NEW MEXICO PUBLIC SCHOOLS INSURANCE AUTHORITY
STUDENT ACCIDENT INSURANCE (SCHOOL-TO-WORK)
APPLICATION AND WAIVER FORM

Date: ____________________________

School: ____________________________________________________________

Program Coordinator: ________________________________________________

Name of Student: ____________________________________________________

Address: ____________________________________________________________

Phone: ____________________________________________________________________________

Date of Birth: __________________________ Grade: ____________________________

Check one:

__ Yes*, we want the $50,000 Accident policy with no deductible

__ No**, we have our own medical insurance (see below)

*Cost is $10.00. Please attach check or money order payable to Myers Stevens & Toohey & Co., Inc.

**If accident policy is not purchased, proof of medical insurance must be given:

Medical Insurance Carrier:________________________________________________________

Policyholder Name:________________________________________________________________

Policy Group Number:________________________________________________________________

Effective Dates:____________________________________________________________________

Note: District must keep this application for its records and must send a master list of the
students who participate in the program along with one check for all students or individual
checks/money orders from students. Payment should be made payable to Myers Stevens &
Toohey & Co., Inc. Premium and applications must be sent on a timely basis.

Myers Stevens & Toohey & Co., Inc.
26101 Marguerite Parkway, Mission Viejo, CA. 92692-3203
Phone (800) 827-4695
STUDENT WORKSTUDY PROGRAM
MASTER LIST

MONTH: ________________________________________________

DISTRICT: __________________________________________

PROGRAM COORDINATOR: ______________________________

COORDINATOR’S PHONE: ________________________________

STUDENT NAME SCHOOL GRADE DATE RECEIVED WAIVER

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<th>Student Name</th>
<th>School</th>
<th>Grade</th>
<th>Date Received</th>
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Note: This list must be sent along with one check from the district or individual checks/money orders from students. Payment should be made payable to Myers Stevens & Toohey & Co., Inc. District shall keep all applications/waiver forms for their records.

Myers Stevens & Toohey & Co., Inc.
26101 Marguerite Parkway, Mission Viejo, CA. 92692-3203
Phone (800) 827-4695
Instructions

1) Complete enrollment form. Only one form per year, per district, needs to be completed
2) Complete application/waiver form for individual students. Keep these forms for your records
3) Send enrollment form and Master List to:
   Myers, Stevens & Toohey & Co., Inc.
   26101 Marguerite Parkway
   Mission Viejo, CA 92692

4) Send a copy of Master List and Payment to:
   Albuquerque Public Schools
   Risk Management
   PO Box 25704
   Albuquerque, NM 87125

Please make checks payable to:
   Myers, Stevens & Toohey & Co., Inc

Important: Keep records of all participants at school site, i.e., student name, effective date of coverage and school name
Should you have any questions, please contact Poms and Associates:
(800)578-8802
Or
Myers Stevens & Toohey & Co., Inc.
(800)827-4695
Thank you!
NMPSIA STUDENT WORK-STUDY PROGRAMS (SCHOOL-TO-WORK)

COVERAGE REQUEST FORM

VOLUNTARY WAIVER ACCIDENT INSURANCE SCHOOL YEAR

MYERS-STEVEN & TOOHEY & CO., INC.

This program is offered through Poms & Associates. It provides accident medical expense, death and dismemberment coverage for injuries which occur to participating students: 1) while at the approved worksite and under direct supervision, and 2) while traveling between school and the worksite and between worksite and the student’s home. Such travel must be direct and without interruption and must be arranged by, and be at the direction of, the school. Injuries covered under Workers’ Compensation are not covered by this plan.

Benefits are paid 100% Usual, Customary and Reasonable and are subject to the following limits:

- Maximum Accident Medical benefits per person, per injury - $50,000
- Accidental Death, Dismemberment, Paralysis - $10,000
- Motor Vehicle Limit - $5,000
- Vehicle provided and operated by the school limit - $10,000

Effective Date of Coverage: The first date of the work-study program, or the date that the Coverage Request form and the required premium are received by Myers-Stevens, whichever is later.

Termination Date of Coverage: The last day of the program for the 2014-2015 school year.

The Policy has complete details of provisions, limits and exclusions.

All Student Work-Study Participants are required to either purchase this coverage or to provide a signed waiver of coverage.

Complete this form and return it with your premium, prior to the start date of activities, to:

Myers-Stevens & Toohey & Co., Inc., 26101 Marguerite Parkway, Mission Viejo, CA 92692-3203
Phone (800) 827-4695 - Fax (949) 348-2630 (Please make checks payable to Myers-Stevens)

NAME OF DISTRICT: __________________________________________
NAME OF SCHOOL: __________________________________________
MAILING ADDRESS: __________________________________________
Phone: ____________________________
DATES OF PROGRAM: From: To: ________________________________

Please attach a list of names of students that will be purchasing this coverage.

Please calculate premium due:

Student Work-Study Coverage: ________________________________ x $10.00 = ________________________

(List of names attached) # of Participants Premium Total Premium Due
(Due on or before first date of program)

Requested By: ____________________________________________ Signature: ____________________________
Print Name of School Official

If paying by MasterCard/Visa, complete below. Your amount of charge will appear as “M-S Student Insurance” on your statement.

Account # ___________ Expiration Date / / Authorized Amount __________ Security Code __________

Please sign me up for the insurance program. I have read and agreed to all disclosures relating to the purchase of this insurance. I authorize my financial institution and service provider to automatically charge my account at the rate shown in this application for the insurance elected.

_________________________ ____________________________
Cardholder Name Date Signature

NMPSIA S-T-W Plan is underwritten by: ACE American Insurance Company 14-15 Vol