

**TENNESSEE SCHOOL BOARDS ASSOCIATION
BUSINESS TRIP ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGE**

BASIC ENROLLMENT FORM

(All Employees and School Board Members Except Bus Drivers)

Name of District: ONEIDA SPECIAL SCHOOL DISTRICT

Address: 195 NORTH BANK STREET
(Number and Street)

ONEIDA, TENNESSEE 37841
(City, State, Zip)

Telephone: (423) 569-8912 x221

Number of Full-Time Employees: 153
(Those who work 20 or more hours a week)

Number of School Board Members: 5

TOTAL COVERED PERSONS: 158

Effective Dates: **December 1, 2014 to November 30, 2015**

Make Check for \$ 275.00 payable to:

**Educational Benefits, Inc.
Attention: Marshall Wilson
P.O. Box 3487
Little Rock, AR 72203**

Signed by: Ann Sexton (Name - print or type)

(Signature & Title)

asexton@oneidaschools.org
scornelius@oneidaschools.org (Email)

(Date)

RATE CHART

| <u>Less Than 200 Covered</u> | <u>200 - 499 Covered</u> | <u>500 - 799 Covered</u> | <u>800 - 1099 Covered</u> | <u>1100 - 1499 Covered</u> | <u>1500 & Above</u> |
|---|-------------------------------------|-------------------------------------|--------------------------------------|---------------------------------------|------------------------------------|
| \$275.00 | \$450.00 | \$645.00 | \$890.00 | \$1,100.00 | \$1,275.00 |

**If you have any questions, please contact:
Educational Benefits, Inc. (EBI)
Diann Shoptaw: Telephone: 1-800-824-5022**

**TENNESSEE SCHOOL BOARDS ASSOCIATION
ACCIDENTAL DEATH COVERAGE FOR BUS DRIVERS**

(This is optional coverage only available when basic coverage is purchased.)

| <u>CLASS</u> | <u>DESCRIPTION OF CLASS</u> | <u>AMOUNT</u> | <u>ANNUAL COST (PER DRIVER)</u> |
|--------------|--|---------------|-------------------------------------|
| I | FULL-TIME School Bus Drivers: Those whose only employment is driving a school bus and who work 20 hours per week or more. | \$20,000 | \$7.00 |
| II | PART-TIME School Bus Drivers: Those whose only employment with the school is driving a bus and who work less than 20 hours per week. | \$10,000 | \$3.50 |

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Effective Dates: **December 1, 2014 to November 30, 2015**

Number of Full-Time Bus Drivers: 4 @ \$7.00 per driver = \$ 28.00

Number of Part-Time Bus Drivers: 4 @ \$3.50 per driver = \$ 14.00

Total Covered Bus Drivers: 8 Total Bus Driver Premium = \$ 42.00

Make Check for \$ 42.00 payable to :

**Educational Benefits, Inc.
Attn: Marshall Wilson
P.O. Box 3487
Little Rock, AR 72203**

Signed by: Ann Sexton (Name - print or type)

(Signature)

Director of Schools (Title/Position)

(Date)

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