

# NOTES FROM THE OFFICE

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September 2, 2020

We celebrated the return of all our students this week, and look forward to welcoming our PreK boys and girls next week. It was truly an emotional start for everyone, and I so appreciate the efforts of the teachers and the understanding of the families as we adjust to new routines, particularly at our dismissal time.

Some updates for our start:

- If you are interested in the Before Care Program or Study Hall (Gr. 5-8) please complete the appropriate form below.
- Mrs. Alexandra Roberts, who taught Art, has decided not to return, due to family responsibilities. Mrs. Carolyn Hietsch will continue Art with PreK and K, and add Gr. 1-5 into the schedule. Mrs. Kate Martin will undertake Art with our Gr. 6-8 students, interspersing and integrating Art with her Guidance work.
- Mrs. Tenley Heleen has made the difficult decision not to return as our Gr. 1 assistant, but Ms. Pamela Hague will begin tomorrow with the students and work opposite Mrs. Hietsch in that role.
- We have a new Music teacher, Ms. Joy Pye, who will begin classes next week, and we enthusiastically welcome her!
- Spanish in Gr. 5-8 will take a different route this year, as an exhaustive search did not locate a replacement for Ms. Widdicombe. Rather than eliminate our Foreign Language program, we have examined alternatives, and will utilize Rosetta Stone for the upcoming year. The school version of this program provides self-paced individualized lessons and assessments for each student, as well as supplemental activities, and has proven very successful in other school settings. We are enthusiastic about this undertaking.
- We are in need of assistants for lunch and lunch duty. Do you know a college student who would like a few hours work over the course of a week? If so, have them get in touch.

## Before School Sign-Up: (Limit 15 students)

Before School Drop-Off begins at 7:30. If you need to drop your child/children off early on a regular basis, please indicate days below. There will be fifteen slots per day. Once the slots are filled, that day will not be available:

Family Name \_\_\_\_\_

Child Name \_\_\_\_\_ Gr. \_\_\_\_\_

Child Name \_\_\_\_\_ Gr. \_\_\_\_\_

Days Needed:

Check all that apply.

\_\_\_\_\_ Monday

\_\_\_\_\_ Tuesday

\_\_\_\_\_ Wednesday

\_\_\_\_\_ Thursday

\_\_\_\_\_ Friday

## **Study Hall Sign-Up: (Limit 15 students)**

Study Hall begins on Monday, September 14th. Registration will take place on a weekly basis. Please indicate day(s) your Middle School students will take advantage of Study Hall. Pick-up is at 3:30 at the cafeteria door.

Family Name \_\_\_\_\_

Child Name \_\_\_\_\_ Gr. \_\_\_\_\_

Child Name \_\_\_\_\_ Gr. \_\_\_\_\_

Days Attending:

Check all that apply.

\_\_\_\_\_ Monday, Sept. 14th

\_\_\_\_\_ Tuesday, Sept. 15th

\_\_\_\_\_ Wednesday, Sept. 16th

\_\_\_\_\_ Thursday, Sept. 17th



September 2, 2020

### **ONLINE FORMS**

Links to complete the Family and Student online forms were sent home earlier this month. **All forms must be completed by Tuesday, September 8th.** Thank you!

### **COMPUTER SYSTEM & INTERNET ACCEPTABLE USE AGREEMENT**

All students must sign the enclosed Computer System and Internet Acceptable Use Agreement. **Please return it to school by Tuesday, September 8th.**

### **REMINDER MORNING DROP – OFF PROCEDURES**

It is important for the students to get acclimated with the daily routine of car line or car pool. All cars should enter by Wood Road and depart by way of Barbara Street. Please have your child(ren) wait until a staff member opens your vehicle door before they exit. For the children's safety we do not want children running up the front side walk. Be certain the cars in front of you have exited the drop off area before you pull away; do not pull around and pass other vehicles. Also, please do not drop your child(ren) off in the parking lots adjacent to the school. Please pull up to your designated drop off door so that he/she may come through those doors.

### **REMINDER - CALENDAR DATES**

Wednesday, September 16<sup>th</sup>  
Lower and Middle School Parents' Night  
**6:00pm online via Google Meet**

### **SCHOOL LUNCH PRICE**

Nutritional lunches are provided at school each day for **\$3.00** beginning Monday, September 14th. A lunch ticket for 20 lunches must be purchased for \$60.00 if your child would like to purchase lunch. Cash will no longer be accepted. Please make checks payable to the Dennis-Yarmouth School District.

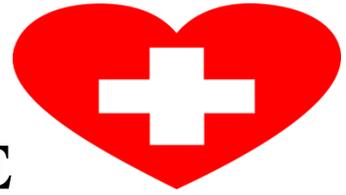


# St. Pius X School

## September 2020



Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1 First Day of School Grades 5–8	2 First Day of School Grade 3 & 4	3 First Day of School Kindergarten, Grade 1 and Grade 2	4 <b>No School</b>	5
6	7 <b>Labor Day No School</b>	8	9  PreK Dismissal 12pm	10  PreK Dismissal 2:15	11 Middle School “House Sorting Day”  PreK Dismissal 2:15	12
13	14 Students may begin to purchase school lunch  Middle School Study Hall Begins 2:15–3:30 Students must pre-register	15	16  Lower and Middle School Parents’ Night 6:00pm—Online via Google Meet	17	18	19
20	21	22	23	24	25	26
27	28	29	30			



## **NOTES FROM NURSE ANNIE**

### **STUDENT ABSENCES**

When your student is absent parents/guardians must alert the office with specific reasons for the absence, including all symptoms of illness, mental health or other.

