Workshop and Regular Meeting to follow

Wednesday, August 19, 2026 Workshop 6:00p.m. Regular meeting to immediately follow
Central Administration Offices in the Jr. Sr. High School Board Conference Room, 531 Reynolds Road, Greenville, PA 16125

1. **Meeting Opening**
1. **Salute to the Flag**
2. **Recognition of Residents and Taxpayers - Agenda Items**
3. **Corrrespondence**
4. **Approval of Minutes**
5. **Exception to Open Meeting Statement**
6. **Executive Session**
2. **Additions/Deletions to the Agenda**
1. Additions/Deletions to the Agenda
3. **Board Committee/Board Representative Reports**
1. **Buildings & Grounds**
2. **Curriculum**
3. **Finance**
4. **Personnel**
5. **Mercer County Career Center**
4. **Board Operations**
1. Superintendent Performance Evaluation
2. Safety & Security Plan for Reynolds School District
3. Athletic Emergency Action Plan
5. **Building and Grounds**
1. Use of Building and Grounds
6. **Educational Programs/Student Activities**
1. Student Activities
2. Conferences/Workshops - None
3. Enrollment and Continued Education Request for the Wilmington, SD Vocational Agriculture Program.
4. Mercer County Behavioral Health SAP Agreement
5. Outreach Services Contract Agreement
6. Bethesda Lutheran Services Linkage Agreement
7. Western PA Constable Security Independent Contract Agreement
8. McGonigle Ambluance Service Agreement
9. Approval of Varsity Mini Cheer Camp
10. 2026-2027 Elementary Student Handbook
11. Faculty Handbooks for the JSHS and Elementary for the 2026-2027 school year
12. Employee Handbook for the 2026-2027 school year
13. 2026-2027 RSD Athletic Handbook
14. Substitute Teacher Handbook
15. Voluntary Student Accident Insurance for the 2026-2027 school year.
16. Booster Club and Officers for the 2026-2027 school year
7. **Policies/Procedures/Legal Agreements**
1. Proposed PNN Policy Updates Final Reading(s)
8. **Budget and Finance**
1. State Tax Equalization Board
2. Business Office Report
3. General Fund Progress Reports

4. Treasurer's Reports
5. Payment of Bills
6. Student Activitites Account Report
7. Food Service Reports

9. **Personnel**

1. Employ Jamie Bornes
2. Employ Brittany Puhl
3. Resignation Jessica Divens - Standing Substitute Teacher
4. Resignation Louis DeJulia - Custodian
5. Resignation Haley Luckel - Teacher Aide
6. Resignation Clay Stoyer - 3rd Assistant Football Coach
7. Mentor Teacher Assignments
8. Extended School Year Summer Program
9. Standing Substitutes for the 2026-2027 school year
10. 2026-2027 Day-To-Day Substitute Teachers List
11. 2026-2027 Substitute Support List
12. Approval of Extracurricular Advisors and Coaches for the 2026-2027 school year.

10. **Transportation**

1. Student Counts - No Report
2. Annual Resolution for Route Changes
3. Transportation Agreement for the 2026-2027 school year.

11. **Solicitor**
12. **Superintendent**
13. **Meeting Dates**
14. **Public Comments - Non Agenda Items**

1. Public Comments

15. **Adjournment**

1. Adjourn

Minutes Reynolds School Board Regular Voting Meeting June 24, 2026
6:00 PM

Members Present: Ryan Miller, Alana Kendall, Daniel Morrison,Natasha Reino, Kenneth Miller, James Scott, Matthew Shellenbarger, teleconference, Jason Irvine, teleconference, and Rhonda Williams teleconference.

Others Present: Raymond C. Omer, Superintendent of Schools
Grace Delaney, Solicitor
Rose Lyons, Board Secretary
Scott Shearer, High School Principal
Douglas Skelley, Elementary Principal
Katie Leckenby, Director of Special Education
Beverly Morrison, Business Administrator
Brian Buchman, Director of Technology
Tylir Shannon, Administrative Assistant to the Business Manager
Steve Waleff, Athletic Director
Casey Taylor, Supervisor of Buildings & Grounds
Anna Wilkinson, Supervisor of Transportation & Child Accounting
Heidi Smith
James Baker
Kimberly Callihan
Maggie Woods
Kyle Woods
Alison Breighner
Laura Baker
Taylor Rose
Evan Anderson
Brandon Brooks
Rich Fisher
Haley Chiappini
Brock Schaller
Carleee Forrester
Caleb Stright, Record Argus

Meeting Opening

1.01 The workshop meeting was called to order by Ryan Miller, Board President at 6:00 p.m. that was held in the Board Conference Room located in the Central Administration Offices at Reynolds Junior-Senior High School. The regular meeting immediately followed.

1.02 Salute to the Flag.

1.03 Public Comment - Agenda Items - No Comments

1.04 Correspondence

- Retail Food Facility Inspection Report - Passed
- Acknowledge PDE Correspondence - Determination from Division of Federal Programs that Reynolds School District has met maintenance efforts for fiscal year ending June 30, 2023.
- Certification of Workplace Safety Committee

1.05 Approved minutes of the May 20, 2026 Monthly Regular Voting Meeting
M/Mr. Kenneth Miller, S/Mr. Scott; Vote: Motion passed by unanimous voice vote.

1.06 An executive session was held on May 20, 2026 from 6:16 p.m. to 7:11 p.m. for Personnel and Legal matters.

1.07 Anderson Coach & Travel Presentation.

1.08 At 6:37 p.m. Mr. Miller, Board President announced board members would move to executive session for Personnel and Legal matters. The executive session concluded at 6:53 p.m.
The public meeting was reopened.

2.01 No Addition(s) or Deletion(s) to agenda.

3.01 Buildings & Grounds

3.02 Curriculum

3.03 Finance

- Agenda Item 8.07 - Proposed Final Budget for the 2026-2027 fiscal year
- Agenda Item 8.08 - Homestead and Farmstead Exclusion Resolution

3.04 Personnel

Agenda Items:

- 9.01-9.06 New Hires for the 2026-2027 school year
- 9.08 - Letter of Retirement - Leesa Donnelly
- 9.10 - Business Manager Contract of employment between Beverly Morrison and Reynolds School District
- 9.11 - Consultant Services for Administrative Services
- 9.12 - Appointment of Federal Programs Coordinator and positions

3.05 Mercer County Career Center Report.

4.01 Reviewed ARP ESSER Health & Safety Plan.

4.02 Discussed the necessity of the July Board Meeting. There will be no meeting in July.

5.01 Approved Use of Buildings & Grounds.
M/Ms. Reino, S/Ms. Kendall; Vote: Motion passed by unanimous voice vote.

6.01 Approved Cooperative Sports Agreement with Jamestown Area School District.

Host School: Jamestown Area School District

- Boys' Golf (intended use of Shenango Lakes GC)
- Girls' Softball

Host School: Reynolds School District

- Girls' Golf (intended use of Shenango Lakes GC)
- Junior High Girls' Basketball
- Girls' Varsity and Junior Varsity Basketball
- Boys' Baseball

Areas of future consideration

- Band
- Band Front
- Fall Cheerleading

Roll Call Vote: Mr. Scott, NO; Mr. Shellenbarger, NO; Ms. Williams, YES; Mr. Irvine, YES; Mr. Morrison, YES; Ms. Kendall, YES; Mr. Kenneth Miller, YES; Ms. Reino, YES; Mr. Ryan Miller, YES. Motion passed 7 Yes, 2 No.

