



# WELLFLEET

## STUDENT

### Student Fixed Indemnity & Participant Accident Proposal prepared for Southern Union State Community College Wadley, AL

Wellfleet Insurance welcomes the opportunity to provide this quotation. As your insurance partner, we encourage your ideas regarding plan modifications. We also welcome the opportunity to provide you with recommendations based upon our extensive experience with similar college and university plans.

Insured	Plan A Premium	Plan B (Acc) Premium	*Combined
Student Annual	\$399	\$125	\$524
Student Fall	\$189	\$60	\$249
Student Spring	\$189	\$60	\$249
Student Spring/Summer	\$286	\$90	\$376
Student Summer	\$120	\$38	\$158

*\*Both Plans A and B must be purchased to make plan effective.*

Commission	20%
*Service Fee per Student	0%
Enrollment Method	Waiver: Nursing and Allied Health Students Voluntary: Students enrolled in 6 or more Credit Hours
Coverage Period	08/15/2024 – 08/14/2025
Fall Term	08/15/2024 – 01/14/2025
Spring Term	01/15/2025 – 05/15/2025
Spring/Summer Term	01/15/2025 – 08/14/2025
Summer Term	05/15/2025 – 08/14/2025
Claims Administrator	Wellfleet Insurance, LLC
*Local Agent	Parker Waller Agency
Coverage Underwritten By	Wellfleet Insurance Company

#### Plan A – Fixed Indemnity

	Limit
<b>Hospital Confinement Daily Income Benefit</b>	
Daily benefit	\$350
Maximum benefit per Coverage Period	20 Days
<b>Hospital Discharge Benefit</b>	
Hospital discharge amount per day of Inpatient confinement	\$1,500
Maximum number of Hospital discharges per Coverage Period	1
Benefit Maximum	\$1,500
<b>Surgery Benefit</b>	\$500
Maximum benefit/number of surgeries per Coverage Period	\$2,000/4
<b>Administration of Anesthesia Benefit (5 visits per Coverage Period)</b>	\$500
<b>Emergency Room Visits Benefit</b>	
Per visit amount for the treatment of a Sickness/Injury (2 visits per Coverage Period)	\$500
In-Hospital visit (1 per coverage period)	\$75
<b>Diagnostic Laboratory Tests Benefit</b>	
Per visit amount (5 visits per Coverage Period)	\$50
<b>Diagnostic Radiology Tests Benefit</b>	
All Other Radiology Tests per visit amount (5 visits per Coverage Period)	\$100
<b>Doctors' Visits Benefit</b>	
New Patient per visit amount (1 visit per Coverage Period)	\$100
Established Patient per visit amount (9 visits per Coverage Period)	\$100

Physical Exam (1 visit per coverage period)	\$75
<b>Prescription Drug Benefit</b>	
Drug maximum amount per prescription	\$20
Drug maximum benefit per Coverage Period	6
<b>Ambulance Transportation Benefit</b>	
Per trip amount (1 trip per Coverage Period)	\$300
<b>Accident Death &amp; Dismemberment Benefit</b>	
Principal Sum	\$5,000
<b>Urgent Care Benefit</b>	\$50
Maximum Number of visits	6
<b>Outpatient Physical Therapy Benefit</b>	\$50
Maximum Number of Physical Therapy visits	6
<b>Outpatient Occupational and Speech Therapy Benefit</b>	\$50
Maximum Visits per Day	6

### Plan B – Participant Accident Plan

#### **MAXIMUM MEDICAL BENEFIT - Non-Athletic Activities: \$3,000**

If the insured person incurs eligible expense as the result of a covered injury, the company will pay the charges incurred for such expense within the benefit period, beginning on the date of the accident. Payment will be made for eligible expenses not to exceed the maximum medical benefit. The first such expense must be incurred within 60 days after the date of accident.

**Eligible Expense** means charges for the following treatments and services that are incurred as the result of a covered injury, not to exceed the usual and customary charges in the area where provided.

1. Medical and surgical care by a physician.
2. Hospital care and service in semi-private accommodations, or as an outpatient;
3. Radiology(X-rays);
4. Orthopedic appliances necessary to promote healing;
5. Ambulance service from the scene of the accident to the nearest hospital;
6. Dental treatment of sound natural teeth, not to exceed the Maximum Dental Benefit stated in the Policy Schedule as the result of one accident.