### **NEW MANDATORY IMMUNIZATIONS**

Grade 7: 1 dose MenACWY (formerly MCV4) required

Grades PK-8: 1 dose; seasonal influenza vaccine for the current flu season (July-June) must be received annually by December 31<sup>st</sup>.

### **MEDICATIONS**

All prescription medications require MD orders AND parental consent. Medication must be delivered by parent/guardian in the original pharmacy labeled container. If you would like your student to receive certain over the counter (OTC) medications please complete the OTC Permission Form found on the school website.

# Symptoms of COVID-19

Symptoms of COVID-19	Strep Throat	Common Cold	Flu	Asthma	Seasonal Allergies
<b>FEVER</b> 	✓		✓		
<b>COUGH</b> 		✓	✓	✓	✓
<b>SORE THROAT</b> 	✓	✓	✓		✓
<b>SHORTNESS OF BREATH</b> 				✓	
<b>FATIGUE</b> 		✓	✓	✓	✓
<b>DIARRHEA OR VOMITING</b> 	✓		✓		
<b>RUNNY NOSE</b> 		✓	✓		✓
<b>BODY/ MUSCLE ACHES</b> 	✓	✓	✓		

✓ Symptom of illness



[cdc.gov/coronavirus](https://cdc.gov/coronavirus)



**Diocese of Fall River  
Saint Pius X School - South Yarmouth  
Student**

**Computer System and Internet Acceptable Use Agreement**

School believes in the educational value of a computer system, the Internet and other technologies and recognizes their potential to support and enrich the curriculum and the student learning process. Our goal in providing a computer system, Internet access and other technologies is to promote educational excellence by facilitating resource sharing, innovation, and communication. This agreement would apply to the use of individually owned technologies in the form of personal communication devices when used on school grounds, at school functions, or for school-related purposes. This agreement would also apply to school owned technologies used outside of school. Use of the computer system, the Internet and other technologies is a privilege and access entails responsibility. School cannot prevent the availability of all inappropriate material on the Internet and other technologies. The use of the system, Internet and other technologies is subject to this acceptable use agreement and the rules, regulations and policies of school, the Department of Education and the Diocese of Fall River. School supports and respects each family's right to decide whether or not to apply for student computer system and Internet access and other technologies.

**Acceptable Use** The computer system, Internet access and other technologies has been established for an educational purpose. The user understands and agrees to the following:

- The use of the system, the Internet and other technologies must be consistent with and in support of the educational goals and objectives of school's curriculum and mission statement.
- The use of any material in violation of any law is prohibited. This includes, but is not limited to, copyrighted material, threatening or obscene material, or material protected by trademark or trade secret.
- The purchase or sale of any product or service, or any other commercial use, is prohibited.
- The listing of any advertisements or political materials is prohibited.
- Illegal activities of any kind are prohibited.

**Behavior** The user is expected to follow the generally accepted rules of computer use/Internet and other technologies etiquette. These rules include, but are not limited to, the following:

- Be polite. Always use the system in an ethical and respectful manner.
- Use appropriate language.
- User shall not reveal his/her name, home address, personal telephone number or any other personal information. User shall not reveal the personal information of any other person.
- User shall not disrupt or congest the computer system and/or Internet and/or other technologies in any manner.
- User shall not post anonymous messages.
- User shall not access, create, or distribute harassing, defaming, discriminatory, abusive, pornographic, fraudulent, obscene, racist, sexist, or threatening material or imagery.
- User shall not attempt to access blocked Internet sites.
- User shall only use school approved, licensed software and shall not use other programs or applications or download any information without the permission of the head of school.
- User shall not use the account or password (if the school assigns one) of another user or attempt to impersonate any other person.
- Confidential information should not be transmitted over the Internet or other technologies.
- User shall report any known or suspected misuse of the computer system and/or Internet and/or other technologies to the head of school. User shall not make any false complaints against any other user.
- User shall not access any "chat rooms" unless access has been approved by the head of school.

**NOTE:** *User may be given an e-mail account on the computer system. User shall not sign up for or access any e-mail service offered through the Internet or other technologies. School explicitly prohibits user from having any access to any e-mail services unless it has been specifically approved for a limited time and purpose by the head of school. If user has been granted approval to use e-mail, user understands that e-mail is not private. Any messages received that relate to or are in support of illegal activities, or*

that are prohibited by this acceptable use agreement, or that make the user feel uncomfortable, shall be reported immediately to the head of school. User shall not send messages or use the computer system and/or Internet and/or other technologies in any manner that they would not be comfortable seeing reproduced publicly.

**Services** School makes no warranties of any kind, whether express or implied, with respect to the use of the computer system and/or Internet and/or other technologies. Use of any information obtained through the use of the computer system and/or Internet and/or other technologies is at the user's own risk. School does not accept any responsibility for the accuracy of information obtained through the Internet or other technologies or for any damage user may suffer as a result of use of the computer system and/or Internet and/or other technologies including but not limited to, loss of data or interruption of service. School is not responsible for any financial obligations arising from the unauthorized use of the computer system and/or Internet and/or other technologies.