6.02 Approved Student Activities.

6.03 Approved Conferences and Workshops.

6.04 Approved Reynolds Junior-Senior High School Student Handbook for the 2026-2027 school year.

6.05 Approved Reynolds School District Special Education Procedural Manual.

6.06 Approved Reynolds Junior-Senior High School to establish a Theater Club.

6.07 Approved High School SAT Teacher and Assignments and Preparation Sessions for the 2026-2027 school year.

Maggie Luciani - Writing/English/Language Arts
Brett Young - Mathematics
Teachers will be compensated on a per diem basis, in accordance with their individual rates, for 1.5 hours of instruction per week.

Schedule: After school sessions: 1.5 hours per week
Duration: September 2026 through April 2027
Staffing: Up to three (3) teachers to provide instruction in Mathematics and Language Arts, including writing.
Instruction will utilize regular classroom materials, supplemented by SAT specific resources. Students would be responsible for purchasing their own preparation books or materials as needed.

6.08 Approved Athletic Ticket Prices for the 2026-2027 school year.

- Varsity Football - Adults: $5.00 - Students: $3.00 Season Pass: $22.50 (5 Games)
- JV Football - Adults: $2.00 - Students: $1.00
- Volleyball - Adults: $5.00 - Students: $3.00 Season Pass: $36.00 (8 Games)/$40.50 (9 Games)
- Boys' Basketball - Adults: $5.00 - Students: $3.00 - Season Pass: $40.50 (9 Games)/$45.00 (10 Games)
- Girls' Basketball - Adults: $5.00 - Students: $3.00 - Season Pass; $40.50 (9 Games)/$45.00 (10 Games)
- Wrestling - Adults: $5.00 - Students: $3.00 - Season Pass: $18.00 (4 matches)/$22.50 (5 Matches)
- Resident Senior Citizens (60 Years and Over): Free All-Activities Pass
- All other Senior Citizens (60 Years and Over): $1.00 discount on all event tickets at gate
- Reynolds Alumni: $1.00 discount on all athletic/activity events (with presentation of Alumni Membership Card)
- All Passes and Pre-Sale Tickets available at Reynolds Junior-Senior High School Office
- Discounts and passes do not apply to Band or Choral Concerts

6.09 Approved Tuition Cost for the 2026-2027 school year.

- $5,200.00 Total Cost per student, less applicable discounts as listed:
- $200.00 tuition deduction, if tuition is paid in full prior to the first day of school
- $50.00 tuition deduction per quarter, if payments are paid on time
- 1st payment due August 1, 2026
- 2nd payment due November 1, 2026
- 3rd payment due February 1, 2027
- 4th payment due April 1, 2027
- No tuition charge for Full-Time district employees' children

6.10 Approved Sponsor-To-Sponsor Agreement between Community Action Partnership of Mercer County and Reynolds School District. The agreement is effective from July 1, 2026 through June 30, 2027.

6.11 Approved Community Action Partnership of Mercer County Head Start Letter of Agreement.

6.12 Approved Butler County Community College, College Within the High School Agreement.

6.13 Approved Beaver Valley Intermediate Unit Contract for Special Education Programs and Services (New Horizon North) for the 2026-2027 school year. (3) slots

6.14 Approved Beaver Valley Intermediate Unit Contract for Special Education Programs and Services for the 2026-2027 school year. (2) slots

6.15 Approved agreement between Cray Youth & Family Services and Reynolds School District effective August 15, 2026 through June 15, 2027.

6.16 Approved Education Agreement between Glade Run Lutheran Services and Reynolds School District for the 2026-2027 school year.
Ms. Reino moved to approve agenda items 6.02 through 6.16, S/Ms. Kendall; Vote: Motion passed by unanimous voice vote. Mr. Irvine abstained from the vote on agenda item 6.07 due to conflict of interest.

7.01 No PNN Policies.

8.01 Business Office Report.

8.02 Approved General Fund Progress Report.

8.03 Approved Treasure Report.

8.04 Approved Payment of Bills.

8.05 Approved Student Activity Account Report.

8.06 Approved Food Service Report.
Mr. Kenneth Miller moved to approve agenda items 8.02 through 8.06, S/Ms. Reino; Vote: Motion passed by unanimous voice vote.

8.07 Approved the 2026-2027 final budget. This budget reflects expenditures of $24,138,356 and revenues of $23,834,098 and use of $304,258 from the fund balance to balance the General Fund Budget. This budget reflects a 2 mil increase.

- 2 Mil Tax Increase - 78.5 mils
- $5.00 Per Capita Tax under Section 679 of the School Code, under Act 511
- $5.00 Per Capita Tax
- 1% EIT Tax
- 1% Real Estate Transfer Tax
- $10.00 Local Service Tax

This preliminary budget was advertised and available for public inspection for 20 days prior to the adoption on June 24, 2026.

Roll Call Vote: Mr. Scott, YES; Mr. Shellenbarger, YES; Ms. Williams, YES; Mr. Irvine, YES; Mr. Morrison, YES; Ms. Kendall, YES; Mr. Kenneth Miller, NO; Ms. Reino, YES; Mr. Ryan Miller, YES. Motion passed 8 Yes, 1 No.

8.08 Approved 2026-2027 Homestead and Farmstead Exclusion Resolution.

8.09 Approved PDE Safe Schools Memorandum of Understanding between Pymatuning Township Police Department and the Reynolds School District effective July 1, 2026 through June 30, 2028.

8.10 Approved Terrazzo floor restoration in the amount of $33,725.00.
Mr. Scott moved to approve agenda items 8.08 through 8.10, S/Ms. Kendall; Vote: Motion passed by unanimous voice vote.

9.01 Approved to hire Alison Breighner, as an Elementary Autistic Support Teacher pending receipt of all pre-employment documents. Salary set at Step 1. All other benefits in accordance with the current Teacher Collective Bargaining Agreement.

9.02 Approved to hire Kylie Richardson as an Elementary Emotional Support Teacher pending receipt of all pre-employment documents. Salary set at Step 1. All other benefits in accordance with the current Teacher Collective Bargaining Agreement.

9.03 Approved to hire Taylor Rose as an Elementary Kindergarten Teacher pending receipt of all pre-employment documents. Salary set at Step 1. All other benefits in accordance with the current Teacher Collective Bargaining Agreement.

