

KEVIN L. MCKINSTRY, CLU

DECADES OF INSURANCE SERVICE

40 N. MARKET ST. — P.O. BOX 5
E. PALESTINE, OH 44413
TEL.: (330) 426-2290

June 19, 2018

Nancy McPeak, Treasurer
Newbury Local Schools
14775 Auburn Rd.
Newbury, OH 44065

Ms. McPeak:

Enclosed is the School Accident Insurance information for 2018-2019.

This coverage will again be offered by Nationwide through K&K Insurance. Nationwide offers two plans from which parents can choose. The rates are listed below for the School-time, 24 Hour and High School Football plans.

Nationwide prefers to enroll applicants through the K&K website, but they will make paper applications available if requested. K&K's website is www.kandkinsurance.com. Nationwide does not offer a telephone enrollment option.

The 2018-2019 rates for Nationwide's plans are as follows:

	Low Option	High Option
School-time	\$ 29.00	\$ 37.00
24 Hour	\$ 105.00	\$ 154.00
Football	\$ 171.00	\$ 284.00

If your District would like to offer the Nationwide plans, please complete and sign the enclosed application. Please return the form to my office and I will forward it to the company. Please contact me at the above phone number if you have any questions. I will send information on the website as well as other administrative information at a later date.

Yours truly,

Kevin L. McKinstry, CLU

Encl.



Nationwide Life Insurance Company

Home Office: Columbus, Ohio

Blanket Accident Insurance Policyholder Application

(Print or type only)

1. Policyholder Information

Policyholder Name NEWBURY LOCAL SCHOOLS		Policy Number JXS0000028826000	
Location Address 14775 AUBURN RD. NEWBURY, OH 44065			
Mailing Address (if different from above)		City	State Zip County
Phone (440) 564-5501	Administrative Contact ANTHONY FORFIA		
Fax (440) 564-9460	Title ATHLETIC DIRECTOR		
Effective Date (MM/DD/YYYY) 08/01/18	Football 07/30/18	Email Address ANTHONY.FORFIA@NEWBURYLOCALSCHOOLS.ORG	

2. Premium Payment

It is understood and agreed that premiums are due and payable as agreed upon by the Policyholder and the Company.

3. General Conditions

In applying for the Benefits set forth herein, the undersigned understands and agrees that:

- All necessary administrative information concerning all Insured Persons shall be subject to the provisions of the Policy and shall be maintained by the [Policyholder, Participating Organization].
- This Application is subject to the approval of Nationwide Life Insurance Company at its Home Office and that nothing contained herein shall be binding upon said Company until this Application has been so approved.
- All benefits will be in accordance with the benefits proposed and agreed upon between Nationwide Life Insurance Company and the Policyholder as set forth in the Policy, subject to the Policyholder's approval.

State Fraud Notices

(California) For your protection California law requires the following to appear on this form. Any person who knowingly 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.

(District of Columbia) Any person who 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.

(Florida) Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

(Kentucky) Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

(Louisiana) 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.

(Maine) Any person who knowingly 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/or civil penalties.

(Maryland) Any person who knowingly and 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.

(Missouri) An insurance company or its agent or representative may not ask an applicant or policyholder to divulge in a written application or otherwise whether an insurer has canceled or refused to renew or issue to the applicant or policyholder a policy of insurance. If a question(s) appears in this application, you should not renew it.

(NAIC) Any person who 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 Hampshire) The policy provides limited benefits. Review your policy carefully.

(New Jersey) Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

(New Mexico) Any person who knowingly 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/or civil penalties.

(Oklahoma) Any person who knowingly, 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.

(Pennsylvania) Any person who knowingly 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.

(Puerto Rico) Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a maximum of two (2) years.


(Tennessee) It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

(Washington) Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

(All Other States) Any person who knowingly 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/or civil penalties.

(New York) Any person who knowingly 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.

