



**Student Accident  
Insurance**

Monarch Management Corporation | [www.mmc-ins.com](http://www.mmc-ins.com) | 800-662-2778

## INFORMATION LETTER FOR PARENT(S)/Guardian(s) 2024- 2025 SCHOOL YEAR

Supplemental student accident insurance is available for your purchase through **Monarch Management Company**.

**"At-School"** coverage provides accident coverage for students during the regular school session for the school year. **"24-Hour"** coverage ("Around-the Clock"), protects students 24 hours a day, 7 days a week, anywhere accidents might happen, anywhere in the world. This coverage provides protection from the date of enrollment until July 31, 2025. The premium (cost) of either of these optional coverages are paid "one-time only" for the year (annual payment).

Student accident insurance plans provide ACCIDENT coverage for covered activities. The plans contain limitations and exclusions. Please carefully read the online information (or brochure) for an overview of plans. If you choose to purchase this coverage, please go on-line to purchase. This coverage is available by credit card purchase "on-line" at [www.mmc-ins.com](http://www.mmc-ins.com). When enrolling on-line, the coverage will be effective 24 hours after being received by the Company. If you do not have access to on-line enrollment please contact the campus office for an enrollment form and mail to:

Monarch Management  
3201 Cherry Ridge Drive, Suite D405  
San Antonio, TX 78230.

If you have claims questions, please call Customer Service at 877-563-7492, or your local agent. If you need additional information, contact your ISD.

Thank you!

El seguro de accidentes de estudiante suplemental está disponible para su compra por **Monarch Management Compañía**.

La cobertura **"en escuela"** proporciona la cobertura de accidente para estudiantes durante la sesión escolar regular para el año escolar. Cobertura **"de 24 horas"** ("Alrededor - el Reloj"), protege a estudiantes 24 horas por día, 7 días por semana, en todas partes los accidentes podrían pasar, en cualquier parte del mundo. Esta cobertura proporciona la protección de la fecha de la inscripción hasta el 31 de julio de 2025. El premio (el coste) de cualquiera de estas coberturas opcionales es pagado "antiguo sólo" para el año (pago anual).

Los proyectos de seguro de accidentes de estudiante proporcionan la cobertura de ACCIDENTES para actividades cubiertas. Los proyectos contienen limitaciones y exclusiones. Por favor, con cuidado, lea la información en línea (o folleto) para una descripción de proyectos. Si usted decide comprar esta cobertura, por favor vaya en línea para comprarlo. Esta cobertura está disponible por la compra de tarjeta de crédito "en línea" en [www.mmc-ins.com](http://www.mmc-ins.com). Matriculando en línea, la cobertura será eficaz 24 horas después de ser recibido por la Compañía. Si usted no tiene el acceso a la inscripción en línea, por favor póngase en contacto con la oficina de campus para una forma de inscripción y correo a:

Monarch Management  
3201 Cherry Ridge Drive, Suite D405  
San Antonio, TX 78230.

Si usted tiene preguntas de reclamaciones, por favor llame el Servicio de Cliente en 877-563-7492. Si usted necesita mas información, póngase en contacto con su ISD oficina de campus.

Gracias!



**NEW JERSEY VOLUNTARY STUDENT ACCIDENT - PREMIER AND ECONOMY PLANS**

**AT SCHOOL COVERAGE Premier \$ 30 Economy \$ 20**

*Voluntary Grades PK-12*

- (a) while on the School premises: during the hours and on the days School is in regular session, and during the hours and on the days when School is not in session while the Insured Person is participating in or attending any Sponsored and Supervised School Activity, except interscholastic high school football for students in the 10th grade or above (Senior High School) and Freshman Football (grade 9) if they practice or play with Senior High School; and
- (b) while away from the School premises: other than traveling, if participating in a Sponsored and Supervised School Activity, except interscholastic high school football for students in the 10th grade or above (Senior High School) and Freshman Football (grade 9) if they practice or play with Senior High School; and
- (c) while traveling directly to or from the Insured Person's residence and School: for regular School sessions, or for any Sponsored and Supervised School Activity in School designated vehicle, except interscholastic high school football for students in the 10th grade or above (Senior High School) and Freshman Football (grade 9) if they practice or play with Senior High School.