9.04 Approved to hire Brock Schaller as an Elementary Life Skills Teacher pending receipt of all pre-employment documents. Salary set at Step 1 plus masters. All other benefits in accordance with the current Teacher Collective Bargaining Agreement.

9.05 Approved to hire Maggie Woods as an Elementary Learning Support K-2 Teacher pending receipt of all pre-employment documents. Salary set at Step 2 with Masters. All other benefits in accordance with the current Teacher Collective Bargaining Agreement.

9.06 Approved to hire Haley Chiappini as a High School Life Skills 7-12 Teacher pending receipt of all pre-employment documents. Salary set at Step 1. All other benefits in accordance with the current Teacher Collective Bargaining Agreement.

9.07 Approved to hire Angelo Lomonte as custodian, effective June 29, 2026 pending all pre-employment requirements have been met. All other benefits in accordance with the RESPA CBA Contract. Pay rate of $11.09/hr.

9.08 Accepted the retirement of Leesa Donnelly as a High School Teacher retroactive to June 1, 2026. Ms. Donnelly has 30+ years with the district.

9.09 Accepted Laura Doddo's resignation from the Success by Six Program, effective June 12, 2026.

9.10 Approved the Business Manager Employment Agreement between Beverly P. Morrison and Reynolds School District, effective July 1, 2026 through June 30, 2028.

9.11 Approved consultant services from West Middlesex Area School District for Administrative Services at a rate of $60 per hour for the 2026-2027 school year.
The Reynolds School District will reimburse WMASD for payroll distribution (Tammy Mild) through the use of awarded grant funds.

9.12 Appointed Title Services Positions to complete Federal Title Services for the 2026-2027 school year.
The District will continue to coordinate Title Services and programs "in-house" rather than pay an outside entity.

- Dr. Doug Skelley - Title Services Coordinator - $3018.00
- Mrs. Beverly Morrison - Title Services Financials - $1509.00
- Mr. Tylir Shannon - Title Services Assistant Financials - $1509.00

9.13 Acknowledged the following change of position(s) effective the 2026-2027 school year.
Kristan Eastlick
From: Special Education Life Skills Support 7-12
To: Special Education K-12

Kayla Melton
From: Learning Support 4 & 5
To: Learning Support 7-12

Constance Orndorff
From: Learning Support 1 & 2
To: Learning Support 4 & 5

9.14 Approved addition(s) to the substitute support list for the 2025-2026 school year. Rate of pay is $9.00 per hour.

- Tylir Shannon, custodian
- Josh Mull, custodian

9.15 Approved staffing and rate of pay for Success by Six Program as listed.
Hannah Aikins, Teacher
Linsey Dunham, Teacher
Lacey Mangino, Teacher
Teachers are paid at the curriculum rate.

9.16 Approved the following Advisors/Coaches retroactive to the 2025-2026 school year.

- Jamie Heckman, Director of Play/Musical, Step F, $1,986.00

9.17 Approved the following Advisors/Coaches and pay for the 2026-2027 school year, pending all pre-employment requirements have been met.
Brett Young, Student Council Advisor, $1,015.00
Kate Tyson. Student Council Advisor, $1,015.00
Erica Wilcox, Student Council Advisor, $1,015.00
Laura Stitt, Jr. High Student Council Advisor, $400.00
Kelly Fuchs, National Honor Society Advisor, $745.00
Erica Wilcox, National Honor Society Advisor, $745.00
Wayne Santom, Senior Class Advisor, $$745.00
Shannon Davis, Senior Class Advisor, $745.00
Kelly Fuchs, Junior Class Advisor, $1,015.00
Tina Wagner, Junior Class Advisor, $1,015.00
Laura Dieter, Sophomore Class Advisor, $745.00
Christina Ziegler, Sophomore Class Advisor, $745.00
Laura Stitt, Freshman Class Advisor, $745.00
Danielle Hart, Freshman Class Advisor, $745.00
Candace Corvino, Key Club Co-Advisor, $400.00
Miranda Tanner, Key Club Co-Advisor, $400.00
Cindy Spieker, Builders Club Advisor, $400.00
Cindy Spieker, K Kids Club Advisor, $400.00
Michelle Morris, Stage Crew, $400.00
Scott Meskel, Academic Competitions Advisor, Level B, $1,255.00
Melissa Miller. Yearbook Advisor. Level A. $1.249.00

Tina Wagner, Assistant Yearbook Advisor, Level A, $665.00
Dan Williams, Newspaper Advisor, Level F, $1,581.00
Michelle Caldwell, Jazz Band Director, Level F, $1,213.00
Maggie Luciani, High School Public Communications Coordinator, Level F, $1,975.00
Shannon Davis, High school Student/Media Technology Advisor, Level F, $1,975.00
Jennifer Blasko, Elementary Public Communications Coordinator, Level F, $1,975.00
Laura Doddo, Elementary Student Media/Tech Advisor, Level F, $1,975.00

Volunteers:
Karen Sherwood, Key Club, No Salary
Taryn Zitkovic, Students for Charity, No Salary
Anna Wilkinson, Students for Charity, No Salary
Taryn Zitkovic, AEVIDUM, No Salary
Tina Wagner, Spanish Club, No Salary
Kristan Eastlick, Equestrian Club, No Salary
Dan Williams, Guitar Club, No Salary
Dan Williams, Library Club, No Salary
Kate Tyson, Library Club, No Salary
Marc Risavi, Debate Club, No Salary
Anthony Masterfrancesco, Debate Club, No Salary
Tim Scarvel, Youth Leadership Club, No Salary
Marc Risavi, Youth Leadership Club, No Salary
Samantha Montesano, Youth Leadership, No Salary
Miranda Tanner, Art Club, No Salary
Leesa Donnelly, Theater Club, No Salary
Susan Woge, Theater Club, No Salary

Ticket Taker/Seller: $45 per event
Lisa Brest
Lisa Dunham
Kenda Hoovler
Thomas Hoovler
Mimi Lorent
DeAnn Maurer
Kayla Melton
Deanna Thompson
Jennifer Weaver
Rachel Taylor
Phil Pringle
Tylir Shannon

Timekeeper: $45 per event

Tylir Shannon
Phil Pringle
Lisa Brest
Lisa Dunham
Kenda Hoovler
Thomas Hoovler
Deanna Thompson
Mimi Lorent
Kayla Melton
Scott Meskel
Josh Mull
Wayne Santom
Katie Tyson
Tyler Thompson

Game Manager: $45 per event Lisa Brest
Taryn Zitkovic
Kenda Hoovler
Thomas Hoovler
Mimi Lorent
Wayne Santom
Deanna Thompson
John Tofani
Casey Taylor
Tyler Thompson
Phil Pringle
Katie Tyson
Lisa Dunham
Tylir Shannon
Josh Mull

Weight Room Supervisor:
Josh Mull
June/July/August 2026 - $525.00
September/October/November 2026 -$525.00
December 2026/January/February 2027 - $525.00
March/April/May 2027 - $525.00

Golf:

William Foore, Girls' Head Coach, Step F, $3,893.00

Ms. Reino moved to approve agenda items 9.01 through 9.17, S/Mr. Scott; Vote: Motion passed by unanimous voice vote. Mr. Irvine abstained from voting on agenda item 9.17 due to a conflict of interest.

