

2020-2021  
School Year

## Student Accident & Sickness Insurance- Now More Important Than Ever!



Despite your best efforts to protect them, children get hurt and out-of-pocket expenses for medical care can be significant.

- *Is your child already covered?*
- *Does your coverage have large deductibles and co-insurance?*
- *Do you want to be able to see the doctor that YOU choose?*

Arranged and Administered by:



myers | stevens | toohey

# Determine the Plan(s) you want to purchase

Plans showing  include enhanced Concussion Benefit - See next page for details

## Student Accident & Sickness Plan

### Our Best Coverage!

**Students (grades P-12) may enroll in this plan.** Covers Injuries sustained and Sickness commencing anywhere in the world, 24-hours a day, while your student is insured under this School Year's plan (including interscholastic sports, **except high school tackle football**). Repatriation and Medical Evacuation benefits are included. This plan does not cover routine or preventative care.

Benefits are payable according to the "Description of Benefits" up to \$50,000 per Covered Sickness and \$200,000 per Covered Accident.

There is a \$50 deductible per covered Accident or covered Sickness

**Coverage begins at 11:59 p.m. on the day** Myers-Stevens & Toohy Co., Inc. (herein called "The Company") receives the completed coverage request form and the required premium. **Coverage ends at 11:59 p.m. on the last day of the month** for which payment has been made. Coverage may be continued for up to 12 calendar months, or through Sept. 30, 2021, whichever comes first, provided the required payments are made.

**NOTE** – Participation in commercial camps or clinics may be covered under this plan.

**1st payment: \$198.00**

*(Covers remainder of month in which you enroll and 1 additional month)  
Subsequent Payments: \$161.00 a month, billed every 2 months*

## Interscholastic Tackle Football Accident Plans

**Students (grades 9-12) may enroll in these plans.** Covers Injuries caused by covered accidents occurring:

- While practicing or playing in interscholastic high school tackle football activities which are School-sponsored and directly supervised, including spring practice and summer conditioning, weight training and passing league
- While traveling for football in a School Vehicle or traveling directly and without interruption between School and off-campus site for such activities provided travel is arranged by and is at the direction of the School

**Coverage begins at 11:59 p.m. on the day** the Company receives the completed coverage request form and the required premium. **Coverage ends at 11:59 p.m. on the closing date** of regular classes for the 2020-2021 School Year.

**NOTE** – Participation in commercial camps or clinics is not covered under these plans. See "Full Time 24/7" plans. Practice or playing of football must be conducted under the regulations and jurisdiction of the applicable sports governing body.

<b>Benefit Levels:</b>	<b>High</b>	<b>Mid</b>	<b>Low</b>
<b>Rates per School Year:</b>	<b>\$342</b>	<b>\$316</b>	<b>\$256</b>

## Full-Time 24/7 Accident Plans

**Students (grades P-12 and school employees) may enroll in these plans.** Covers Injuries caused by Accidents occurring 24 hours a day, anywhere in the world, **except while participating in interscholastic tackle football.**

**Coverage begins at 11:59 p.m. on the day** the Company receives the completed coverage request form and the required premium. **Coverage ends at 12:01 a.m. on the date** School begins regularly scheduled classes for the 2021-2022 School Year.

**NOTE** – Participation in commercial camps or clinics may be covered under these plans.

<b>Benefit Levels:</b>	<b>High</b>	<b>Mid</b>	<b>Low</b>
<b>Rates per School Year:</b>	<b>\$333</b>	<b>\$309</b>	<b>\$245</b>

## School-Time Accident Plans

**Students (grades P-12) may enroll in these plans.** Covers Injuries caused by covered Accidents occurring:

- On School premises during the hours and on days when the School's regular classes are in session, including one hour immediately before and one hour immediately after regular classes, while continuously on the School premises
- While participating in or attending School-sponsored and directly supervised School Activities including interscholastic athletic activities and non-contact spring football (**except interscholastic high school tackle football**)
- While traveling directly and without interruption to or from residence and School for regular attendance; or School and off campus site to participate in School-sponsored and directly supervised School Activities, provided travel is arranged by and is at the direction of the School; and while traveling in School Vehicles at any time.

