You may enroll at any time, but premiums will not be prorated.

Questions and Answers

Q. Is this Policy primary or secondary coverage?

A. This policy is Primary – meaning A-G will pay valid medical expenses payable without regard to any other valid and collectible insurance plan.

Q. May we purchase the policy at any time during the year?

A. Yes, coverage may be purchased at any point in time during the school year for your child. However, there is no pro-rating of premium for enrollment that occurs after the policy effective date. The earlier you enroll the more your child will maximize their coverage.

Q. Will this policy pay if our other insurance has a deductible?

A. Yes, benefits are paid without regard to other insurance.

How to File a Claim

1. Obtain an accident claim form through your school office or A-G Administrators LLC. Please answer all questions and provide all necessary signatures.
2. Attach all itemized bill(s) and any explanation of benefits to the claim form and mail or fax to the Administrator's Address indicated on the claim form.
3. Claims for benefits must be filed within 90 days from the date of accident. Only one claim form is needed per accident.

Important Note

This brochure is a summary of the insurance plan as specified in the policy form (BA-50000P-USF) on file with the School. This brochure is subject to the terms and conditions of the Policy, which contains all benefits, limitations and exclusions as underwritten by United States Fire Insurance Company. This coverage may not be available in all states and Policy terms and conditions may vary by state. In the event of a discrepancy, the Policy will prevail.



K-12 STUDENT ACCIDENT CLAIM FORM

Please complete and submit to A-G Administrators with itemized medical bills AND primary insurance explanation of benefits.

Send all claim forms and documents using our secure upload portal: upload.agadministrators.com
Alternatively, submit documents to claims@agadm.com.

For questions, however, please contact
A-G Administrators: customerservice@agadm.com.

YOUR INFORMATION

First Name: _____ Last Name: _____

Title: _____ School/Organization Name: _____

Email Address: _____ Phone Number: _____

POLICYHOLDER INFORMATION

Policyholder (School): _____

School Address: _____
STREET CITY STATE, ZIP

STUDENT INFORMATION

Student's Name: _____
FIRST NAME MIDDLE INITIAL LAST NAME

Date of Birth: _____ Sex: ☐ M ☐ F Social Security #: _____

Student's Phone Number (or Parent's if minor): _____

Student's EMAIL (or Parent's if minor): _____

Student's Home Address: _____
STREET CITY STATE, ZIP

ACCIDENT INFORMATION

Circumstance: ☐ Game ☐ Practice ☐ Conditioning ☐ Other (Please explain in Nature of Injury section.)

Type of Activity: ☐ Club Sport ☐ Intramural ☐ Interscholastic ☐ Non-Athletic

Activity/Sport (if athletic related): _____ Accident Date: _____

Body Part Injured: _____ Place of Accident: _____

Nature of Injury (Details of what happened.): _____

INSURANCE INFORMATION

Does the claimant have primary insurance? ☐ Yes ☐ No (Attach separate documents if necessary.)

Insurance Company Name: _____

Insurance Company Address: _____
STREET CITY STATE, ZIP

Policy Number: _____ ID#: _____



A-G ADMINISTRATORS LLC
SPORTS INSURANCE SPECIALISTS

PO Box 21013, Eagan, MN 55121

Ph: (610) 933-0800 Fx: (610) 933-4122 Email: claims@agadm.com

AUTHORIZATION

AFFIDAVIT: I verify the statement regarding other insurance is accurate and complete. I understand that the intentional furnishing of incorrect information via the U.S. Mail may be fraudulent and violate federal laws as well as state laws. I agree that if it is determined at a later date that there are other insurance benefits collectible on this claim I will reimburse A-G Administrators to the extent for which A-G Administrators would not have been liable.

AUTHORIZATION TO RELEASE INFORMATION: I authorize any Health Care Provider, Doctor, Medical Professional, Medical Facility, Insurance Company, Person or Organization, or any family member to release any information regarding medical, dental, mental, alcohol or drug abuse history, treatment or benefits payable, including disability or employment related information concerning the patient, to A-G Administrators and its designees. I also authorize A-G Administrators to release medical and billing information to any family member or health care provider if necessary to facilitate any potential payments.

PAYMENT AUTHORIZATION: I authorize all current and future medical benefits, for services rendered and billed as a result of this claim, to be made payable to the physicians and providers indicated on the invoices.

STUDENT/PARENT APPROVAL: I certify that approval has been granted from the student or student's parent or legal guardian (if minor) to submit this claim.

