



Student Accident Insurance

Monarch Management Corporation | www.mmc-ins.com | 800-662-2778

INFORMATION LETTER FOR PARENT(S)/Guardian(s)

2022 - 2023

SCHOOL YEAR

Supplemental student accident insurance is available for your purchase through **Monarch Management Company**.

"At-School" coverage provides accident coverage for students during the regular school session for the school year.

"24-Hour" coverage ("Around-the Clock"), protects students 24 hours a day, 7 days a week, anywhere accidents might happen, anywhere in the world. This coverage provides protection from the date of enrollment until July 31, 2021. The premium (cost) of either of these optional coverages are paid "one-time only" for the year (annual payment).

Student accident insurance plans provide ACCIDENT coverage for covered activities. The plans contain limitations and exclusions. Please carefully read the online information (or brochure) for an overview of plans. If you choose to purchase this coverage, please go on-line to purchase. This coverage is available by credit card purchase "on-line" at www.mmc-ins.com. When enrolling on-line, the coverage will be effective 24 hours after being received by the Company. If you do not have access to on-line enrollment please contact the campus office for an enrollment form and mail to:

Monarch Management
3201 Cherry Ridge Drive, Suite D405
San Antonio, TX 78230.

If you have claims questions, please call Customer Service at 877-563-7492, or your local agent. If you need additional information, contact your ISD.

Thank you!

El seguro de accidentes de estudiante suplemental está disponible para su compra por **Monarch Management Compañía**.

La cobertura "**en escuela**" proporciona la cobertura de accidente para estudiantes durante la sesión escolar regular para el año escolar. Cobertura "**de 24 horas**" ("Alrededor - el Reloj"), protege a estudiantes 24 horas por día, 7 días por semana, en todas partes los accidentes podrían pasar, en cualquier parte del mundo. Esta cobertura proporciona la protección de la fecha de la inscripción hasta el 31 de julio de 2021. El premio (el coste) de cualquiera de estas coberturas opcionales es pagado "antiguo sólo" para el año (pago anual).

Los proyectos de seguro de accidentes de estudiante proporcionan la cobertura de ACCIDENTES para actividades cubiertas. Los proyectos contienen limitaciones y exclusiones. Por favor, con cuidado, lea la información en línea (o folleto) para una descripción de proyectos. Si usted decide comprar esta cobertura, por favor vaya en línea para comprarlo. Esta cobertura está disponible por la compra de tarjeta de crédito "en línea" en www.mmc-ins.com. Matriculando en línea, la cobertura será eficaz 24 horas después de ser recibido por la Compañía. Si usted no tiene el acceso a la inscripción en línea, por favor póngase en contacto con la oficina de campus para una forma de inscripción y correo a:

Monarch Management
3201 Cherry Ridge Drive, Suite D405
San Antonio, TX 78230.

Si usted tiene preguntas de reclamaciones, por favor llame el Servicio de Cliente en 877-563-7492. Si usted necesita mas información, póngase en contacto con su ISD oficina de campus.

Gracias!

***** ATTENTION PARENTS *****
***** YOU ARE RESPONSIBLE *****

Under State Law, school districts are not liable for injuries that occur in school. It is important to understand that the school / district "IS NOT" responsible for medical payments or bills for your child.

If your child is injured during ANY SCHOOL, ATHLETIC OR UIL SPONSORED ACTIVITY, all medical charges are "YOUR RESPONSIBILITY."

Football coverage is a separate benefit and premium. THIS INSURANCE IS PRIMARY INSURANCE TO ALL OTHER EXISTING POLICIES.

The school district has enrolled in a supplemental accident policy for the upcoming school year, which allows you the opportunity to purchase student accident insurance. You have the option of purchasing:

1. Coverage which includes UIL sponsored activities
2. Coverage without UIL sponsored activities

Please note this is a limited benefit policy and any charges above the policy limits are **YOUR RESPONSIBILITY**.