**Coverage begins at 11:59 p.m. on the day** the Company receives the completed coverage request form and the required premium. **Coverage ends at 11:59 p.m. on the closing date** of regular classes for the 2020-2021 School Year.

**NOTE** – Participation in commercial camps or clinics is not covered under these plans. See "Full Time 24/7" plans.

<b>Benefit Levels:</b>	<b>High</b>	<b>Mid</b>	<b>Low</b>
<b>Rates per School Year:</b>	<b>\$79</b>	<b>\$75</b>	<b>\$62</b>

## Dental Accident Plan (\$75,000 Maximum)

**Students (grades P-12) may enroll in these plans.** Covers Injuries to teeth caused by covered Accidents occurring 24 hours a day, anywhere in the world, including participation in all sports and all forms of transportation.

**Benefits are payable at 100% of the Usual, Customary and Reasonable Charge for Treatment of Injured teeth, including repair or replacement of existing caps or crowns.** We do not pay for damage to or loss of dentures or bridges or damage to existing orthodontic equipment.

The coverage provides a "Benefit Period" of Accident dental benefits for up to one year from the date of first Treatment. The benefit period for an Injury may be extended each year, provided that: coverage is renewed prior to October 1, the student remains enrolled in grades P-12, and written notice is received by the Company at the time of Injury that further Treatment will be deferred to a later date.

**Coverage begins at 11:59 p.m. on the day** the Company receives the completed coverage request form and the required premium. **Coverage ends at 12:01 a.m. on the date** School begins regularly scheduled classes for the 2021-2022 School Year.

**\$24.00 purchased separately**  
**\$18.00 when added to any plan(s) purchased**

## Pharmacy SmartCard

Available to students, their families and school staff through our partnership with CastiaRx, the SmartCard offers savings of up to **95%** of prescription drug costs and is accepted at over **63,000** pharmacies nationwide.

In addition, the program can provide "Instant Alerts" to potential medication interactions to better protect your family along with unique "Proof of Savings" reports mailed directly to you every six months.

After your payment has been processed, CastiaRx will send you your ID card. Present your card each time you or a family member needs a prescription filled to receive your savings. For more detailed information, go to [www.castiarx.com](http://www.castiarx.com) or call **800-546-5677**.

The SmartCard is not an insurance product and is not insured by ACE American Insurance Company.

**\$36.00 for entire family, for one full year!**

**Affordable Rates**

**Call (800) 827-4695 With Questions**

# Determine the benefit level that best fits your needs

We will pay benefits only for covered Injuries sustained or covered Sicknesses commencing while insured under this School Year's plan. Benefits payable will be based on the Usual, Customary and Reasonable charges incurred for covered medical and dental services, as defined by the Policy, subject to exclusions, requirements and limitations. We do not pay for a service or supply unless it is Medically Necessary and listed in the Description of Benefits below. You may take your child to any provider you choose; however, seeking Treatment through a First Health contracted provider may reduce your out-of-pocket costs.

To find participating First Health medical providers nearest you, call 800-226-5116 or log on to [www.myfirsthealth.com](http://www.myfirsthealth.com).



**ENHANCED CONCUSSION BENEFIT:** When a student is diagnosed with a concussion as a result of an injury received while participating in a Covered Activity, and as a result is prohibited from participation in interscholastic sports under the School's formal concussion protocol, benefits for the treatment of that concussion will be paid at 100% of the Usual, Customary and Reasonable charges with no deductible, subject to all other terms and conditions of the plan.