SIGNATURE OF SCHOOL OFFICIAL

SIGNATURE OF PARENT OR GUARDIAN

DATE

DATE

Notice to CALIFORNIA RESIDENTS: The California Consumer Privacy Act (CCPA) is a comprehensive privacy law that went into effect on January 1, 2020. The CCPA provides enhanced rights to California residents, including a right to access information, a right to delete information (in certain circumstances), and a right to opt out of the sale of information. Please direct any inquiries regarding the CCPA to your third party administrator claim representative.

FRAUD WARNING: Any person who, knowingly and with intent to defraud, or helps commit a fraud against, any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any material fact thereto, commits or may be committing a fraudulent insurance act, which is a crime and subjects such person to criminal and/or civil penalties.

WARNING TO THE RESIDENTS OF:

Alabama: presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Alaska: and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona, Arkansas and Rhode Island: presents a false or fraudulent claim for payment of a loss or benefit is subject to criminal and civil penalties, or specific to AR and RI: 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.

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

Delaware: and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Florida: and with intent to injure, defraud, or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Idaho and Indiana: and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information (for Idaho) is guilty of and (for Indiana) commits a felony.

Kentucky: and with intent to defraud any insurance company or other person files a 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.

New York: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Pennsylvania: 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.

Louisiana: 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.

New Mexico: 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.

Texas: 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.

West Virginia: 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.

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

New Jersey: files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Ohio: 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.

Oklahoma: 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.

Oregon: and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, may be subject to prosecution for insurance fraud.

Puerto Rico: and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. If aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

WARNING:

Colorado: 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Hawaii: Presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Maine, Tennessee, Virginia and Washington: 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.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: 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, as provided in RSA 638.20.



K-12 ESTUDIANTEL

Formulario de Reclamo de Accidente Estudiantil

Por favor complete este formulario y envíalo a
A-G Administrators las fracturas medicas detalladas y la explicacion
de beneficios de su seguro primario.

Envíe el formulario y todos los documentos usando nuestro portal
seguro: upload.agadministrators.com. Alternativamente, puede

enviar los documentos a : claims@agadm.com
Para preguntas, comuníquese con A-G Administrators a :
customerservice@agadm.com

Su información:

Primer Nombre: _____ Apellido: _____
Titulo _____ Nombre de Escuela /organización _____
Dirección de Correo Electronico: _____ Telefono: _____

INFORMACION DEL TITULAR DE LA POLIZA:

Titular de la poliza/Escuela _____
Direccion de la Escuela _____
CALLE CIUDAD ESTADO CODIGO POSTAL

INFORMACION DEL ESTUDIANTE:

Nombre del estudiante: _____
PRIMER NOMBRE INICIAL APELLIDO
Fecha de Nacimiento: _____ Sexo: ☐ M ☐ F Seguro Social #: _____
Telefono del Estudiante (ode los Padres si es Menor) _____
Correo electrónico (e-mail) _____
Direccion Postal _____
CALLE CIUDAD ESTADO CODIGO POSTAL

INFORMACION DEL ACCIDENTE:

Circunstancia: ☐ Juego ☐ Practica ☐ Otras Condiciones (Por favor explique con detalle la naturaleza de la lesión)
Tipo de Actividad: ☐ Club deportivo ☐ Intramuros ☐ Interescolar ☐ No es Atleta
Actividad o Deporte _____ Fecha de la lesión _____
Parte del cuerpo lesionada _____ Lugar del Accidente: _____
Naturaleza de la lesión Detalles de lo sucedido

INFORMACION DEL SEGURO:

El reclamante tiene seguro Medico Primario? ☐ Si ☐ No (Adjuntar una copia si es necesario) _____
Nombre de la Compañía de Seguros: _____
Direccion de la Compañía de Seguros: _____
Calle CIUDAD ESTADO CODIGO POSTAL
Numero de poliza: _____

AUTORIZACION

DECLARACIÓN JURADA: Verifico que la declaración sobre otro seguro es verdadera y completa. Entiendo que enviar información incorrecta o falsa a través del correo de EE. UU. puede ser considerado un acto fraudulento y viola las leyes federales y las leyes estatales. Acepto que si es determinado en una fecha posterior que hay otros beneficios de seguro que se pueden cobrar en este reclamo, reembolsar A-G Administrators en la medida en que A-G no hubieran sido responsables.

Authorization PARA DIVULGAR INFORMACION: Autorizo a cualquier proveedor de atención médica, médico, profesional médico, Establecimiento, compañía de seguros, persona u organización para divulgar cualquier información médica, dental, mental, alcohol o historial de abuso de drogas, tratamiento o beneficios pagaderos, incluida información sobre discapacidad o empleo relacionada con el paciente, a los administradores de A-G y sus designados. También autorizo a los A-G Administrators a divulgar cualquier información médica y facturación a cualquier miembro de la familia o profesional médico si es necesario para facilitar los pagos.

