

# Ross Local School District

**SUPERINTENDENT** (513) 863-1253  
**TREASURER** (513) 863-1250  
3371 Hamilton-Cleves Road • Hamilton, OH 45013

**ROSS HIGH SCHOOL**  
3601 Hamilton-Cleves Rd.  
Hamilton, Ohio 45013  
(513) 863-1252

**ROSS MIDDLE SCHOOL**  
3425 Hamilton-Cleves Rd.  
Hamilton, Ohio 45013  
(513) 863-1251

**ELDA ELEMENTARY**  
3980 Hamilton-Cleves Rd.  
Hamilton, Ohio 45013  
(513) 738-1972

**MORGAN ELEMENTARY**  
3427 Chapel Rd.  
Hamilton, Ohio 45013  
(513) 738-1986

**TO:** Ross Parents  
**FROM:** Superintendent of Schools  
**DATE:** For the 2020-2021 School Year

Our school system has made arrangements with Brandy Seals, CPIA, of Student Protective Agency, to provide student accident and health insurance for those wishing to purchase coverage this year. Please note the coverage shown on the application.

Senior High football requires an additional premium. All other school-supervised sports are covered under the accident and sickness and accident only insurance. On larger claims, this is an excess coverage policy for which benefits are payable only for that part of the loss not covered by other collectible insurance. If a person has no other such insurance, the Company will pay the covered medical expenses incurred within one year, up to the specified limits of the policy.

Complete the application and check the boxes for coverage desired. Tear off and keep the rest of the application, as it shows not only the coverage but the exclusions and limitations of the policy.

Mail the applications directly to Student Protective Agency, 300 Coshocton Ave., Mount Vernon, OH 43050 along with a money order or check made payable to Student Protective Agency. The school will be notified as to whom takes out the insurance. You may call Brandy Seals at Student Protective Agency at 1-740-397-7488 for more information.

In case of an accident or sickness, the student or parent should immediately go to the building principal who will sign and provide the claim form if only school-time coverage is taken out. 24-Hour coverage needs no signature. The policy number should be provided by the school for the claim or you may call Michael Percy. You may give that policy number to the doctor or hospital, but the bills are to be sent to the parent who should attach them to the completed claim form(s) and then mail all to the claims office at Guarantee Trust Life Insurance Co., P.O. Box 1148, Glenview, IL 60025 (1-800-622-1993). If further bills on the same claim are sent to the parent, just put the policy number on it and say "additional bill" and Guarantee Trust will match it up to the file they have started. **It is the responsibility of the parents to file the claims.**

**24-Hour coverage is from school year to school year, including summer vacation, anywhere in the world. Application Forms may be obtained at your School Office**