**Quote Issue Date:** 03/05/2024

**Quote Expiration Date\*:** 05/05/2024

**\*Beyond this date, coverage will need to be re-priced based upon updated experience data.**

*Wellfleet Student and Southern Union State Community College agree to coverage for Accident Insurance for the 2024-2025 school year. Wellfleet Student is dedicated to serving the needs of you and your students.*



Signature

Printed Name & Title

Date

*W. Sam Stan*

Agent

*4/11/2024*

Date

# WELLFLEET INSURANCE COMPANY

5814 Reed Road, Fort Wayne, Indiana 46835

## APPLICATION FOR BLANKET INDEMNITY INSURANCE

1. Name of Policyholder: Southern Union State Community College
2. Mailing Address: 750 Roberts Street, Wadley, AL 36276
3. Policy Number: WI2425ALIND04 Plan Number: ST1775FI
4. Policy Effective: Date: August 15, 2024 Policy Term: August 14, 2025
5. Policy Anniversary Date: August 15, 2025
6. **Plan of Benefits:**

### **Accidental Death and Dismemberment Benefit**

Principal Sum Amount: \$5,000

Loss Period: 365 days of covered accident

### **Accident and Sickness Medical Indemnity Benefits Plan A**

Any benefit limits for Accident and Sickness Medical Indemnity Benefits apply, unless otherwise specified, on a per covered accident or sickness basis.

Covered Expenses	Coverage and Other Limits per Policy Term
<b>Inpatient Hospital Services</b>	
<b>Hospital Stay Daily Income Benefit</b>	\$350 per day
Maximum Number of Days per Inpatient hospital stay	20 days
<b>Outpatient Facilities</b>	
<b>Ambulatory Medical or Surgical Center Benefit</b> , including operating room	\$250 per visit
Maximum Number of Visits	1
<b>Emergency Room Benefit</b>	\$500 per visit
Maximum Number of Visits	2
<b>Home Health Care Benefit</b>	\$50 per visit
Maximum Number of home health care Visits	3
<b>Physician Services</b>	
<b>Surgery Benefit</b>	\$500 per surgery
Maximum Number of Surgeries	4
<b>Urgent Care Benefit</b>	\$50 per visit
Maximum Number of Visits	6
<b>Anesthesia and its Administration Benefit</b>	\$500 per administration
Maximum Number of Events	4
<b>In-Hospital or Office Visits Benefit</b>	\$100 per visit
Maximum Number of Visits	10

<b>Outpatient X-ray, CT Scan, MRI and Laboratory Tests</b>	
<b>Outpatient X-Rays, CT Scans &amp; MRIs Benefit</b>	\$100 per procedure
Maximum Number of Procedures	5
<b>Outpatient Laboratory Tests</b>	\$50 per test
Maximum Number of Tests	5
<b>Outpatient Services and Supplies</b>	
<b>Outpatient Physical Therapy Benefit</b>	\$50 per visit
Maximum Visits Per Day	1
Maximum Number of physical therapy visits	6
<b>Outpatient Occupational and Speech Therapy Benefit</b>	\$50 per visit
Maximum Visits Per Day	1
Maximum Number of Occupational and Speech Therapy visits combined	6 combined
<b>Ambulance Services Benefit</b>	
Ground Ambulance Benefit	\$300 per trip
Air/Water Ambulance Benefit	\$300 per trip
Maximum Number of Trips	1
<b>Prescription Drugs Benefit</b>	\$20 per script
Maximum Number of Scripts	6
<b>Other benefits</b>	
<b>Hospital Discharge Benefit</b>	
Per day of inpatient confinement	\$1,500
Maximum Benefit	\$1,500 per discharge
Maximum Number of Discharges	1
<b>Wellness Care Visits Benefit</b>	
<b>Annual Physical</b>	\$75 per visit

## 7. CLASSIFICATION TABLE – DESCRIPTION OF COVERED PERSONS

Eligible Class(es) of Insured Persons	Description of Class(es)
Class 1	All students enrolled for 6 or more credits of the policyholder

Type Of Coverage	Eligible Class(es)	Enrollment Period	Travel Included? If yes, specify coverage, including limits on travel time one way (if applicable).
24-Hour Accident & Sickness Coverage	1	31 Days	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Student Classification	Eligible Class(es)	Dependent Coverage
Domestic Student	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
International Student J-1, F-1, M1	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Participation	Eligible Class(es)
Voluntary	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 1