Plan Options include: *(see costs below)*

1. **School Time Only** which covers accidents during school time only
2. **24-Hour** which covers 24 hours a day, 365 days a year, anyplace and anytime
3. **Dental** coverage
4. **Football** coverage

If you purchase voluntary coverage it will pay in the following sequence:

- It pays primary if you do not have health insurance on your child.
- If you have primary health insurance on your child then it will pay after your health insurance has paid.
- Voluntary coverage is primary and pays first if your child is insured by CHIPS or Medicaid.

VOLUNTARY STUDENT / ATHLETIC ACCIDENT INSURANCE

Premier Plan Options	Annual Premium	Economy Plan Options	Annual Premium
24 Hour Coverage	\$195	24 Hour Coverage – Economy	\$127
At School Coverage	\$ 93	At School Coverage – Economy	\$ 64
24 Hour Coverage – Premier (without Sports)	\$ 95	24 Hour Coverage – Economy (without Sports)	\$ 62
At School Coverage – Premier (without Sports)	\$ 20	At School Coverage– Economy (without Sports)	\$ 13
Football Coverage (10–12) - Premier	\$288	Football Coverage (10–12) - Economy	\$187
Spring Football (9-12) - Premier	\$116	Spring Football (9-12) - Economy	\$ 75

For additional information and to enroll your child in one of these Voluntary Student / Athletic Accident Insurance:

1. Go online to: www.mmc-ins.com
2. Click **ENROLL NOW**
3. Select your child's school district from the drop down menu and follow the enrollment questions. MasterCard and Visa are accepted.

Contact Monarch Management Corporation at 1-800-662-2778 with additional questions

The above is a brief description of rates and benefits available under this plan. This is not a contract, policy, or outline of coverage. All benefits are subject to maximum amounts, limits, exclusions and other policy provisions.

Visit www.mmc-ins.com for more information.

VOLUNTARY ACCIDENT INSURANCE



HOW TO ENROLL:

Enrolling online is easy and takes only a few minutes

1. Go to www.mmc-ins.com and click on **ENROLL NOW** button
2. **SELECT** the name of the **SCHOOL DISTRICT** where your child is enrolled and click **SUBMIT**
3. Enter the **RESPONSIBLE PARTY's** information and click **NEXT**
4. Enter the **STUDENT's** information and click **NEXT**
5. Select the **PLAN** in which you want your student to be enrolled and click **NEXT**
6. **Review** the plan selected for your student. Add additional students as needed.
7. **ENTER PAYMENT** information. Once you click **CONTINUE** you will receive 2 emails:
 1. Confirmation of your processed purchase
 2. Confirmation of your policy and coverage information.

NOTE: Please check spam and junk mail if you do not receive in your inbox within 24 hours of purchase.

Purchase Voluntary Insurance
Enrolling online is as easy as 1-2-3 and your child will be covered immediately. Just click here and follow the simple instructions.

1 → **Enroll Now!**

Begin by finding your school district.
School District Name: **2** →
Enter a few letters of the name...
Submit

Please enter information on the **RESPONSIBLE PARTY** for this transaction, usually the parents or guardian of the student for whom the insurance is being purchased.

3 → First Name
Last Name
Address

Step 2 - Student Information
Please enter information on the **STUDENT** for whom the insurance is being purchased. opportunity to enter more students on this account after each page.

4 → Student ID or SS #:
First Name:
Last Name:
Grade:

Product	AT SCHOOL
<input type="radio"/> 24 Hour Economy w/o sports	<input type="radio"/> At School Economy w/o sports
<input type="radio"/> 24 Hour Economy w/o sports + Dental	<input type="radio"/> At School Premier w/o sports
<input type="radio"/> 24 Hour Premier w/o sports	<input type="radio"/> At School Economy w/o sports + Dental
<input type="radio"/> 24 Hour Premier w/o sports + Dental	<input type="radio"/> At School Premier w/o sports + Dental
<input type="radio"/> 24 Hour Economy	<input type="radio"/> At School Economy
<input type="radio"/> 24 Hour Economy + Dental	<input type="radio"/> At School Economy + Dental
<input type="radio"/> 24 Hour Premier	<input type="radio"/> At School Premier
<input type="radio"/> 24 Hour Premier + Dental	<input type="radio"/> At School Premier + Dental
FOOTBALL	SPRING FOOTBALL
<input type="radio"/> Football Grades 10-12 Economy	<input type="radio"/> Spring Football Economy
<input type="radio"/> Football Grades 10-12 Economy + Dental	<input type="radio"/> Spring Football Economy + Dental
<input type="radio"/> Football Grades 10-12 Premier	<input type="radio"/> Spring Football Premier
<input type="radio"/> Football Grades 10-12 Premier + Dental	