**24 HOUR COVERAGE Premier \$ 98 Economy \$ 64)**

*Voluntary Grades PK-12*

Coverage is in force for each person for whom the 24-Hour Coverage premium has been paid as set forth in the Policy on a twenty-four (24) hour per day basis, except for interscholastic high school football for students in the 10th grade or above (Senior High School) and Freshman Football (grade 9) if they practice or play with Senior High School.

**EXCESS FOOTBALL COVERAGE 10-12 Premier \$ 235 Economy \$ 187**

**EXCESS FRESHMAN FOOTBALL (grade 9) Premier \$ 118 Economy \$ 75**

*Grades 10-12 and Freshman Football (grade 9) if they practice or play with Grades 10-12 (Maximum \$25,000)*

- (a) while practicing for or competing in football which is a Supervised and Sponsored Sports Activity under the supervision of the Subscriber; and
- (b) while traveling directly to or from such practice or competition in School designated vehicle.

**MEDICAL PAYMENTS**

The policy provides benefits for loss due to a Covered Injury up to the Total Maximum for all Accident Medical Benefits for each Covered Accident. Medical treatment must be provided by a qualified, licensed physician and must begin within 90 days from the date of the Covered Accident. Benefits will be payable for Covered Medical Expenses incurred within 730 days from the date of the Covered Accident (for Football within 365 days) up to the maximum Benefit Amount per service as shown on the Schedule of Benefits of the Policy.

**Accidental Death & Dismemberment Benefits (Within 180 Days)**

|  |          |
|--|----------|
| Loss of Life.....  | \$ 2,000 |
| Loss of Two or More Hands or Feet or Loss of Sight of Both Eyes..... | \$10,000 |
| Loss of One Hand or Foot and Sight in One Eye.....                   | \$10,000 |
| Loss of One Hand and Foot .....                                      | \$10,000 |
| Loss of Sight in One Eye or Loss of One Hand or Foot.....            | \$ 5,000 |
| Loss Thumb and Index Finger of Either Hand.....                      | \$ 500   |
| Exposure and Disappearance .....                                     | Included |

**Schedule of Benefits for Voluntary Student Accident Plans**

| COVERED EXPENSES                        | PREMIER PLAN   | ECONOMY PLAN  |
|---|--|---|
|   | Maximum \$500,000 Football Maximum \$25,000                                      | Maximum \$25,000  |
| In-Patient Hospital Services            | Semi-private daily room rate up to \$500/day;                                    | the semi-private daily room rate  |
| Hospital Miscellaneous Expenses         | 100% of URC Charges up to \$3,000 per Covered Injury                             | 100% of URC Charges up to \$250 per day subject to a Maximum of \$4,000 per Hospital Stay     |
| Nurse Services                          | URC  | 100% of URC Charges up to \$400 per Covered Injury  |
| Orthopedic Appliances Outpatient        | Paid under Medical Equipment   | 100% of URC up to \$300 per Covered Injury  |
| Emergency Room Treatment                | 100% of URC Charges up to \$350 per Covered Injury                               | 100% of URC Charges up to \$75 per Covered Injury   |
| Physician Services Surgery              | 100% of URC up to \$5,000 per Covered Injury                                     | 75 % Usual and Customary Charges up to \$3,500 Maximum  |
| Assistant Surgeon                       | 30% of Surgeon's allowance   | 25% of Surgeon's allowance  |
| Use of Phy's Surgical Facilities        | 100% of URC Charges up to \$2,000 per Covered Injury                             | 100% of URC Charges up to \$750 per Covered Injury  |
| Anesthesia and its Administration       | 30% of Surgeon's allowance   | 25% of Surgeon's allowance  |
| In-Hospital Visits                      | 100% of URC Charges up to \$55 first visit, \$35 thereafter                      | 100% of URC Charges up to \$20 per visit (limited to one visit per day)                       |
| Office Visits                           | 100% of URC Charges up to \$55 first visit, \$35 thereafter                      | 100% of URC Charges up to \$20 per visit (limited to one visit per day)                       |
| Second Opinion or Consultation          | 100% of URC Charges up to \$125 per Covered Injury                               |   |
| Out Patient X-Ray                       | 100% of URC Charges up to \$400 per Covered Injury                               | 100% of URC Charges up to \$100 per Covered Injury  |
| Out Patient CT Scan, MRI                | 100% of URC Charges up to \$500 per Covered Injury                               | 100% of URC Charges up to \$250 per Covered Injury  |
| Out Patient Laboratory Tests            | 100% of Usual and Customary Charges up to \$175 per Covered Injury               | 100% of Usual and Customary Charges up to \$25 per Covered Injury                             |
| Out Patient Physiotherapy               | 100% of URC Charges up to \$50 per day, up to Maximum of \$250                   | 100% of URC Charges up to \$20 per day up to a maximum of \$40 (limited to one visit per day) |
| Ambulance Services                      | 100% of URC Charges up to \$800 per Covered Injury (first trip to Hospital only) | 100% of URC Charges up to \$100 Maximum (first trip to the Hospital only)                     |
| Medical Equipment (Post surgical only)  | 100% of URC Charges up to \$500 per Covered Injury                               | 100% of URC Charges up to \$150 per Covered Injury  |
| Dental Services                         | 100% of URC Charges up to \$500 per tooth  | 100% of URC Charges up to \$150 per tooth   |
| Motor Vehicle Injury                    | No Benefits  | Up to \$5,000 per Covered Injury  |
| Prescription Drugs (Out Patient)        | 100% of URC Charges up to \$200 per Covered Injury                               | 100% of URC Charges   |
| Eyeglasses, Contact Lenses Hearing Aids | 100% of URC Charges up to \$200 per Covered Injury                               | 100% of URC Charges   |