Please Sign & Date

By signing below, you agree that you have read all of the General Conditions provided with this application.	
Agent's Signature <i>Kevin L. McKinstry, CKU</i>	Signature of Applicant 
Agent's Printed Name and Number K&K INSURANCE GROUP INC 13-0090572	Printed Name of Applicant and Title <i>Michelle Mirakovich Superintendent</i>
Agent's Phone Number <i>(330) 426-2290</i>	Applicant's Phone Number <i>442-564-5501</i>
Agent's E-mail Address <i>mckinkn@peopleps.com</i>	Applicant's E-mail Address <i>Michelle.Mirakovich@NewburgSchools.org</i>

2018-2019 Student Accident Coverage

Serviced by: K&K Insurance Group, Inc. Phone: 855-742-3135

**Remember to visit our website for faster enrollment: www.studentinsurance-kk.com
Online Enrollment—Secured Accident Coverage can be purchased any time throughout the year.**

ACCIDENT ONLY COVERAGE: The Policy provides benefits for loss due to a covered Injury up to the Maximum Benefit of \$25,000 for each Injury. Provided that treatment by a qualified, licensed Physician begins within 60 days from the date of Injury, benefits will be paid for Covered Medical Expenses incurred within 52 weeks from the date of Injury up to the Maximum Benefit per service as shown below.

SCHEDULE OF BENEFITS: Maximum Benefits Paid As Specified Below. Medically Necessary and Reasonable Charges are based on the 75th percentile.

Compare and Choose	Low Option Accident Only	High Option Accident Only
Maximum Benefit:	\$25,000 (For Each Injury)	\$25,000 (For Each Injury)
Deductible:	\$0	\$0
Inpatient		
Room & Board:	Up to \$150 per day/ Semi-private room rate	80% of Reasonable Charges/ Semi-private room rate
Hospital Miscellaneous:	\$600 maximum per day	\$1,200 maximum per day
Registered Nurse:	75% of Reasonable Charges	100% of Reasonable Charges
Physician's Visits: <i>(Benefits are limited to one visit per day and do not apply when related to surgery)</i>	\$40 first day/\$25 each subsequent day	\$60 first day/\$40 each subsequent day
Outpatient		
Day Surgery Miscellaneous:	\$1,000 maximum	\$1,200 maximum
Physician's Visits: <i>Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)</i>	\$40 first day/ \$25 each subsequent day	\$60 first day/ \$40 each subsequent day
Outpatient Physical Therapy: <i>(Benefits are limited to one visit per day)</i>	\$30 first day/\$20 each subsequent day/ 5 days maximum	\$60 first day/\$40 each subsequent day/ 5 days maximum
Emergency Room Services: <i>(Treatment must be rendered within 72 hours from the time of the injury)</i>	\$150 maximum	\$300 maximum
X-Rays:	\$200 maximum	\$600 maximum
Diagnostic Imaging Services:	\$300 maximum	\$600 maximum
Laboratory:	\$50 maximum	\$300 maximum
Prescription Drugs:	\$75 maximum	\$200 maximum
Injections:	No Benefits	No Benefits
Orthopedic Braces & Appliances:	\$75 maximum	\$140 maximum
Inpatient and/or Outpatient		
Surgery Fees: <i>(Limited to primary procedure per injury)</i>	\$1,000 maximum	\$1,200 maximum
Anesthetist:	20% of Surgery Allowance	25% of Surgery Allowance
Assistant Surgeon:	20% of Surgery Allowance	25% of Surgery Allowance
Ambulance:	\$300 maximum	\$800 maximum
Consultant:	\$200 maximum	\$400 maximum
Dental Treatment due to Injury to Teeth: <i>(For Injury to sound, natural teeth only)</i>	\$10,000 maximum per policy term	\$10,000 maximum per policy term
Replacement of Eye Glasses, Contact Lenses or Hearing Aids that are broken as a result of a Covered Injury:	100% of Reasonable Charges	100% of Reasonable Charges
Durable Medical Equipment:	No Benefits	No Benefits
Maternity:	No Benefits	No Benefits
Complication of Pregnancy:	No Benefits	No Benefits

Expenses for the following are not covered: Prosthetic Devices, Mental and Nervous Disorders, Home Health Care, Injections.