5 →

Step 3 - Payment Information
Please confirm your selection below. Edit to make corrections, delete the selection, or add another student. If everything is correct please enter your payment information and press continue.

Student Name	School	Product	Amount
TOTAL CHARGE:			

6 → **Enter Another Student**

Cardholder Name:
Card Type:
Card Number:
Expiration Month:
Expiration Year:

7 → **Continue**

VOLUNTARY INSURANCE FREQUENTLY ASKED QUESTIONS

1. Where can I get a claim form?

Claim forms are available online at www.mmc-ins.com in the bottom "FORMS" Section or you can request one to be sent to you via email or fax by calling us at 1-800-662-2778.

2. Does the Hospital / Doctor file my claim, and do I leave the claim form with the Provider?

The injured student's parents are responsible for ensuring the claim form, detailed bills and Explanations of Benefits from other insurance carriers are sent into the claims department for processing in a timely manner. The fax number and address is on the front of the claim form.

3. What if I have other insurance?

If you purchase voluntary coverage it will pay in the following sequence: It pays primary if you do not have health insurance on your child. If you have primary health insurance on your child then it will pay after your health insurance has paid. Voluntary coverage is primary and pays first if your child is insured by CHIP or Medicaid.

4. How long do I have to seek treatment and submit a claim?

Each claimant must seek treatment from a licensed physician within 90 days of the date of the accident. The claim form must be submitted within that time frame, also. The sooner the better on both treatment and claim filing.

5. Where do I find a list of participating network doctors and facilities?

If the parents have a family insurance plan, they should use the network recommended by that plan. If not, they should use the services of a MultiPlan Network provider. You may also check the MultiPlan website for providers at: <http://www.multiplan.com/search/search-2.cfm?originator=84451>

6. Who do I call to check the status of a claim?

You can call WebTPA at 877-563-7492 and select option 4 for claim status

7. Is there a deductible with this policy? No

8. Does the school insurance cover everything?

The school accident insurance is a benefit provided by your school district, and is meant to supplement personal health insurance. It has internal policy limits, and was not intended to cover every injury or expense. For example: the School Time Plan covers students during school hours the 24 Hour Plan covers students 24 hours a day, 365 days a year.

Primary Voluntary Student Accident Plans

AT SCHOOL COVERAGE **PREMIER \$ 93** **ECONOMY \$64**
Voluntary Grades PK-12 **PREMIER w/o Sports \$20** **ECONOMY w/o Sports \$13**

(a) while on the School premises: during the hours and on the days School is in regular session, and during the hours and on the days when School is not in session while the Insured Person is participating in or attending any Sponsored and Supervised School Activity, except interscholastic high school football for students in the 10th grade* or above (Senior High School) and Junior High students if they practice or play with Senior High School; and

(b) while away from the School premises: other than traveling, if participating in a Sponsored and Supervised School Activity, except interscholastic high school football for students in the 10th grade* or above (Senior High School) and Junior High students if they practice of play with Senior High School; and

(c) while traveling directly to or from the Insured Person's residence and School: for regular School sessions, or for any Sponsored and Supervised School Activity in School designated vehicle, except interscholastic high school football for students in the 10th grade* or above (Senior High School) and Junior High students if they practice of play with Senior High School.

