

**NEW MEXICO PUBLIC SCHOOLS INSURANCE AUTHORITY
STUDENT ACCIDENT INSURANCE (SCHOOL-TO-WORK)
APPLICATION AND WAIVER FORM**

School: _____

Program Coordinator: _____ Date: _____

Name of student: _____

Address: _____

Phone: _____

Date of Birth: _____ Grade: _____

Check one:

Yes*, we want the \$250,000 Accident policy with no deductible

No**, we have our own medical insurance (see below)

***Cost is \$7.00. Please attach check or money order payable to Myers Stevens & Toohey & Co., Inc.**

**If accident policy is not purchased, proof of medical insurance must be given:

Medical Insurance Carrier: _____

Policyholder Name: _____

Policy Group Number: _____

Effective Dates: _____

Note: District must keep this application for its records and must send a master list of the students who participate in the program along with one check for all students or individual checks/money orders from students. Payment should be made payable to Myers Stevens & Toohey & Co., Inc. Premium and applications must be sent on a timely basis.

Myers Stevens & Toohey & Co., Inc.
26101 Marguerite Parkway, Mission Viejo, CA. 92692-3203
Phone (800) 827-4695

Instructions

- 1) Complete enrollment form (only one form per year, per district needs to be completed)
- 2) Complete application/waiver form for individual students (keep these forms for your records)
- 3) Send payment, enrollment form and master list to Myers Stevens & Toohey & Co., Inc.
- 4) Please make additional copies of forms and applications, as needed

Please make checks payable to:

Myers Stevens & Toohey & Co., Inc.
26101 Marguerite Parkway
Mission Viejo, CA 92692-3203

***Important:** Keep records of **all** participants (i.e. student name, effective date of coverage, and school name) at school.*

**Please contact Poms and Associates at (800) 578-8802
or
Myers Stevens & Toohey & Co., Inc. at (800) 827-4695
should you have any questions.
Thank you.**

**STUDENT WORKSTUDY PROGRAMS (SCHOOL-TO-WORK) ENROLLMENT FORM
VOLUNTARY WAIVER ACCIDENT INSURANCE 2010-2011 SCHOOL YEAR
MYERS-STEVENSON & TOOHEY & CO., INC. – NMPSIA PLAN**

This program is offered through Poms & Associates

Provides coverage for injuries which occur to participating students; 1) while at the approved worksite and under direct supervision, and; 2) while traveling between school and the worksite and between worksite and the student's home. Such travel must be direct and without interruption and must be arranged by, and be at the direction of, the school. Injuries covered under Workers' Compensation are not covered by this plan.

Benefits are paid under the "High" option plan and are subject to the following limits:

Maximum Medical benefits per person, per injury	-	\$250,000
Accidental Death, Dismemberment, Paralysis	-	10,000
Motor Vehicle Limit	-	5,000
Vehicle provided and operated by the school limit		10,000

Effective Date of Coverage: The first date of the program, or the date that enrollment form and premium is received by Myers-Stevens, whichever is later.

Termination Date of Coverage: The last day of the program for the 2010-2011 school year.

All Student Workstudy Participants are required to either purchase this coverage or to provide a signed waiver of coverage.

Complete this form and return it with your premium, prior to the start date of activities, to:
Myers-Stevens & Toohey & Co., Inc., 26101 Marguerite Parkway, Mission Viejo, CA 92692-3203
Phone (800) 827-4695 - Fax (949) 348-2630 (Please make checks payable to Myers-Stevens)

NAME OF DISTRICT: _____

NAME OF SCHOOL: _____

MAILING ADDRESS: _____

_____ **Phone:** () _____

DATES OF PROGRAM: From: _____ **To:** _____

Please attach a list of names of students that will be purchasing this coverage.

Please calculate premium due:

Student Workstudy Coverage: _____ x \$7.00 = _____
(List of names attached) # of Participants Premium Total Premium Due
(Due on or before first date of program)

Requested By: _____ Signature: _____
Print Name of School Official

If paying by MasterCard/Visa, please complete information below:

METHOD OF PAYMENT: (Please do not send cash)	
CARD NO.# _____	MC/VISA AUTHORIZATION: MC: _____ VISA: _____ EXP. DATE: ____/____
_____	_____
Zip code of cardholder	Cardholder's signature

Plan is underwritten by: ACE USA

NMPSIA S-T-W