



- Please note that there are three pages to the brochure (not including this one)
- If you would like to apply, the last page is the actual application that you can print and complete by hand, **or you may complete on computer and print**. Make check or money order payable to Pacific Educators and mail to:
  - **Pacific Educators**  
**2808 E. Katella Ave., Suite 101**  
**Orange, CA 92867**
- If you have any questions, please do not hesitate to contact us directly (800) 722-3365 (or) [wp@peinsurance.com](mailto:wp@peinsurance.com)

# 2009-2010 STUDENT INSURANCE PLANS

## WE RECOMMEND 24-HOUR-A-DAY COVERAGE

- Accidents happen! When they happen to your child, someone must pay the bills.
- Here are affordable accident insurance plans to cover your child either 24 hours a day (24 hour plan) or while in school (at school plan).
- These plans provide cash benefits to help meet the cost of medical and hospital expense.
- If you have other insurance, these plans will help meet the deductibles and coinsurance gaps in those plans.
- If you have no other insurance, these plans will provide low cost, basic coverage.
- Any benefits payable by the Policy as a result of medical, surgical, dental, hospital or nursing service will be paid directly to the hospital or person rendering such service unless proof of payment in full is provided.

24-HR-A-DAY	AT SCHOOL	IMPORTANT PROTECTION FACTS
✓	✓	BECOMES EFFECTIVE THE DATE PREMIUM PAYMENT IS RECEIVED BY THE COMPANY OR ITS REPRESENTATIVE (but not prior to the opening day of school).
✓	✓	PROVIDES COVERAGE DURING THE HOURS THAT SCHOOL IS IN REGULAR SESSION.
✓		PROVIDES 24-HOUR-A-DAY PROTECTION.
✓	✓	PROVIDES COVERAGE DURING THE TIME NECESSARY FOR TRAVEL BETWEEN THE INSURED'S HOME AND THE BEGINNING OR END OF REGULAR SCHOOL SESSIONS.
✓	✓	PROVIDES COVERAGE WHILE PARTICIPATING IN (OR ATTENDING) ACTIVITIES ORGANIZED, SPONSORED AND SUPERVISED BY THE SCHOOL. Coverage is also provided for travel directly to and from such activities in a vehicle furnished by the school.
	✓	COVERAGE EXPIRES AT THE CLOSE OF THE REGULAR SCHOOL TERM. (Coverage will be extended while attending academic classes for credit in the summer, when classroom sessions are exclusively sponsored and solely supervised by the School; however, no coverage will be provided for travel to and from classes).
✓		COVERAGE CONTINUES WITHOUT INTERRUPTION ALL SUMMER until school re-opens for the following term.

## PROTECT YOUR CHILD FOR LIFE *Very affordable life insurance for your Child*

For now and throughout their growing years the Great Start Plan provides all the basic life insurance you need on your child...up to \$10,000. Just check (✓) the box for **life insurance** and select the amount you want for your child as you sign up for accident protection. For their future.....depending on your original policy, your young adult can increase their original \$10,000 coverage to a full \$40,000 for their young and growing family. Your child is fully insured from the day your policy is approved and issued. The only exclusion is suicide in the first 2 years (1 year in CO and ND). This policy provides term insurance until your child reaches age 26. At age 26, the policy automatically converts to a whole life policy that begins to build cash value. Ages 3 months to age 25 are eligible to apply. Simply complete and sign the application form. Policies are available for \$5,000 and \$10,000 benefit amounts. The rate for a \$5,000 policy is \$20 a year and \$40 a year for a \$10,000 policy. At age 26, the rate changes to \$18.20 every three months for a \$5,000 policy and \$36.40 every three months for a \$10,000 policy. The rate is guaranteed to remain the same for life.



**Why not take a positive step to PROTECT YOUR CHILD FOR LIFE? \$1 to start. Easy application. Easy to keep. APPLY TODAY!**

**OPTIONAL FOOTBALL COVERAGE BEGINS ON THE DATE OF PREMIUM RECEIPT BY THE COMPANY, ITS REPRESENTATIVES OR SCHOOL OFFICIALS, BUT NOT PRIOR TO THE FIRST OFFICIAL DATE OF PRACTICE; AND CONTINUES THROUGH THE DATE OF THE LAST OFFICIAL GAME OF THE CURRENT SEASON INCLUDING PLAYOFFS.**

SA-8 **To File A Claim:** Report accidents to the school official. Simplified forms will be furnished through the principal's office (during vacation time contact the administrators of the plan). COMPLETE PROOF OF LOSS AND ACCUMULATED BILLS MUST BE RECEIVED BY THE COMPANY WITHIN 90 DAYS.