AUTORIZACIONN DE PAGO: Autorizo el pago de los beneficios médicos actuales y futuros, para los servicios prestados y facturados como resultado de este reclamo, a nombre de los médicos y proveedores indicados en las facturas.

APROVACION DE ESTUDIANTE /PADRE : Yo certifico que se ha dado la aprobación por parte del estudiante , padre o representante legal (si es menor) para presentar esta reclamo.

FIRMA DEL REPRESENTANTE AUTORIZADO DE LA ESCUELA	FECHA
FIRMA DEL PADRE O TUTOR	FECHA

ADVERTENCIA PARA LOS RESIDENTES DE CALIFORNIA: La ley the Privacidad del consumidor de California(CCPA) es una ley de privacidad interal que entró en vigencia el 1 de Enero de 2020. La CCPA brinda derechos mejorados a los residentes de California, incluyendo el derecho al acceso de información, el derecho a la eliminación de información (en ciertas circunstancias) y el derecho a optar por no participar en la venta de información. Por favor dirija cualquier consulta relacionada con la CCPA a sus representante de reclamos de su administrador externo.

ADVERTENCIA DE FRAUDE: Cualquier persona que, conscientemente y con la intención de defraudar, o ayude a cometer un fraude contra, cualquier compañía de seguros u otra persona: (1) presente una solicitud de seguro o declaración de reclamo que contenga información materialmente falsa; o (2) oculta con el propósito de inducir datos falsos, o omitir información relativa a cualquier hecho material de la misma, comete o puede estar cometiendo un acto de seguro fraudulento, que es un delito y somete a dicha persona a sanciones penales y/o civiles.

ADVERTENCIA A LOS RESIDENTES DE:

Oklahoma: Cualquier reclamación que es presentada conscientemente y con la intención de herir, defraudar o engañar a una compañía de seguros que contiene información falsa, incompleta o engañosa puede ser culpable de un delito grave.

Oregon: Cualquier reclamación que es presentada conscientemente que contiene cualquier información materialmente falsa u oculta, con el propósito de engañar, e intención de defraudar a cualquier compañía de seguros

u otra persona la información comete un acto de seguro fraudulento, que es un delito, puede ser sujeto a enjuiciamiento.

Puerto Rico: Cualquier reclamación que es presentada conscientemente y con la intención de herir, defraudar o engañar una compañía de seguros que contiene información falsa, incompleta o engañosa ayuda a la causa de presentación de una reclamación fraudulenta y presenta más de una reclamación por el mismo daño o pérdida, incurrirá en un delito grave y, en caso de condena, será sancionado por cada violación con la pena de una multa de no menos de cinco mil (5.000) dólares y no más de diez mil (10.000) dólares, o una pena de prisión fija por tres (3) años , o ambas sanciones. Si existen circunstancias agravantes, la sanción así establecida podrá incrementarse hasta un máximo de cinco (5) años; si existen circunstancias atenuantes, puede reducirse a un mínimo de dos (2) años.

ADVERTENCIA:

Colorado: Es ilegal conscientemente proporcionar o declarar hechos y/o información falsa, incompleta o engañosa a una compañía de seguros con el propósito de defraudar o intentar defraudar a la compañía. Las sanciones pueden incluir prisión, multas, denegación de seguro y daños civiles. Cualquier compañía de seguros o agente de una compañía de seguros que con intención proporcione datos o información engañosa a un asegurado o reclamante con el propósito de defraudar o intentar defraudar a la el asegurado o reclamante con respecto a un acuerdo o premio por los ingresos del seguro será reportado a la División de Seguros de Colorado dentro del Departamento de Agencias Reguladoras.

District of Columbia: Es un delito proporcionar información falsa o engañosa a una aseguradora con el propósito de defraudar a la aseguradora o a cualquier otra persona. Las sanciones incluyen penas de prisión y/o multas. Además, una aseguradora puede denegar los beneficios del seguro si el solicitante proporcionó información falsa relacionada materialmente con una reclamación.

Hawaii: Presentar una reclamación fraudulenta para el pago de una pérdida o beneficio es un delito castigado con multas o prisión, o ambos.

Maine, Tennessee, Virginia and Washington: Es un delito conscientemente proporcionar a s información falsa, incompleta o engañosa a una compañía de seguros con el propósito de defraudar a la compañía. Las sanciones pueden incluir prisión, multas o una denegación de beneficios de seguro.

Minnesota: Una persona que presenta una reclamación con la intención de defraudar o ayuda a cometer un fraude contra una aseguradora es culpable de un delito.

