

# Myers-Stevens & Toohey Co., Inc.

## Voluntary Student Accident and Sickness Insurance Program 2023-2024

INSTRUCTIONS: Please complete or update all blank areas.

### PARTICIPATION AGREEMENT FOR INSURANCE

Participation Agreement is hereby made by the undersigned Participating Organization for insurance under the policy number of the below chosen program issued to Trustee of ACE USA Accident and Health Insurance Trust on Behalf of the Participating Organization.

1. Name of Participating Organization (Correct Legal Name): HAPPY VALLEY UNION S. D.  
 (School or District name as you wish it to appear on the policy)

2. Participating Organization Address: 16300 CLOVERDALE ROAD ANDERSON CA 96007  
 Telephone: 530-357-2134 Fax:                      Email: rgrijalva@hvusd.net

It is agreed that the Policy will not become effective unless the participation agreement is approved by the Company at its Home Office at rates to be determined by the Company. The Applicant declares that to the best of his knowledge and belief the statements and answers to the above questions are complete and true.

**WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.**

Rhonda Grijalva 6.14.2023  
 Signature of Authorized Participating Organization Representative Date

RHONDA GRIJALVA EXECUTIVE ASSISTANT  
 Name and Title:

BROKER OF RECORD (IF APPLICABLE)	BROKER CONTACT NAME	TELEPHONE	FAX
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	2022/2023	2023/2024
	560	550
		6-6-24

1. ESTIMATED TOTAL ENROLLMENT

2. DATE 2023/2024 SCHOOL YEAR ENDS

3. INDICATE PROGRAM OF CHOICE FOR YOUR DISTRICT ("X" indicates prior year's selection, please change if desired)

<input checked="" type="checkbox"/> Network Benefit Plan (NBP) Policy #SDA N18008701	<input type="checkbox"/> Scheduled Benefit Plan Policy #SDA N18008695
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**IMPORTANT:** The Limited Activities Coverage Agreement that follows must be completed and signed in order to provide your students with additional protection at no charge.



**PLEASE COMPLETE THE APPROPRIATE FORMS FOLLOWING THIS PARTICIPATION AGREEMENT:**

- SCHOOL SITE VERIFICATION FORM
- SUPPLY ORDER FORM FOR INTERSCHOLASTIC SPORTS
- SUPPLY ORDER FORM FOR EXCHANGE COVERAGE

**BLANKET COVERAGES ARE AVAILABLE FOR PURCHASE ON A GROUP BASIS:**

Complete plan description is available in the Voluntary Program Summary and samples are enclosed for review. Please have your schools contact us directly for the appropriate form(s).

- |   |                      |
|---|----------------------|
| 1. SHORT-TERM (24-HOUR COVERAGE)              | 3. ADULT VOLUNTEERS  |
| 2. SCHOOL TO WORK COVERAGE (Career/Workstudy) | 4. COMMUNITY SERVICE |

<p>Arranged &amp; Administered By</p>  <p><b>Myers-Stevens &amp; Toohey Co., Inc.</b>          26101 Marguerite Parkway, Mission Viejo, CA 92692          (949) 348-0656 or (800) 827-4695 Fax (949) 348-2630          CA License # 0425842</p>	<p>Underwritten By</p>  <p><b>CHUBB</b>          ACE American Insurance Company          436 Walnut St, Philadelphia PA 19106</p>	<p>DISTRICT ID</p> <p style="text-align: center;">5310</p> <p>CA_23-24</p>
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## LIMITED ACTIVITIES COVERAGE AGREEMENT

Though more families in the U.S. are obtaining accident & sickness coverage, there continues to be an increasing amount of coverage gaps in many of these plans. Other students may still be without insurance altogether. Uncovered costs for medical care following a school-related injury can be a serious problem for families and schools!

***This is why adequate distribution to each and every student is crucial.*** Whether or not the student participates in interscholastic sports, attends high school or grade school— every family deserves a fair opportunity to make an informed decision when providing coverage for their children.

### Distribution Options for the 2023-2024 School Year

Please select at least one electronic distribution method below and our staff will forward to you all proper links and instructions to accommodate your request upon receipt of this agreement

**Online Registration:**

If your site(s) utilize online registration we can coordinate with your web developer(s) to incorporate the insurance information into this process.

**Email Blast:**

Either by a 3rd party platform (i.e. Mail Chimp, Zoho, etc.) or manual submission, each family will receive a PDF brochure at the beginning of the school year.

**Other:**

Please explain:

*Please send all brochures and enrollment forms in PDF format as this information is posted on our website as a Parent Resource. Please send information in all languages that you have available.*

While electronic distribution may have become normal for many of your students and families, we also acknowledge some may not have sufficient online access. In an effort to insure all of your students have access to our offerings we will also provide a limited supply of applications to the district office. Additional materials may be available upon request.

The blanket coverages below (and highlighted on page 6 of the attached Voluntary Program Summary) will be provided in consideration of your district's completed application and with the understanding and assurance that the district will make diligent efforts to distribute and promote the voluntary student accident insurance options to the parent/guardian of every enrolled student.

- **One-Day Field Trip Coverage**
- **Blanket Accidental Death Coverage**
- **Felonious Assault (Counseling Benefit) Coverage**

Rhonda Grijalva

Name of District Official

Rhonda Grijalva

Signature

6.14.2023

Date

# SCHOOL SITE VERIFICATION FORM

Please update any changes in school information such as names or addresses in the boxes below. If a school site has closed, please check the box to the right so we may update our records.

DISTRICT ID  
5310

**School Name and "attention to"**

**Address**

HAPPY VALLEY ELEMENTARY  
ATTN: WENDY BOGGES

17480 PALM AVE  
ANDERSON CA 96007

Site Closed?

HAPPY VALLEY PRIMARY  
ATTN: ROCIO PARKINSON

16300 CLOVERDALE ROAD  
ANDERSON CA 96007

Site Closed?

Please List Any Additional Schools

*Above information is correct~*

## SUPPLY ORDER FORM FOR INTERSCHOLASTIC SPORTS

Including Interscholastic Tackle Football Materials  
School return envelopes will be provided unless advised otherwise.

DATE, OR DATE RANGE, YOU WISH TO RECEIVE YOUR MATERIALS:

Indicate Date

Or

July 3<sup>rd</sup> - Aug. 4<sup>th</sup>

Date Range

**IMPORTANT:** Personnel must be available to sign for materials.

SEND MATERIALS TO:

- DISTRICT OFFICE  
 WAREHOUSE  
 EACH SCHOOL

*If shipping to District Office or Warehouse:*

Contact Name:

Rhonda Grijalva

Contact Phone:

530-357-2134

Address:

17480 Palm Ave.

City, State, Zip:

Anderson, CA 96007

**WE CANNOT SHIP TO P.O. BOXES**

SCHOOL NAME	"ATTENTION TO"	2022/2023		2023/2024	
		English Athletes	Spanish Athletes	English Athletes	Spanish Athletes
HAPPY VALLEY ELEMENTARY 17480 PALM AVE ANDERSON CA 96007	ATTN: WENDY BOGGES	80	30	80	30
HAPPY VALLEY PRIMARY 16300 CLOVERDALE ROAD ANDERSON CA 96007	ATTN: ROCIO PARKINSON	80	30	35	20

Please List Any Additional Schools

DISTRICT ID:

5310