## Accident Insurance

### 24-Hour-A-Day Protection

#### ***Maximum Protection for each Covered Accident Good All Year 'Round!***

Protects your child for the entire school year and extends **throughout the summer** - right up to the day school opens. Your child's coverage is good **WORLDWIDE, 24-HOURS-A-DAY**. This includes covered accidents:

- ☞ At home    ☞ At play    ☞ At school    ☞ On vacation    ☞ Scouting, camping etc.
- ☞ During travel (see Exclusions and Limitations)
- ☞ While engaged in sports, except those specifically excluded or for which optional coverage is required\*

**\*See OPTIONS for available optional sports coverage, if any.**

### At School Protection

Your child is protected while attending regular school sessions. Also covered is travel directly to and from your residence to attend regular school sessions for travel time required, but not more than one hour before or after regular classes. Travel time on the school bus is extended for any additional time needed. In addition, coverage is provided while participating in (or attending) covered activities exclusively organized, sponsored and solely supervised by the school and school employees, including travel directly to and from the activity in a vehicle furnished by the school and supervised solely by school employees. Optional coverage may be required for interscholastic sports. See OPTIONS for available optional sports coverage, if any.

# 2009-2010 STUDENT INSURANCE PLANS

## What's Covered? Up to \$50,000.00 as described under Coverage and Benefits for:

- ACCIDENTS OCCURRING WHILE COVERAGE IS IN FORCE
- LOSS RESULTING DIRECTLY AND INDEPENDENTLY OF ALL OTHER CAUSES FROM ACCIDENTAL BODILY INJURY
- COVERED MEDICAL EXPENSE WHICH BEGINS WITHIN 120 DAYS OF THE ACCIDENT AND IS INCURRED WITHIN 52 WEEKS OF THE DATE OF FIRST MEDICAL TREATMENT

Your school district does not carry medical or dental insurance for your child should he/she be injured on school premises while under school grounds jurisdiction, or through school sponsored activities. However it does make this plan available to you, for your consideration.

Esto es para avisarle que su Distrito de la Escuela no tiene aseguranza medica ni dental para su nino/nina si se lastima en el terreno de la escuela aunque haiga supervisor en las actividades. Pero se puede tener un plan para su consideracion. Este plan de aseguranza es voluntario. Usted debe saber que la ley del estado requiere cualquier estudiante que participe en deportes escolares debe tener aseguranza adecuada para medico antes de participar en deportes.

## COVERAGE & BENEFITS

BENEFITS ARE PAYABLE UP TO THE DOLLAR AMOUNTS SPECIFIED BELOW

BENEFITS EACH ACCIDENT		HIGH OPTION	LOW OPTION	BENEFITS EACH ACCIDENT		HIGH OPTION	LOW OPTION
<b>INPATIENT HOSPITAL EXPENSE</b>	ROOM AND BOARD, Per Day	Semi-private	<b>\$300.00</b>	<b>OUTPATIENT IMAGING PROCEDURES</b> Including X-rays and Interpretation	FRACTURE OR DISLOCATION	<b>\$500.00</b>	<b>\$250.00</b>
	INTENSIVE CARE, Per Day	2x Semi-private	<b>\$600.00</b>		NO FRACTURE OR DISLOCATION	<b>\$100.00</b>	<b>\$50.00</b>
	MISCELLANEOUS EXPENSE, (Includes outpatient same day surgery requiring general anesthetics)	<b>\$3,000.00</b>	<b>\$1,500.00</b>		MAGNETIC RESONANCE IMAGING (MRI) or CAT SCAN	<b>\$600.00</b>	<b>\$300.00</b>
<b>OUTPATIENT HOSPITAL EXPENSE</b>	EMERGENCY CARE (Hospital or other emergency care facility)	<b>\$150.00</b>	<b>\$75.00</b>	<b>OUTPATIENT PRESCRIPTION DRUGS</b>	<b>100%</b>	<b>\$50.00</b>	
<b>SURGERY</b> (Includes reduction of fractures, suturing or cutting operations)	DOCTOR'S FEE, Per Unit Unit Value Determined by a Relative Value Schedule	<b>\$270.00</b>	<b>\$175.00</b>	<b>DENTAL EXPENSE</b>	Treatment for injury to teeth - PER TOOTH	<b>\$300.00</b>	<b>\$150.00</b>
	ANESTHETIST, Percent of Surgical Allowance	<b>25%</b>	<b>25%</b>	<b>EYEGLASS REPLACEMENT</b>	For broken eyeglasses or lenses resulting from an accident requiring medical treatment	<b>\$150.00</b>	<b>\$100.00</b>
	ASSISTANT SURGEON, Percent of Surgical Allowance	<b>25%</b>	<b>25%</b>	<b>CASTS</b>	For non-surgical cases	<b>\$50.00</b>	<b>\$25.00</b>
<b>DOCTOR FEES Non-surgical</b>	First Visit	<b>\$60.00</b>	<b>\$30.00</b>	<b>OTHER BENEFITS</b> The largest of these benefits will be payable in addition to the benefits shown above	ACCIDENTAL DEATH caused by an injury and occurring within 100 days of the covered accident	<b>\$5,000.00</b>	<b>\$5,000.00</b>
	Subsequent Visits When treatment primarily involves physiotherapy, diathermy, heat treatment, manipulation or massage, there will be a maximum of 9 visits	<b>\$30.00</b>	<b>\$15.00</b>		DISEMBLEMENT caused by an injury and occurring within 100 days of the covered accident		
<b>ORTHOPEDIC APPLIANCES</b>	Includes Braces and Crutches	<b>\$100.00</b>	<b>\$50.00</b>	Loss of one hand, one foot or on eye	<b>\$5,000.00</b>	<b>\$5,000.00</b>	
<b>AMBULANCE EXPENSE</b>	Payment shall be made to the medical transportation provider directly	Reasonable & Customary	<b>\$250.00</b>	Both hands, feet or eyes	<b>\$10,000.00</b>	<b>\$10,000.00</b>	