**Security** Security on any computer system or other technologies system is a high priority. If a user identifies a security problem, he/she shall notify the head of school immediately, without discussing it or showing it to another person. Any user identified as a security risk will be subject to disciplinary action, up to, and, including expulsion.

**Vandalism** Vandalism includes, but is not limited to, any attempt to harm or destroy the computer system, hardware, software, or data of school, another user or of any other agency or network that is connected through the Internet or any other technologies. Vandalism will subject the user to disciplinary action, up to, and, including expulsion, and may involve a referral to appropriate law enforcement agencies.

**Password** If the school uses passwords, user understands that the password chosen is for personal use only and shall not be shared with any person, except as directed by school. The password may be changed at any time according to the needs of school.

**Monitoring** The computer system and all communications and information transmitted by, received from, or stored in the computer system or other technologies, including e-mail, are the property of the school. User should not expect that his/her use of the computer system, Internet and other technologies is private. User has no expectation of privacy in any use of the Internet or computer system or other technologies. School has the right, at any time, to access, monitor, and disclose any and all use of the computer system and Internet and other technologies, including but not limited to, back-up files, e-mail messages and the transmission, receipt or storage of information in the computer or other technologies as it deems necessary. Monitoring will be conducted to ensure system integrity and to ensure that all users are using the computer system and Internet and other technologies responsibly and according to this acceptable use agreement. **User acknowledges and expressly consents to school accessing, monitoring, and disclosing his/her use of the computer system and/or Internet and/or other technologies at any time at school's discretion.**

**Termination** School has the sole right at any time, with or without cause, to terminate or suspend any user's access to, and use of, the computer system and/or the Internet and/or other technologies.

**Responsibility** User understands that the computer system, the Internet, and other technologies are to be used only for educational purposes. Any violation of the terms of this acceptable use agreement may result in loss of computer system, Internet privileges, and other technologies disciplinary action, up to, and, including expulsion, and appropriate legal action.

The Internet and/or any other technologies links users around the world and provides access to a wide variety of information and resources. The law affecting the Internet and/or other technologies is developing and changing daily. No acceptable use agreement could identify each and every inappropriate use of the computer system and/or Internet and/or other technologies through school property. School is the sole judge of whether the use of the computer system and/or Internet and/or other technologies is consistent with this acceptable use agreement and its decision shall be final. If user is unsure whether use of the computer system, Internet or other technologies is appropriate, user shall confer with the head of school. School reserves the right to modify this acceptable use agreement at any time in any manner.

I have read this acceptable use agreement in its entirety. In consideration of granting me access to the computer system and/or Internet and/or other technologies, I agree to be governed by the provisions of this agreement.

\_\_\_\_\_  
Print Name of User (Student)

\_\_\_\_\_  
User (Student) Signature

\_\_\_\_\_  
Date

**PARENT/GUARDIAN**

As the parent or guardian of this user I have read this acceptable use agreement and understand that access to, and utilization of, school computer system, Internet access and other technologies is intended and designed for educational purposes. I understand that security cannot be made perfect and it is possible that an industrious user could make use of the computer system and Internet and/or other technologies for inappropriate purposes. I will instruct my child regarding the acceptable behavior and restrictions as noted in this acceptable use agreement and any additional restrictions that I may have. **I have specifically reviewed the monitoring section of this acceptable use agreement and expressly consent to school's accessing, monitoring, and disclosing this child's use of the computer system and/or Internet and/or other technologies at any time at school's discretion.**

I agree to release and hold school, the Department of Education, and the Diocese of Fall River, and their agents, employees, and representatives forever harmless and indemnified against and from any and all liability, loss, damages, costs, claims, and/or causes of action, including any legal fees in defending such claim, resulting from or arising out of this student's use of, or inability to use, the computer system and/or Internet and/or other technologies.

I also agree to release and hold school, the Department of Education, and the Diocese of Fall River, and their agents, employees, and representatives forever harmless and indemnified against and from any and all claims or right of actions for damages which this student has or hereafter may acquire either before or after the student has reached majority, including but not limited to property damage, and including any legal fees in defending such claim, resulting from or arising out of this student's use of, or inability to use, the computer system and/or Internet and/or other technologies.

I have read this acceptable use agreement in its entirety. In consideration of granting this student access to the computer system and/or Internet and/or other technologies, I agree to be governed by the provisions of this agreement.

