

In today's economic turmoil do you find that your children are uninsured?

Deductible Increasing?

Out of Pocket Expenses Increasing?



Insurance Specialists Since 1965

The Maksin Group of companies has been providing Voluntary Accident Insurance to students since our inception in 1965. We offer our clients unparalleled and personalized attention through our dedicated staff. Let us review your plan today and outshine the competition!



Regional Representative

Servicing Schools in Connecticut for

55 Years

American Community Insurance

a division of the John M. Glover

Agency, Inc.

860-828-8888

pferraguto@johnmglover.com

Client Services

Toll-Free Customer Service

On-Line Brochures and Claim Forms

VISA/MC On-Line Payment Option

Go to www.maksin.com

Select K-12 Voluntary Enrollment

Select State

Select School from drop down list

Choose Enroll Online or Print Forms

Follow Instructions

Student Voluntary Accident Insurance

Program Highlights

- Coverage available for all Students
- Coverage for hours and days when school is in session
- Coverage for participation in school sponsored and supervised activities on or off school premises
- Covers travel during such activities
- Includes \$50,000 Extended Dental Coverage
- Includes \$15,000 Accidental Death and \$30,000 Dismemberment
- On-site Claims Service administered by The Maksin Group
- Up to \$500,000 Accident Medical Maximum
- Includes summer activities
- 24-Hour Accident coverage available

CLAIM INSTRUCTIONS

Treatment must commence within 90 days from the date of the accident.

1. In case of an accident, notify the school/organization immediately.
2. Notify **ALL** treatment facilities (physician's office, hospital, etc.) of this insurance coverage so that any invoices and/or Explanation of Benefits (EOB) can be sent directly from the medical facility to The Maksin Group.
3. Have Part I and Part II completed on the Notification of Injury form. Do not leave any blank spaces or write "N/A" in any space. If either parent or guardian is uninvolved, deceased, unemployed, self-employed or disabled, please state so. If you are employed, but do not have insurance, please state "NO INSURANCE" and provide us with a statement from your employer that the claimant has no insurance. Otherwise, our office will submit an insurance questionnaire to your employer to be used as verification of no dependent coverage.
4. Attach any itemized bills to the claim form, an itemized bill includes treatment rendered, the dates of the treatment, diagnosis codes, physician's or hospital's name, address and tax i.d. number. Balance Due bills are not acceptable. Be sure to attach any receipts for bills paid out-of-pocket. Otherwise, benefits will be paid to the provider of service.
5. Mail the Notification of Injury form, along with any other applicable correspondence to our office within 90 days from the date of the accident. Do not leave this form with the school, coach, hospital, physician, etc. Our address is **Maksin Management Corp, P.O. Box 2648, Camden, NJ 08101-2648**. If you need further assistance, feel free to contact Customer Service at **1-800-257-6250 (phone)/1-856-486-4376 (fax)**. We will be happy to assist you.