

# Martha's Vineyard Public Schools

Excellence and Equity For All Children

MATTHEW T. D'ANDREA, LP.D.  
SUPERINTENDENT

Equal Opportunity Employer

RICHARD M. SMITH, M.ED.  
ASSISTANT SUPERINTENDENT

AMELIA C. TIERNEY  
SCHOOL BUSINESS ADMINISTRATOR

JANET L. SYLVIA  
FINANCIAL ADMINISTRATIVE ASSISTANT

HOPE T. MACLEOD, M.ED., BCBA  
DIRECTOR OF STUDENT SUPPORT SERVICES  
(SECONDARY)

NANCY W. DUGAN, M.ED., BCBA  
DIRECTOR OF STUDENT SUPPORT SERVICES  
(ELEMENTARY)

CATHERINE STONE  
ADMINISTRATIVE ASSISTANT TO THE  
SUPERINTENDENT

August 2017

Dear Parent:

The Martha's Vineyard Public Schools through the Martha's Vineyard Insurance Agency, Inc. will be providing accident insurance for all enrolled students. The master policy will be on file with the Superintendent of Schools. This letter is intended to give you a brief summary of the coverage and the claims procedure.

The coverage outlined below will be in effect for students while at school, traveling to and from school, and at school-sponsored activities.

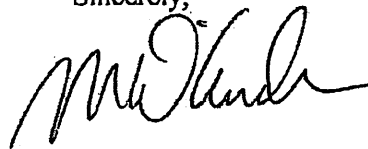
Overall Maximum Payable	\$5,000,000
Dental limited to sound natural teeth	Usual/customary
Non-surgical physicians visits	Usual/customary
Hospital room and board	Semi-private
Benefit Period	3 years
Accidental Death Benefit	\$10,000

In the event of an injury to your child, you must obtain and submit a Notification of Injury form from the school office and follow the claim instructions.

*Please keep in mind these points:*

1. This is an ACCIDENT Policy only. SICKNESS IS NOT COVERED.
2. This policy is secondary coverage and will only respond after any primary insurance policies have been utilized.
3. We advise you to submit a claim form to the student accident insurance company at the same time as your primary insurance.

Sincerely,



Matthew T. D'Andrea, LP.D.  
Superintendent of Schools

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Agosto de 2017

Caros Pais,

O Distrito Escolar de Martha's Vineyard, através da *Martha's Vineyard Insurance Agency, Inc.* (Agência de Seguros da Ilha), estará providenciando uma apólice de seguro de acidentes para todos os alunos matriculados. A apólice original estará no arquivo do superintendente das escolas. Esta carta lhe fornecerá um breve resumo da cobertura do seguro e dos procedimentos a serem seguidos.

A cobertura do seguro descrita abaixo estará disponível para os alunos enquanto eles estiverem no ambiente escolar, durante o trajeto de ida e volta para a escola e durante as atividades patrocinadas pela escola.

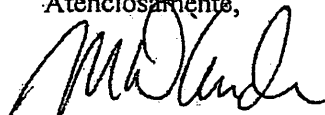
Indenização máxima geral	US\$ 5.000.000,00
Tratamento dentário limitado para dentes naturais	Usual/habitual
Consultas não-cirúrgicas na clínica geral	Usual/habitual
Internação hospitalar e alguns cuidados no quarto	Semi-particular
Período de benefício	03 anos
Benefício por morte acidental	US\$ 10.000,00

Em caso de um acidente com seu filho, você deverá obter o Formulário de Notificação de Acidentes do Aluno na secretária da escola e retorná-lo à secretaria seguindo as instruções exigidas.

*Favor lembrar-se dos seguintes requisitos:*

1. Esta é apenas uma apólice de seguro de ACIDENTES. ENFERMIDADES NÃO SÃO COBERTAS PELO SEGURO.
2. Esta apólice será utilizada após todas as outras apólices de seguro do aluno forem utilizadas.
3. Sugerimos que envie o formulário de requerimento de indenização à companhia de seguros de acidente do aluno e a sua companhia de seguro pessoal ao mesmo tempo.

Atenciosamente,



Matthew D'Andrea, LP.D.  
Superintendente das Escolas