\_\_\_\_\_  
Print Name Parent/Guardian

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# ST. PIUS X SCHOOL

## SEPTEMBER LUNCH MENU

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

	1	2	3	4
7	8	9	10	11
14	15	16	17	18
1) CHICKEN NUGGETS 2) HAM & CHEESE SANDWICH 3) SUNBUTTER & JELLY SANDWICH Served w/ Mashed Potatoes Vegetable, Fruit, Milk	1) CHEESBURGERS 2) TURKEY & CHEESE SANDWICH 3) SUNBUTTER & JELLY SANDWICH Served w/ Oven Fries Vegetable, Fruit, Milk	1) CHICKEN PATTY 2) HAM & CHEESE SANDWICH 3) SUNBUTTER & JELLY SANDWICH Served w/ Baked Chips Vegetable, Fruit, Milk	1) HOT DOGS 2) TURKEY & CHEESE SANDWICH 3) SUNBUTTER & JELLY SANDWICH Served w/ Oven Fries Vegetable, Fruit, Milk	1) PIZZA DAY !! 2) HAM & CHEESE SANDWICH 3) SUNBUTTER & JELLY SANDWICH Served w/ Baked Chips Vegetable, Fruit, Milk
21	22	23	24	25
1) CHICKEN NUGGETS 2) HAM & CHEESE SANDWICH 3) SUNBUTTER & JELLY SANDWICH Served w/ Mashed Potatoes Vegetable, Fruit, Milk	1) CHEESBURGERS 2) TURKEY & CHEESE SANDWICH 3) SUNBUTTER & JELLY SANDWICH Served w/ Oven Fries Vegetable, Fruit, Milk	1) CHICKEN PATTY 2) HAM & CHEESE SANDWICH 3) SUNBUTTER & JELLY SANDWICH Served w/ Baked Chips Vegetable, Fruit, Milk	1) HOT DOGS 2) TURKEY & CHEESE SANDWICH 3) SUNBUTTER & JELLY SANDWICH Served w/ Oven Fries Vegetable, Fruit, Milk	1) PIZZA DAY !! 2) HAM & CHEESE SANDWICH 3) SUNBUTTER & JELLY SANDWICH Served w/ Baked Chips Vegetable, Fruit, Milk
28	29	30	1	2
1) CHICKEN NUGGETS 2) HAM & CHEESE SANDWICH 3) SUNBUTTER & JELLY SANDWICH Served w/ Mashed Potatoes Vegetable, Fruit, Milk	1) CHEESBURGERS 2) TURKEY & CHEESE SANDWICH 3) SUNBUTTER & JELLY SANDWICH Served w/ Oven Fries Vegetable, Fruit, Milk	1) CHICKEN PATTY 2) HAM & CHEESE SANDWICH 3) SUNBUTTER & JELLY SANDWICH Served w/ Baked Chips Vegetable, Fruit, Milk	1) HOT DOGS 2) TURKEY & CHEESE SANDWICH 3) SUNBUTTER & JELLY SANDWICH Served w/ Oven Fries Vegetable, Fruit, Milk	1) PIZZA DAY !! 2) HAM & CHEESE SANDWICH 3) SUNBUTTER & JELLY SANDWICH Served w/ Baked Chips Vegetable, Fruit, Milk
<b>FULL PRICED LUNCH \$3.00</b>			<b>REDUCED PRICED LUNCH \$.40</b>	
<b>THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER</b>			<b>*This menu is subject to change</b>	

# UP TO \$1,000,000 STUDENT ACCIDENT MEDICAL INSURANCE PROTECTION



## ADMINISTERED BY:

Lefebvre Insurance, LLC  
850 Franklin Street  
Wrentham, MA 02093  
(800) 451-9668

## 2020-2021

Underwritten By:  
AXIS Insurance Company

## 24 HOUR ACCIDENT COVERAGE

Provides accident coverage for the full 24 hours of the day, not only during school hours, but also at home or on weekends, during vacation periods, at camp, anytime, anywhere when school is not in session. SEE EXCLUSIONS.

Full Time, Registered Student K-12, Teachers, Administrative and Other Personnel . . . . . \$50.00

## SCHOOL TIME ACCIDENT COVERAGE

Provides coverage while in attendance at school during the hours and on the days that school is in session. Includes traveling directly and without interruption to or from the Insured's residence and the school for regular school session, for such travel time as is required, but not to exceed one hour after school is dismissed, or if additional travel time on the school bus is required, coverage here under shall extend for such additional travel time as might be necessary. Participation in or attending an activity exclusively organized, sponsored and solely supervised by the school and while under the supervision of school employees. Travel is limited to school supervised transportation. SEE EXCLUSIONS.

Full Time, Registered Student K-12, Teachers, Administrative and Other Personnel . . . . \$8.00

## CONDITIONS

The accident must be reported immediately to a school authority under the School Time Coverage. Under the 24 Hour Coverage report the accident to the school or Lefebvre Insurance (the address is below). The claim form must be filed with the Company within 90 days after the accident. Covered Excess Expenses must be incurred within 90 days from the date of accident. Related expenses are eligible for up to two years from the date of accident. A claim for those Covered Expenses must be submitted to the Company for payment as soon as reasonably possible, but no later than one year from the date of service. It is the parent's responsibility to file the claim form within 90 days.

### Direct All Questions and Correspondence To:

LEFEBVRE INSURANCE, LLC  
850 Franklin Street  
Wrentham, MA 02093  
(800) 451-9668

This brochure is not a contract. It is simply an illustration of benefits. You may read the master policy at the school district office. You will not receive an Individual Accident Policy. Keep your cancelled check, as it is proof of purchase. DO NOT SEND CASH.

**Disclosure:** US insurance coverage is underwritten by AXIS Insurance Company. Coverage is subject to exclusions and limitations and may not be available in all US states and jurisdictions. Product availability and plan design features, including eligibility requirements, descriptions of benefits, exclusions or limitations may vary depending on local country or US state laws. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations, and exclusions, are set forth in the policy.