[8.] COVERED ACTIVITES, SITUATIONS OR EVENTS

- a) Covered Activities (please specify): 24-Hour Accident and Sickness Coverage
- b) Are sports covered: ☒ Yes ☐ No If yes, specify covered sports below.  
☒ Intercollegiate Sports  
☒ Intramural Sports  
☒ Club Sports
- c) Pre-existing Condition Limitation: ☐ Yes ☒ No If Yes, waived if ☐ 6 ☐ 12 consecutive months have elapsed during which no medical treatment or advise is given by a physician for such condition; or the end of the ☐ 6 ☐ 12-month period beginning with the insured's effective date of coverage under the policy.
- d) Is coverage limited to within the United States? ☒ Yes ☐ No
- e) Is travel covered? ☒ Yes ☐ No If Yes, is travel limited to within the United States? ☒ Yes ☐ No
- f) Is travel restricted by class? ☐ Yes ☒ No If Yes, please specify:

9. PREMIUM REPORT

☒ Contributory ☐ Non-Contributory

Premiums Plan A	Annual 8/15/2024 – 8/14/2025	Fall 8/15/2024 – 1/14/2025	Spring 1/15/2025 – 05/15/2025	Spring/Summer 1/15/2025 – 8/14/2025	Summer 5/15/2025 – 8/14/2025
Student only	\$399	\$189	\$189	\$286	\$120

Any policy issued by Wellfleet Insurance Company in consideration of this Application and payment of the first premium will include only those benefits shown in the proposal and agreed to by Us and the Applicant.

**WARNING:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.



Signature of Policyholder

Position or Title

Date

Check if no agent is used: ☐

Agent/Broker Name

Sam Starr – Parker Waller Insurance Agency

Address:

401 Cedar Street, Greenville, AL 36037

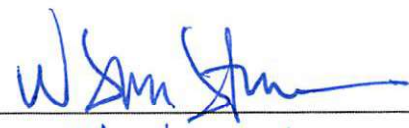
Phone Number:

334-382-1234

Email Address:

studentplans@gmail.com

Tax I.D:

  
4/11/2024

**WELLFLEET INSURANCE COMPANY**  
**5814 Reed Road, Fort Wayne, Indiana 46835**

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**APPLICATION FOR PARTICIPANT ACCIDENT INSURANCE**

1. Name of Policyholder: Southern Union State Community College
2. Mailing Address: 750 Roberts Street, Wadley, AL 36276
3. Policy Number: WI2425ALACC08 Plan Number: ST1775AC
4. Policy Effective Date: August 15, 2024 Policy Term Date: August 14, 2025

**5. Plan of Benefits:**

**Accident Medical Benefits**

Accident Medical Maximum: \$3,000  
Accident Medical Coinsurance: 100%  
Individual Medical Deductible: \$0  
Benefit Period: 1 year from date of covered accident  
Treatment Window: 60 days

**Other Benefits:**

- Eyeglasses, Contact Lenses, Hearing Aids, Artificial Dental Devices

6. Plan Type: Full Excess Medical
7. Other Benefit Exclusions: Refer to Policy Certificate

**8. CLASSIFICATION TABLE**

Class	Eligible Class(es) of Covered Persons – Description of Class
1	All students of the <b>policyholder</b> enrolled for 6 or more credits.

9. Covered Activities (please specify): School time accident coverage and/or During participation in policyholder sponsored, sanctioned, scheduled, and/or supervised non-sports activities.

**10. PREMIUM REPORT**

Premium Rate Annual	\$125.00
Premium Rate Fall	\$ 60.00
Premium Rate Spring	\$ 60.00
Premium Rate Spring/Summer	\$ 90.00
Premium Rate Summer	\$ 38.00

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WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.



\_\_\_\_\_  
Signature of Policyholder

\_\_\_\_\_  
Position or Title

\_\_\_\_\_  
Date

Check if no agent is used: ☐

Agent/Broker Name: Sam Starr – Parker Waller Agency

Address: 401 Cedar Street, Greenville, AL 36037

Phone Number: 334-382-1234

Email Address: studentplans@gmail.com

Tax I.D:

\_\_\_\_\_  
Signature of Agent/Broker

4/11/24  
Date