



Health Special Risk, Inc. Student Insurance - District Form

Insurance Underwritten by Mutual of Omaha Insurance Company; 3300 Mutual of Omaha Plaza; Omaha, Nebraska 68175

Section 1 - District Information

Name of School/District:	NORTH KNOX SCHOOL CORP		
Policy #:	SR2014IN-P-100881	School Year:	2020-2021
Contact Name:	TERRI ROESLER	Title:	BUSINESS MANAGER
Address:	11110 N SR 159	City:	BICKNELL
State:	IN	Zip:	47512
Email Address:	TROESLER@NKNOX.K12.IN.US (Policy & Invoice will be sent to this email address)		

Section 2 - Program Specifics

Voluntary Enrollment Offered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated # Student's Enrolled in School/District:	
Effective Date / First Class Day:		Last Class Day:	
<i>Note: Athletic coverage begins August 1st if the signed application is received prior to the first athletic start date. Exception: Dates set by state governing organization which are prior to August 1st.</i>			
High School Football Information (Complete if applicable)			
Is Offseason Program Permitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Athletic Effective Dates:	From: To:
Is Contact Practice Permitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Who pays Football Premium?	<input type="checkbox"/> School <input type="checkbox"/> Parents

Section 3 - Mandatory Plans - Coverage Selected by School/District

	Product/Option	Division	Grades	Total # Insured	Rate	Premium*
At-School	<input type="checkbox"/> With Athletics/Activities					
	<input type="checkbox"/> Without Athletics/Activities					
Athletics & Activities Only						
Total:						

Benefit changes from last year? Yes No (If Yes, explain): _____

Section 4 - Catastrophic Plans

Maximum	Plan Type	HH/CC Max	Benefit Period	FB	Covered Class	Grade Level	# of Students	# of Athletes	Rate Per Person	Total Premium*
				Y/N						

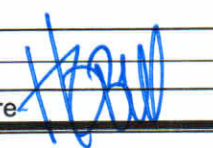
Section 5 - Invoice

Invoice/Supplies To (email address):		Invoice Date	
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Section 6 - Comments

Acceptance: The benefits, conditions and premium for this coverage are as outlined within the coverage materials and this form. If acceptable, in AL, IN, KS, LA, ME, NE, OH, VA & WV; please sign the Participant Accident Insurance Application (Form SR2014 APP) and return with this signed form and the premium to the address below.

Section 7 - Coverage Authorization

We hereby enroll with Mutual of Omaha Insurance Company for the coverage indicated above. We understand that insurance will be in force as of the requested effective date indicated, if all information is accurate and the required premium is received by Mutual of Omaha.		
Signature of Authorized Official	BUSINESS MANAGER	Date Signed
TERRI ROESLER	Gordon Bell	
Name of Authorized Official - Printed	Agent Name - Printed	Agent Signature

Mail Completed Enrollment form to:

4100 Medical Parkway · HSR Plaza II, Suite 200 · Carrollton, TX 75007 · (866) 345-2680 · Fax (972) 512-5819
K12insurance@hsri.com