



Health Special Risk, Inc.

Student Insurance - District Form

Insurance Underwritten by Mutual of Omaha Insurance Company; 3300 Mutual of Omaha Plaza; Omaha, Nebraska 68175

Section 1 - District Information

Name of School/District:	DESOTO ISD				
Policy #:	SR2014TX-P-100255	School Year:	2026-2027		
Contact Name:	BRENT MITCHELL	Title:	SUPERINTENDENT		
Address:	200 E. BELTLINE ROAD		City:	DESOTO	
State:	TX	Zip:	75115	Phone:	(972) 274-8212 ext 8702
Email Address:	MT.TYESKIE@DESOTOISD.ORG			(Policy & Invoice will be sent to this email address)	

Section 2 - Program Specifics

Voluntary Enrollment Offered?	☐ Yes ☐ No	Estimated # Student's Enrolled in School/District:	
Effective Date / First Class Day:		Last Class Day:	
Note: Athletic coverage begins August 1 st if the signed application is received prior to the first athletic start date. Exception: Dates set by state governing organization which are prior to August 1 st .			

High School Football Information (Complete if applicable)

Is Offseason Program Permitted?	☐ Yes ☐ No	Athletic Effective Dates:	From:	To:
Is Contact Practice Permitted?	☐ Yes ☐ No	Who pays Football Premium?	☐ School ☐ Parents	

Section 3 - Mandatory Plans - Coverage Selected by School/District

	Product/ Option	Division	Grades	Total # Insured	Rate	Premium*
At-School	☐ With Athletics/Activities					
	☐ Without Athletics/Activities					
Athletics & Activities Only		5A	7-12			\$34,300.00
					Total:	\$34,300.00

Benefit changes from last year? ☐ Yes ☐ No (If Yes, explain): _____

Section 4 - Catastrophic Plans

Maximum	Plan Type	HH/CC Max	Benefit Period	FB	Covered Class	Grade Level	# of Students	# of Athletes	Rate Per Person	Total Premium*
\$10,000,000	D	N/A	10 Yrs	Y/N	3	7-12	1 HS 3 Jr HS			\$2,313.00

Section 5 - Invoice

Invoice/Supplies To (email address):	Michael Smith-michael.smith021@desotoisd.org	Invoice Date	9/01
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Section 6 - Comments

Coverage Includes:UIL Summer Conditioning; Heat Exhaustion: PK-12 Day Field Trips Dr. M.T. Tyeskie, Director of Athletics (945) 384-6217 mt.tyeskie@desotoisd.org
Premier Plan Upgrades:MRI/CT Scan \$1,000.; Physiotherapy \$30, Visit/5 Visits; Post Concussion Management Testing \$75

Acceptance: The benefits, conditions and premium for this coverage are as outlined within the coverage materials and this form. If acceptable, in AL, IN, KS, LA, ME, NE, OH, VA & WV; please sign the Participant Accident Insurance Application (Form SR2014 APP) and return with this signed form and the premium to the address below.

Section 7 - Coverage Authorization

We hereby enroll with Mutual of Omaha Insurance Company for the coverage indicated above. We understand that insurance will be in force as of the requested effective date indicated, if all information is accurate and the required premium is received by Mutual of Omaha.		
Signature of Authorized Official	SUPERINTENDENT Title	Date Signed
BRENT MITCHELL Name of Authorized Official - Printed	Johnny (Kent) Holbert Agent Name - Printed	Agent Signature

Mail Completed Enrollment form to:

8400 Bellevue Dr., Suite 150 · Plano, TX 75024 · (866) 345-2680 · Fax (972) 512-5819

K12insurance@hsri.com