10.01 Student Counts

11.01 Solicitor Report

12.01 Superintendent Report

13.01 **Meeting Dates:**

- The July 15, 2026 board meeting is cancelled and will be advertised.
- August 19, 2026 6:00 p.m. - Workshop
- August 19, 2026 Regular Voting Board Meeting to immediately follow the Workshop

The Workshop and Regular Voting meeting will be held in the Board Conference Room located in the Central Administration Offices at Reynolds Junior-Senior High School.

14.01 Public Comments - Mr. Baker thanked the Board Members for his concerns.

15.01 A motion was made by Ms.Kendall to adjourn the meeting at 7:13 p.m. Seconded by Ms Reino; Motion passed by unanimous voice vote.

Rose Lyons, Board Secretary

Reynolds School District
Superintendent Performance Evaluation
Public Cover

The Reynolds School District's Board of School Directors conducted an evaluation of the District's Superintendent on 8 / 19 / 2026. The Board of School Director's Overall Evaluation of the Superintendent is as follows:

_____ Distinguished X Proficient _____Needs Improvement _____Failing

R. C Omer

Mr. Raymond C. Omer, Superintendent

Mr. Ryan Miller, Board President

Agreement for Services

THIS AGREEMENT for services for the **2026-2027** school year is being initiated between the **Mercer County Behavioral Health Commission, Inc.** (hereinafter referred to as Provider) and the **Reynolds School District** (hereinafter referred to as School District). Both parties agree to cooperate in providing services for the Student Assistance Program as upheld and described within Pennsylvania Act 211, in addition to other behavioral health needs of the school district students.

WHEREAS, the Mercer County Behavioral Health Commission, Inc. serves as the Single County Authority to administrate, coordinate, and deliver a cost-effective behavioral health managed care program to reduce the incidence and prevalence of substance misuse and abuse as well as improve the quality of life of adults and children suffering from mental illness or intellectual disabilities in Mercer County; and

WHEREAS Provider and School District agree that this Agreement shall be supplemented by, include by reference, and are governed by:

a) Any other statutory or regulatory provisions pertaining to the Student Assistance Program.
b) The district's alcohol, tobacco, and other drugs policy, suicide/mental health crisis policy, weapon policy, record release policy, and other policy regarding the Student Assistance Program.

I Provider and School District Agree to the Following Regarding Records:

All records generated by the Student Assistance Program, with respect to individual students, are records of the School District; the retention and disclosure of which shall be governed by the policies of the School District and applicable federal laws.

II Education Laws:

a) Family Education Rights and Privacy Act (FERPA) of 1974, amended in 1994 that provides parental rights to inspect, review, amend and control disclosure from a child's school record and;
b) Protection of Pupil Rights Law (HATCH Act) amended in 1994 (BEC 20 USC 1232h) which states that "...No student shall be required, as part of any program, to submit to a survey, analysis or evaluation that reveals information concerning...Mental and/or psychological problems...without the consent of the parent".

III Provider Agency Laws:

When a student has been referred to a Provider agency for assessment and/or on going treatment; the records generated become the property of the Provider and are regulated by the applicable Mental Health laws (PA Code Title 55) which requires parental consent for release of information when the child is under the age of 14; for Drug and Alcohol 942 CFR Part 2, Chapter 1) which states that it is the minor patient (student) of a Drug and Alcohol facility or program that controls the release of records and that the minor can receive Drug and Alcohol treatment without the consent of their parents.

IV Provider Agrees to Deliver a Variety of the Following Services as an Ad Hoc Member of the Building Student Assistance Core Team:

1) Will provide consultation, technical assistance, parent conferences, and education to SAP teams.
2) Will attend (2 meetings minimum per team per month) scheduled SAP team meetings for the purpose of referrals, case management, and follow-up services.
3) Will provide student screening, assessment & referral services to identified students. Drug and alcohol specific assessments occur through coordination with Central Intake Operations. Referral services include identification of agencies and/or resources that could serve the needs of identified students and their families. Provider may assist the identified student and/or family in linking with the appropriate services. Services provided under the following conditions: if written parental permission has been given and if provided in the context of the SAP process.
4) Will provide SAP psychoeducational groups for identified students, as requested.
5) Will provide crisis assistance/intervention, and postvention to students, family, and faculty as needed through the MCBHC Critical Incident Response Team and Crisis Intervention.
6) Will provide follow-up services and aftercare for identified students that have returned to the school following treatment. This may include the facilitation of a case management referral.
7) May assist with faculty in-services, student orientations, classroom education, and SAP team maintenance, as requested.
8) Will provide educational resources to school personnel, students, families, and community, as requested.
9) Will provide administrative consultation regarding the development and application of Student Assistance Program, mental health/crisis, and alcohol, tobacco, and other drug policies within the school district.
10) Will provide technical assistance regarding the implementation and/or analysis of the Pennsylvania Youth Survey (PAYS) for 4th, 6th, 8th, 10th, and 12th grades. This will enable school personnel and county prevention department to monitor identified risk and protective factors, develop data-driven prevention planning, and provide targeted service delivery.
11) Will assist with obtaining nicotine/vaping intervention services and cessation programming upon request.
12) Will provide SAP technical assistance in the development and delivery of evidence-based recurring prevention programs (i.e., Too Good for Drugs, Botvin Life Skills, Catch My Breath, Parenting Wisely, etc.)

V School District Agrees to Provide the Following:

1) Appropriate space in the school where services can be provided with safety and privacy.
2) Copies of the District's alcohol, tobacco, and other drug policy, suicide/mental health crisis policy, school calendar, a schedule of special activities, and any other school policies which may affect Student Assistance Program services.
3) Ensure SAP Liaisons have access to either guest or secure **WI-FI** connection and corresponding password to utilize during SAP meetings and student or family conferences.
4) Consideration of a consistent meeting schedule (2 minimum per month) to allow for prompt and efficient service delivery.
5) A Student Assistance Core Team that complies with BEC 24 P.S. 15-1547 for membership

training, common planning times, and ongoing maintenance.

6) Contact parent or guardian of identified students to explain referral, gather information, and obtain permission to involve students in the Student Assistance Program.
7) Designate a contact person between the team and providers to ensure effective communication.
8) Current PAYS report to SAP Liaison to facilitate collaboration between school personnel and county prevention department to monitor identified risk and protective factors for targeted efforts and identification of programmatic supports, as appropriate.
9) Submit data via online reporting regarding the Student Assistance Program as requested yearly by the Pennsylvania Network for Student Assistance Services (Departments of Health, Education, and Public Welfare.)

