# Jason Young - Travel Accident Renewal - Administrator Option (Northern York County S D)

From:

Deb Harrington <a href="mailto:deb.harrington@psba.org">deb.harrington@psba.org</a>

To:

"iyoung@nycsd.k12.pa.us" <jyoung@nycsd.k12.pa.us>

Date:

10/28/2016 10:01 AM

Subject:

Travel Accident Renewal – Administrator Option (Northern York County S D) Attachments: Northern York County School District.xlsx; 2016-2017 Administrative Roster.xls;

2016-2017 Admin Beneficiary Form.doc; Business TA Insurance Program for

Administrators (10-26-16).pdf

TO:

Business Managers of Districts Participating in the

Travel Accident Program for School District Administrators

FROM:

Laura Huggins

Chief Marketing Officer

SUBJECT:

Travel Accident Renewal – Administrator Option

December 1, 2016 - November 30, 2017

Our records show that your district participates in our Travel Accident Program for your Administrators. As you know, your Board Members receive a free Travel Accident Policy through the Pennsylvania School Boards Association. We are able to offer the same policy to the Administrators of the districts at a reduced cost. This policy renews December 1, 2016 through Prudential Insurance. The fee for this coverage is based on a per individual basis noted below.

Our extended 24-hour coverage protects you regardless of where you are. Please refer to our brochure for the specifics on coverage as well as exclusions. Remember, the Business Manager and Superintendent are not covered under the Board Policy so they will have to be included on this policy. Enclosed you will find your current list of enrollees. Please make any additions or deletions directly on the enclosed list. We will need your completed list of enrollees with any changes on or before November 20, 2016. DO NOT SEND payment with your enrollment forms. The PSBA Insurance Trust will bill you once we receive your information. The costs for this program are:

- Travel Accident Coverage for Administrators: \$17.00 per Administrator per year.
- 2. To extend the Administrator Travel Accident coverage to 24 hours, add an additional \$18.50 for a total of \$35.50 per Administrator per year.

Beneficiary forms will need to be completed for any NEW administrator as well as for anyone who wishes to change their beneficiary from last year. Please keep these forms in your office. These forms are available on the PSBA website (www.psba.org/insurance/programs/travel-accident-insurance/). We only need a beneficiary form in the event a claim is filed, not before.

If you have any questions, please email either Laura Huggins at laura.huggins@psba.org or Deborah Harrington at deb.harrington@psba.org for an electronic version of the program brochure. We look forward to hearing from you and hope you will take advantage of this program.

### Deborah A. Harrington

Marketing Coordinator

# The Basic Coverage protects you against accidents occurring while you are on School premises and while you are traveling on School related business.

#### Other Features

- Pays regardless of any other insurance you may have.
  - Coverage provided regardless of health history.
  - · Scatbelt Benefit.
  - Coverage can be expanded to full 2) hour protection

#### Eligibility

All Superintendents, Assistant Superintendents, Business Managers, Principals, Department Supervisors, Solicators, and other administrator Personnel are eligible for coverage.

#### **Benefit Cost**

Basic \$17.00 per year 21-hour Option \$55.50 per year

#### Exclusions

No coverage shall be provided under this Policy and no payment shall be mede for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks even if the proximate or precipitating cause of the loss is an accidenal bodily injury; suicide or any attempt at satisfie or intentionally self-inflicted bijury trans attempt at intentionally self-inflicted bijury; travel or flight in or on finefulling getting in or out of, or on or off off any which eased for acrial navigation, whether as a Passenger, pilot, operator or crew

member, unless specifically provided by this Policy: declared or undeclared war, or any act of declared or undeclared war unless specifically provided by this Policy, sick ness, or disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any either of these, infections of any kind regardless of how commetted, except backingl infections that are directly caused by botalism, ptonume poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition; full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority, (Uncarried pre-muin for any period for which the Insured Person is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes Is not excluded); the Insured Person being under the influence of intoxicants while operating any vehicle or means of transpor tation or conveyance; the Insured Person being under the influence of drugs unless taken under the advice of and as specified by a Physician, the Insured's Person's commission of or attempt to colomit a crime, the medical or surgical treatment of sickness. disease, mental incapacity or boddy infemity whether the loss results directly or indirectly from the treatment, stroke or cerebrovascular accident or event, cardiovascular accident or event immorrished influences or beart attack; coronary thromhosis; anguresm; taking part in any insurrection.

This brochure provides only a brief description of the coverage available. The Policy comains reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in each Policy. If there are any conflicts between this document and each Policy, the Policy shall govern

Coverage under the Business Travel Accident insurance Program is issued by the Prudential Insurance Company of America, Newark, NJ. Contract, series 85500. Prudential and the Rock logo are registered service marks of the Prudential Insurance Company of America.



60 Bent Greek filed Mechanicsburg, PA 17050-1675 (800) 952-0588 Fax: (717) 506-2151 www.psba.org



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\$25,000

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In no event will total payments for one accident exceed

## The Benefits

#### Seatbelt Benefit

This benefit is payable if an insured person dies as a result of injuries sustained in a covered accident while driving or riding in a private passenger automobile\*, and wearing a properly fastened, original, factoryinstalled seathelt. That person's death benefit will be increased by \$19,000.

If the seatbelt benefit is payable, and the covered person was positioned in a seat protected by a properly functioning, original, factory-installed airbag that nillnes on impact, we will increase the death benefit by an additional \$5,000.

