

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!



Mail Payments and Claims to:
SISC Student Accident Coverage
P.O. Box 1847
Bakersfield, CA 93303-1847
Questions? Call (661) 636-4736

- 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, bob-sledding, 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.

continued

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
SISC Supplemental Student Accident Coverage
P.O. Box 1847
Bakersfield, CA 93303-1847
Questions? Call (661) 636-4736.

A joint powers authority administered by the Kern County
Superintendent of Schools, Mary C. Barlow, Superintendent
Rev. 6/2023

**SISC SUPPLEMENTAL
STUDENT ACCIDENT
COVERAGE**



Kids will
be kids.

Coverage that pays up
to \$25,000 for accidental
injury while attending school
and while participating in school
sponsored activities.



SISC
Self-Insured Schools of California
Schools Helping Schools

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: \$25.00

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:

1. TRANSFERABILITY: The policy continues in force anywhere in the US if the beneficiary should relocate to another SISC II member district prior to the expiration of coverage.
2. Coverage is only available to enrolled students in SISC II member districts.
3. CANCELLATION: Coverage under the Policy will not be cancelled, and accordingly, premiums may not be refunded after acceptance by SISC.
4. The Master Policy on file with the SISC office is a non-renewable one year term policy.
5. This is a limited benefit policy.
6. INITIAL ENROLLMENT: Coverage is effective the date correct application and premium are received by SISC.
7. LATE ENROLLMENT: There is no premium reduction for any individual who enrolls late in the year.
8. Your cancelled check or money order stub is your only receipt and notification of coverage. A wallet card is provided as a convenience but is not proof of coverage.
9. 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 disorder; 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 questions and Mail Payments and Claims to:

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Bakersfield, CA 93303-1847
(661) 636-4736

Keep this brochure for future reference. Individual policies and ID cards will not be sent to you.



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.

MAXIMUM BENEFIT	\$25,000 per injury
Coinsurance (Plan Pays)	80% of U&C except as noted below
Coinsurance (You Pay)	20% of U&C except as noted below
Hospital Room & Board/ Miscellaneous	80% of U&C / \$1,250 aggregate per day
Emergency Room Use of room and supplies, initial treatment must be rendered within 72 hours of the injury.	80% of U&C, up to \$1,000 maximum
Surgeon	80% of U&C
1. Assistant Surgeon	20% of surgeons allowance
2. Anesthetist	20% of surgeons allowance
Surgical Facility	80% of U&C / \$2,500 maximum
Doctor Charges Not including surgery or Chiropractic. Benefits are limited to one visit per day.	80% of U&C, up to \$50
Physiotherapy/Chiropractic Benefits are limited to one visit per day.	80% of U&C/maximum 15 visits aggregate
X-Rays	80% of U&C
MRI/CT	80% of U&C to \$750 Aggregate
Orthopedic Braces & Appliances	80% of U&C up to \$1,000 maximum
Land Ambulance to nearest hospital	80% of U&C
Lab	80% of U&C
Prescription drugs (accident related)	80% of U&C
Injections (accident related)	80% of U&C
Dental Benefits are paid on injury to sound and natural teeth only. (No orthodontia or dental implant benefits of any kind).	80% of U&C / \$2,500 maximum

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

Application for SISC Supplemental Student Accident Coverage

STUDENT'S LAST NAME		FIRST NAME	MI
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	

APPLICATION PROCEDURE

- Complete and detach the enrollment form
- Make check or money order for \$25 payable to SISC. **DO NOT SEND CASH.**
- 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 NAME
Coverage is effective from the date the application and premium are received by SISC until June 30
SCHOOL DISTRICT:
(THIS CARD IS FOR APPLICANT'S CONVENIENCE ONLY AND IS NOT PROOF OF COVERAGE)