



Group Activities Insurance Application

The policy provides **PRIMARY, NO-DEDUCTIBLE COVERAGE** for students and non-employees participating in NMSU officially sanctioned/supervised activities, field trips, and on-campus events or camps. The rate for coverage is \$.19 per person, per day.

A Group Activities Insurance Application must be completed and submitted at least two days prior to the start date of the activity for Fiscal Monitor review. The application will then be forwarded to Procurement Services.

Coverage limits include:

Table of Benefits	Maximum Benefits
For expenses incurred within 52 weeks of the date of Accident for Medical and Surgical Treatment, X-Ray Charges, Hospital Confinement, Ambulance Expense and Prescriptions up to....	\$5000.00
For Dental Expenses incurred within 52 weeks of Accident, involving sound, natural teeth...	\$600.00
For Medical and Hospital Expense for illness which manifests itself on the day or days this policy is in force up to...	None
For Medical Expenses from these specified diseases: Poliomyelitis, Diphtheria, Scarlet Fever, Smallpox, Tetanus, Cerebrospinal Meningitis, Typhoid Fever, Leukemia or Primary Encephalitis...	None
For losses within 100 days of Accident which result in the loss of life...	\$5000.00
For losses within 100 days of Accident which cause loss of both hands or both feet, or one hand and one foot, or the total and irrecoverable loss of sight of both eyes...	\$15,000.00
For losses within 100 days of Accident which cause the loss of one hand or one foot or the loss of sight of one eye...	\$7500.00

The policy does not cover:

1. Eyeglass replacement of prescriptions
2. Hernia in any form
3. Suicide, self-destruction or any attempt thereat
4. Pregnancy
5. Pre-existing conditions
6. Loss covered by Worker's Comp
7. Treatment by self, family members, or person employed by the policyholder
8. Participation in snow tubing, tobogganing, or bobsledding
9. Dental treatment other than injury to sound, natural teeth
10. Illness or accident while under the influence of alcohol, drugs or any other intoxicant



Group Activities Insurance Application

Are you using sponsored awards or gifts on this form?

- Yes - Route spa@nmsu.edu
 No - Route afr_approval@nmsu.edu

Fiscal Monitor
then
purchasing@nmsu.edu
Phone 646-2916

Instructions: Use this application to apply for Group Activity Insurance. 1) Complete all information on application. 2) Include the signature of a Department Head or Activity Leader. 3) Scan and send application to AFR at afr_approval@nmsu.edu or SPA at spa@nmsu.edu. 4) The application must be received at least two days prior to the start date of the activity to be considered for coverage.

SECTION 1: REQUESTOR INFORMATION

Date: _____ Requestor Name: _____ Email: _____
Phone: _____ Department: _____

SECTION 2: ACTIVITY DETAILS

Index Number to Charge: _____ Activity Begin Date: _____ Activity End Date: _____
Organization Sponsor (Club, Class, Department/Unit): _____
Designated Activity Leader: _____ Email: _____ Phone: _____
Activity Destination: _____
Activity Description (Include mode of transportation and detail of activities): _____

Total Number of Individuals: _____ X Total Number of Days: _____ X \$.19/day = \$ _____

List all participants (students/associated non-employees). More participants - Complete Attached Participant List

No.	First Name	Last Name	No.	First Name	Last Name
1			16		
2			17		
3			18		
4			19		
5			20		
6			21		
7			22		
8			23		
9			24		
10			25		
11			26		
12			27		
13			28		
14			29		
15			30		

SECTION 3: APPROVALS

Department Head or Activity Leader

Printed Name: _____ Signature: _____ Date: _____
Title: _____

Fiscal Monitor:

Printed Name: _____ Signature: _____ Date: _____

Reset



Group Activities Insurance Application - Participant List

No.	First Name	Last Name	No.	First Name	Last Name
31			71		
32			72		
33			73		
34			74		
35			75		
36			76		
37			77		
38			78		
39			79		
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