

## Common Exclusions

In addition to any benefit or coverage specific exclusion, benefits will not be paid for any loss which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the Description of Benefits section or Covered Conditions section of the Policy:

1. Intentionally self-inflicted injury, suicide, or auto-eroticism or any attempt while sane or insane;
2. Commission or attempt to commit a felony or an assault;
3. Commission of or active participation in a riot or insurrection;

## Voluntary Student Accident Insurance Plans

21. Participation in any team sport or any other athletic activity, except participation in a Covered Activity.

In addition, benefits will not be paid for services or treatment rendered by any person who is:

1. employed or retained by the Policyholder;
2. living in the Insured Person's household;

18. An accident if the Insured Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the Insured Person holds a valid learners permit and (b) the Insured Person is receiving instruction from a driver's education instructor;
19. Injuries compensable under Workers' Compensation law or any similar law
20. Participation in any sports activity not specifically authorized, sponsored and supervised by the School, whether or not it takes place on School premises or during normal School hours, during a Covered Activity, including but not limited to snowboarding, skateboarding, motorcycle racing, racing rocket-powered, jet propelled or nuclear-powered vehicles;

incurred (including the CPT/procedure code). If this information is not on the bill, we will have to contact the doctor/hospital which will delay the review of your claim. "Balance Due" or "Balance Forward" statements do not contain sufficient information to complete your claim.

4. Only one claim form per accident needs to be submitted. Once completed, make a photocopy for your records, and mail to: WebTPA: P.O. Box 669; Grapevine, TX 76099-0669; or call 1-877-563-7492 for assistance.

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### Enrollment Options

- Complete and detach the enrollment form.
- Make Checks or money order payable to Texas Monarch Management Corp. Do Not Send Cash. Credit card payment is also accepted.
- Clearly print name of child on the check or money order.
- Send the enrollment form and payment to:  
**Monarch Management Corp.**  
3201 Cherry Ridge Drive, Suite D405, San Antonio, TX 78230
- Your cancelled check, money order stub or credit card statement is your proof of purchase.
- Keep this for your reference; you will receive no policy.
- If you have questions about this coverage, please call:  
**Monarch Management Corp. 1-800-662-2778.**



Underwritten by AXIS Insurance Company

Offered by:



Monarch Management Corporation

Enroll Online at [www.mmc-ins.com](http://www.mmc-ins.com)