THIS INSURANCE DOES NOT COORDINATE WITH ANY OTHER INSURANCE PLAN. IT DOES NOT PROVIDE MAJOR MEDICAL OR COMPREHENSIVE MEDICAL COVERAGE AND IS NOT DESIGNED TO REPLACE MAJOR MEDICAL INSURANCE. FURTHER, THIS INSURANCE IS NOT MINIMUM ESSENTIAL BENEFITS AS SET FORTH UNDER THE PATIENT PROTECTION AND AFFORDABLE CARE ACT. IF YOU DON'T HAVE MINIMUM ESSENTIAL COVERAGE, YOU MAY OWE ADDITIONAL PAYMENT WITH YOUR TAXES.

## OPTIONAL \$50,000.00 Extended Dental Benefit

When this option is purchased, the basic dental benefit will be extended to provide for the Usual & Customary Charges for Dental Treatment of a Dental Injury expenses incurred within 2 years from the date of the Covered Injury. Also included in this benefit are the following:

1. Dental Treatment means Replacement of caps, crowns, dentures, and orthodontic appliances, (including braces) fillings, inlays, crozat appliances, endodontics, oral surgery, examinations and x- ray services required as a result of Injury.
2. In no event shall the Company's payment exceed the Usual & Customary Charge normally made by a Dentist for necessary treatment actually rendered during the 104-week period immediately following the date of Covered Injury; if there is more than one way to treat a dental problem, the Company will pay benefits for the least expensive procedure provided that this meets acceptable dental standards.
3. If the Insured's Dentist certifies, in writing to the Claim Administrator, that treatment must be deferred until after two (2) years from the date of the Accident, a maximum of \$800.00 will be paid. Deferred Treatment must be completed within two (2) years of the expiration of the Initial Treatment Period. No bills will be paid without written certification. Services must commence within 90 days from the date of the Covered Injury. This benefit is in effect 24 hours a day, even when purchased with School Time Coverage.

Full Time, Registered Student K-12, Teachers, Administrative and Other Personnel . . . . \$8.00

This coverage **cannot** be purchased without School Time or 24 Hour coverage.

## ACCIDENTAL DEATH AND DISMEMBERMENT

When Injury shall result in anyone of the following losses within 180 days from the date of accident, the company will pay for loss of:

Life . . . . .	\$5,000
(\$15,000 for a death under the Sports Condition of Coverage)	
Both hands or both feet or the entire sight of both eyes . . . . .	\$20,000
One Hand and One Foot . . . . .	\$20,000
Either One Hand or One Foot and the Entire Sight of One Eye . . . . .	
One Hand or One Foot or the entire sight of one eye . . . . .	\$10,000

"Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means total and irrecoverable loss of the entire sight in that eye. "Loss" of thumb or index finger means complete severance through or above the metacarpophalangeal joint of both digits. If more than one Loss is sustained by an Insured as a result of the same accident, only one amount, the largest, will be paid.

## Effective & Termination Date

Coverage begins at 12:01 AM on the date the School receives a completed application and payment of premium. Otherwise, coverage begins on the day of receipt of the application and the first official day of school or the first official practice of interscholastic athletics/activities.

The coverage terminates on the date the Insured ceases to be a registered student or the termination date of the policy, whichever occurs first. If the student, teacher, or administrative employee moves or transfers to another Public or Parochial Day School, the student, teacher, or administrative employee will be covered at the new school until this policy expires. If the premium check is returned from the bank for any reason, the coverage is null and void.

All other coverages end when School begins regularly scheduled classes for the following School term.

# ACCIDENT INSURANCE PROTECTION PROVIDING A MAXIMUM OF \$1,000,000 ACCIDENT MEDICAL EXPENSE

The company will pay Usual and Customary Expenses incurred for a covered Injury if treatment is received within 90 days after the Injury. The Schedule of Benefits are stated below. Benefits are payable for 104 weeks from the date of the Injury.

**MAXIMUM BENEFITS**

**Hospital Services:**

Daily Room & Board (Semi-private) . . . . . Up to \$800/day  
Intensive Care Room & Board . . . . . Usual & Customary  
(Not to exceed 7 days)

**Miscellaneous Services:**

During Hospital Confinement or when surgery is performed . . . . . \$800/day  
Emergency Room out-patient: when Hospital Confinement is not required . . . . . Usual & Customary

**Doctor's Services:**

Surgery, including pre and post operative care - Usual & Customary Expenses in accordance with the 1974 Revised California Relative Value Study, 5th Edition, having a conversion factor of . . . . . \$150.00 unit value  
Anesthesia: (including administration) and assistant surgeon: (% of surgical allowance) . . . . . 25%  
Doctor Visits other than for Physiotherapy or similar treatment when no surgery benefit is paid . . . . . Usual & Customary  
Consultants (when required by attending physician for confirmation or determining a diagnosis, but not for treatment) and second opinion: . . . . . Usual&Customary

**Laboratory & X-Ray Services:**

Other than Dental and including fee for interpretation and/or reading of X-Ray  
X-ray when not Hospital Confined X-ray . Usual&Customary  
Lab . . . . . Usual&Customary  
MRI's, CAT Scans, Laser Treatments or similar procedures, including fee for interpretation and/or reading . . . . . \$800.00

