



GM-Southwest, Inc.
STUDENT INSURANCE PLANS

Dear Parents,

One of the biggest worries for parents is wondering if their child will be involved in an accident. Injuries can happen anywhere, at any time.

Because of this concern, voluntary **Accident Only** Insurance coverage is being offered by your district for the 2008/2009 school year and is available for all enrolled school children, grades PK-12.

Premiums are annual, which means you pay once a year, and the coverage is effective when payment is received. Coverage can be purchased at any time during the year; however, premium is not pro-rated.

Coverage	Plan A	Plan B
School Time	\$65.00	\$30.00
24 Hour	\$135.00	\$75.00
Extended Accidental Dental Coverage:	\$8.00	

	Plan A	Plan B
Room & Board:	90% U&C up to \$500/day	\$150.00 per day
Hospital Miscellaneous:	90% U&C to \$3,500 MAX	\$1,500 maximum
Day Surgery Misc: (Facility Charge)	\$1,250 maximum	\$750 maximum
Surgery:	90% U&C to \$2,500 MAX	\$1,500 maximum
X-rays/Diagnostic Testing:	\$500 MAX	\$150 maximum
Physician's Visits:	\$45 per visit	\$25 per visit
Physical Therapy:	\$35/visit to \$350 max	\$25/visit to \$150 max
Emergency Room: (within 72 hours)	\$500 MAX	\$100 maximum
Lab:	100% U&C	80% U&C
Ambulance:	\$700 MAX	\$350 maximum
Orthopedic Braces & Appliances (DME):	\$500 MAX	\$200 maximum
Anesthetist:	\$500 MAX	\$300 maximum
Assistant Surgeon:	\$500 MAX	\$300 maximum
MRI/Cat Scan:	90% U&C to \$1,000 MAX	\$350 maximum
Eyeglasses, Contact Lens, Hearing Aids:	\$500 MAX	\$200 maximum
Dental:	\$500 per tooth	\$200 per tooth
Prescriptions:	\$200 MAX	\$75 maximum
Home Health Care:	10 visits / \$50 per visit	10 visits / \$50 per visit
Injections:	\$15/visit to \$75 MAX	\$15/visit to \$75 maximum
MVA:	\$5,000 MAX	\$5,000 maximum
<i>(U&C = Usual & Customary)</i>		

Each of these plans provides benefits for medical expenses as the result of a covered accident, *up to a limited amount*. These plans can help offset personal insurance deductibles, co-insurance and provide some coverage to those without major medical insurance.

To enroll your student online, go to www.gmsouthwest.com. To request a complete brochure, please call GM-Southwest at **800-381-4517**, to have an application mailed to you.

This is accident only coverage. Please review the online brochure for plan exclusions, limitations and other provisions.

Application for Student Insurance underwritten by Nationwide Life Insurance Company

(Please Print) School District Name: _____

Student's Last Name: _____ First Name: _____
Apellido de Estudiante Nombre

Address: _____ City/State/Zip _____
Direccion Ciudad/Estado/Zona Postal

Student's ID #: _____ Date of Birth: _____
Numero de Estudiante Fecha de Nacimiento

School Name _____ HS _____ MS _____ Elem _____ Grade _____
Nombre de Escuela

Parent/Guardian Name: _____
Nombre del Padre o Guardián

ANNUAL PREMIUM	PLAN A	PLAN B
(1) School Time Accident Coverage	<input type="checkbox"/> \$ 65.00	<input type="checkbox"/> \$ 30.00
(2) 24 Hour Accident Coverage	<input type="checkbox"/> \$135.00	<input type="checkbox"/> \$ 75.00
(3) Extended Accidental Dental Coverage	<input type="checkbox"/> \$8.00	

Online enrollment available via Visa, Mastercard or Electronic Check at www.gmsouthwest.com

Total Amt. Enclosed: \$ _____ Make check payable to: Nationwide Life Insurance Co. (NLIC)

Note: Premium is considered fully earned upon receipt. Once coverage is in effect, no refunds will be given.

**Please return to: GM-Southwest, Inc.
P.O. Box 4000
Frisco, Texas 75034**