



Michael W. Brown  
SENIOR 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



## **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 and payment 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!***

**NMPSIA STUDENT WORK-STUDY PROGRAMS (SCHOOL-TO-WORK)  
COVERAGE REQUEST FORM  
VOLUNTARY WAIVER ACCIDENT INSURANCE SCHOOL YEAR  
MYERS-STEVENSON & 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.**

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

Signature

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