WHEREOF, in witness to the conditions set forth above, the parties have affixed their signatures hereto:

SINGLE COUNTY AUTHORITY

Sabrina Kriebel 7/16/26
Sabrina Kriebel, SCA Director Date
(724) 662-1550 ext. 204

7/15/26
Megan Johnson Date
Prevention Dept. Supervisor
(724) 662-1550 ext. 130

Mariah Richael 8/5/26
Mariah Richael Date
SAP / MCBHC Liaison
(724) 662-1550 ext. 108

SCHOOL DISTRICT

R. C Omer 8/19/26
Mr. Raymond Omer Date
Superintendent

201 North Bellefield Avenue
Pittsburgh, Pennsylvania
15213-1499
(412) 621-0100
www.wpsbc.org

OUTREACH SERVICES CONTRACT AGREEMENT

THIS AGREEMENT made this 1st day of July 2026, between **WESTERN PENNSYLVANIA SCHOOL FOR BLIND CHILDREN ("WPSBC") AND REYNOLDS SCHOOL DISTRICT.**

WHEREAS, The Western Pennsylvania School for Blind Children Outreach Program desires to provide vision services for student(s) served by REYNOLDS SCHOOL DISTRICT**.**

THEREFORE, in consideration of the promises contained herein and intending to be mutually bound, the parties agree as follows:

I. SERVICES.

A. Services. WPSBC will provide vision services and/or Orientation and Mobility services as determined by the IEP team; as described in Exhibit A, attached hereto, ("the Services") based on the contracted number of hours per week – up to 15 hours per week. This Agreement may increase, or decrease should student services warrant – based on student(s) need. These service changes would be made with the approval of the Director of Special Education and the educational team. WPSBC will additionally bill for all materials preparation, braille or large print preparation and paperwork time. Additionally, any student-specific purchases will be approved by and billed back to the district. Scheduling the Services for REYNOLDS SCHOOL DISTRICT student(s) will be made in consultation with the LEA and WPSBC to facilitate mutually agreeable units and times; however, ultimately scheduled services will be determined by WPSBC based on staffing availability.

1. As a necessary prerequisite for students being transported for Outreach and/or Orientation and Mobility activities, parents/guardians will be required to complete Parental Permission And Release Of Liability forms, copies of which are attached in Exhibit B.

B. Qualifications. The WPSBC will utilize registered and/or licensed professionals, who will hold a current license, registration or certification (including if required due to staffing limitations State approved emergency certifications),to practice in the Commonwealth of Pennsylvania.

C. Clearances. All WPSBC staff members and independent consultants who may be assigned to work with REYNOLDS SCHOOL DISTRICT students have met the applicable standards regarding hiring and the completion of background checks and clearances mandated by the Pennsylvania School Code and the Pennsylvania Department of Education. The WPSBC will make available for inspection, upon the written request of REYNOLDS SCHOOL DISTRICT, evidence of the foregoing for its professionals who are providing services for REYNOLDS SCHOOL DISTRICT students.

D. Student records. The WPSBC agrees to provide REYNOLDS SCHOOL DISTRICT with copies of all REYNOLDS SCHOOL DISTRICT students' records. generated by WPSBC. REYNOLDS SCHOOL DISTRICT shall receive written notice of any meetings convened by the WPSBC to review and discuss REYNOLDS SCHOOL DISTRICT students' progress during the school year, and REYNOLDS SCHOOL DISTRICT shall attend all such meetings. The WPSBC shall provide REYNOLDS SCHOOL DISTRICT with quarterly progress updates regarding each

REYNOLDS SCHOOL DISTRICT student.

E. Services During Emergency. If during the term of this Agreement an emergency arises that, in the judgment of WPSBC, renders the furnishing of the Services hereunder on-site or in-person unsafe, REYNOLDS SCHOOL DISTRICT agrees that WPSBC may perform the Services hereunder remotely for all or part of the duration of the emergency as determined by WPSBC. For purposes of this subsection, an emergency includes, but is not limited to, a declaration of emergency by a local, state or federal government body, the occurrence of a pandemic or any other situation that, in the judgment of the WPSBC, poses an unreasonable risk to WPSBC or its staff.

II. INDEPENDENT CONTRACTOR RELATIONSHIP. WPSBC and REYNOLDS SCHOOL DISTRICT agree that neither party to this Agreement shall be construed to be the employee, employer, agent or representative of the other, nor will either party have an expressed or implied right of authority to assume or create any obligation or responsibility on behalf of, or in the name of, the other party.

III. COMPENSATION. Subject to the terms of this Agreement, WPSBC shall be paid the sum of One Hundred Thirty Six Dollars ($136.00) per hour for all services provided during the term of this Agreement. Additionally, WPSBC shall provide at no charge on-site supervision not to exceed one time per semester during the term of this Agreement. WPSBC shall submit a monthly billing statement to REYNOLDS SCHOOL DISTRICT for the services rendered. REYNOLDS SCHOOL DISTRICT will reimburse for services rendered within forty-five (45) days of billing.

IV. TERM. This Agreement shall be effective as of the date of execution hereof by the parties beginning on August 30, 2026, and shall continue until August 29, 2027.

V. TERMINATION. Either party may terminate this Agreement upon sixty (60) days of written notice to the other party.

VI. COMPLIANCE. WPSBC staff shall provide services REYNOLDS SCHOOL DISTRICT**,** in compliance with all applicable statutes, ordinances, rules, orders, regulations, permits, and requirements of federal, state, municipal governments and administrative bodies, as well as the parties' applicable board policies.

VII. CONFIDENTIAL INFORMATION. Each party shall maintain all information of a personally private, competitively sensitive, or proprietary nature that it receives from the other in connection with this Agreement in confidence, using commercially reasonable standards and no less care than it uses with its own information, and shall use and disclose such information only as authorized by the other party. Each party shall require its personnel to agree to do likewise. The disclosing party shall take reasonable steps to identify for the benefit of the recipient and its personnel any information of a competitively sensitive or proprietary nature, including by using confidentiality notices in written material where appropriate. These restrictions shall not be construed to apply to (1) information generally available to the public other than by a breach of this Agreement; (2) information rightfully received by the recipient from a third party who is lawfully in possession of the same and who is not subject to a confidentiality or nonuse obligation with respect to that information;

(3) information independently developed by the recipient or its personnel provided the person or persons developing the information have not had access to the information as received from the disclosing party; or (4) information already known to the recipient prior to its first receipt from the disclosing party. Notwithstanding the foregoing restrictions, the recipient may use and disclose any information (1) to the extent required by law or (2) as necessary for it to protect its interest in this Agreement, but in each case only after the disclosing party has been so notified

and has had the opportunity, if possible, to obtain reasonable protection for such information in connection with such disclosure.

VIII. **INSURANCE**. WPSBC shall at all times maintain professional liability insurance coverage covering its staff in the minimum amount of One Million Dollars ($1,000,000.00). WPSBC affirms it carries Workers' Compensation, General Liability, and Errors and Omissions insurance in amounts recognized as customary within the ordinary scope of its business.

