

Log on to www.k12specialmarkets.com

Click "Enroll Now" to begin

K-12 Special Markets | Insurance for Students

Preschool - Grade 12

Home Coverage Details **Enroll Now** FAQ's Claim Forms About Us Contact Us



Strength and Experience

Our Insurance Programs cover thousands of schools and millions of children throughout the United States

Please click on coverage details prior to purchasing to determine which plan option is best for you.

OPTIONAL 24-HOUR ACCIDENT COVERAGE



Covers injuries around the clock – 24 hours per day. Weekends, vacations, summertime too! Home or away.

OPTIONAL SCHOOL TIME ACCIDENT COVERAGE



Covers school sponsored and supervised activities on or off premises. Includes travel directly to or from an activity. See **COVERAGE DETAILS** to view your school's coverage brochure to verify if interscholastic sports, except tackle football, is included.

OPTIONAL 24-HOUR ACCIDENT COVERAGE EXTENSION

Extends the School Time coverage that your school has purchased to 24-Hours per day. Covers injuries that occur other than during school days and at school sponsored and supervised activities on or off premises. Weekends, vacations, summertime too! Home

OPTIONAL FOOTBALL COVERAGE



Covers senior high interscholastic tackle football (participating with students in grades 10, 11 or 12). 9th grade students who play with only 9th graders can be covered under the **OPTIONAL SCHOOL TIME ACCIDENT COVERAGE** or **OPTIONAL 24-HOUR ACCIDENT COVERAGE**. Includes coverage for **SPRING/SUMMER WEIGHT AND CONDITIONING TRAINING**.

SPRING/SUMMER WEIGHT AND CONDITIONING TRAINING ONLY

Covers senior high interscholastic tackle football players (participating with students in grades 10, 11, or 12) for spring/summer weight and conditioning training. For new players not already insured under optional football.

OPTIONAL 24-HOUR DENTAL COVERAGE

Covers dental injuries due to accidents 24 hours per day with a \$25,000 maximum. Deferred benefits should treatment be delayed.

PatientPlus Card - Only \$9.95 per month



If you or your dependents are currently uninsured, then the PatientPlus Card can provide you with an affordable coverage option. The plan is not insurance, but gives you access to valuable discounts on all your healthcare needs.

- Save 10-40% on physician services, hospital charges, prescriptions, and dental and vision services.
- Increase your savings by using the DoctorNavigator price comparison tools

Click [here](#) for more details and start saving today!

Travel Protection



Make sure all of your trips and students traveling in or out of country have these special coverages. If something happens, there is someone standing by to help the travelers find resolutions and give them peace of mind.

- Coverage for lost, stolen or damaged baggage and personal effects

Follow the 5 Quick Steps to Enroll

K-12 Special Markets | Insurance for Students Preschool - Grade 12

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5 Quick Steps to Enroll

1. Select your state (below)
2. Select your school or school district
3. Select Coverages
4. Enter Student and Contact Information
5. Enter Payment Information



Enrolling your Student(s)

After you've reviewed your school or district's Brochure and have determined which plan options(s) you wish to enroll your students(s) in, simply select your **STATE** and click on **Lookup**. Select your school or district from the listings shown on the right.

School State:

#1

Search Results (15 matches)

- [Alkek Elementary 2015 - 2016](#)
- [Bandera High School 2015 - 2016](#)
- [Bandera ISD 2015 - 2016](#)
- [Bandera Middle School 2015 - 2016](#)
- [Bishop Consolidated ISD 2015 - 2016](#)
- [Bishop Elementary 2015 - 2016](#)
- [Bishop High 2015 - 2016](#)
- [Bishop Primary 2015 - 2016](#)
- [Hallettsville Independent School District 2015 - 2016](#)
- [Hill Country Elementary 2015 - 2016](#)
- [Holland Independent School District 2015 - 2016](#)
- [Luehrs Junior High 2015 - 2016](#)
- [Petronila Elementary 2015 - 2016](#)
- [Webb Consolidated I.S.D 2015 - 2016](#)
- [Woodsboro ISD 2015 - 2016](#)

