School is not a spectator sport. From hopping and skipping to an active campus life, our commitment to protecting kids starts as early as kindergarten.

That’s why we’re here!

POLICY EXCLUSIONS AND LIMITATIONS FOR ACCIDENT PLAN
Benefits will not be paid for: a) loss or expense caused by, contributed to, or resulting from: or b) treatment, services or supplies for, at, or related to:
1. Disease or illness.
2. Participation in the practice or play of tackle football.
3. Self-inflicted injury or injuries.
4. Orthodontics (braces or retainers) for any reason or damage to or loss of orthodontics or retainers.
5. Artificial aids such as eyeglasses, contact lenses, hearing aids, or refraction examinations or prescriptions for the same.
6. Services or treatment rendered by a Physician, nurse or any other person who is: (a) employed or retained by the Beneficiary, or (b) a member of the Beneficiary’s immediate family.
7. Injury sustained where the Beneficiary is the operator of any motorized vehicle.
8. Injury sustained in the course of work while job shadowing or working for wages or profit.
9. Injury from any poison, gas or fumes voluntarily taken, administered, absorbed or inhaled; or while being intoxicated, or from the use of any controlled substance or drug unless that drug is prescribed by a physician.
10. Injury due to war, act of war, taking part in a riot or from fighting (except in self-defense).
11. Injury sustained from any act or forbearance to act by the student while he or she is committing or attempting to commit a felony.
12. Injury sustained while (or participating in) animal riding, ballooning, club bicycle riding, bobsledding, boxing, bungee jumping, flight in an ultra-light aircraft, glider flying, hang gliding, martial arts, parachuting, parasailing, riding in a rodeo, roller blading, sail planing, skate boarding, scuba diving, shooting firearms, skydiving or surfing of any kind.
13. Injury where the student is attending, as a spectator, a non-required, after-regular-school-hours, school sponsored activity including but not limited to back to school nights, dances, open houses and sports activities.

EXCESS PROVISION
Even if you have other insurance, the Plan may cover unpaid balances, deductibles and pay those eligible medical expenses not covered by other insurance. Benefits will be paid on the unpaid balances after your other insurance has paid. No benefits are payable as primary for any expense incurred for Injury which has been paid or is payable by other valid and collectible insurance. Covered Medical Expenses exclude amounts not covered by the primary carrier due to penalties imposed as a result of the Covered Person’s failure to comply with policy provisions or requirements.

UNDERWRITTEN BY SISC II
SISC Supplemental Student Accident Coverage
P.O. Box 1847
Bakersfield, CA 93303-1847
Questions? Call (661) 636-4495.
SISC Supplemental Student Accident Coverage

SISC provides a Self-Insured Basic Plan that provides up to $2,500 for accidental injury, at no cost to you, while attending school and participating in school sponsored activities and athletics. High school tackle football is excluded. The coverage outlined in this brochure will pay in excess of the $2,500 paid under the basic plan provided by SISC.

ONE TIME PAYMENT: $50.00

DIRECT PAYMENTS AND CLAIMS:
- Keep this brochure for future reference. Individual policies and ID cards will not be sent to you.
- Mail Application and payment to: SISC Student Accident Coverage P.O. Box 1847 Bakersfield, CA 93303-1847
- (661) 636-4495
- Direct and uninterrupted travel to and from home and scheduled classes in a school furnished vehicle
- School sponsored and supervised sports excluding high school tackle football
- Coverage to and from school sponsored and supervised sports while in a school furnished vehicle
- Coverage is effective from the date the application and premium are received by SISC until June 30
- Coverage can be purchased any time throughout the year
- Checks and money orders accepted (DO NOT SEND CASH)
- Checks and money orders accepted (DO NOT SEND CASH)
- Keep this brochure for future reference. Individual policies and ID cards will not be sent to you.
- Mail Application and payment to: SISC Student Accident Coverage P.O. Box 1847 Bakersfield, CA 93303-1847
- (661) 636-4495

SISC SUPPLEMENTAL STUDENT ACCIDENT COVERAGE:
- During the regular school term, on school premises while school is in session
- Direct and uninterrupted travel to and from home and scheduled classes in a school furnished vehicle
- School sponsored and supervised sports excluding high school tackle football
- Travel to and from school sponsored and supervised sports while in a school furnished vehicle
- Coverage is effective from the date the application and premium are received by SISC until June 30
- Coverage can be purchased any time throughout the year
- Checks and money orders accepted (DO NOT SEND CASH)

FACTS ABOUT THE POLICY:
- TRANSFERABILITY: The policy continues in force anywhere in the U.S. if the beneficiary should relocate to another SISC II member district prior to the expiration of coverage.
- Coverage is only available to enrolled students in SISC II member districts.
- CANCELLATION: Coverage under the Policy will not be cancelled, and accordingly, premiums may not be refunded after acceptance by SISC.
- The Master Policy on file with the SISC office is a non-renewable one year term policy.
- This is a limited benefit policy.
- INITIAL ENROLLMENT: Coverage is effective the date correct application and premium are received by SISC.
- LATE ENROLLMENT: There is no premium reduction for any individual who enrolls late in the year.
- Your cancelled check or money order stub will be your receipt and notification of coverage. A wallet card is provided as a convenience but is not proof of coverage.
- Return of check by the bank for any reason will immediately invalidate insurance coverage.

DEFINITIONS:
Injury means bodily injury which is: 1) directly and independently caused by specific accidental contact with another body or object; 2) unrelated to any pathological, functional, or structural disease; 3) a source of loss; and 4) sustained while the Covered Person is covered under this policy. All injuries sustained in one accident, including all related conditions and recurrent symptoms of these injuries will be considered one injury. Injury does not include loss which results wholly or in part, directly or indirectly, from disease or other bodily infirmity.

PRIVACY POLICY:
We know that your privacy is important to you and we strive to protect the confidentiality of your non public personal information. We do not disclose any non public personal information 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 non public personal information.

DIRECT PAYMENTS AND CLAIMS:
- Keep this brochure for future reference. Individual policies and ID cards will not be sent to you.
- Mail Application and payment to: SISC Student Accident Coverage P.O. Box 1847 Bakersfield, CA 93303-1847
- (661) 636-4495

MAXIMUM BENEFITS PAID AS SPECIFIED BELOW:

- Usual & Customary (U&C)
- The Policy provides benefits for loss due to a covered Injury up to the Maximum Benefit specified below for each Injury. Provided that treatment by a qualified, licensed Physician begins within 30 days from the date of Injury, benefits will be paid for Covered Medical Expenses incurred within 52 weeks from the date of Injury. Any supply or service not specifically listed is not covered. Policy benefits are not payable as primary for any expenses incurred which are paid or payable by other valid and collectible insurance.

- Coverage is effective from the date the application and premium are received by SISC until June 30
- Coverage can be purchased any time throughout the year
- Checks and money orders accepted (DO NOT SEND CASH)

APPLICATION PROCEDURE:
- Complete and detach the enrollment form.
- Mail Application and payment to: SISC Student Accident Coverage P.O. Box 1847 Bakersfield, CA 93303-1847
- Your cancelled check or money order stub will be your receipt

SISC Supplemental Student Accident Coverage

STUDENT'S LAST NAME

STUDENT'S FIRST NAME

DATE OF BIRTH

GRADE

ADDRESS

CITY

STATE

ZIP

PHONE

NAME OF SCHOOL DISTRICT (REQUIRED TO PROCESS)

NAME OF SCHOOL

SIGNATURE OF PARENT OR GUARDIAN

DATE

Details of these benefits may be found in the Master Policy on file at the SISC office.