IX. **MUTUAL RELEASE**. It is specifically understood and agreed that neither party shall be held liable or otherwise responsible for the acts and/or omissions, including negligence or willful misconduct, of the other party or any of the other party's agents, employees, directors, officers, affiliates, consultants, and/or contractors.

X. **GOVERNING LAW AND VENUE.** Disputes under this Agreement shall be resolved pursuant to the laws of the Commonwealth of Pennsylvania in the courts of Allegheny County.

XI. **MODIFICATION**. This Agreement constitutes the entire contract between the parties regarding the work and supersedes any previous oral and/or written representations, negotiations, and/or understandings between the parties. The parties specifically agree that any modifications to this Agreement must be separately negotiated and in writing, signed by both parties.

XII. **NOTICES.** All notice to, contact with, or any provision of information relevant or pertaining to this Agreement shall be directed to the WPSBC as follows:

Contact Name: Rebecca Renshaw, Executive Director

Address: 201 North Bellefield Avenue, Pittsburgh, PA 15213-1499

Phone: (412) 621-0100 x1240

Email: renshawr@wpsbc.org

With a copy to WPSBC's counsel:

Alan Shuckrow, Esq.
Strassburger McKenna Gutnick & Gefsky
Four Gateway Center, Suite 2200
444 Liberty Avenue
Pittsburgh, PA 15222
Phone: (412) 281-5423
Fax: (412) 281-8264
Email: ashuckrow@smgglaw.com

All notice to contact with, or any provision of information relevant or pertaining to this Agreement shall be directed to REYNOLDS SCHOOL DISTRICT as follows:

Contact Name: Dr. Katie Leckenby

Address: REYNOLDS SCHOOL DISTRICT
531 Reynolds Road
Greenville, PA 16125

Phone: 724-646-5500 x5535
Email: kleckenby@reynoldssd.org

By signing below, each person represents he/she has the authority to execute this Agreement on behalf of their respective party and freely enters into this Agreement with the intent to be bound hereby as of the date first set forth above.

Signed by:
Dr. Rebecca L. Renshaw
40E047666644429...

7/8/2026

Rebecca Renshaw, Executive Director
Western Pennsylvania School for Blind Children

Date

Signed by:
Dr. Katie Leckenby
57B67AD3EAE641E...

7/8/2026

REYNOLDS SCHOOL DISTRICT

Date

Appendix A

The Western PA School for Blind Children will provide a certified Teacher of the Visually Impaired and/or a Certified Orientation and Mobility Specialist. Teacher of the Visually Impaired and Orientation and Mobility services may include performing or facilitating necessary evaluations (functional vision evaluation, learning media assessments, technology, expanded core curriculum and orientation and mobility). These assessments will aid in the development of IFSP/IEP decisions and will determine the frequency and duration of direct service. The TVI/COMS will consult and work collaboratively with the parents, district personnel and/or educational team and will maintain ongoing communication with all parties involved with the student's education.

EXHIBIT B

[Attach PARENTAL PERMISSION AND RELEASE OF LIABILITY form]

201 North Bellefield Avenue
Pittsburgh, Pennsylvania
15213-1499
(412) 621-0100
www.wpsbc.org

WESTERN PENNSYLVANIA SCHOOL FOR BLIND CHILDREN

PARENTAL AUTHORIZATION FOR

TRANSPORTATION AND RELEASE OF LIABILITY

This Parental Authorization for Transportation and Release of Liability ("Authorization and Release") must be completed and signed as a necessary prerequisite for students being transported to and/or from the Western Pennsylvania School for Blind Children ("WPSBC") and its related programs and services, as further detailed herein.

Student Name: _____

School Year: _____

We, the undersigned parent(s) and/or legal guardian(s) of the above-named student (the "Student"), authorize WPSBC to transport Student in connection with educational programs, services, and activities that are sponsored or otherwise coordinated by WPSBC (the "Transportation Services").

The Transportation Services covered by this Authorization and Release include, but are not limited to, transportation:

• To and from the WPSBC campus, located at 201 North Bellefield Avenue, Pittsburgh, PA 15213 (the "Campus"), for regular instructional or educational programming;

• To and from A Child's Way Pediatric Extended Care program;

• To and from Orientation and Mobility ("O&M") lessons and related activities, which may take place on Campus and/or include off-Campus lessons in the surrounding community;

• To and from Outreach Program activities, including Teacher of the Visually Impaired ("TVI") lessons;

• To and from field trips, special events (e.g., Braille Challenge or STEAM camp), and other mission related activities that are sponsored, provided, or coordinated by WPSBC; and

• Between any locations reasonably necessary to provide such programs, services, or activities.

We understand that the Transportation Services may be provided by authorized WPSBC employees operating WPSBC-owned or WPSBC-approved vehicles; by third-party transportation providers under contract with WPSBC; or by public transportation (e.g., PRT Bus) and/or ride-share or similar transportation services when deemed appropriate by WPSBC personnel in connection with the educational activity or lesson.

We acknowledge that participation in the Transportation Services may involve risks, including but not limited to personal injury, illness, accident, property damage, or property loss. We understand the nature of these activities and voluntarily authorize Student's transportation. We further acknowledge that we are responsible for communicating to WPSBC any medical, behavioral, accessibility, mobility, or other conditions that may affect Student's transportation needs or participation in activities or lessons.

We acknowledge that transportation may include pick-up and drop-off at WPSBC, the Student's home, and other relevant local/community activity sites or agreed-upon destinations. If transportation involves pick 1 up from or drop-off at the Student's residence, an adult age eighteen (18) or older must be present at the time of pick-up and drop-off. Service animals and guide dogs may accompany Student when appropriate to their activities or lessons.

In consideration of WPSBC providing the Transportation Services, we, individually and on behalf of Student, release, waive, and discharge WPSBC and its employees, administrators, officers, directors, Board of Trustees, agents, representatives, contractors, volunteers, transportation providers, and insurers from any and all claims, demands, causes of action, liabilities, damages (including, but not limited to, personal injury or property damage), losses, costs, or expenses arising out of or relating to the Transportation Services and Student's transportation to, from, or in connection with programs, services, lessons, activities, and events sponsored, provided or coordinated by WPSBC.

By signing below, we acknowledge that we have read this Authorization and Release form, fully understand its contents and voluntarily agree to its terms.

_____	_____	_____
Parent/Guardian Signature	Date	Phone Number(s)
_____	_____	_____
WPSBC Representative Signature	Date	Phone Number(s)

SECONDARY CONTACT: In case parents or guardian cannot be reached in an emergency, please contact:

_____		
Full Name	Relationship to Student	Phone Number(s)

Bethesda
LUTHERAN SERVICES
Promising Futures

15487 State Hwy 86
Meadville, PA 16335
814.724.7510 / phone
814.724.6237 / fax
bethesda1919.org

Linkage Agreement
Bethesda Lutheran Services & Reynolds School District

Bethesda Lutheran Services and Reynolds School District share a mutual commitment to providing high-quality services to those they serve. Both organizations agree to collaborate in supporting shared clients as outlined below:

Coordination of Services
Bethesda Lutheran Services will designate a representative to coordinate services with Reynolds School District. This representative will be responsible for scheduling client appointments with the Reynolds School District office. Bethesda will also obtain appropriate releases of information to allow relevant clinical records to accompany the client as needed.

