NORTH EAST INDEPENDENT SCHOOL DISTRICT
HOSPITAL INDEMNITY PLAN

REQUEST FOR BENEFITS - (To be completed by employee):

Employee Name _____ **Social Security Number** _____ - _____ - _____ **Employee ID #** _____

Campus/Department _____ **Position** _____

Mailing Address (include city, state, zip code) _____

_____

Hospital (include address and phone number) _____

_____

Date Admitted _____ **Date Discharged** _____ **Readmission Date** _____

Attending Physician (include address and telephone number)

_____

_____

Diagnosis

_____

Was hospitalization due to an occupational injury? [ ] Yes [ ] No

If yes, explain: _____

Do you have other health insurance coverage? [ ] Yes [ ] No

If yes, name of health plan and policy/group number:

_____

Authorization to Release Information - Certification
I certify that the foregoing information is true and correct and hereby authorize any Provider to release any information regarding the dates of hospital confinement or benefits payable for this claim to the North East Independent School District or its authorized agent for the purpose of determining benefits payable.

_____ _____

Employee Signature **Date**

SEE REVERSE FOR IMPORTANT INFORMATION

You are eligible and automatically covered (non-contributory) as a District employee for the Hospital Indemnity Benefits and $15,000 term life insurance policy if you meet the following conditions:

- You are a full-time employee of NEISD. "Full-time" means a person who is scheduled to work at least 32 hours a week on a continuing basis,

OR

You are a part-time employee of the District and scheduled to work a minimum of 20 hours a week, but less than 32 hours a week on a continuous basis.

- You are not enrolled as a participating employee of any other health plan offered by NEISD.

Benefit

Daily Benefit: $250 per day of inpatient hospital confinement.

Maximum Benefit: 30 days is the maximum benefit period. (A new benefit period will not begin unless separated by 14 continuous days of non-confinement.)

Life Insurance: $15,000 Term Life Insurance (Details on life insurance benefits are described in the life insurance certificate provided by UNUM Life Insurance Company.)

Definitions

Hospital: An institution which is primarily engaged in providing on an inpatient basis - facilities for the diagnosis, treatment, and care of sick and injured persons, under the supervision of a staff of physicians which continuously provide 24-hour staff of registered graduate nurses; and which is not (other than incidentally) a nursing home, a place of rest for the aged, drug addicts or alcoholics. No benefits are payable under this program for confinement in an institution which is primarily a school or other institution for training.

Inpatient: Confinement in a hospital where charges are made by the hospital for room and board in a ward, semi-private, private or intensive care accommodations.

Limitations and Exclusions (See handbook for a complete list of limitations and exclusions.)

The Hospital Indemnity Benefit will not pay any expense:

- Related to an occupational illness or injury.
- Hospitalization for the purpose of cosmetic surgery.
- Incurred for care or treatment of a self-inflicted injury or any injury sustained in the course of a commission of a felony.

Proof of Claim

A benefit request form must be submitted for each hospital confinement. **An itemized hospital bill or statement documenting the patient's name and room and board charges must be submitted to:**

North East Independent School District
Attention: Risk Management Department
8961 Tesoro Drive, Suite 209
San Antonio, Texas 78217

All claims for the Hospital Indemnity Benefit must be submitted within 90 days of hospital discharge. NEISD reserves the right to deny any claim beyond this 90 day proof of claim filing requirement. Benefits paid under the Hospital Indemnity Plan are taxable.

IMPORTANT! REFER TO THE HOSPITAL INDEMNITY BENEFIT HANDBOOK FOR A DETAILED DESCRIPTION OF THE PLAN.