

STUDENT ACCIDENT INSURANCE

IMPORTANT POINTS

1. **This is accident insurance. It is NOT a personal health or sickness policy.**
2. **To be eligible for this coverage, the activity must be University Sponsored, Scheduled, and Supervised.**
3. **All events must be directly supervised by a University employee. Student employees do not meet this qualification.**
4. **Coverage IS NOT in effect until Application and payment are received by the Statewide Office of Risk Management.**
(Identification of organization code and fund number is acceptable for UA departments.)
 - * **The Statewide Office of Risk Management's fax machine is on 7 days a week, 24 hours a day. You will receive a fax confirmation of our receipt of your applications. Please provide us with your fax number.**
 - * **If a department is unable to obtain the student(s) signature(s) on the Class/Group Enrollment Sheet(s) prior to the beginning of the coverage period, please do not let this delay submittal of the application form. You may send a list of student names along with the application form and then forward the completed Class/Group Enrollment Sheet(s) with the student signature(s) at a later date but as soon thereafter as possible.**
4. **Application forms must be complete.**
 - * **Always forward a complete Application Form along with your Class/Group Enrollment Sheet(s).**
 - * **You must complete all the blanks and classify your activity.**
5. **Use the correct classification for your activity.**
 - * **If you have any questions regarding how to correctly classify your activity, please call the Statewide Office of Risk Management, (907) 450-8157. The insurance carrier may not extend coverage if a class activity is under classified. For example, activities involving outdoor field trips, such as boating, hiking, or skiing, would be considered Class II. Examples of Class I activities include field trips to museums, conferences, restaurant tours, etc.**
6. **Distribute Insurance brochure.**

DEPARTMENTS: Please distribute, to each student applicant, the Student Accident Information brochure outlining the general coverage information.

STUDENTS: Please contact the Statewide Office of Risk Management at (907) 450-8157 if you do not receive a brochure upon signing up for insurance, or you may download a brochure from our website at <http://www.alaska.edu/swrisk/download/broch.pdf>



STUDENT ACCIDENT INSURANCE APPLICATION

COVERAGE DOES NOT GO INTO EFFECT UNTIL THE APPLICATION AND PAYMENT ARE RECEIVED BY THE STATEWIDE OFFICE OF RISK MANAGEMENT

Campus _____ Department _____ Contact Person _____ Phone _____ Fax _____
 Name/Description/Location of Course/Activities: _____

 Mode of Transportation: _____ Dates of Coverage: _____

★ DEPARTMENTS: EACH STUDENT MUST SIGN AND DATE THE ATTACHED ENROLLMENT SHEET.
Please distribute, or have made available, to each student requesting coverage, the Student Accident Information brochure outlining the general coverage information.

★ FOR AN EVENT TO BE ELIGIBLE FOR THIS COVERAGE, THE EVENT MUST BE UNIVERSITY SPONSORED, SCHEDULED AND SUPERVISED.
 SUPERVISOR [Print Name]: _____ Title: _____
 SIGNATURE: _____ Date _____
All events must be directly supervised by a University of Alaska employee. Student employees do not meet this qualification.

DEPARTMENT GUIDE FOR PREMIUM CALCULATION			
UNIVERSITY OF ALASKA ACTIVITIES			
✓ Class Type			Ref#
<input type="checkbox"/>	Low Hazard FieldTrips/Activities— tours, classroom activities, seminars, etc.	\$1.05 per day x #of days _____ x # of Students _____ = _____	I
<input type="checkbox"/>	Hazardous Field Trips/Activities—mountain climbing, camping, boating, etc. <i>(Does NOT include Emergency Evacuation and Repatriation coverage)</i>	\$2.60 per day x #of days _____ x # of Students _____ = _____	II
<input type="checkbox"/>	Hazardous Field Trips/Activities – INCLUDES Emergency Evacuation & Repatriation of Remains Coverage. This coverage is recommended when students will be participating in remote travel where medical treatment is limited or unavailable.	\$2.60 per day x # of days _____ x # of Students _____ = _____ \$2.50 x # of persons _____ + _____ Total = _____	VII
<input type="checkbox"/>	Foreign Travel—Premiums are quoted individually, based on trip itinerary. Please provide the Statewide Office of Risk Management a copy of the itinerary, AT LEAST 30 DAYS PRIOR to departure, to enable enough lead time to provide you with the cost in a timely manner.		IV
UNIVERSITY OF ALASKA COURSES			
<input type="checkbox"/>	On the Job Training— internships (allied health, mechanics, food prep, etc.)	\$.65 per week x # of weeks _____ x # of Students _____ = _____	III
<input type="checkbox"/>	Physical Education Classes - aerobics, tennis, etc.	\$1.15 per week x # of weeks _____ x # of Students _____ = _____	V
<input type="checkbox"/>	Flight Training	\$71.00 per course (6 months max.) x # of Students _____ = _____	VI
<input type="checkbox"/>	Automotive, Construction, Diesel and Welding Technology – classes and field trips	\$4.55 per semester x # of Students _____ = _____	IX
<input type="checkbox"/>	Alaska Marine Highway Oiler Internship Participants – while working on board the vessel.	\$322.00 per year x # of persons _____ = _____	VIII