This policy contains an excess provision. Benefits will not be paid under the Basic Accident Medical Expense for Covered Expenses to the extent that they are collectible under another Health Care Plan.

Details of these benefits may be found in the Master Policy on file at the School District. NOTE: This is a brief summary of the benefits and not a contract. A Master Policy has been provided to your school district that contains all of the provisions, limitations and exclusions and qualifications of the insurance benefits. The Master policy is the contract and will govern and control the payment of benefits.

Choose Your Coverage Plan: *One-Time Payment For Accident Coverage*

PLEASE NOTE - FOR COVERAGE PLANS LISTED BELOW

Coverage Effective Date: A person's coverage takes effect at the later of the date his or her completed application and premium is received by the company or the effective date of the policy issued to his or her school or school district.

Coverage Termination Date: Coverage ends on the earlier of the date his or her coverage has been in force for twelve months or the first day of the next school year. All coverage ceases if the policyholder cancels the policy or when the person ceases to be eligible. Termination of coverage for any reason will not affect a claim which occurs before coverage ends.

	Low Option	High Option
24-Hour Accident (Students & Employees) Around-the-clock/anywhere in the world. Before, during and after school. Weekends, vacation and all summer including summer school. School sponsored and extracurricular sports excluding High School Football.	\$105.00	\$154.00
24-Hour Accident (Summer Only Coverage, Students Only) Summer begins on the first day after the school year ends. Summer ends the first day of the next school year.	\$36.00	\$48.00
At-School Accident (Students & Employees) During the regular school term, on school premises while school is in session. Direct and uninterrupted travel to and from home and scheduled classes. School Sponsored and supervised activities and sports excluding High School Football. Travel to and from school sponsored and supervised activities and sports while in a school furnished or approved vehicle.	\$29.00	\$37.00
High School Football (Full Year) Play or practice of regularly scheduled football. Consult your Athletic Department for enrollment instructions.	\$171.00	\$284.00
High School Football (Spring Only Rates) For new players who participate in spring training and not already insured under Football Coverage. Sports seasons are defined by your state high school athletic association.	\$74.00	\$120.00
High School Football and At-School Accident (Covers all athletics)	\$200.00	\$321.00
High School Football and 24-Hour Accident (Covers all athletics)	\$276.00	\$438.00

Facts about the Policy

- WHO IS ELIGIBLE:** students of the policyholder who make the required premium contribution for the coverage selected are eligible. Student status continues after graduation and between school years unless the person enrolls at a different school district.
- The Master Policy on file with the school district is a non-renewable policy.
- This is a limited benefit policy.
- COVERAGE EFFECTIVE DATE:** A person's coverage takes effect at the later of the date his or her completed application and premium is received by the company or the effective date of the policy issued to his or her school or school district.
- COVERAGE TERMINATION DATE:** Coverage ends on the earlier of the date his or her coverage has been in force for twelve months or the first day of the next school year.
All coverage ceases if the policyholder cancels the policy or when person ceases to be eligible.
Termination of coverage for any reason will not affect a claim which occurs before coverage ends.
- LATE ENROLLMENT:** Coverage may be purchased at any time during the school year. There is no premium reduction for any individual who enrolls late in the year
- CANCELLATION:** Coverage under the Policy will not be cancelled, and accordingly, premiums may not be refunded after acceptance by the Company. However, a pro-rata refund of premium shall be made in the event a Covered Person enters the Military Service.
- STUDENT TRANSFER:** The policy continues to be in force anywhere in the world if the Covered Person should relocate prior to the expiration of coverage.

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Enroll online at:

www.StudentInsurance-kk.com

or by mail using attached enrollment form.

- Complete and detach the enrollment form.
- Make check or money order payable to Nationwide Life Insurance Company. Do not send cash. The Company is not responsible for cash payments.
- Write your child's name on your check or money order.
- Mail completed enrollment form with payment back to:
**K&K Insurance Group,
P.O. Box 2338
Fort Wayne, IN 46801-2338**
- Your cancelled check, credit card billing, or money order stub will be your receipt and confirmation of payment.
- Keep this brochure for future reference. Individual policies will not be sent to you.