Covered Benefit Levels	Low Option	Mid Option	High Option	Student Accident & Sickness Plan
<b>Plan Name</b>	<b>MAXIMUMS PER ACCIDENT</b>			
<b>Tackle Football Accident Plan</b>	\$25,000	\$50,000	\$75,000	<b>\$50,000 Maximum per Sickness</b> <b>\$200,000 Maximum per Accident</b>
<b>Full-Time 24/7 Accident Plan</b>	\$50,000	\$100,000	\$150,000	
<b>School-Time Accident Plan</b>	\$25,000	\$50,000	\$75,000	
<b>Deductible Per Covered Accident/Sickness</b>	\$200	\$100	\$50	<b>\$50</b>
<b>Covered Expenses</b>	<b>BENEFIT MAXIMUMS</b>			<b>BENEFIT MAXIMUMS</b>
<b>Hospital Room &amp; Board</b> - Semi-Private Room Rate	80%	85%	90%	80%
<b>Inpatient Hospital Miscellaneous Charges</b>	80% to \$2,000/Day	85% to \$2,500/Day	90% to \$3,000/Day	80% to \$4,000/Day
<b>Intensive Care Unit</b>	80% to \$2,000/Day	85% to \$2,500/Day	90% to \$3,000/Day	80%
<b>Hospital Emergency Room</b> (room & supplies) incurred within 72 hours of an Injury	100%	100%	100%	80%
<b>Outpatient Surgical</b> (room & supplies)	80% to \$2,000	85% to \$2,500	90% to \$5,000	80% to \$4,000
<b>Physician Non-Surgical Treatment &amp; Exam</b> (excluding Physical Therapy) including Consultation (when referred by attending Physician)	80%	85%	90%	80%
<b>Surgeon Services</b>	80%	85%	90%	80%
<b>Assistant Surgeon Services</b>	80%	85%	90%	80%
<b>Anesthesiologist Services</b>	80%	85%	90%	80%
<b>Physiotherapy</b> (includes related office visits) when prescribed by a Physician	80% to \$400	85% to \$750	90% to \$1,000	80% to \$2,000
<b>X-Ray Examinations</b> (including reading)	80% to \$400	85% to \$750	90% to \$1,000	80%
<b>Diagnostic Imaging</b> MRI, Cat Scan	80%	85%	90%	80%
<b>Ambulance</b> (from site of covered loss directly to hospital)	100%	100%	100%	80%
<b>Laboratory Procedures, Registered Nurse Services, Rehabilitative Braces</b>	80%	85%	90%	80%
<b>Durable Medical Equipment</b>	80% to \$400	85% to \$750	90% to \$1,000	80%
<b>Out-Patient Prescription Drugs</b> (for Injuries only)	80%	85%	90%	80%
<b>Dental Services</b> (including dental x-rays) for Treatment due to a covered Accident	80%	85%	90%	80%
<b>Eyeglass Replacement</b> (for replacement of broken eyeglass frames or lenses resulting from a covered Accident requiring medical Treatment)	100% to \$300	100% to \$400	100% to \$500	80%
<b>Medical Evacuation &amp; Repatriation</b>	\$0	\$0	\$0	100% to \$10,000

## Benefits for Accidental Death, Dismemberment, Loss of Sight, Paralysis and Psychiatric/Psychological Counseling

(Applies to all plans except the Dental Accident Plan and Pharmacy SmartCard)

In addition to medical benefits, if, within 365 days from the date of Accident covered by the policy, bodily Injuries result in any of the following losses, we will pay the benefit set opposite such loss. Only one such benefit (the largest) will be paid for all such losses due to any one Accident.

- Accidental Death **\$10,000**
- Single dismemberment or entire loss of sight in one eye **\$25,000**
- Double dismemberment or entire loss of sight in both eyes, or paraplegia or hemiplegia or quadriplegia **\$50,000**
- Counseling - In addition to the AD&D benefits, we will pay 100% of the Usual, Customary and Reasonable costs of psychiatric/psychological counseling needed after covered dismemberment, loss of sight or paralysis up to **\$ 5,000**

## Choose Your Own Doctor and Hospital

# Instructions

# 2020 - 2021 Coverage Request Form

Thank you for enrolling your child!  
To avoid any delay in coverage, please follow these 3 easy steps below:


- Select** the plan(s) you wish to purchase below:
  - The Student Accident & Sickness Plan will provide our highest level of coverage.
  - Our Accident Plans may be purchased on an individual basis or combined with additional coverage (for example, Full-Time Accident + Dental).


- Complete** and detach the enrollment form on the right side or you may enroll online (see below). Please note, we are unable to accept enrollments over the phone.

- Purchase and Return**

 [CLICK HERE](#) to enroll online for IMMEDIATE processing!  
We accept VISA and MasterCard.

If online enrollment is not available, you may either:

 **Fax** the completed Enrollment Form to (949) 348-2630. You must pay by credit or debit card by completing the payment area on this page. We cannot accept Checks or Money Orders by fax.