**Additional Services:**

Physiotherapy or similar treatment:  
In-Hospital . . . . . Usual & Customary  
Out of Hospital . . . . . \$1,500.00  
Chiropractic Services (in or out of hospital) . . . . . \$500.00  
Registered Nurse (in or out of hospital) . Usual & Customary  
Ambulance to initial treatment facility . . Usual&Customary  
Orthopedic Appliances:  
In-hospital . . . . . Usual & Customary  
Out of Hospital . . . . . \$1,000.00  
Outpatient Drugs & Medication:  
Administered by a Doctor . . . . . Usual & Customary  
Eyeglasses, Contact Lenses and Hearing Aids; replacement of broken eyeglasses and/or frames, contact lenses, hearing aids, resulting from a covered Injury . . . . . \$650.00

**Dental Services:**

For treatment, repair or replacement of Injured natural teeth, includes initial braces when required

for treatment of a covered Injury, as well as examinations, x-rays, restorative treatment, endodontics, oral surgery, and treatment for gingivitis  
resulting from trauma . . . . . \$750/tooth

**FULL EXCESS COVERAGE**

Benefits are payable for Medically Necessary covered expenses that are in excess of amounts payable under any Other Health Care Plan and are subject to the applicable Total Maximum for all Accident Medical Benefits. If the Insured is not covered by any Other Health Care Plan providing Accident Medical Benefits, the excess provision shall not apply, and benefits are payable to the total Maximum for all Accident Medical Benefits as shown in your Master Insurance Application.

**EXCLUSIONS AND LIMITATIONS**

**Exclusions:** The policy does not cover any loss incurred as a result of:

**Limitation for Motor Vehicle Accidents**

Benefits will be paid for Covered Expenses incurred for treatment of Covered Injuries that result directly and independently of all other causes from a Covered Accident that occurred while the Insured Person was riding in or driving a Motor Vehicle. Benefits will not exceed the Benefit Limit shown in the Schedule of Benefits.

**Excluded Expenses**

For the purposes of this Accident Medical Benefit, the following will not be considered Medically Necessary Covered Expenses unless coverage is specifically provided:

1. expenses payable by any automobile insurance policy without regard to fault;
2. cosmetic surgery, except for reconstructive surgery needed as the result of a Covered Injury;
3. examination or prescriptions for, or purchase, repair or replacement of, eyeglasses, contact lenses; and
4. services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay.
5. treatment of injuries that result over a period of time (such as blisters, tennis elbow, etc.), and that are a normal, foreseeable result of participation in the Covered Activity (does not apply to Voluntary Coverage) (does not apply if Expanded Sports Medical Coverage is Selected on the Master Application).

## COMMON EXCLUSIONS:

1. intentionally self-inflicted injury, suicide, or any attempt while sane or insane;
2. commission or attempt to commit a felony or an assault; or to which a contributing cause was the Insured Person being engaged in an illegal occupation;
3. commission of or active participation in a riot or insurrection;
4. declared or undeclared war or act of war or any act of declared or undeclared war unless specifically provided by this Policy;
5. flight in, boarding or alighting from an Aircraft, except as a passenger on a regularly scheduled commercial airline;
6. parachuting;
7. travel in or on any off-road motorized vehicle that does not require licensing as a motor vehicle;
8. sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, (including exposure, whether or not Accidental, to viral, bacterial or chemical agents) whether the loss results directly or indirectly from the treatment except for any bacterial infection resulting from an Accidental external cut or wound or Accidental ingestion of contaminated food;
9. 9. a cardiovascular, event or stroke resulting, directly and independently of all other causes, from exertion, as verified by a Physician, while the Insured Person participates in a Covered Activity (does not apply to Voluntary Coverage) (does not apply if Expanded Sports Medical Coverage is Selected on the Master Application);
10. voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
11. injuries compensable under Workers' Compensation law or any similar law;
12. the Insured Person's intoxication. The Insured Person is conclusively deemed to be intoxicated if the level in His blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be under the influence of alcohol if operating a motor vehicle, regardless of whether He is in fact operating a motor vehicle, when the injury occurs. An autopsy report from a licensed medical examiner, law enforcement officer's report, or similar items will be considered proof of the Insured Person's intoxication;
13. practice or play in Senior High Interscholastic Football and/or Senior High Interscholastic Sports, including travelling to and from games and practice, unless specifically provided for in the Master Insurance Application;
14. participation in any sports activity not specifically authorized, sponsored and supervised by the Policyholder, whether or not it takes place on the Policyholder's premises or during normal School hours, including snowboarding skiing and ice hockey;
15. benefits will not be paid for services or treatment rendered by any person who is:
  - a. employed or retained by the Policyholder;
  - b. living in the Insured Person's household;
  - c. an Immediate Family Member, including domestic partner, of either the Insured Person or the Insured Person's Spouse; or
  - d. the Insured Person.

## **Disclosure**

US insurance coverage is underwritten by AXIS Insurance Company. Coverage is subject to exclusions and limitations, and may not be available in all US states and jurisdictions. Product availability and plan design features, including eligibility requirements, descriptions of benefits, exclusions or limitations may vary depending on local country or US state laws. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations, and exclusions, are set forth in the policy.