Coverage ends on the earliest of when the person is no longer eligible or the Policy Termination Date

**ENROLL ONLINE FOR QUICKER SERVICE [www.mmc-ins.com](http://www.mmc-ins.com) or COMPLETE AND MAIL**

⇒ \_\_\_\_\_ / / \_\_\_\_\_  
 Student's First Name M Last Name Birth Date

⇒ \_\_\_\_\_ - - \_\_\_\_\_  
 Address City ST Zip Phone

⇒ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 Name of School District (Required) Name of School Grade

| Coverage Options | At School                        | 24-Hour                          | Football (Grades 10-12)           | Football (Grade 9)                |
|------------------|----------------------------------|----------------------------------|-----------------------------------|-----------------------------------|
| Premier Plan     | <input type="checkbox"/> \$30.00 | <input type="checkbox"/> \$98.00 | <input type="checkbox"/> \$235.00 | <input type="checkbox"/> \$118.00 |
| Economy Plan     | <input type="checkbox"/> \$20.00 | <input type="checkbox"/> \$64.00 | <input type="checkbox"/> \$187.00 | <input type="checkbox"/> \$ 75.00 |

Complete for  MASTERCARD  VISA Name on Card, Last \_\_\_\_\_ First \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date Mo \_\_\_\_\_ Year \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_



## Voluntary Student Accident Insurance Plans - Exclusions

Benefits will not be paid for a Covered Person's loss which:

1. Is caused by or results from the Covered Person's own:
  - a) Intentionally self-inflicted Injury, suicide or any attempt thereat. (In Missouri this applies only while sane.);
  - b) Voluntary self-administration of any drug or chemical substance not prescribed by, and taken according to the directions of, a doctor (Accidental ingestion of a poisonous substance is not excluded.);
  - c) Commission or attempt to commit a felony;
  - d) Participation in a riot or insurrection;
  - e) Driving under the influence of a controlled substance unless administered on the advice of a doctor; or
  - f) Driving while Intoxicated. "Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs;
2. Is caused by or results from:
  - a. Declared or undeclared war or act of war;
  - b. An Accident which occurs while the Covered Person is on active duty service in any Armed Forces. (Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days.);
  - c. Aviation, except as specifically provided in this Certificate;
  - d. Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural and foreseeable result of an accidental external bodily injury or accidental food poisoning.
  - e. Nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 180 days of the initial incident and:
    - i) The loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy; and
    - ii) The Covered Person was within a 25-mile radius of the site of the release either:
      - 1) At the time of the release; or 2) Within 24 hours of the start of the release.