 **Mail** both sides of the completed Enrollment Form in the enclosed envelope. You may pay by credit card by completing the payment area on the right side enclose a check or Money Order made payable to Myers-Stevens & Toohy & Co., Inc.

**PLEASE DO NOT SEND CASH**

## Our BEST Plan

### Student Accident & Sickness

1st Payment  \$198.00

You will be billed \$322.00 every 2 months thereafter.

## Our Accident Plans

(One-Time Payment For Entire School Year)

PLANS:	High Option	Mid Option	Low Option
Tackle Football Only	<input type="checkbox"/> \$342.00	<input type="checkbox"/> \$316.00	<input type="checkbox"/> \$256.00
Full-Time (24/7)	<input type="checkbox"/> \$333.00	<input type="checkbox"/> \$309.00	<input type="checkbox"/> \$245.00
School-Time	<input type="checkbox"/> \$79.00	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$62.00
Dental Accident	<input type="checkbox"/> \$24.00 Purchased Separately <input type="checkbox"/> \$18.00 When added to any plan(s) purchased		
Pharmacy Smart-Card	<input type="checkbox"/> \$36.00		

**Total Amount Due**

\$

Print Parent or Guardian Name

I enroll for the coverage checked above. I understand premiums cannot be refunded or converted.

**Warning:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, may be subject to prosecution for insurance fraud.

X \_\_\_\_\_  
Parent or Guardian Signature Date

**ALL PREMIUMS ARE FULLY EARNED UPON RECEIPT AND  
CANNOT BE REFUNDED OR CONVERTED**

Complete all information (please print)  
and return to Myers-Stevens & Toohy Co., Inc.

Student Name First Middle Last

Student Birthdate

Mailing Address Apt.#

City State Zip Code

Parent Daytime Phone Number

Parent E-mail Address

District Name

School Name Grade

### Method of Payment

Note: \$25.00 service charge for Returned Checks and declined Credit Cards

- Check/Money Order** (Make payable to: Myers-Stevens & Toohy Co., Inc.) **or**  
 **Mastercard® or Visa®**



**Important:** If paying by credit card, complete below. Charge will appear as "MYERS-STEVENS & TOOHEY 800-827-4695 CA" on your statement.

Card Number

\$ Amount EXP. DATE MO. YR. 3 digit control #

Print Name of Cardholder Zip Code

I authorize Myers-Stevens & Toohy Co. Inc. to deduct the premium payment, plus a 3% processing fee, from my credit card. If enrolling in the *Student Accident & Sickness Plan*, I am authorizing the initial premium payment and understand that I will be invoiced every 2 months for the subsequent payments.

X \_\_\_\_\_  
Signature of Cardholder

### Auto-Charge Option

Available for your convenience is the option to have your bi-monthly payments automatically charged to your credit card.

By initialing here \_\_\_\_\_, I hereby authorize Myers-Stevens & Toohy to charge the above credit card \$322, plus a 3% processing fee, on the 5th of the month that my payment is due. This authorization will remain in effect for the 2020/2021 school year until I notify Myers-Stevens & Toohy in writing prior to the next payment date.

502.CO

*Easy Enrollment*

## Frequently Asked Questions...

### If I have other insurance, why do I need this coverage?

Our plans can expand your choice of providers for your child and high deductibles, high co-insurance and other cost-sharing obligations common to many of today's health plans.

### I'm in a hurry! What is the **quickest** way to enroll?

Click [HERE](#) to enroll online and you will receive immediate proof of coverage as soon as your payment is processed.

### If my child has no other insurance, what's my best buy?

Unless you need coverage for high school tackle football, the *Student Accident & Sickness Plan* is our broadest, best option. Next best is the *Full-Time 24/7 Accident Plan* with "High Option" benefits.

### Can I take my child to any doctor or hospital?

**YES!** However, your out-of-pocket costs could be less by using a *First Health* contracted provider. To find participating doctors/hospitals nearest you, call **800-226-5116** or log on to [www.myfirsthealth.com](http://www.myfirsthealth.com)

### Are accident-only rates paid every month?

**NO!** Accident-only rates are one-time charges for the entire School Year.

### Can interscholastic high school tackle football be covered?

**YES!** But only under the *Interscholastic Tackle Football Plan*. "High Option" benefits are recommended.

### Do the *Interscholastic Tackle Football* or *School-Time* plans cover camps and clinics sponsored and organized by groups other than my child's school?

