HSR
Health Special Risk, Inc.

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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:	ITALY ISD				
Policy #:	SR2024TX-P-101233		School Year:	2026-2027	
Contact Name:	RACHEL KISTNER		Title:	SUPERINTENDENT	
Address:	300 S. COLLEGE		City:	ITALY	
State:	TX	Zip: 76651	Phone:	(972) 483-3232 Ext. 1100	
Email Address:	MGONZALEZ@ITALYISD.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:	602
Effective Date / First Class Day:	8/11/2026	Last Class Day:	5/21/2027

***Note:** Athletic coverage begins August 1st 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 1st.*

High School Football Information *(Complete if applicable)*

Is Offseason Program Permitted?	☒ Yes ☐ No	Athletic Effective Dates:	From: 8/01/26	To: 7/31/27
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		Premier Plan	----2A----	6-12			$8,878.00
						Total:	$8,878.00

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	1	PK-12	602			$955.60

Section 5 – Invoice

Invoice/Supplies To (email address):	% Melissa Gonzalez - mgonzalez@italyisd.org	Invoice Date	9/1

Section 6 - Comments

Coverage Includes: UIL Summer Conditioning; Heat Exhaustion: PK-12 Day Field Trips..

Policy Numbers: Base Premier Plan SR2014TX-P-101233 Catastrophic Coverage SB21CCTX-P-101234

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
Rachel Kistner Name of Authorized Official - Printed	Kent Holbert / Charlie Alderman Agent Name - Printed	Charles Alderman Agent Signature

Mail Completed Enrollment form to:

8400 Bellvies Drive, Suite 150 · Plano, TX 75024 · (866) 345-2680 · Fax (972) 512-5819

K12insurance@hsri.com

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