UNIVERSITY OF THE COMMONWEALTH CARIBBEAN
Fostering Leadership & Innovation

SCHOOLMATE PERSONAL ACCIDENT INSURANCE

Prepared by: Kimberly Buckley
Department of Student Support, Career Development and Alumni Services

UNIVERSITY OF THE COMMONWEALTH CARIBBEAN
Fostering Leadership & Innovation

WHY SCHOOLMATE PERSONAL ACCIDENT INSURANCE?

SchoolMate is designed to provide Personal Accident coverage for the University of the Commonwealth Caribbean's students, in the event of accidental injury resulting in medical and dental expenses, dismemberment or death, as well as broken lens of prescription eye glasses.

UNIVERSITY OF THE COMMONWEALTH CARIBBEAN
Fostering Leadership & Innovation

WHEN ARE PREMIUMS PAID?

For the premiums to be enforced, payments must be made in:

- September (Fall Semester) Newly Registered Students
- January (Spring Semester) Newly Registered Students

EVERY APPLICANT IS REQUIRED TO PROVIDE BENEFICIARY INFORMATION

COMPLETION OF BENEFICIARY FORM

To add or change the beneficiary information, complete the Group Change Request Form:

UNIVERSITY OF THE COMMONWEALTH CARIBBEAN
Fostering Leadership & Innovation

PROVIDE UNIVERSITY NAME, STUDENT ID NUMBER AND STUDENT NAME

PROVIDE STUDENT'S NAME

TO BE SIGNED BY A REPRESENTATIVE OF THE DEPARTMENT OF STUDENT SUPPORT

BENEFICIARY CAN INCLUDE ANY ALLOCATION MUST ADD UP TO 100% PROVIDE A TRUSTEE, IF THE BENEFICIARY IS UNDER THE AGE OF 18 YEARS

TO BE SIGNED BY STUDENT

Sagicor

PLEASE USE BLOCK LETTERS WHEN COMPLETING THIS FORM

GROUP CHANGE REQUEST FORM

PLEASE USE BLOCK LETTERS, TYPE OR PRINT WHEN COMPLETING THIS FORM

GROUP POLICY NO.

EMPLOYER: THE UNIVERSITY OF THE COMMONWEALTH CARIBBEAN

EMPLOYEE NO.: 2025XXXX

EMPLOYEE: JANE DOE

CHANGE OF DEPENDENT STATUS (List Details Below):

Effective Date of Change:

- ☐ Application for Dependent Coverage
- ☐ Addition of Dependent (as listed below)
- ☐ Deletion of Dependent (as listed below)
- ☐ Cancel All Dependent Coverage

SURNAME	FIRST NAME	M.I.	RELATIONSHIP	DATE OF BIRTH

REASON FOR ADDITION OF DEPENDENT COVERAGE:
(Please attach supporting documents)

- ☐ MARRIAGE
- ☐ BIRTH OF CHILD
- ☐ TERMINATION OF DEPENDENT'S EMPLOYMENT
- ☐ OTHER (Specify)

REASON FOR DELETION OF DEPENDENT COVERAGE:

- ☐ DIVORCE/DEATH OF DEPENDENT
- ☐ DEPENDENT ATTAINED AGE 19 (OR 23, IF STUDENT)
- ☐ COMMENCEMENT OF DEPENDENT'S EMPLOYMENT
- ☐ OTHER (Specify)

I AGREE TO ANY CHANGE IN CONTRIBUTION NECESSITATED BY THE REQUESTED CHANGE IN COVERAGE

SIGNATURE OF WITNESS | DATE | SIGNATURE OF EMPLOYEE

APPOINTMENT/CHANGE OF BENEFICIARY:

JANE (FIRST NAME) A (M.I.) DOE (LAST NAME)

DO HEREBY REVOKE ALL PREVIOUS APPOINTMENTS/DESIGNATIONS HERETOFORE MADE BY ME AND DO HEREBY DECLARE AND DIRECT THAT ALL PROCEEDS, PAYMENTS OR BENEFITS WHICH BECOME DUE ON OR AFTER MY DEATH IN ACCORDANCE WITH THE TERMS OF SAID GROUP POLICY SHALL BE PAID TO AND BE FOR THE BENEFIT OF:-

SURNAME	FIRST NAME	M.I.	RELATIONSHIP	% ALLOCATION
DOE	JOHN	A	HUSBAND	50
DOE	JOE	A	SON	30
DUNN	JENNIFER	A	SISTER	20

PLEASE NOTE: All Beneficiaries listed above are deemed to be revocable beneficiaries unless otherwise stated. If the beneficiary elected is less than 16 years of age, an adult must also be appointed as Trustee

SIGNATURE OF WITNESS | JULY 14, 2025 (DATE) | JDoe (SIGNATURE OF EMPLOYEE)

TO BE COMPLETED BY EMPLOYER:

ACKNOWLEDGEMENT OF REQUEST(S) FOR CHANGE IS NOTED:

AUTHORIZED OFFICER | DATE

EBD-AMD01-08-J01/0608

UNIVERSITY OF THE COMMONWEALTH CARIBBEAN
Fostering Leadership & Innovation

INSURANCE COVERAGE

COVERS
UCC STUDENTS

24 HOURS PER DAY
7 DAYS PER WEEK
356 DAYS

PLAN COVERAGE
=
JMD$500,000.00

ANNUAL PREMIUM COST
=
$1,000

REQUIRED DOCUMENTS FOR CLAIM SUBMISSION

Types of Claims: Personal and Accidents Claim and Death Claim

Personal Accident Claim	Death Claim
Claimant's Identification Card/Document	
Completed **Schoolmate Insurance - Claim Form** Completed **Attending Physician's Statement Form** by **<u>Doctor</u>**	Completed **Death Benefit - Notice of Claim Form by Beneficiary** & **<u>Any one</u>** of the following: • Death Certificate (in the event of a death; receipts not required) • Completed Proof of Death - Physician's Statement • Post Portem Report • Police Report • Coroner's Inquest Report. Completed Declaration For Evidence of Age or Declaration Concerning Name - If there is an error in age and/or name
Original receipts for the expenses associated with the accident **addressed** and **physically submitted** to the Department of Student Support	100% of the claim is paid by Sagicor
All documents submitted to the Department of Student Support, University of Commonwealth Caribbean	

CLAIMS PROCESS

Submission Timeframe

Claims must be submitted within 90 days of the incident

Document Submission

Ensure all claims are in original form and delivered to the Department of Student Support

Submission Process

Complete All documents submitted to the Department of Student Support

Claim Payment

Reimbursement paid directly to the claimant:
Bank account information (if the claim exceeds JMD$500,000)
UCC receives cheque as proof of fulfilled reimbursement

CLAIMS PROCESS
CONT'D

Once the attending Officer in the Department of Student Support receives these documents, they are scrutinized.

- All attachments are in place.
- To verify if form is completed correct.
- That corresponding Birth Certificate has no Age/Name issues.
- To see if the student was registered.
- Check records to see how long they were in the system.
- Certification of document (Sign off that the DSS has seen the Original attached documents)
- Affix signature & company stamp by the HOD
- DSS will then send all Documents to Sagicor Insurance Company for processing.

CLAIMS PROCESS
CONT'D

If all Documents are in order, the process can be completed with 5-7 working days.

What can delay the Peocess?

- Age/name issue
- No cause of death identified
- No beneficiary if the person was married
- For natural death; student not in the Insurance Company system for 12 months.

ELIGIBLE BENEFITS

Accidental Loss of:	Coverage
Life	$500,000
Both Hands	$500,000
Both Feet	$500,000
Both Eyes	$500,000
Both Ears	$500,000
Speech	$500,000

Accidental Loss of:	Coverage
One Hand & One Foot	$500,000
Either Hand & Foot	$250,000
Sight of One Eye	$250,000
Two Thumbs	$125,000
Thumb and Index Finger	$125,000
Two Index Fingers	$125,000

ELIGIBLE BENEFITS
CONT'D

Plans Medical Expenses (Maximum per accident)	**Coverage** $150,000
Psychology & Educational Assessment	80% of R&C up to $20,000 per student, per policy year (as a result of an accident)
Physiotherapy & Occupational Therapy	$3,000 per session, max. of 10 sessions per accident
Speech Therapy	$3,000 per session, max. of 10 sessions per accident
Out-Patient Hospital Emergency Service (per accident)	80% of cost up to $40,000
Ambulance Service	80% of cost up to $6,500 per accident, max. $26,000 per policy per year

ELIGIBLE BENEFITS
CONT'D

Plans Hospital Care	**Coverage** $150,000
Room & Board - Public Ward	100% of cost up to $2,500 per day, max. 10 days per accident
Room & Board - Semi-Private	80% of R&C up to $8,500/day, max. 10 days per accident
Other Benefits	**Coverage**
Surgical Service (Surgeon, Asst. Surgeon, Anaesthetist)	80% of R&C up to $300,000 per accident
Emergency Medical Evacuation	$100,000 per accident, max. $300,000 per policy year

Other Benefits CONT'D	Coverage
Dental Maximum (per accident)	$15,000
Optical: 1. Replacement of broken prescription lens or frame as a result of an accident 2. Prescribed glasses due to permanent injury to eyes as a result of an accident. Lens: every 12 months Frames: every 24 months	$15,000
Deductible per Claim: Deductible is waived when a student/insured is hospitalized overnight.	$1000

IMPORTANT FACTS

- For the upcoming batch please have every applicant provide beneficiary information.
- For ongoing claims, Sagicor should be notified.
- If the client has a co-existing insurance plan, Sagicor will pay the difference.