**EXTENDED DENTAL BENEFIT OPTION** The DENTAL EXPENSE BENEFIT can be increased to pay reasonable & customary charges for examination, diagnoses and x-ray, restorative treatment, endodontics and oral surgery (not to include periodontics or orthodontics). A maximum of \$250.00 shall be payable for dental prostheses (bridge, full or partial denture) or replacement of previous dental repairs. If dentist certifies in writing within 52 weeks of the accident that treatment must be deferred, we will pay a maximum of \$100.00 in place of all other dental benefits.

### EXCLUSIONS

- The policy does not provide benefits for:
1. Treatment, services or supplies which: are not medically necessary; are not prescribed by a doctor as necessary to treat an injury; are determined to be experimental/investigational in nature; are received without charge or legal obligation to pay; are received from persons employed or retained by the Policyholder or any family member; or are not specifically listed as covered charges in the Policy.
  2. Injury by acts of war, whether declared or not.
  3. Injury covered by Worker's Compensation or the Occupational Disease Law.
  4. Expense in excess of \$500 for re-injury or complications of an injury which occurred prior to the Policy's effective date.
  5. Hernia, any type, regardless of cause.
  6. Injury sustained fighting or brawling, except as an innocent victim.
  7. Treatment of sickness or disease in any form, blisters, insect bites, frostbite, heat exhaustion or sunstroke.
  8. Treatment of vegetation or ptomaine poisoning or bacterial infections, except pyogenic infections due to accidental open cuts.
  9. Injury sustained skiing, except when 24-Hour Coverage is purchased.
  10. Injury sustained while operating, riding in or upon, mounting or alighting from, any two- three- or four wheeled motor/engine driven recreational vehicle or all terrain vehicle (ATV).
  11. Injury sustained while participating in or practicing for interscholastic tackle football in grades 9 through 12, including travel, unless optional coverage has been purchased.

### LIMITATIONS

1. After the first \$500.00 in benefits are paid, this plan will not duplicate payment by any other insurance. IT WILL PAY ANY BALANCES EXISTING AFTER SUCH INSURANCE UP TO THE BENEFIT OTHERWISE PAYABLE.
2. Accidents resulting from surfing or involving a motor vehicle are limited to an aggregate maximum of \$5,000.00. This does not apply to motor vehicles which are excluded from coverage.