### Additional Exclusions

Benefits will not be paid for:

1. Normal health checkups;
2. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the Covered Person is covered under this Certificate, and rendered within 6 months of the Accident;
3. Services or treatment rendered by a doctor, nurse or any other person who is:
  - (a) Employed or retained by the Certificateholder; or
  - (b) Who is the Covered Person or a member of his immediate family;
4. Charges which:
  - (a) The Covered Person would not have to pay if he did not have insurance; or
  - (b) Are in excess of Usual, Reasonable and Customary charges.
5. An Injury that is caused by flight in:
  - (a) An aircraft, except as a fare-paying passenger; (b) A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or (c) An ultra light, hang-glider, parachuting or bungi-cord jumping;
6. Travel in or upon: (a) A snowmobile; (b) Any two or three wheeled motor vehicle; (c) Any off-road motorized vehicle not requiring licensing as a motor vehicle;
7. Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license;
8. That part of medical expense payable by any automobile insurance policy without regard to fault. (Does not apply in any state where prohibited);
9. Injury that is:
  - (a) The result of the Covered Person being Intoxicated. ("Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs); or
  - (b) Caused by any narcotic, drug, poison, gas or fumes voluntarily taken, administered, absorbed or inhaled, unless prescribed by a doctor;
10. Any Sickness, except infection which occurs directly from an Accidental cut or wound or diagnostic tests or treatment, or ingestion of contaminated food, unless a Sickness Expense Rider is in force under this Certificate;

11. An Injury resulting from participation in or practice for non-School sponsored skiing, ice hockey, lacrosse, soccer or football;
12. Practice or play in any sports activity, including travel to and from the activity and practice, unless specifically provided for in this Certificate;
13. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan;
14. Blood or Blood plasma, except for charges by a Hospital for the processing or administration of blood;
15. Elective treatment or surgery, health treatment, or examination where no Injury is involved;
16. Injury sustained while in the service of the armed forces of any country. When the Covered Person enters the armed forces of any country, we will refund the unearned pro rata premium upon request;
17. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore;
18. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;
19. Treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy;
20. Cosmetic surgery, except for reconstructive surgery on a diseased or injured part of the body;
21. Any loss which is covered by state or federal worker's compensation, employers liability, occupational disease law, or similar laws;
22. The repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices;
23. Rest cures or custodial care;
24. The repair or replacement of existing dentures, partial dentures, braces or fixed or removable bridges;
25. Expenses incurred for an Accident or Sickness after the Benefit Period shown in the Schedule of Benefits;
26. Orthopedic appliances which are used mainly to protect an Injury so that a covered student can take part in interscholastic or intercollegiate sports;
27. Services and supplies furnished by the Policyholder's infirmary, its employees, or doctors who work for the Policyholder;
28. Any bacterial infection that was not caused by an Accidental cut or wound.

### How to File a Claim

1. The claim form with filing instructions can be obtained by your school or from our website.
2. The claim form should be fully completed and submitted within 90 days of the accident.
3. Advise all doctors/hospitals regarding this coverage so they may forward us their itemized bills. However, if you have already been to the doctor/hospital and did not know about this coverage, then please send all of the itemized bills to the address shown below.
4. Bills should include the date of service, name, mailing address, and phone number of the doctor/hospital, and the specific itemized charges (description of treatment and amount) incurred (including CPT/procedure codes). Incomplete information will delay claim review.
5. Only one claim form per accident needs to be submitted. Once completed, make a photocopy for your records, and mail to:

WebTPA: P.O. Box 669  
Grapevine, TX 76099-0669

### Student Insurance ID Card

Underwritten by United States Fire Ins. Co.

Student Name: \_\_\_\_\_

Accident Only Policy Selected:  Premier Plan  Economy Plan

Coverage Level Selected:  At School  24-Hour  
 Football 10-12  Football 9

Customer Service: 1-877-563-7492

## Enrollment Options

**Option 1:** Enroll online at [mmc-ins.com](http://mmc-ins.com)

**Option 2:** Complete and detach the enrollment form and follow instructions below:

- ◆ Make Checks or money order payable to Monarch Management Corp. Do Not Send Cash. Credit card payment is also accepted.
- ◆ Clearly print name of child on the check or money order.
- ◆ Send the enrollment form and payment to:  
**Monarch Management Corporation**  
PO Box 242573,  
San Antonio, TX 78224
- ◆ Your cancelled check, money order stub or credit card statement is your proof of purchase.
- ◆ Keep this for your reference, you will receive no policy.
- ◆ If you have questions about this coverage, please call Monarch Management Corp., 1-800-510-2097

