



- Please note that there are four pages to the brochure (not including this one)
- You may apply online with a credit card here www.peinsurance.com/signup OR:
- If you would like to apply with a paper application, the third page below is an actual application that you can print and complete by hand, **or you may complete on computer and print.** DO NOT SEND CASH. Make check or money order payable to Pacific Educators and mail to:
 - **Pacific Educators**
2808 E. Katella Ave., Suite 101
Orange, CA 92867
- The last page is a **FREE Prescription Drug Card Program** you can print and take to a Pharmacy to help anyone lower their prescription drug costs.
- If you have any questions, please do not hesitate to contact us directly (800) 722-3365 or email at studentinsurance@peinsurance.com

2017-2018 STUDENT INSURANCE PLANS

WE RECOMMEND 24-HOUR-A-DAY COVERAGE

- Accidents happen! When they happen to your child, someone must pay the bills.
- Here are Accident insurance plans to cover your child either 24 hours a day (24-Hour Plan) or while in school (School-Time Plan).
- These plans provide benefits to help meet the cost of medical and Hospital expense.
- If you have other insurance, these plans can help offset the deductibles and coinsurance for those plans.
- If you have no other insurance, these plans will provide basic coverage.
- Any benefits payable by the Policy as a result of medical, surgical, dental, Hospital or nursing service will be paid directly to the Hospital or person rendering such service unless proof of payment in full is provided.

24-HOUR	SCHOOL TIME	IMPORTANT PROTECTION FACTS
✓	✓	Becomes effective the date premium payment is received by the Company or its representative (but not prior to the opening day of school).
✓	✓	Provides coverage during the hours that school is in regular session.
✓		Provides 24-Hour-A-Day protection.
✓	✓	Provides coverage during the time necessary for travel between the insured's home and the beginning or end of regular school sessions.
✓	✓	Provides coverage while participating in (or attending) activities organized, sponsored and supervised by the school. Coverage is also provided for travel directly to and from such activities in a Designated Vehicle furnished by the school.
	✓	Coverage expires at the close of the regular school term. (Coverage will be extended while attending academic classes for credit in the summer, when classroom sessions are exclusively sponsored and solely supervised by the school; however, no coverage will be provided for travel to and from classes).
✓		Coverage continues without interruption all summer until school re-opens for the following term.

OPTIONAL FOOTBALL COVERAGE BEGINS ON THE DATE OF PREMIUM RECEIPT BY THE COMPANY, ITS REPRESENTATIVES OR SCHOOL OFFICIALS, BUT NOT PRIOR TO THE FIRST OFFICIAL DATE OF PRACTICE; AND CONTINUES THROUGH THE DATE OF THE LAST OFFICIAL GAME OF THE CURRENT SEASON INCLUDING PLAYOFFS.

To file a claim: Report accidents to the school official. Simplified forms will be furnished through the principal's office (during vacation time contact the administrators of the plan). Completed proof of loss and accumulated bills must be received by Guarantee Trust Life Insurance Company within 90 days.

BLANKET ACCIDENT INSURANCE

24-HOUR-A-DAY COVERAGE

24-Hour-A-Day Protection for each Covered Accident

Helps protect your child for the entire school year and extends **throughout the summer** - right up to the day school opens.

Your child's coverage is good **WORLDWIDE, 24-HOURS-A-DAY**. This includes covered accidents:

- ☞ At home ☞ At play ☞ At school ☞ On vacation ☞ Scouting, camping etc. ☞ During covered travel
- ☞ While engaged in sports, except those specifically excluded or for which optional coverage is required*

***See OPTIONS for available optional sports coverage, if any.**

SCHOOL-TIME COVERAGE

Your child is protected while attending regular school sessions. Also covered is travel directly to and from your residence to attend regular school sessions for travel time required, but not more than one hour before or after regular classes. Travel time on the school bus is extended for any additional time needed. In addition, coverage is provided while participating in (or attending) covered activities exclusively organized, sponsored and solely supervised by the school and school employees, including travel directly to and from the activity in a Designated Vehicle furnished by the school and supervised solely by school employees. Optional coverage may be required for interscholastic sports. See **OPTIONS** for available optional sports coverage, if any.

EXCESS PROVISION: All Covered Charges over \$500 will be considered for payment on an Excess basis if any Other Valid and Collectible Insurance or Plan covers the Insured person. The Company will pay the first \$500 in Covered Charges regardless of other insurance.

This is an illustration of your child's benefits. Please keep for your records. This is not a contract. The Master Policy is on file with your school.

Blanket Accident insurance is issued on Form Series GP-1200 by Guarantee Trust Life Insurance Company. This product, and its features are subject to state availability and may vary by state. Certain exclusions and limitations may apply. This brochure is a brief description of the coverage. For complete details of coverage please contact the agent administering the program.