NUEVO Hampshire: Cualquier persona que, con el propósito de herir, defraudar o engañar a cualquier compañía de seguros, presente una declaración de reclamo que contenga cualquier información falsa, incompleta o engañosa está sujeta a enjuiciamiento y castigo por fraude de seguro según lo dispuesto en RSA 638.20.

seguro, según lo dispuesto en RSA 638.20.

Alabama: Cualquier reclamación que es presentada conscientemente que contiene información falsa o fraudulenta por el pago de una pérdida o beneficio es culpable de un delito y puede estar sujeto a multas de restitución, encarcelamiento, o cualquier combinación de los dos.

Alaska: Cualquier reclamación que es presentada conscientemente y con la intención de herir, defraudar o engañar a una compañía de seguros que contiene información falsa, incompleta o engañosa puede ser procesada bajo la ley estatal.

Arizona, Arkansas and Rhode Island: Presentar una reclamación falsa o fraudulenta para el pago de una pérdida o beneficio está sujeto a sanciones penales y civiles, y específicas de AR y RI: si conscientemente se presenta información falsa en una solicitud de seguro será culpable de un delito y puede estar sujeto a multas y encarcelamiento.

California: Para su protección, la ley de California requiere que este mensaje aparezca en este formulario: Cualquier persona que conscientemente presente un reclamo falso o fraudulento por el pago de una pérdida es culpable de un delito y puede estar sujeto a multas y encarcelamiento en prisión estatal.

Delaware: aCualquier reclamación que es presentada conscientemente y con la intención de herir, defraudar o engañar a una compañía de seguros que contiene información falsa, incompleta o engañosa puede ser es culpable de un delito grave.

Florida: Cualquier reclamación que es presentada conscientemente y con la intención de herir, defraudar o engañar a una compañía de seguros que contiene información falsa, incompleta o engañosa puede ser culpable de un delito grave del tercer grado.

Idaho and Indiana: Cualquier reclamación que es presentada conscientemente y con la intención de herir, defraudar o engañar a una compañía de seguros que contiene información falsa, incompleta o engañosa (para Idaho) es culpable y (para Indiana) comete un delito.

Kentucky: Cualquier reclamación que es presentada conscientemente que contiene cualquier información materialmente falsa u oculta, con el propósito de engañar, e intención de defraudar a cualquier compañía de seguros u otra persona la información comete un acto de seguro fraudulento, que es un delito.

New York: Cualquier reclamación que es presentada conscientemente que contiene cualquier información materialmente falsa u oculta, con el proposito de engañar, e intención de defraudar a cualquier compañía de seguros u otra persona comete un acto de seguro fraudulento, que es un delito, y también estará sujeto a una sanción civil que no exceda de cinco mil dolares y el valor declarado de la reclamación por cada una de esas violaciones.

Pennsylvania: Cualquier reclamación que es presentada conscientemente y contiene información materialmente falsa u oculta, con el propósito de engañar, e intención de defraudar a cualquier compañía de seguros u otra persona comete un acto de seguro fraudulento, que es un delito y somete a dicha persona presentando esta reclamación a sanciones penales y civiles.

Louisiana: Cualquier persona que conscientemente presente un reclamo falso o fraudulento por el pago de una pérdida es culpable de un delito y puede estar sujeto a multas y encarcelamiento en prisión.

New Mexico: Cualquier persona que conscientemente presente un reclamo falso o fraudulento por el pago de una pérdida culpable de un delito y puede estar sujeto a multas civiles y sanciones penales.

Texas: Cualquier persona que conscientemente y deliberadamente presente un reclamo falso o fraudulento por el pago de una pérdida que contiene información engañosa en una solicitud de seguro es culpable de un delito y puede estar sujeto a multas y encarcelamiento en prisión estatal.

West Virginia: Cualquier persona que conscientemente presente un reclamo falso o fraudulento por el pago de una Ph: pérdida que contiene información engañosa en una solicitud de seguro es culpable de un delito y puede estar sujeto a multas y encarcelamiento en prisión.

Maryland: Cualquier persona que conscientemente y deliberadamente presente un reclamo falso o fraudulento por el pago de una pérdida que contiene informacón engañosa en una solicitud de seguro es culpable de un delito y puede estar sujeto a multas y encarcelamiento en prisión.

New Jersey: Cualquier persona que conscientemente y deliberadamente presente un reclamo falso, fraudulento o con información engañosa está sujeta a sanciones penales y civiles.

Ohio: Cualquier persona que conscientemente y deliberadamente presente un reclamo falso o fraudulento por el pago de una pérdida que contiene información engañosa en una solicitud de seguro es culpable de un delito y de fraude de seguro