Ventication of the actual use of the searbelt, and that the airbag inflated properly on impact at the time of the accident, must be part of an official report of the accident, or be centfied, in writing, by the investigating officer(s),

#### Coma Benefit

If Injuty renders an Insured Person. Comatose within 30 days of the date of the accident that caused the Injury, and if the

Optional Coverage extends protection, to a full 24-hours, anywhere in the world, on or off the job. on business . . . on vacation. . . at home. Air travel is included while you are flying as a passenger only, subject to the Exclusions as shown.

Const continues for a period of 🛠 consecutive days, the Common will pay a manthly benefit of 1% of the Principal Sum. So beisetit is provided for the first 30 days of Coma. The benefit is payable monthly as long as the Insured Person remains Concitose due to that impre, but ceases on the earliest of: 1) the date the Insured Person ceases to be Contatose due to that Insury, 2) the date the Insured Person dies; or 3) the date the total amount of monthly Coma benefits paid for all injuries caused by the same accident equals 100% of the Principal Sims. The Company will pay benefits calculated at a rate of 1-30th of the monthly benefit for each day for which the Company is Eable when the Insured Person is Comittose for less than a full month Only one benefit is provided for any one month of Coma, regardless of the number of Injuries causing the Gorea.

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# **Enhanced Benefits**

Monthly Rehabilitation Expense - li 3 doctor has determined that rehabilitation is medically necessary to aid an insured in returning to the normal activities of a person of their same age and gender after an accidental bodily mury, an amount that will be equal to the lesser of the of the covered amount or \$100 will be paid monthly for upto 42 months.

Felonious Assault - If an insured suffers a covered loss due to a physical attack by another person resulting in bodily harm because of their employment and while they are working for PSBA an additional benefit equal to the lesser of 10% of their covered amount and \$10,000 will be paid

Return of Remains - If an insured suffers a loss of life and such loss occurs outside a 100 mile radius of their home, the plan will pay the lesser of the amount of Reman of Remains expenses and \$1,000. This benefit includes expenses for embalaing, cremation; a coffin and transportation of the remains.

Emergency Disaster Response Team Member - If an insured suffers a covered loss due to an accident that occurs while they are a porticipating member of PSBA's emergency response team responding to a bong lide emergency while they are working for PSBA, an additional benefit equal to the lesser of 10% of their benefit amount and \$10,000 will be paid.

Additional Benefit for Family Relocation and Accompaniment - Coverage is provided for family relocation and accompaniment while with the employee or on the way to four the employee on a religation trip, or white accompanying the Insured on an authorized business top. For a spouse, the amount payable is \$50,000 and for each dependent child, the amount payable is \$10,090.

#### Effective Date and Continuance of Coverage

Both the Basic and Optional 24-Lour planwill be effective 17 the first of the month following receipt of the premium, 2) the effective date for renewal will be December 1.

#### Please Note:

Reduction Schedule: The amount payable for a loss will be reduced if an insured Person is age "to or older on the date of the accidem causing the loss with respect to any Benefit provided by this Plan where the amount payable for the loss is determined as a percentage of his or her Prograd-Sum. The impount payable for the Insured Person's loss under that Benefit is a percentage of the amount that would otherwise he payable, according to following schedule . Valoritation of the state of

Age at Date of Loss ADAD		لدد
Age 69 or Younger	100%	
中,其中是"70-74"来是秦宗汉代	65%	٠
75-79	45%	:
80.8)	30%	
85 and Older	15%	
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Premium for an Insured Person age 70 or older is based on 100% of the coverage that would be in effect if the Instried Person were under age 70.

'Age" as used above refers to the age of the Jasared Person on the Insured Person's most recent bathday, regardless of the actual time of both

# PSBA INSURANCE TRUST Travel Accident Program Administrator Option/24-Hour Coverage 12/01/2015-11/30/2016

Please notify the PSBA Insurance Trust immediately of any changes in covered personnel to guarantee continuity of coverage.

SCHOOL DISTRICT:	Northern York County School District		
Submitted By:Jeffrey Jason Young  Name	jyoung@nycsd.k12.pa.us Email Address:	Elect Optional 24-Hour Coverage X - Yes	
Dr. Eric Eshbach	Superintendent	X	
Jason Beals	Assistant Superintendent	X	
Jason Young	Business Manager	X	
Shelly Thomas	Supervisor-Special Services	X	
Evangeline Unti	Supervisor of Administrative Services	×	
Scott Shedlock	Director of Food Services	×	
Stephen Briotte	Technology Coordinator	×	
Thomas R. Taylor	Director of Buildings and Grounds	×	
Gerald Schwille	Athletic Director	×	
Matthew LaBuda	High School Principal	x	
David Borrell	High School Asst. Principal	x	
Steven Lehman, Jr.	High School Asst. Principal	x	
Michael Walker	High School Asst. Principal	x	
Sylvia Murray	Middle School Principal	x	
Troy Sauer	Middle School Asst. Principal	X	
Dr. Patricia Franko	Elementary Principal	X	
Joyce Cal	Elementary Principal	X	
Jefferson Clifton	Elementary Principal	X	

Please return by November 20, 2015

Email: diane.stepler@psba.org or kathleen.malnofski@psba.org

PLEASE DO NOT SEND PAYMENT. YOU WILL BE INVOICED.

# PSBA INSURANCE TRUST Travel Accident Program Administrator Option/24-Hour Coverage 12/01/2015-11/30/2016

SCHOOL DISTRICT:	Northern York County School District		
Submitted By:Jeffrey Jason Young	jyoung@nycsd.k12.pa.us Email Address:	Elect Optional	
Name	Title	24-Hour Coverage X - Yes	
Faithie Rotz	Elementary Principal	X	