24 HOUR COVERAGE **PREMIER \$195** **ECONOMY \$127**
Voluntary Grades PK-12 **PREMIER w/o Sports \$95** **ECONOMY w/o Sports \$62**

Coverage is in force for each person for whom the 24-Hour Coverage premium has been paid as set forth in the Policy on a twenty-four (24) hour per day basis, except for interscholastic high school football for students in the 10th grade* or above (Senior High School) and Junior High students if they practice of play with Senior High School.

FOOTBALL COVERAGE 10-12 **PREMIER \$288** **ECONOMY \$187**
SPRING FOOTBALL 9-12** **PREMIER \$116** **ECONOMY \$75**

Grades 10-12 and Grades 7-9 if they practice or play with Grades 10-12

(a) while practicing for or competing in football which is a Supervised and Sponsored Sports Activity under the supervision of the Policyholder; and

(b) while traveling directly to or from such practice or competition in School designated vehicle.

MEDICAL PAYMENTS

The policy provides benefits for loss due to a Covered Injury up to the Total Maximum for all Accident Medical Benefits of \$25,000 for each Covered Accident. Medical treatment must be provided by a qualified, licensed physician and must begin within 90 days from the date of the Covered Accident. Benefits will be payable for Covered Medical Expenses incurred within 52 weeks from the date of the Covered Accident up to the maximum Benefit Amount per service as shown on the Schedule of Benefits of the Policy.

Accidental Death & Dismemberment Benefits (Within 180 Days)

Loss of Life.....	\$ 5,000
Loss of Two or More Hands or Feet.....	\$10,000
Loss of Sight of Both Eyes.....	\$10,000
Loss of One Hand and One Foot and Sight in One Eye.....	\$10,000
Loss of One Hand and Foot.....	\$10,000
Loss of Sight in One Eye.....	\$ 5,000
Loss of One Hand or Foot.....	\$ 5,000
Loss of Thumb and Index Finger of Either Hand.....	\$ 500
Exposure and Disappearance.....	Included

* Note: Junior High and Middle School Students participating in interscholastic tackle football will be covered for football by paying the above At School or 24 Hour premium, provided they do not practice or participate with 10th, 11th, or 12th graders (high school). Interscholastic Sports, other than Senior High Tackle Football are covered under the At School and 24 Hour coverages.

** Spring Football is for those participating in Spring Football only that did not purchase Fall Football coverage.

Schedule of Benefits for Voluntary Student Accident Plans These benefits are paid up to the following maximums, not to exceed \$25,000 for each injury.

COVERED EXPENSES	PREMIER PLAN	ECONOMY PLAN
In-Patient Hospital Services	the semi-private daily room rate	the semi-private daily room rate
Hospital Miscellaneous Expenses	100% of URC Charges up to \$250 per day subject to a Maximum of \$5,000 per Hospital Stay	100% of URC Charges up to \$250 per day subject to a Maximum of \$4,000 per Hospital Stay
Nurse Services	100% of URC Charges up to \$400 per Covered Injury	100% of URC Charges up to \$400 per Covered Injury
Orthopedic Appliances Outpatient	100% of URC Charges up to \$300 per Covered Injury	100% of URC up to \$300 per Covered Injury
Emergency Room Treatment	100% of URC Charges up to \$150 per Covered Injury	100% of URC Charges up to \$75 per Covered Injury
Physician Services Surgery	75 % Usual and Customary Charges up to \$3,750 Maximum	75 % Usual and Customary Charges up to \$3,500 Maximum
Assistant Surgeon	25% of Surgeon's allowance	25% of Surgeon's allowance
Use of Phy's Surgical Facilities	100% of URC Charges up to \$1,250 per Covered Injury	100% of URC Charges up to \$750 per Covered Injury
Anesthesia and its Administration	25% of Surgeon's allowance	25% of Surgeon's allowance
In-Hospital Visits	100% of URC Charges up to \$40 per visit (limited to one visit per day)	100% of URC Charges up to \$20 per visit (limited to one visit per day)
Office Visits	100% of URC Charges up to \$40 per visit (limited to one visit per day)	100% of URC Charges up to \$20 per visit (limited to one visit per day)
Out Patient X-Ray	100% of URC Charges up to \$200 per Covered Injury	100% of URC Charges up to \$100 per Covered Injury
Out Patient CT Scan, MRI	100% of URC Charges up to \$500 per Covered Injury	100% of URC Charges up to \$250 per Covered Injury
Out Patient Laboratory Tests	100% of Usual and Customary Charges up to \$50 per Covered Injury	100% of Usual and Customary Charges up to \$25 per Covered Injury
Out Patient Physiotherapy	100% of URC Charges up to \$20 per day up to a maximum of \$100 (limited to one visit per day)	100% of URC Charges up to \$20 per day up to a maximum of \$40 (limited to one visit per day)
Ambulance Services	100% of URC Charges (first trip to the Hospital only)	100% of URC Charges up to \$100 Maximum (first trip to the Hospital only)
Durable Medical Equipment (Post surgical only)	100% of URC Charges up to \$250 per Covered Injury	100% of URC Charges up to \$250 per Covered Injury
Dental Services	100% of URC Charges up to \$150 per tooth	100% of URC Charges up to \$150 per tooth
Prescription Drugs (Out Patient)	100% of URC Charges	100% of URC Charges
Eyeglasses, Contact Lenses Hearing Aids	100% of URC Charges	100% of URC Charges