Underwritten by:

**United States Fire Insurance Company**

Offered by:



Enroll online at [www.mmc-ins.com](http://www.mmc-ins.com)

## FREQUENTLY ASKED QUESTIONS

1. Where can I get a claim form?

Claim forms are available online at [www.mmc-ins.com](http://www.mmc-ins.com) in the bottom "FORMS" Section or you can request one to be sent to you via email or fax by calling us at 1-800-662-2778.

2. Does the Hospital / Doctor file my claim, and do I leave the claim form with the Provider?

The injured student's parents are responsible for ensuring the claim form, detailed bills and Explanations of Benefits from other insurance carriers are sent into the claims department for processing in a timely manner. The fax number and address is on the front of the claim form.

3. What if I have other insurance?

Voluntary coverage (if purchased) pays first, personal health insurance pays second, and Medicaid/CHIP plans pay last.

4. How long do I have to seek treatment and submit a claim?

Each claimant must seek treatment from a licensed physician within 90 days of the date of the accident. The claim form must be submitted within that time frame, also. The sooner the better on both treatment and claim filing.

5. Where do I find a list of participating network doctors and facilities?

If the parents have a family insurance plan, they should use the network recommended by that plan. If not, they should use the services of a MultiPlan Network provider. You may also check the MultiPlan website for providers at: <http://www.multiplan.com/search/search-2.cfm?originator=84451>

6. Who do I call to check the status of a claim?

You can call WebTPA at 877-563-7492 and select option 4 for claim status

7. Is there a deductible with this policy? No

8. Does the school insurance cover everything?

The school accident insurance is a benefit provided by your school district, and is meant to supplement personal health insurance. It has internal policy limits, and was not intended to cover every injury or expense.

For example: the **School Time Plan** covers students during school hours  
the **24 Hour Plan** covers students 24 hours a day, 365 days a year



**\*\*\*\*\* ATTENTION PARENTS \*\*\*\*\***  
**\*\*\*\*\* YOU ARE RESPONSIBLE \*\*\*\*\***

Under State Law, school districts are not liable for injuries that occur in school. It is important to understand that the school / district "IS NOT" responsible for medical payments or bills for your child.

If your child is injured during ANY SCHOOL, ATHLETIC OR UIL SPONSORED ACTIVITY, all medical charges are "YOUR RESPONSIBILITY."

Football coverage is a separate benefit and premium. THIS INSURANCE IS PRIMARY INSURANCE TO ALL OTHER EXISTING POLICIES.

The school district has enrolled in a supplemental accident policy for the upcoming school year, which allows you the opportunity to purchase student accident insurance. You have the option of purchasing:

1. Coverage which includes UIL sponsored activities
2. Coverage without UIL sponsored activities

Please note this is a limited benefit policy and any charges above the policy limits are **YOUR RESPONSIBILITY**.

Plan Options include: *(see costs below)*

1. **School Time Only** which covers accidents during school time only
2. **24-Hour** which covers 24 hours a day, 365 days a year, anyplace and anytime
3. **Dental** coverage
4. **Football** coverage

**If you purchase voluntary coverage it will pay in the following sequence:**

- It pays primary if you do not have health insurance on your child.
- If you have primary health insurance on your child then it will pay after your health insurance has paid.
- Voluntary coverage is primary and pays first if your child is insured by CHIPS or Medicaid.

## VOLUNTARY STUDENT / ATHLETIC ACCIDENT INSURANCE

| Coverage Options | At School | 24 Hour | Football Grades 10-12 | Football (Grade 9) |
|------------------|-----------|---------|-----------------------|--------------------|
| Premier Plan     | \$30.00   | \$98.00 | \$235.00              | \$118.00           |
| Economy Plan     | \$20.00   | \$64.00 | \$187.00              | \$75.00            |

**For additional information and to enroll your child in one of these Voluntary Student / Athletic Accident Insurance:**

1. Go online to: [www.mmc-ins.com](http://www.mmc-ins.com)
2. Click **ENROLL NOW**
3. **Select your child's school district from the drop down menu and follow the enrollment questions.** MasterCard and Visa are accepted.