#2

#3. Select your coverage and click next

Coverages : Student 1

School District **Bishop Consolidated ISD** ([Change Selection](#))
School Year **2015-2016**
Location Name **Bishop Consolidated ISD** ([Change Selection](#))

<input type="checkbox"/>	\$ 7.00	Extended Dental Extended Dental
<input type="checkbox"/>	\$ 31.00	Plan 5 - School Time With Sports; No Interscholastic Football
<input type="checkbox"/>	\$ 50.00	Plan 4 - School Time With Sports; No Interscholastic Football
<input type="checkbox"/>	\$ 65.00	Plan 3 - School-Time With Sports; No Interscholastic Football
<input type="checkbox"/>	\$ 69.00	Plan 5 - Spring/Summer Weight and Conditioning Training School Time
<input type="checkbox"/>	\$ 90.00	Plan 5 - 24 Hour With Sports; No Interscholastic Football
<input type="checkbox"/>	\$ 110.00	Plan 4 - Spring/Summer Weight and Conditioning Training School Time
<input type="checkbox"/>	\$ 142.00	Plan 3 - Spring/Summer Weight and Conditioning Training School Time
<input type="checkbox"/>	\$ 145.00	Plan 4 - 24 Hour With Sports; No Interscholastic Football
<input type="checkbox"/>	\$ 185.00	Plan 5 - High School Football Only School Time
<input type="checkbox"/>	\$ 187.00	Plan 3 - 24 Hour With Sports; No Interscholastic
<input type="checkbox"/>	\$ 299.00	Plan 4 - High School Football Only School Time
<input type="checkbox"/>	\$ 385.00	Plan 3 - High School Football Only School Time

Subtotal \$ 0.00

Questions? Please contact your Local Agent

Agent: Texas School Insurance
Phone: (210) 669-1253
Email: texasschoolins@yahoo.com
Address: P.O. Box 781227
San Antonio, TX 78278

To review your schools coverage details
[Click Here](#)

Exit

Next

#4. Enter your contact information and click next

Edit Info

Edit Coverages
Add Student

Parent or Legal Guardian Contact Information

First Name
Last Name
Phone
Email

Information: Student 1

School District	Bishop Consolidated ISD	*Birthdate	<input type="text" value="01/01/01"/> (mm/dd/yy)
School Year	2015-2016	*Address	<input type="text" value="123 Front Street"/>
Location Name	Bishop Consolidated ISD	*City	<input type="text" value="Bishop"/>
*First Name	<input type="text" value="Student First"/>	*State	<input type="text" value="TX"/>
*Last Name	<input type="text" value="Student Last"/>	*Zip Code	<input type="text" value="78343"/>
Middle Initial	<input type="text"/>	*Phone Number	(<input type="text" value="333"/>) <input type="text" value="444"/> - <input type="text" value="5555"/>
*Social Security #	<input type="text" value="xxx-xx-xxxx"/> (Enter 999-99-9999 if no #)	Gender	<input type="text" value="Male"/>
*Grade	<input type="text" value="8"/>		
*Relationship to Student	<input type="text" value="Father"/>		

* Required Fields

Exit **Back** **Next**

To view our Privacy Statement [Click Here](#)

#5. Enter your Payment information and click purchase

Selected Plans

Student First Student Last

School District Bishop Consolidated ISD
SSN xxxxxxxx
Coverage Plan 5 - School Time With Sports; No Interscholastic Football \$31.00

Subtotal \$31.00

Grand Total \$31.00

Credit Card Information

Card Type Visa Master Card Discover

Cardholder First Name
Cardholder Last Name
Credit Card Number
Expiration Month/Year /
CVV [What is CVV](#)

Billing Address
Billing City
Billing State
Billing Zip Code

Authorized Signature
408 491 424 789 123
Jane Z. Smith

Disclaimer: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or settlement of claim containing any materially false information or conceals for purpose of misleading information concerning any fact material thereto may have insurance benefits denied.

We hereby enroll for the plan(s) of insurance selected. We understand that insurance will be in force if this is accepted by the Company, and the required premium is received by the Company. Premiums are fully earned. You may cancel the coverage at any time (no pro rata refund available)

Exit **Back** **Purchase Coverage**