



Michael W. Brown
INTERIM DIRECTOR

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

Date: _____
School: _____
Program Coordinator: _____
Name of Student: _____
Address: _____
Phone: _____
Date of Birth: _____ Grade: _____

Check one:
 Yes*, we want the \$50,000 Accident policy with no deductible
 No**, we have our own medical insurance (see below)

***Cost is \$10.00. 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



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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 enrollment form and Master List to:

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

- 4) Send a copy of Master List and Payment to:

Albuquerque Public Schools
Risk Management
PO Box 25704
Albuquerque, NM 87125

Please make checks payable to:

Myers, Stevens & Toohey & Co., Inc

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

Should you have any questions, please contact Poms and Associates:

(800)578-8802

Or

Myers Stevens & Toohey & Co., Inc.

(800)827-4695

Thank you!



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**NMPSIA STUDENT WORK-STUDY PROGRAMS (SCHOOL-TO-WORK)
COVERAGE REQUEST FORM
VOLUNTARY WAIVER ACCIDENT INSURANCE SCHOOL YEAR
MYERS-STEVENS & TOOHEY & CO., INC.**

This program is offered through Poms & Associates.

It provides accident medical expense, death and dismemberment 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 100% Usual, Customary and Reasonable and are subject to the following limits:

Maximum Accident Medical benefits per person, per injury - \$50,000

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 work-study program, or the date that the Coverage Request form and the required premium are received by Myers-Stevens, whichever is later.

Termination Date of Coverage: The last day of the program for the 2014-2015 school year.

The Policy has complete details of provisions, limits and exclusions.

All Student Work-Study 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 Work-Study Coverage: _____ x \$10.00 = _____

(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, complete below. Your amount of charge will appear as "M-S Student Insurance" on your statement.

Account # _____ - _____ - _____ - _____ Expiration Date ____/____ Authorized Amount _____ Security Code _____

Please sign me up for the insurance program. I have read and agreed to all disclosures relating to the purchase of this insurance. I authorize my financial institution and service provider to automatically charge my account at the rate shown in this application for the insurance elected.

Name Date Signature _____ Cardholder

NMPSIA S-T-W Plan is underwritten by: ACE American Insurance Company 14-15 Vol