2017-18 SCHOOL YEAR ENROLLMENT FORM

ONE TIME ANNUAL PAYMENT		
OPTIONS	HIGH OPTION	LOW OPTION
24-HOUR-A-DAY PLAN \$50,000 Maximum per Injury Grades Pre-K thru 8 Grades 9 thru 12	<input type="checkbox"/> \$161 <input type="checkbox"/> \$192	<input type="checkbox"/> \$75 <input type="checkbox"/> \$92
SCHOOL-TIME PLAN Maximum per Injury: \$50,000 for High Option \$25,000 for Low Option Grades Pre-K thru 8 Grades 9 thru 12	<input type="checkbox"/> \$25 <input type="checkbox"/> \$54	<input type="checkbox"/> \$11 <input type="checkbox"/> \$24
OPTIONAL FOOTBALL COVERAGE (2017 Season Only) Payable in addition to School-Time & 24-Hour \$25,000 Maximum per Injury Grade 9 Grades 10 thru 12	<input type="checkbox"/> \$80 <input type="checkbox"/> \$177	<input type="checkbox"/> \$36 <input type="checkbox"/> \$84
EXTENDED DENTAL OPTION <input type="checkbox"/> \$6		
TOTAL \$ _____ (Please do not send cash) MAKE CHECK PAYABLE TO: PACIFIC EDUCATORS, INC.		
NO REFUNDS ARE AVAILABLE		



PLEASE PRINT CLEARLY

STUDENT'S NAME _____		
FIRST NAME _____	MIDDLE INITIAL _____	LAST NAME _____
DATE OF BIRTH _____		MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
MONTH	DAY	YEAR
SCHOOL DISTRICT _____		SCHOOL _____
GRADE _____ STUDENT'S ADDRESS _____		
CITY _____		STATE _____ ZIP _____
TELEPHONE # _____		DATE OF ENROLLMENT _____
PARENT OR GUARDIAN'S EMAIL ADDRESS _____		
SIGNATURE OF PARENT OR GUARDIAN _____		

TO PAY BY CREDIT/DEBIT CARD (fee applies) PLEASE GO TO:
WWW.PEINSURANCE.COM OR CALL (800) 722-3365

PLEASE REMEMBER TO:



COMPLETE THE ENROLLMENT FORM AND CHECK THE PLAN AND OPTIONS YOU WANT.



MAKE YOUR CHECK OR MONEY ORDER (PLEASE DO **NOT** SEND CASH) FOR THE TOTAL ENCLOSED PAYABLE AS INDICATED.

MAIL THE ENROLLMENT FORM WITH YOUR CHECK OR MONEY ORDER TO:





Pacific Educators, Inc.
2808 E. Katella Ave., Suite 101
Orange, CA 92867-5299



PLEASE NOTE: YOUR CANCELED CHECK IS YOUR RECEIPT. IF CANCELED CHECK IS NOT RECEIVED WITHIN 60 DAYS, PLEASE CONTACT YOUR PLAN ADMINISTRATOR.

For faster service you can pay by credit or debit card (fee applies) please visit us online at:

Pacific Educators
www.peinsurance.com
click Products then Students
or call (800) 722-3365

 Member: California Student ID Number: 26291W22ES Program: UNARxCard RxBIN: 610709 RxGrp: PFCEDU <p>Note: Everyone is eligible for this program. There are no age or income restrictions. Each family member must have his/her own card. If you can't print a card have your pharmacy call the Pharmacy Help Line and we will help them process your prescription.</p> <p>THIS PROGRAM IS NOT INSURANCE THIS PROGRAM IS A POINT OF SALE DISCOUNT PLAN</p>	<p>INSTRUCTIONS This card is pre-activated and can be used immediately. Simply print this card and take to any participating pharmacy to receive a discount. You can search pharmacy, pricing information, and FAQ's on the website. We are restricted from disclosing drug pricing over the phone. Customer Service (TOLL FREE) 800-726-4232</p> <p>ATTENTION PHARMACIST If you need help processing a prescription call our Pharmacy Help Line at Pharmacy Help Line (TOLL FREE) 877-321-6755.</p> <p>PROGRAM POWERED BY:</p> <div style="text-align: center;">  © Copyright 2010 United Networks of America </div>
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IMPORTANT: PRINT CARD. YOU WILL NEED TO BRING THIS CARD TO THE PHARMACY WITH YOUR PRESCRIPTION.

We are proud to announce that Pacific Educators is now making available a **FREE Prescription Drug Card Program** to help anyone lower their prescription drug costs.

This card can be used with a primary plan and/or on prescriptions not covered by your insurance plan. It also can be used even if you don't have any insurance. The Rx Card Program has no restrictions or participation requirements and is open to anyone.

This Free Prescription Drug Card is pre-activated and can be used immediately.