Charge Premium to: Org # _____ Fund # _____

Was the premium charged to the student as a lab fee? If YES, please complete the following:
 Premium per student: _____ Dates of Coverage: _____

Students may pay for coverage with checks or cash. Department accounts will be debited for premiums via journal voucher. Premium adjustments will only be made prior to the coverage period. SWORM 09/2005



CLASS/GROUP ENROLLMENT SHEET:

← (Must be accompanied by an application form for the group)



COVERAGE DOES NOT GO INTO EFFECT UNTIL THE APPLICATION, SIGNATURES AND PAYMENT ARE RECEIVED BY THE STATEWIDE OFFICE OF RISK MANAGEMENT

This portion of the form must be completed in its entirety. This form may be duplicated as need.

Campus _____	Department _____	Contact Person _____	Phone _____	Fax _____
Name/Class Description/Location of Course/Activities: _____				
Mode of Transportation: _____				
Dates of Coverage: _____				

★ DEPARTMENTS: Please distribute, or have made available, to each student requesting coverage, the Student Accident Information brochure outlining the general coverage information.
STUDENTS: Please contact the Statewide Office of Risk Management if you do not receive a brochure upon signing this form, or you may download a brochure from our website at <http://www.alaska.edu/swrisk/download/broch.pdf>

Student Applicant: [Print Name] _____	SIGNATURE: _____	Date _____
<i>If you did not receive a Student Accident Information brochure upon signing this form, contact the Statewide Office of Risk Management or download one from our website at http://www.alaska.edu/swrisk/download/broch.pdf</i>		
<i>If you have any questions regarding this coverage, please contact the Statewide Office of Risk Management. Information is also available at our website at http://www.alaska.edu/risksafety/html/studtrav.xml. Applicants may not rely upon information regarding this insurance from any other source.</i>		
Student Applicant: [Print Name] _____	SIGNATURE: _____	Date _____
<i>If you did not receive a Student Accident Information brochure upon signing this form, contact the Statewide Office of Risk Management or download one from our website at http://www.alaska.edu/swrisk/download/broch.pdf</i>		
<i>If you have any questions regarding this coverage, please contact the Statewide Office of Risk Management. Information is also available at our website at http://www.alaska.edu/risksafety/html/studtrav.xml. Applicants may not rely upon information regarding this insurance from any other source.</i>		
Student Applicant: [Print Name] _____	SIGNATURE: _____	Date _____
<i>If you did not receive a Student Accident Information brochure upon signing this form, contact the Statewide Office of Risk Management or download one from our website at http://www.alaska.edu/swrisk/download/broch.pdf</i>		
<i>If you have any questions regarding this coverage, please contact the Statewide Office of Risk Management. Information is also available at our website at http://www.alaska.edu/risksafety/html/studtrav.xml. Applicants may not rely upon information regarding this insurance from any other source.</i>		
Student Applicant: [Print Name] _____	SIGNATURE: _____	Date _____
<i>If you did not receive a Student Accident Information brochure upon signing this form, contact the Statewide Office of Risk Management or download one from our website at http://www.alaska.edu/swrisk/download/broch.pdf</i>		
<i>If you have any questions regarding this coverage, please contact the Statewide Office of Risk Management. Information is also available at our website at http://www.alaska.edu/risksafety/html/studtrav.xml. Applicants may not rely upon information regarding this insurance from any other source.</i>		