Contact Monarch Management Corporation at 1-800-510-2097 with additional questions

*The above is a brief description of rates and benefits available under this plan. This is not a contract, policy, or outline of coverage. All benefits are subject to maximum amounts, limits, exclusions and other policy provisions.*

Visit [www.mmc-ins.com](http://www.mmc-ins.com) for more information.



# VOLUNTARY ACCIDENT INSURANCE



## HOW TO ENROLL:

Enrolling online is easy and takes only a few minutes

1. Go to [www.mmc-ins.com](http://www.mmc-ins.com) and click on **ENROLL NOW** button
2. **SELECT** the name of the **SCHOOL DISTRICT** where your child is enrolled and click **SUBMIT**
3. Enter the **RESPONSIBLE PARTY's** information and click **NEXT**
4. Enter the **STUDENT's** information and click **NEXT**
5. Select the **PLAN** in which you want your student to be enrolled and click **NEXT**
6. **Review** the plan selected for your student. Add additional students as needed.
7. **ENTER PAYMENT** information. Once you click **CONTINUE** you will receive 2 emails:
  1. Confirmation of your processed purchase
  2. Confirmation of your policy and coverage information.

NOTE: Please check spam and junk mail if you do not receive in your inbox within 24 hours of purchase.

**Purchase Voluntary Insurance**

Enrolling online is as easy as 1-2-3 and your child will be covered immediately. Just click here and follow the simple instructions.

**1** → **Enroll Now!**

**Begin by finding your school district.**

School District Name:  **2** →

Enter a few letters of the name....

**Submit**

Please enter information on the **RESPONSIBLE PARTY** for this transaction, usually the parents or guardian of the student for whom the insurance is being purchased.

**3** →

First Name

Last Name

Address

**Step 2 - Student Information**

Please enter information on the **STUDENT** for whom the insurance is being purchased. opportunity to enter more students on this account after each page.

**4** →

Student ID or SS #:

First Name:

Last Name:

Grade:  Choose grade.

**Product**

| 24 HOUR   | AT SCHOOL   |
|---|---|
| <input type="radio"/> 24 Hour Economy w/o sports          | <input type="radio"/> At School Economy w/o sports          |
| <input type="radio"/> 24 Hour Economy w/o sports + Dental | <input type="radio"/> At School Premier w/o sports          |
| <input type="radio"/> 24 Hour Premier w/o sports          | <input type="radio"/> At School Economy w/o sports + Dental |
| <input type="radio"/> 24 Hour Premier w/o sports + Dental | <input type="radio"/> At School Premier w/o sports + Dental |
| <input type="radio"/> 24 Hour Economy                     | <input type="radio"/> At School Economy                     |
| <input type="radio"/> 24 Hour Economy + Dental            | <input type="radio"/> At School Economy + Dental            |
| <input type="radio"/> 24 Hour Premier                     | <input type="radio"/> At School Premier                     |
| <input type="radio"/> 24 Hour Premier + Dental            | <input type="radio"/> At School Premier + Dental            |

| FOOTBALL   | SPRING FOOTBALL  |
|--|--|
| <input type="radio"/> Football Grades 10-12 Economy          | <input type="radio"/> Spring Football Economy          |
| <input type="radio"/> Football Grades 10-12 Economy + Dental | <input type="radio"/> Spring Football Economy + Dental |
| <input type="radio"/> Football Grades 10-12 Premier          | <input type="radio"/> Spring Football Premier          |
| <input type="radio"/> Football Grades 10-12 Premier + Dental |  |

**5** →

**Step 3 - Payment Information**

Please confirm your selection below. Edit to make corrections, delete the selection, or add another student. If everything is correct please enter your payment information and press continue.

| Student Name         | School | Product | Amount |
|----------------------|--------|---------|--------|
| <b>TOTAL CHARGE:</b> |        |         |        |

**6** → **Enter Another Student**

Cardholder Name:

Card Type:

Card Number:

Expiration Month:

Expiration Year:

**7** → **Continue**

