



APPLICATION FOR STUDENT ACCIDENT INSURANCE

Ameritas Life Insurance Corp.
Lincoln, NebraskaSCHOOL/SCHOOL DIST. Pearl Public School DistrictDIST. NO. 6120ADDRESS 500 Pirate CoveCity Pearl, MS 39208State MS Zip 39208 County Rankin

1. What is the first day of authorized sports practice? 7/26/2021
2. What is the first day of the regular school term? 8/2/2021 Last Day of School 5/24/2022
3. Select the PLAN desired below. Complete the Enrollment and Premium sections.
- Effective Date 8/1/21 Termination Date 8/1/22

SCHOOLS THAT PROVIDE COVERAGE ON A GROUP BASIS

A: GROUP COVERAGES

PREMIUMS

- ☐ 1. Group Athletic Coverage: Plan _____
 Senior High Enrollment _____ Grades _____ \$ _____
 Junior High Enrollment _____ Grades _____ \$ _____
- ☐ 2. Supplemental Coverage: Plan _____ \$ _____
- ☐ 3. Supplemental Coverage: Plan _____ \$ _____
- ☐ 4. All Pupil Coverages : Plan _____
 Enrollment grades PK-12 _____ @ \$ _____ = \$ _____
- ☐ 5. Other Activity Coverage: \$ _____
- ☐ 6. Other Activity Coverage: \$ _____
- ☐ 7. Other Activity Coverage: \$ _____
- TOTAL PREMIUM = \$ _____

SCHOOLS THAT OFFER COVERAGE ON A VOLUNTARY BASIS

B: VOLUNTARY COVERAGES: (See Brochure)

ENROLLMENTS

- ☒ 1. Voluntary Sports/Football Coverage: Plan 1538
 Estimated number of Interscholastic Sports Participants 7-12 _____
- ☒ 2. VOLUNTARY STUDENT COVERAGE: Plan 1538
 Estimated Total Enrollment in grades PK-12 _____

PLEASE LIST ALL SCHOOLS IN THE DISTRICT WITH CORRESPONDING ENROLLMENTS (or attach list)

ONLINE ONLY

In order to take advantage of all policy provisions, student brochures must be distributed at registration for each interscholastic sport and at registration or no later than the first day of school for all students PK-12. It is agreed and understood that: (applies only to voluntary coverages)

- a. The school will offer coverage to all students in the school system.
- b. Football/Sports Coverage is available only if the school installs the Voluntary Student Coverage.
- c. A school official will complete the school's section of each claim form for school related injuries.
- d. For enrollment forms returned to the school: Premiums must be sent to the agent within 30 days of receipt; and a school official will date each premium envelope on the date received.
- e. Only one student accident insurance plan will be offered by the school.

WEBSITE ACCESS AGREEMENT

By signing this form you will be given access to the Master Policy, roster, and claim status information. This information should only be shared by those persons in the school administration. After we receive this application you will receive an email that explains how to access all of the information at our website.

Applied for by:

Richard Smithant
 Print Name of School Official

601-624-7815
 Telephone Number

Rsmithant@pearl.k12.ms.us
 E-Mail Address

[Signature]
 Signature of School Official

Athletic Director
 Title

6/12/2021
 Date

School Contact

If different than above

Agent Alisa Myatt, CIC, CISR

Print Name

Office-601-734-7063
 Telephone Number

Telephone Number

E-Mail Address

alisa_myatt@rslinsurance.com
 E-Mail Address

E-Mail Address

Risk Services - Leavitt Group 5515 John Eskew Blvd., Alexandria, LA 71303

Agent Mailing Address

Administered by
and Mail to:

Student Assurance Services, Inc.
 P.O. Box 196
 Stillwater, Minnesota 55082]

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.