Privacy Policy

We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information.

Administered by:

K&K Insurance Group, P.O. Box 2338,
Fort Wayne, IN 46801-2338

 Cut out card and retain for your records

STUDENT INSURANCE CARD

Student's Name _____
If premium has been paid, the student whose name appears above has been insured under a Policy issued to:

School District: _____
Accident Only Coverage: 24-HOUR 24-HOUR (Summer Only Coverage)
 AT-SCHOOL FOOTBALL FOOTBALL (Spring Only)

Paid by Check # _____ Amount Paid: _____ Date Paid: _____
Policy # _____

Underwritten by: Nationwide Life Insurance Company
Claims Questions: K&K Insurance Group, Inc.
1712 Magnavox Way • Fort Wayne, IN 46801 • 800-237-2917

Policy Exclusions and Limitations for Accident Only Coverages

The following exclusions apply to any and all Benefits and any applicable Riders, unless otherwise specifically referenced. *We will not pay Benefits for:*

1. An Injury or Loss that is:
 - a. caused by war or any act of war, declared or undeclared, whether civil or international, or any substantial armed conflict between organized forces of military nature (which does not include acts of terrorism);
 - b. caused while the Insured is serving full-time active duty (more than 31 days) in any Armed Forces;
 - c. caused by participating in a riot or violent disorder;
 - d. the result of an Insured's taking part in committing or attempting to commit a felony, or engaging in any unlawful act or illegal occupation, or committing or provoking an unlawful act;
 - e. the result of the Insured being under the influence of any drug, narcotic, intoxicant or chemical (unless prescribed by a Physician and taken according to the Physician's instructions) as defined by the law of the jurisdiction in which the Accidental Injury occurred. Conviction is not necessary for determination of being "under the influence."; or
 - f. intentionally self-inflicted, including suicide or attempt thereof, while sane or insane.
2. An Injury or Loss that is the result of travel or flight (including getting in or out, on or off) in any aircraft except solely as a fare-paying passenger in a commercial aircraft, or as a passenger in a Policyholder chartered aircraft, provided such aircraft has a valid and current airworthiness certificate and is operated by a duly licensed or certified pilot, and while such aircraft is being used for the sole purpose of transportation and such travel is listed as a Covered Activity in the Schedule of Benefits.
3. Any Accident where the Insured is the operator and does not possess a current and valid motor vehicle operator's license (except in a Driver's Education Program).
4. An Accident that occurs while:
 - a. participating in any hazardous activities, including the sports of snowmobile, ATV (all terrain or similar type wheeled vehicle), personal watercraft, sky diving, scuba diving, skin diving, hang gliding, cave exploration, bungee jumping, parachute jumping or mountain climbing;
 - b. riding, driving, or testing a motorized vehicle used in a race or speed contest, sport, exhibition work or test driving. Motorized Vehicle for purposes of this provision means any self-propelled vehicle or conveyance, including but not limited to automobiles, trucks, motorcycles, ATV's, snow mobiles, tractors, golf carts, motorized scooters, lawn mowers, heavy equipment used for excavating, boats, and personal watercraft. Motorized Vehicle does not include a Medically Necessary motorized wheelchair, unless such activity is specifically listed as a Covered Activity in the Schedule of Benefits.
5. Medical or surgical treatment, diagnostic or preventative care of any Sickness, except for treatment of pyogenic infection that results from an Accidental Injury or a bacterial infection that results from the Accidental ingestion of contaminated substances.
6. Any Heart or Circulatory Malfunction, whether or not known or diagnosed, except as may be otherwise covered under the Policy or unless the immediate cause of such malfunction is external trauma.