Reynolds School District will designate a liaison to collaborate with a case manager from Bethesda Lutheran Services. This coordination will support effective treatment planning and discharge recommendations.

Information Sharing and Non-Discrimination
Both agencies agree to share pertinent information promptly to ensure continuity and coordination of care, in accordance with written client consent. In emergencies, necessary information may be shared without prior written consent as permitted by law. Both organizations are committed to providing services without discrimination based on age, sex, religion, lifestyle, or political affiliation.

Term and Amendment
This agreement becomes effective upon the signatures of both parties and will remain in effect for a period of one (1) year from the date of signing. The agreement may be amended at any time through mutual written consent.

Bethesda Lutheran Services Representative

George L Zaumer
Signature

Date: 5-28-26

Reynolds School District

_____
Signature

Date: _____

Reynolds School District (RSD) has requested EMS standby coverage from McGonigle Ambulance Service, Inc. (MAS) for the following event(s):

Name of Event:	Reynolds School District Home Football Games 2026	
Type and Nature of Event:	Athletic Standby	
Date/Time of Event:	8/1/2026 - 12/31/2026	
Cost of EMS coverage:	$400 / event	
Event Location:	531 Reynolds Road, Greenville, PA 16125	
Sponsoring Agency Contact Name:	Scott Shearer, Reynolds JSHS Principal	
Sponsoring Agency Contact Phone:	724-646-5701 sshearer@reynoldssd.org	
Type of Service	☑ Dedicated	☐ Non-Dedicated*

**Non-Dedicated coverage means a staffed EMS unit will be repositioned to the above event(s) during the indicated time(s) as available. This unit shall remain in-service to answer all emergency calls within MAS's coverage area during this time. This includes any requests for medical assistance at the event. Continuous coverage at the special event is not guaranteed for any portion of the event. Additional EMS units will not be routed to the event if and when the assigned unit is called away.*

Requested Resources Personnel and Equipment[3]

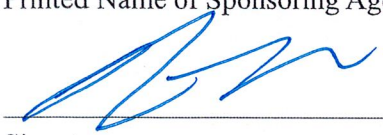
Personnel		Vehicles*		Comments
# First Responders:		# BLS Ambulances:	1	Reynolds football games require a minimum of 2 BLS providers and 1 BLS ambulance. Staffing may be upgraded to ALS depending on MAS availability.
# EMTs:	2	# ALS Ambulances:		
# Paramedics:		# ALS Squad:		
# Pre-hospital RNs:		# Aircraft:		
# Physicians:		Other Vehicles:		
# Other Personnel:				

RSD understands it is responsible for complying with any applicable rule, ordinance, or statute requiring the presence of EMS at a special event or community program. If RSD wishes to have a Dedicated EMS standby for the event, arrangements must be made at least seven (7) days before the start of the event.

If selecting Non-Dedicated EMS standby services to the sponsoring agency, the undersigned, RSD, hereby acknowledges the meaning of Non-Dedicated service as set forth above, understands and agrees that continuous coverage may not be available at the event and agrees to hold MAS, its officers, directors, members and employees harmless from any and all suits, actions, injuries, loss or damages, of any kind, arising out of any act, occurrence or omission resulting from RSD's or MAS's failure to provide Dedicated EMS standby services during the event.

Ryan Miller
Printed Name of Sponsoring Agency Representative

Board President
Title


Signature

8/19/26
Date

McGONIGLE AMBULANCE

UNITED STATES FIRE INSURANCE COMPANY

Administrative Offices: 5 Christopher Way • Eatontown, NJ 07724

BLANKET ACCIDENT ONLY POLICY

POLICYHOLDER: Reynolds School District

POLICY NUMBER: US2280916

POLICY EFFECTIVE DATE: July 25, 2026

POLICY EXPIRATION DATE: July 25, 2027

This Policy is issued in the state of Pennsylvania and shall be governed by its laws.

This Policy contains the terms under which the Insurance Company agrees to insure certain persons and pay benefits.

The Insurance Company and the Policyholder have agreed to all the terms of this Policy.

10 DAY RIGHT TO RETURN THIS POLICY

If for any reason, you are not satisfied with this Policy, you may return it to us within 10 days after receiving it. Upon its return, we will refund any premium paid and this Policy will be deemed void, just as though it had never been issued.

THIS IS ACCIDENT ONLY COVERAGE.

READ IT CAREFULLY.

BENEFITS ARE NOT PAYABLE FOR LOSS DUE TO SICKNESS.

THIS POLICY PAYS BENEFITS FOR SPECIFIC LOSSES FROM ACCIDENTS ONLY.

THIS POLICY IS NOT RENEWABLE.

Signed for **United States Fire Insurance Company** By:

Marc J. Adee
Chairman and CEO

James Kraus
Secretary

TABLE OF CONTENTS

The following provisions appear within this Policy in the following order:

SCHEDULE OF BENEFITS

BENEFIT PERIOD: **52 weeks from the date of the Covered Injury.**

CLASS OF ELIGIBLE PERSONS:

Class 1: Benefits provided for registered and enrolled Students of the policyholder including interscholastic sports other than Senior High Football for whom premium is paid

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ACCIDENTAL DEATH AND DISMEMBERMENT

Accidental Death Benefit	
Principal Sum:	**$2,500**
Accidental Double Dismemberment	
Principal Sum:	**$20,000**
Time Period for Loss:	**365 days**

ACCIDENT MEDICAL EXPENSE BENEFIT

Maximum Amount per occurrence per Covered Person	**$250,000** $15,000 payable as shown below, excess of $15,000 payable at 100% URC, not to exceed $250,000 Maximum Benefit Amount
Disappearing Deductible:	**$0**

The Disappearing deductible must be satisfied before this plan will pay benefits. Amounts paid by other carriers will be used to satisfy the deductible under this plan. With a Disappearing Deductible, any amounts paid by other valid and collectible insurance toward the satisfaction of bills generated as a result of a covered accident will count toward satisfying the deductible. If the Covered Person's primary insurance makes any payment on an eligible expense, it counts toward the deductible, and amounts paid in excess of and applied to the deductible will cause the deductible to disappear or be reduced.

