

Glassboro Public Schools



MEMO

To: Mark Silverstein

From: Michael Sloan

Date: 04/30/2025

Re: BMI Renewal Application

Recommend Board approval of the 2025-2026 K – 12 Student Accident Insurance Renewal Application between the Glassboro Board of Education and Bob McCloskey Insurance. Premium cost(s) and coverage are as outlined in the attachment. (attachment)



Bob McCloskey
INSURANCE

P.O. Box 511
Matawan, NJ 07747
Phone: 800.445.3126
Fax: 732-583-9610
www.bobmccloskey.com

K – 12 Student Accident Insurance Application

Policyholder Name

Address

City

State

Zip Code

Effective Date

Expiration Date

Number of Eligible Students

Grades Included

Football ☐

COVERAGE	CARRIER	POLICY NUMBER
Base		
Catastrophic		
Voluntary		

CLASS OF INSURED

Class 1: All enrolled students of the participating school district participating in sponsored and supervised activities including sports.

Class 2: All enrolled students of the participating school or district who participate in Interscholastic Sports including band members, cheerleaders, majorettes, student coaches, student trainers, and student managers.

Class 3: All enrolled students of the participating school or district who participate in Intramural or Interscholastic Sports, gym classes and non-sport extracurricular activities including band members, cheerleaders, majorettes, student coaches, student trainers, and student managers.

BENEFITS	BASE STUDENT ACCIDENT	CATASTROPHIC STUDENT ACCIDENT
Class of Insureds		
Maximum Medical Benefit		
Deductible		
Benefit Period		
Accidental Death & Dismemberment		
AD&D Aggregate		
Dental		
Plan Design & Coinsurance Level		
HMO/PPO, Pre-Existing, Expanded Medical		
Heart & Circulatory Benefit		
Deferred Dental Benefit		
Outpatient Physical Therapy Benefit		
Outpatient Rehab. Braces or Appliances		
Catastrophic Cash Maximum		
Total Premium		

Additional Covered Persons, Activities & Coverage Terms:

Volunteer Workers Benefit - \$25,000 AME -Base Student Accident Only

VOLUNTARY OPTION (CT, NJ, MA, PA)

Policy Term: 9/1/25– 9/1/26:

☐ School Time

☐ Around the Clock

☐ Dental

We understand that insurance will be in force if this request is accepted by the company, and the required premium is received by the company when due. As the signatory, I am an official authorized to contract on behalf of the Policyholder.

Name of Official: Timothy Irons Signature of Official: _____ Date: _____