THIS INSURANCE DOES NOT COORDINATE WITH ANY OTHER INSURANCE PLAN. IT DOES NOT PROVIDE MAJOR MEDICAL OR COMPREHENSIVE MEDICAL COVERAGE AND IS NOT DESIGNED TO REPLACE MAJOR MEDICAL INSURANCE. FURTHER, THIS INSURANCE IS NOT MINIMUM ESSENTIAL BENEFITS AS SET FORTH UNDER THE PATIENT PROTECTION AND AFFORDABLE CARE ACT. IF YOU DON'T HAVE MINIMUM ESSENTIAL COVERAGE, YOU MAY OWE ADDITIONAL PAYMENT WITH YOUR TAXES.

## TO FILE A CLAIM:

1. Use attached claim form
2. Fill out all necessary information
3. Be sure to sign and date the bottom
4. Enclose any itemized bills or receipts from services rendered.
5. Send claim forms, itemized bills and receipts to:

**MCA Administrators, Inc.**  
PO Box 6540  
Harrisburg, PA 17112  
(800) 427-9308

Proof of Loss is required within 90 days from the date of the Accident. You have ONE year from the time Proof of Loss would have been required to file a claim. Claims submitted past this period will not be considered for payment under the policy.

## ENROLLMENT FORM CHECKLIST

### DID YOU:

- Fill out all of the appropriate information on the enrollment form (MAKE SURE SCHOOL DISTRICT IS CLEARLY LISTED)
- Check the appropriate box(s) for the coverage you have selected.
- Enclose a CHECK or MONEY ORDER for the total Premium (your cancelled check or money order stub will serve as proof of payment) along with the completed enrollment form in an envelope.

## FOR QUESTIONS, INQUIRIES, AND INFORMATION CONTACT:

Lefebvre Insurance, LLC  
850 Franklin Street  
Wrentham, MA 02093  
(800) 451-9668

# DO NOT SEND CASH ENROLLMENT FORM

Please Print

2020-2021

STUDENT'S LAST NAME

STUDENT'S FIRST NAME

MIDDLE INITIAL

BIRTH DATE (MM/DD/YYYY)

GRADE

PHONE

HOME ADDRESS

APT#

CITY

STATE

ZIP

SCHOOL SYSTEM/DISTRICT

SCHOOL NAME

### FRAUD WARNING:

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.

SIGNATURE OF PARENT OR GUARDIAN

DATE

My signature above certifies that I have read and understand the Student Accident Insurance Protection brochure and agree to accept the terms and conditions stated herein.

No obligation to purchase.

### School Year Rate – 2020-2021 ✓ CHECK YOUR SELECTION

COVERAGE PLANS	PREMIUMS
24-Hour – Including Extended Dental	<input type="checkbox"/> \$58.00
24 Hour Only	<input type="checkbox"/> \$50.00
School Time – Including Extended Dental	<input type="checkbox"/> \$16.00
School Time Only	<input type="checkbox"/> \$8.00

Make checks payable to AXIS Insurance Company

### HOW TO ENROLL

1. Decide whether you want the School Time, 24-Hour Accident Protection (with or without Dental).
2. Fill out the enrollment form and enclose the form along with a check or money order made payable to AXIS Insurance Company for the correct amount.
3. Mail envelope to Lefebvre Insurance, LLC. - 850 Franklin Street - Wrentham, MA 02093. Your cancelled check or money order stub will be your receipt and confirmation of payment. (Please write the student's name and school name on your check.)

1. Please Fully Complete This Form
2. See Filing Instructions Attached
3. Mail To

**MCA Administrators, Inc**  
**PO Box 6540**  
**Harrisburg, PA 17112**  
**Phone: 1-800-427-9308**  
**Fax: 717-652-8328**  
**Email: student-insurance@mcoa.com**



**PART I - PARTICIPATING ORGANIZATION STATEMENT**

Policy Number:		Organization Name:		Event, Activity, or Sport:	
Claimant's Name (Injured Person)		The Injured Person Was A: <input type="checkbox"/> Participant <input type="checkbox"/> Staff Member <input type="checkbox"/> Other		Date and Time of Accident:	
Place Where Accident Occurred:		Type of Injury: (Indicate Part of Body Injured - e.g. broken arm, etc.)			
Describe How Accident Occurred - Provide All Possible Details:					
Dental Claims	Indicate Which Teeth Were Involved:	Describe Condition of Injured Teeth Prior To Accident: <input type="checkbox"/> Whole, Sound & Natural <input type="checkbox"/> Filled <input type="checkbox"/> Capped <input type="checkbox"/> Artificial			
Did Accident (Check Yes or No for Each of The Following):					
A. During A Participating Organization Sponsored & Supervised, or Sanctioned Activity?		<input type="checkbox"/> YES	<input type="checkbox"/> No		
B. On Activity Premises:		<input type="checkbox"/> YES	<input type="checkbox"/> No		
C. While Traveling Directly and Uninterruptedly to Or From the Activity?		<input type="checkbox"/> YES	<input type="checkbox"/> No		
D. During A Participating Organization Practice or Competition?		<input type="checkbox"/> YES	<input type="checkbox"/> No		
E. Did Injury Result in Death:		<input type="checkbox"/> YES	<input type="checkbox"/> No		
Signature of Participating Organization Representative:			Name & Title of Participating Organization Representative:		Date:

**PART II - PARENT, RESPONSIBLE PARTY, OR GUARDIAN STATEMENT**

Best Contact Number (Included Area Code):		Social Security Number (Of Injured):		Gender (Of Injured): <input type="checkbox"/> M <input type="checkbox"/> F		Date of Birth (Of Injured):	
Address (in which information should be mailed to):							
Do you/spouse/parent have medical/health care, or are you enrolled as an individual, employee or dependent member of a Health Maintenance Organization (HMO) or similar prepaid health care plan, or any other type of accident/health/sickness plan coverage through an employer, a parent's employer, or other source? <input type="checkbox"/> YES <input type="checkbox"/> No							
If yes, name of insurance company: _____				Policy #: _____			
Are you eligible to receive benefits under any governmental plan or program, including Medicare? If yes, please explain: _____				<input type="checkbox"/> YES <input type="checkbox"/> No			
Mother (Guardian's) primary employer name, address & telephone: _____							
Father (Guardian's) primary employer name, address & telephone: _____							

**PART III - AUTHORIZATIONS**

I authorize medical payments to physician or supplier for services described on any attached statements. If not signed, provide proof of payment.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I authorize any physician, medical professional, hospital, covered entity as defined under HIPPA, insurer or other organization or person having any records, dates or information concerning the claimant to disclose when requested to do so, all information with respect to any injury, policy coverage, medical history, consultation, prescription or treatment, and copies of all hospital or medical records or all such records in their entirety to **AXIS Insurance Company** or its designated administrator. A photo static copy of this authorization shall be considered as effective and valid as the original.

I agree that should it be determined at a later date there is other insurance (or similar), to reimburse **AXIS Insurance Company** to the extent of any amount collectible. I understand that any person who knowingly and with the intent to defraud or deceive any insurance company; files a claim containing any material by false, incomplete, or misleading information, may be subjected to prosecution for insurance fraud.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

# CLAIM PROCEDURES

1. Submit all itemized bills to both your family insurance carrier and the insurance carrier for your school/organization. These bills are generally a HICFA form (Physician) or a UB92 form (Hospital). The Physician or Hospital has an assignment of Benefits on file; which was completed on the initial treatment visit. This assignment of Benefits will be honored. If your Provider does not bill on a HICFA or UB92 Form, You will need to sign the authorization to pay Benefits to the Provider on the front of this form.
2. If your family insurance carrier is an HMO organization, CONTACT YOUR HMO PHYSICIAN AT ONCE. FAILURE TO DO SO MAY RESULT IN THE CLAIM BEING DENIED OR A SUBSTANTIALLY REDUCED BENEFIT .
3. Your family insurance carrier will send you an Explanation of Benefits (E.O.B.) listing the payments made by them. Upon receipt of the E.O.B., forward the E.O.B. along with any unpaid itemized bills and a completed claim form to the claim administrator: MCA Administrators, Inc. for processing: **paid receipts and/or balance due statements are not accepted.**
4. If you do not have other valid and collectible insurance (Auto, Employer Provided, Family Insurance or Self-Provided): complete the information on the claim form, sign where indicated, include all your itemized bills, receipts, etc., and forward to the claim administration for processing.

## FRAUD WARNING:

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.

## THINGS TO REMEMBER

1. TO SUBMIT ADDITIONAL BILLS AFTER THE ORIGINAL FORM HAS BEEN SENT IN, BE SURE TO INCLUDE THE FOLLOWING: (A) NAME OF CLAIMANT; (B) DATE OF ACCIDENT; (C) NAME OF THE POLICYHOLDER (SCHOOL, COLLEGE OR ORGANIZATION).
2. IF YOUR FAMILY INSURANCE CARRIER IS AN HMO ORGANIZATION, CONTACT YOUR HMO PHYSICIAN AT ONCE.
3. PROOF OF LOSS IS REQUIRED WITHIN 90 DAYS FROM THE DATE OF THE ACCIDENT. YOU HAVE ONE YEAR FROM THE TIME PROOF OF LOSS WOULD HAVE BEEN REQUIRED TO FILE A CLAIM. CLAIMS SUBMITTED PAST THIS PERIOD WILL NOT BE CONSIDERED FOR PAYMENT UNDER THE POLICY.
4. AUTHORIZATION TO RELEASE MEDICAL INFORMATION (MUST BE SIGNED)
5. PAYMENT WILL BE MADE TO THE SOURCE OF SERVICE (HOSPITAL, PHYSICIAN, ETC.) UNLESS CLAIM FORM ACCOMPANYING THE BILL INDICATES OTHERWISE AT THE TIME THE CLAIM IS SUBMITTED. IF YOU PAID FOR THE SERVICES AND REIMBURSEMENT IS TO BE PAID TO YOU, PROOF OF PAYMENT WILL BE REQUIRED AT THE TIME THE CLAIM IS SUBMITTED.

## IMPORTANT NOTICE

This Brochure provides a brief description of the important features of the insurance plan. It is not a contract of insurance. The benefits, terms and conditions of coverage are set forth in the policy issued in Massachusetts under form number BACC-001-0909-MA. Complete details of coverage are found in the policy on file at your school's office. The policy is subject to the laws of the state in which it was issued. Please keep this information for your reference.