**This is an illustration of your child's benefits. Please keep for your records. This is not a contract. The master policy is on file with your school.**

For Claims Call: (800) 622-1993

Administered by: PACIFIC EDUCATORS, INC., 2808 E. Katella Ave., Suite 101, Orange, CA 92867-5299 (714) 639-0962 or (800) 722-3365 Pacific Educators' California License No. - 0429928

# 2009-10 SCHOOL YEAR APPLICATION

0195

**ONE TIME ANNUAL PAYMENT FOR ACCIDENT PLANS**  
**NO REFUNDS ARE AVAILABLE FOR ACCIDENT PLANS**

## Student Insurance Application to: Guarantee Trust Life Insurance Company, Glenview, Illinois

PLEASE PRINT CLEARLY

OPTIONS	HIGH OPTION	LOW OPTION
<b>24-HOUR-A-DAY PLAN</b> \$50,000 Maximum per injury Grades Pre-K thru 8 Grades 9 thru 12	<input type="checkbox"/> \$150.00 <input type="checkbox"/> \$179.00	<input type="checkbox"/> \$70.00 <input type="checkbox"/> \$86.00
<b>AT SCHOOL PLAN</b> \$50,000 Maximum per injury - High Option \$25,000 Maximum per injury - Low Option Grades Pre-K thru 8 Grades 9 thru 12	<input type="checkbox"/> \$23.00 <input type="checkbox"/> \$50.00	<input type="checkbox"/> \$10.00 <input type="checkbox"/> \$22.00
<b>OPTIONAL FOOTBALL COVERAGE</b> (2009 Season Only) Payable in addition to At School and 24 -Hour injury Grade 9 Grades 10 thru 12	<input type="checkbox"/> \$75.00 <input type="checkbox"/> \$165.00	<input type="checkbox"/> \$34.00 <input type="checkbox"/> \$78.00

School \_\_\_\_\_ District \_\_\_\_\_ Grade \_\_\_\_\_

Person to be insured \_\_\_\_\_  
First Name M Last Name Social Security #

Address \_\_\_\_\_  
No. and Street City State Zip Code

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female Phone No. ( ) \_\_\_\_\_  
Month Day Year

**\*COMPLETE THIS SECTION IF A MODIFIED PREMIUM TERM LIFE POLICY 2171-92 WITH 3 MONTHS PRELIMINARY TERM IS DESIRED.**

Mail Policy and Premium Notice to: \_\_\_\_\_  
First Name Middle Initial Last Name

Has the person to be insured, within the last 5 years, had or received medical treatment or advice for:  
 high blood pressure, heart trouble, cancer or tumor, kidney trouble, diabetes, epilepsy, birth defects,  
 drug or alcohol abuse or a sexually transmitted disease?.....  No   
 Within the past 5 years, has the person to be insured been diagnosed by a medical doctor as having Acquired  
 Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), or for the purpose of obtaining  
 insurance, tested positive for the presence of the Human Immunodeficiency Virus (HIV)?.....  No   
 Is this insurance meant to replace any existing insurance or annuities with any company?.....  No   
 If answer is yes, list company name and address. \_\_\_\_\_

To the best of my knowledge and belief, the above answers are true and correct. I understand that I am the  
 Policy's Owner and Beneficiary, unless another Beneficiary is named. I also understand the insurance is not  
 effective until October 15, 2009, or the date the application is received by the company or its representatives, if  
 later. Any life insurance premium will be refunded if the policy is not issued.

**Relationship to Insured:**  
 Self  Grandparent  
 Guardian  Parent

Date \_\_\_\_\_ Signature \_\_\_\_\_  
 APP4-96-CA

**EXTENDED DENTAL OPTION**  \$6.00

**GREAT START\* Life Insurance Protection**  
 \$1.00 For first 3-months full coverage.  
 (May be selected with or without other plans)  
**Pick an Amount**  
 \$ 5,000.00  \$10,000.00

**TOTAL \$** \_\_\_\_\_ (Please do not send cash)

MAKE CHECK PAYABLE TO:

**PACIFIC EDUCATORS, INC.**

GP-1200 (CA-1)

L-06-30

## PLEASE REMEMBER TO:



COMPLETE THE APPLICATION FORM AND CHECK THE PLAN AND OPTIONS YOU WANT.



MAKE YOUR CHECK OR MONEY ORDER (PLEASE DO **NOT** SEND CASH) FOR THE TOTAL ENCLOSED PAYABLE AS INDICATED.

MAIL THE APPLICATION WITH YOUR CHECK OR MONEY ORDER TO:



**Pacific Educators, Inc.**  
**2808 E. Katella Ave., Suite 101**  
**Orange, CA 92867-5299**



PLEASE NOTE: YOUR CANCELED CHECK IS YOUR RECEIPT. IF CANCELED CHECK IS NOT RECEIVED WITHIN 60 DAYS, PLEASE CONTACT YOUR PLAN ADMINISTRATOR.