

STUDENT ACCIDENT (EDUCATION/TRAINING)

Summary of Coverage:

- This is a fully insured program underwritten by Hartford Life and Accident Insurance Company (Hartford). This policy provides coverage for registered students in the named education/training courses on file with Hartford while the student is:
 - Participating in college courses, labs or clinical training :
 - Sponsored by the college; and
 - On the premises designated and supervised by the College; or
 - On the premises used for classes, labs or clinical training as designated by the college; or
 - Traveling with a group in connection with the activities under the direct supervision of the college
- Once the course or program of study ends, coverage ends. The policy does not provide for any returning students who wishes to take agility tests, re-certifications, etc. unless they are enrolled in a class.
- Student must incur first medical expense within 26 weeks after the accident for coverage to apply for Accident Medical Benefit
- Accidental Death Benefit and Accidental Dismemberment Benefit—loss of life or limb (per policy) must occur within 365 days after the date of accident
- The college has no deductible
- The policy provides limits of:

• Accident Medical Expense Maximum	\$15,000
• Accidental Death Principal Sum	\$25,000
• Dental Maximum	\$15,000
• Accidental Dismemberment Principal Sum	\$25,000
• Benefit Period	104 Weeks
- This policy provides EXCESS coverage – any coverage available to the student would be primary.

Claims reporting:

- College must file Accident-Incident report to the Consortium indicating at the top of the form “Student Accident Claim-Hartford form sent directly to Fringe Benefits Coordinators”.
- Complete Hartford Claims Form *within 30 days of date of injury* to comply with policy provisions (these forms can be found on Fringe Benefits Coordinators website: www.fbc-inc.com). Forward the Hartford Claims Form to Fringe Benefits Coordinators, Inc. along with any medical bills or other supporting documentation. Fringe Benefits Coordinators, Inc., Post Office box 5249, Gainesville, FL 32627 (Fringe Benefits handles the claims on behalf of Hartford) **THE STUDENT'S SOCIAL SECURITY # IS NOW REQUIRED ON THE CLAIMS FORM DUE TO GOVERNMENT REQUIREMENTS.**

Example of claim: Student suffers a laceration requiring medical attention while participating in a clinical experience as part of his/her education/training coursework.