**NO!** However, such camps and clinics may be covered under our *Full-Time 24/7* or *Student Accident & Sickness* plans. Call us for guidance!

### Still need help or have questions?

Go to [www.myers-stevens.com](http://www.myers-stevens.com) or call us for prompt, personalized assistance at (800) 827-4695.



## How To File A Claim

1. Report School-related Injuries within 72 hours to the School office. To find a *First Health* provider nearest you, call 800-226-5116 or log on to [www.myfirsthealth.com](http://www.myfirsthealth.com).
2. Obtain a claim form from the School or the Company. Claim forms must be filed with the Company within 90 days after the date of first Treatment.
3. At the same time, please file a claim with your other family sickness and/or Accident carrier.
4. Follow ALL claim form instructions, attach all itemized bills and send to:



### Myers-Stevens & Toohy Co., Inc.

26101 Marguerite Parkway  
Mission Viejo, CA 92692-3203  
**949-348-0656 or 800-827-4695**  
Fax 949-348-2630  
CA License #0425842

## The Insurance Company

*(Does not apply to the SmartCard)*

# CHUBB®

**ACE American Insurance Company**

436 Walnut St., Philadelphia, PA 19106

This information is a brief description of the important features of this insurance plan. Complete details may be found in the policies which can be found on file with the district office. It is not an insurance contract.

Insurance benefits are underwritten by ACE American Insurance Company. Coverage may not be available in all states or certain terms may be different where required by state law.

Chubb NA is the U.S.-based operating division of the Chubb Group of Companies, headed by Chubb Ltd. (NYSE:CB) Insurance products and services are provided by Chubb Insurance underwriting companies and not by the parent company itself.

# Exclusions

Benefits are not payable for any of the following or loss that results from them:

1. Dental care or Treatment. This exclusion does not apply to care of sound, natural teeth and gums required due to an Injury resulting from an Accident while the Covered Person is insured under the Policy, and rendered within 12 months of the Accident.
2. War or any act of war, declared or undeclared.
3. Participation in a riot or civil disorder; fighting or brawling, except in self-defense; commission of or attempt to commit a felony; violating or attempting to violate any duly enacted law.
4. Suicide, attempted suicide or intentionally self-inflicted Injury while sane.
5. Injury or Sickness contributed to by the use of alcohol or drugs unless taken in the dosage and for the purpose prescribed by the Covered Person's Physician.
6. Practice or play in interscholastic high school tackle football (unless separate football coverage is purchased), intercollegiate sports, semi-professional sports, or professional sports. (Does not apply to the Dental Accident Plan.)
7. Injury covered by Worker's Compensation or Employer's Liability Laws, or by any coverage provided or required by law including, but not limited to group, group type, and individual automobile "No-Fault" coverage (excluding School Vehicle coverage).
8. Treatment, services or supplies provided by the School's infirmary or its employees, or Physicians who work for the School, or by any member of the Covered Person's immediate family; or for which no charge is normally made.
9. Mental or nervous disorders, except as provided by the Policy.
10. Treatment of Sickness, ailment, or infections (except pyogenic infections or bacterial infections which result from the accidental ingestion of contaminated substances). (Does not apply to the sickness only coverage under the Student Accident & Sickness Plan.)
11. The diagnosis and Treatment of non-malignant warts, moles and lesions, acne or allergies, including allergy testing.
12. Injury sustained as a result of riding in or on, entering or alighting from, a two or three-wheeled Motor Vehicle. (Does not apply to the Dental Accident Plan.)
13. Treatment of detached retina (unless directly caused by an Injury), osteomyelitis, pathological fractures or hernia. (Does not apply to the sickness only coverage under the Student Accident & Sickness Plan.)
14. Any expenses related to the Treatment of tonsils, adenoids, epilepsy, seizure disorder, or congenital weakness; or congenital anomalies and conditions arising or resulting directly there from.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including but not limited to, the payment of claims.