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This insurance provides limited benefits. Limited benefits plans are insurance products with reduced benefits and are not intended to be an alternative to or integrated with comprehensive coverage. Further, this insurance does not coordinate with any other insurance plan. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

ENROLL ONLINE FOR QUICKER SERVICE or COMPLETE AND MAIL

⇒ _____ / / _____
 Student's First Name M Last Name Birth Date

⇒ _____ - - _____
 Address City ST Zip Phone

⇒ _____ _____
 Name of School District (Required) Name of School Grade

	Premier	w/o Sports	Economy	w/o Sports		Premier	Economy
At School Coverage PK-12	<input type="checkbox"/> \$93	<input type="checkbox"/> \$20	<input type="checkbox"/> \$64	<input type="checkbox"/> \$13	Football Grades 10-12	<input type="checkbox"/> \$288	<input type="checkbox"/> \$187
24-Hour Coverage PK-12	<input type="checkbox"/> \$195	<input type="checkbox"/> \$95	<input type="checkbox"/> \$127	<input type="checkbox"/> \$62	Spring Football 9-12	<input type="checkbox"/> \$116	<input type="checkbox"/> \$75

Complete for MASTERCARD VISA Name on Card, Last First

Card Number Expiration Date Mo Year

Cardholder Signature _____ Date _____

EXCLUSIONS

This Policy does not cover any loss resulting in whole or part from, or contributed to by, or as a natural or probable consequence of any of the following even if the immediate cause of the loss is an Accidental bodily Injury, unless otherwise covered under this Policy by Additional Benefits:

1. Suicide, self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane.
2. War or any act of war, declared or undeclared.
3. An Accident which occurs while the Covered Person is on Active Duty in any Armed Forces, National Guard, military, naval or air service or organized reserve corps:
4. Injury sustained while in the service of the armed forces of any country. When the Covered Person enters the armed forces of any country, We will refund the unearned pro-rata premium upon request:
5. Participation in a riot or insurrection.
6. Any Injury requiring treatment which arises out of, or in the course of fighting, brawling, assault or battery.
7. Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural foreseeable result of an Accidental external bodily injury or accidental food poisoning.
8. Disease or disorder of the body or mind.
9. Mental or nervous disorders.
10. Asphyxiation from voluntarily or involuntarily inhaling gas and not the result of the Covered Person's job.
11. Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Physician and not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
12. Intoxication or being under the influence of any drug or narcotic.
13. Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
14. Driving under the influence of a controlled substance unless administered on the advice of a Physician.
15. Driving while Intoxicated. Intoxicated will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs.
16. Violation or in violation or attempt to violate any duly-enacted law or regulation, or commission or attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation.
17. Conditions that are not caused by a Covered Accident.
18. Covered Expenses for which the Covered Person would not be responsible in the absence of this Policy.
19. Any treatment, service or supply not specifically covered by this Policy.
20. Loss resulting from participation in any activity not specifically covered by this Policy.
21. Charges which Are in excess of Usual, Reasonable and Customary charges.
22. Expenses incurred for an Accident after the Benefit Period shown in the Schedule of Benefits;
23. Regular health check ups.
24. Services or treatment rendered by a Physician, Nurse, or any other person who is employed or retained by the Policyholder.
25. Services or treatment rendered by an Immediate Family member of the Covered Person;
26. Injuries paid under Workers' Compensation, Employers liability laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
27. That part of the medical expense payable by any automobile insurance policy without regard to fault. (Does not apply in any state where prohibited).
28. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay.
29. Travel or activity outside the United States.
30. Participation in any motorized race or speed contest.
31. Aggravation or re-injury of a prior injury that the Covered Person suffered prior to his or her coverage Effective Date, unless We receive a written medical release from the Covered Person's Physician.
32. Heart attack, stroke or other circulatory disease or disorder, whether or not known or diagnosed, unless the immediate cause of Loss is external trauma.
33. Treatment of a hernia whether or not caused by a Covered Accident.
34. Treatment of a detached retina unless caused by an Injury suffered from a Covered Accident.
35. Damage or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in this Policy.
36. Expense incurred for treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy; or craniomandibular joint dysfunction and associated myofascial pain, except as specifically provided in this Policy.
37. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the Covered Person is covered under this Policy, and rendered within 6 months of the Accident..
38. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore.
39. Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license.
40. Travel in or upon:
 - a. A snowmobile;
 - b. A water jet ski;
 - c. Any two or three wheeled motor vehicle, other than a motorcycle registered for on-road travel;
 - d. Any off-road motorized vehicle not requiring licensing as a motor vehicle; when used for recreation competition.
41. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
 - a. While riding as a passenger in any Aircraft not intended or licensed for the transportation of passengers; or
 - b. While being used for any test or experimental purpose; or
 - c. While piloting, operation, learning to operate or serving as a member of the crew thereof; or
 - d. While traveling in any such Aircraft or device which is owned or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the Covered Person or any member of his household.
 - e. A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
 - f. an ultralight hang-gliding, parachuting, or bungi-cord jumping
Except as a fare paying passenger on a regularly scheduled commercial airline or as a passenger in a non-scheduled, private aircraft used for business or pleasure purposes.
42. Treatment for an Injury that is caused by or results from a nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 180 days of the initial incident and:
 - a. The loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy and
 - b. The Covered Person was within a 25-mile radius of the site of release either:
 - i. At the time of the release; or
 - ii. Within 24 hours of the start of the release
43. Practice or play in any amateur, club sport, intercollegiate, interscholastic, intramural school activity or professional sports contest or competition.
44. The repair or replacement of existing artificial limbs, orthopedic braces or orthotic devices.
45. Rest cures or custodial care.
46. Prescription medicines unless specifically provided for under this Policy.
47. Elective or Cosmetic surgery, except for reconstructive surgery on an injured part of the body.
48. Massage Therapy. Physical Therapy or Acupuncture/Acupressure Services, unless otherwise specifically allowed for in the Schedule of Benefits.
49. Services rendered for detection and correction by manual or mechanical means (including x-rays incidental thereto) of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column.

Enrollment Options

- ◆ Complete and detach the enrollment form.
- ◆ Make Checks or money order payable to Monarch Management Corp.
Do Not Send Cash. Credit card payment is also accepted.
- ◆ Clearly print name of child on the check or money order.
- ◆ Send the enrollment form and payment to:
Monarch Management Corp.
3201 Cherry Ridge Drive, Suite D405, San Antonio, TX 78230
- ◆ Your cancelled check, money order stub or credit card statement is your proof of purchase.
- ◆ Keep this for your reference, you will receive no policy.
- ◆ If you have questions about this coverage, please call:
Monarch Management Corp. 1-800-662-2778.

Underwritten by:

United States Fire Insurance Company

Offered by:



Enroll Online at www.mmc-ins.com