Additional exclusions for the Accident Medical Expense Benefit and any applicable Riders: *We will not pay Benefits for:*

1. Expenses Incurred for services or treatment rendered by a Physician, Nurse or any other Provider who is:
 - a. employed or retained by the Policyholder, or its subsidiaries or affiliates;
 - b. the Insured, or the Insured's Family Member.
2. Expenses Incurred for charges which the Insured would not have to pay if he/she did not have insurance or for which no charge is made.
3. Expenses Incurred for charges which are in excess of Reasonable Charges.
4. That part of medical expenses payable by any automobile insurance Policy without regard to fault.
5. Expenses Incurred for any treatment that is considered to be experimental by the American Medical Association (AMA) or the American Dental Association (ADA).
6. Expenses Incurred for the examination, prescription, purchase, or fitting of eyeglasses, contact lenses, or hearing aids, unless Injury has caused impairment of sight or hearing or unless repair or replacement of existing eye glasses, contact lenses or hearing aids is necessary as a result of a covered Injury.
7. Expenses Incurred for new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except as a result of Injury up to the Dental Maximum shown in the Schedule of Benefits, if applicable.
8. Expenses Incurred for personal comfort or convenience items including, but not limited to, Hospital telephone charges, television rentals, or guest meals.
9. Expenses Incurred for or in connection with Custodial Care, unless otherwise specified in the Schedule of Benefits.
10. Expenses Incurred for supervision of an anesthetist.
11. Expenses Incurred for Durable Medical Equipment rental in excess of the purchase price.
12. Expenses Incurred for subsequent repairs and replacement of prosthetic devices.
13. Expenses Incurred for any condition covered by any Workers' Compensation Act, Occupational Disease law or similar law.

Accident Only Definitions:

Injury A bodily injury which is:

1. directly and independently caused by specific Accidental contact with another body or object;
2. a source of loss that is sustained while the Insured Person is covered under this Policy and while he or she is taking part in a Covered Activity.

For all Benefits, Injury includes Heart and Circulatory Malfunction, subject to the following conditions:

1. Malfunction must occur before age 65 while the Insured is taking part in a Covered Activity; and

2. The symptom(s) of such malfunction(s) is (are) first medically treated while the Policy is in force with respect to the Insured and within 48 hours of having taken part in a Covered Activity; and
3. Such Insured has not, within one year prior to the date of participation in the Covered Activity, been medically diagnosed with, or received any medication for, any myocardial infarction, angina pectoris, coronary thrombosis, hypertension, heart attack, or a cerebral vascular incident.

For the Accident Medical Expense Benefit, Injury also includes repetitive motion injuries resulting from participation in a Covered Activity. Repetitive motion injuries are injuries such as, but not limited to, strains, sprains, hernias, tennis elbow, tendonitis, bursitis, and muscle tears. The repetitive motion injury must be diagnosed by a Physician and occur within 30 days of participation in a Covered Activity.

All Injuries sustained in one Accident, including all related conditions and recurrent symptoms of these Injuries will be considered as one Injury.

Accidental Death & Specific Loss Benefits:

The Aggregate Limit is \$500,000 and is the maximum amount payable for claims incurred for all Insureds under the Policy which are caused by any one incident that occurs when the Policy is in force. If this limit is not sufficient to pay the total of all such Claims, then the Benefit payable to any one Insured will be determined in proportion to our total aggregate limit of liability. This Aggregate Limit of Liability applies only to Accidental Death and Specific Loss Benefits.

Life	\$10,000
Both arms or both legs	\$10,000
Both hands and both feet	\$10,000
One arm and one leg	\$10,000
One hand and one foot	\$10,000
Either both hands or both feet	\$10,000
Speech and hearing in both ears	\$10,000
The sight of both eyes	\$10,000
The sight of one eye and either one hand or one foot	\$10,000
Either one arm or one leg	\$7,500
Either one hand or one foot	\$5,000
Speech or hearing in both ears	\$5,000
Sight of one eye	\$5,000
Hearing in one ear	\$2,500
Both the thumb and index finger of one hand	\$2,500

McKINSTRY AND ASSOCIATES
 KEVIN L. McKINSTRY, CLU
 P.O. BOX 5
 EAST PALESTINE OH 44418
 PH (330) 428 2290