## Requirements and Limitations

Aggravations of Injuries which did not occur while insured under this plan are paid up to \$500 maximum benefit per policy term. Injuries sustained as a result of riding in or on, entering or alighting from or being struck by a motor vehicle are limited to a \$15,000 maximum benefit. Some motor vehicle Injuries are not covered – see Exclusions above for details. School-Time and Interscholastic High School Tackle Football Injuries must be reported to the School within 72 hours of the date of Injury. The first Physician's visit must be within 120 days after the Accident or Sickness. A claim form must be filed with Myers-Stevens & Toohy & Co., Inc. within 90 days after the date of loss or as soon as reasonably possible. The Student Accident & Sickness and Dental Accident plans pay for covered expenses incurred within up to 52 weeks from the date of first treatment, however, should the Injury sustained under the Student Accident & Sickness plan require the removal of surgical pins, continued Treatment for serious burns, or Treatment of a non-union or mal-union fracture, the benefit period will be extended to 104 weeks. Each covered condition may be subject to a deductible – see plan details.

## Facility of Payment

Whenever payments that should have been made under the Policy are made by any other policy, the Company reserves the right to pay over to any plan making such other payments, any amounts the Company determines are warranted in order to satisfy the intent of this provision. The amounts paid are considered benefits paid under the Policy and, to the extent of such payments, the Company shall be fully discharged from liability under the Policy. In no event will the Company pay more than the benefits payable under the Policy for all policies providing the same or similar benefits issued to the Policyholder and underwritten by the Company.

## Definitions

**Covered Accident** means a sudden, unexpected and unintended incident that results in injury or loss covered by the Policy. **Injury** means accidental bodily harm sustained by an Insured that results directly and independently from all other causes from a Covered Accident. The Injury must be caused solely through external, violent and accidental means. All injuries sustained by one person in any one Covered Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury. **Medically Necessary** means a Treatment, service or supply that is: 1) required to treat an Injury; prescribed or ordered by a Doctor or furnished by a Hospital; 3) performed in the least costly setting required by the Insured's condition; and 4) consistent with the medical and surgical practices prevailing in the area for Treatment of the condition at the time rendered. Purchasing or renting 1) air conditioners; 2) air purifiers; 3) motorized transportation equipment; 4) escalators or elevators in private homes; 5) eye glass frames or lenses; 6) hearing aids; 7) swimming pools or supplies for them; and 8) general exercise equipment are not Medically Necessary. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or Treatment alternative could have been used. We may consider the cost of the alternative to be the Covered Expense. **Sickness** means an illness, disease or condition that causes a loss for which an Insured incurs medical expenses while covered under this Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness. **Usual, Customary and Reasonable Charges** - "Usual" means those charges made by a provider for services and supplies rendered to all patients for the same or similar Injury. "Customary" means those charges made by the majority of providers in the area for the same or similar services or supplies. "Reasonable" means those charges that do not exceed the majority of the prevailing fees in the area for the same or similar services or supplies. **Area** means a county or larger geographically significant area as determined by The Company. **School Activities** means any activity that is sponsored and under the direct, immediate supervision of the School that: (a) the School requires the Insured Person to attend; or (b) is under the sole control and supervision of School authorities. It does not include an activity related to athletics or cheerleading that is under joint sponsorship or supervision arrangement with any non-School group.

## Excess Provision

In order to keep premium as affordable as possible, these plans pay benefits on a non-duplicating basis. This means, if a person is covered by one or more of these plans and by any other valid insurance or health agreement, any amount payable or provided by the other coverages will be subtracted from the covered expenses and we will pay benefits based on the remaining amount.

**IMPORTANT NOTICE:** The Student Accident & Sickness Plan provides short-term limited duration sickness benefits. It does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy a person's individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA). For more information about the ACA, please refer to [www.HealthCare.gov](http://www.HealthCare.gov).

**ALL PREMIUMS ARE FULLY EARNED UPON RECEIPT AND CANNOT BE REFUNDED OR CONVERTED**

*Para un folleto en Español, o para asistencia en Español, por favor llame a 800-827-4695*

CO\_NBP 502 05/20

**Call (800) 827-4695 With Questions**