



Student Accident Insurance

Players | www.mmc-ins.com | 1-800-510-2097

INFORMATION LETTER FOR PARENT(S)Guardian(s)

School Year
2025-2026

Supplemental student accident insurance is available for your purchase through **Players Health**.

"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, 2026**. 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:

Players Health
PO BOX 242573
San Antonio, TX 78224

If you have claims questions, please call Customer Service at 800-510-2097, 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 **Players Health**.

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 2026**. 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:

Players Health
PO Box 242573
San Antonio, TX 78224.

Si usted tiene preguntas de reclamaciones, por favor llame el Servicio de Cliente en 800-510-2097. Si usted necesita mas información, póngase en contacto con su ISD oficina de campus.

Gracias!

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:

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 SSN:

First Name:

kk

Last Name:

kk

Grade:

Choose grade

Product

24 HOUR

- ☐ 24 Hour Economy w/o sports
- ☐ 24 Hour Economy w/o sports + Dental
- ☐ 24 Hour Premier w/o sports
- ☐ 24 Hour Premier w/o sports + Dental
- ☐ 24 Hour Economy
- ☐ 24 Hour Economy + Dental
- ☐ 24 Hour Premier
- ☐ 24 Hour Premier + Dental

FOOTBALL

- ☐ Football Grades 10-12 Economy
- ☐ Football Grades 10-12 Economy + Dental
- ☐ Football Grades 10-12 Premier
- ☐ Football Grades 10-12 Premier + Dental

AT SCHOOL

- ☐ At School Economy w/o sports
- ☐ At School Premier w/o sports
- ☐ At School Economy w/o sports + Dental
- ☐ At School Premier w/o sports + Dental
- ☐ At School Economy
- ☐ At School Economy + Dental
- ☐ At School Premier
- ☐ At School Premier + Dental

SPRING FOOTBALL

- ☐ Spring Football Economy
- ☐ Spring Football Economy + Dental
- ☐ Spring Football Premier

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: Please Select

Card Number

Expiration Month: Select

Expiration Year: Select

7

Continue