ACCIDENT MEDICAL EXPENSE BENEFITS

Hospital Room & Board Daily Maximum Benefit Amount:	Semi-Private Room Rate; $300 maximum per day
Intensive Care Room & Board Daily Maximum Benefit:	$700 per day Not to exceed 10 days
Hospital Miscellaneous Maximum Benefit Amount:	$3,000 Per Accident
Outpatient Pre-Admission Testing Benefit Amount:	Paid under the Hospital Miscellaneous Benefit
Outpatient Hospital Emergency Room Treatment Maximum Benefit Amount:	$400

Surgical Benefits:	
Primary Surgeons Maximum Benefit Amount:	
Computed from the 1974 California Relative Value Schedule- using a conversion factor of:	$170
Assistant Surgeon	40% of the Surgery Benefit paid
Second Surgical Opinion, Consultation and Specialist Maximum Benefit:	$150 aggregate benefit
Anesthesia Maximum Benefit:	40% of the Surgery Benefit paid
Surgical Facility Maximum Benefit per Operating Session:	$1,500 per Accident
Doctor's Visits	
In-Hospital Maximum Benefit:	100% of URC
For nonsurgical doctor charge's in the emergency room	$70 per visit
Office Visits Maximum Benefit:	100% of URC
X-ray and Laboratory Maximum Benefit Amount:	
Computed from the 1974 California Relative Value Schedule- using a conversion factor of:	$20 X-ray Maximum - $400 when no fracture is demonstrated
Nursing Maximum Benefit Amount:	100%
Physiotherapy Benefit	
Maximum Benefit Amount (Hospital Inpatient):	Paid under the Hospital Miscellaneous Benefit
Maximum Benefit Amount (Outpatient):	$50 maximum per visit, not to exceed $500 per Accident
Ambulance Maximum Benefit Amount:	up to $300
Medical Equipment Rental Charges Maximum Benefit Amount: Including orthopedic appliance	up to $500
Medical Services and Supplies Maximum Benefit Amount (Blood, Blood Transfusions, Oxygen):	No Benefit
Prescription Drugs	100%
Eyeglasses, Contact Lenses, Related to a covered Accident only For replacement only	up to $100
Dental Treatment For Injury Only Benefit Period: Same as Accident Medical expense Benefit Period shown above	

Maximum Benefit Amount: up to $200 per tooth

DEFINITIONS

The terms shown below shall have the meaning given in this section whenever they appear in this Policy. Additional terms may be defined within the provision to which they apply.

Accident means a sudden, unforeseeable external event which:
1. Causes Injury to one or more Covered Persons; and
2. Occurs while coverage is in effect for the Covered Person.

Aircraft means a vehicle which:
1. Has a valid certificate of airworthiness; and
2. Is being flown by a pilot with a valid license appropriate to the aircraft.

Amateur means a sport or activity where the participants engage largely or entirely without compensation.

Benefit Period means the period of time from the date of Injury, as shown in the Schedule of Benefits.

Club means an organization of students formed for the purpose of engaging in competition in a particular sport or activity. Competition between student clubs from different colleges, not organized by and therefore not representing the institution or their faculties, may also be called “Intercollegiate” sports or activities.

Corridor Deductible means the dollar amount of the Covered Expenses the Insured person must pay towards the policy before We pay any benefits regardless of what any other Insurance Plan or other Insurance Carrier has paid. It applies separately for each Covered Person.

Covered Expenses means expenses actually incurred by or on behalf of a Covered Person for the Usual, Reasonable and Customary charges for the Medically Necessary treatment, services and supplies covered by the Policy and Certificate and which is performed or given under the direction of a Physician for treatment of an Injury. Coverage under the Policy and Certificate must remain continuously in force from the date of the Accident until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained. A Covered Expense for a an Injury cannot be in excess of the maximum benefit amount payable per service as shown in the Schedule and cannot be for medical services and supplies that are excluded under the Policy.

Covered Person means a person eligible for coverage as identified in the Application for whom proper premium payment has been made, and who is therefore insured under this Policy.

Dependent means the Insured's unmarried child who:
1. Has his principal residence with the Insured;
2. Chiefly relies on the Insured for support and maintenance; and
3. Is within the following age groups (unless otherwise shown in the Application):
    a. Under 19 years of age;
    b. 19 but less than 25 years of age and enrolled in a School as a full time student; or
    c. 19 or more years of age, and primarily supported by the Insured and incapable of self-sustaining employment by reason of mental or physical handicap.

Child can include stepchild, foster child, legally adopted child, a child of adoptive parents pending adoption proceedings, and natural child.

Disappearing Deductible means a dollar amount of Covered Expenses the Insured Covered Person must pay before We pay any benefits. The Deductible may be satisfied by Other Valid and Collectible Insurance or Plan. The Disappearing Deductible is shown on the Schedule of Benefits.

Domestic Partner means an opposite or same sex partner who, for at least 12 consecutive months, has resided with the Covered Person and shared financial assets/obligations with the Covered Person. Both the Covered Person and the Domestic Partner must: (1) intend to be life partners; (2) be at least the age of consent in the state in which they reside; and (3) be mentally competent to contract. Neither the Covered Person nor the Domestic Partner can be related by blood to a degree of closeness that would prohibit a legal marriage, be married to anyone else, or have any other Domestic Partner. The Company requires proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.

Eligible Expenses means the Usual, Reasonable and Customary charges for services or supplies which are incurred by the Covered Person for the Medically Necessary treatment of an Injury. Eligible Expenses must be incurred while this Policy is in force.

He, his, and him includes she, her and hers.

Health Care Plan means any contract, policy or other arrangement for benefits or services for medical or dental care or treatment under:

1. Group or blanket insurance, whether on an insured or self-funded basis;
2. Hospital or medical service organizations on a group basis;
3. Health Maintenance Organizations on a group basis.
4. Group labor management plans;
5. Employee benefit organization plan;
6. Professional association plans on a group basis; or
7. Any other group employee welfare benefit plan as defined in the Employee Retirement Income Security Act of 1974 as amended.

Hospital means an institution which:

1. Is operated pursuant to law;
2. Is primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis;
3. Is under the supervision of a staff of Physicians;
4. Provides 24-hour nursing service by or under the supervision of a graduate registered nurse, (R.N.);
5. Has medical, diagnostic and treatment facilities, with major surgical facilities;
    a. On its premises; or
    b. Available to it on a prearranged basis; and
6. Charges for its services.
7. Is a duly licensed Rehabilitation Facility.

Hospital does not include:

1. A clinic or facility for:
    a. Convalescent, custodial, educational or nursing care;
    b. The aged, drug addicts or alcoholics;
2. A military or veterans hospital or a hospital contracted for or operated by a national government or its agency unless:
    a. The services are rendered on an emergency basis; and
    b. A legal liability exists for the charges made to the individual for the services given in the absence of insurance.

Hospital Stay means a Medically Necessary overnight confinement in a Hospital when room and board and general nursing care are provided for which a per diem charge is made by the Hospital.

Injury means bodily harm which results, directly and independently of disease or bodily infirmity, from an Accident. All injuries to the same Covered Person sustained in one accident, including all related conditions and recurring symptoms of the Injuries will be considered one Injury.

Interscholastic means a sport or activity organized between schools or representatives of the schools.

Intramural means a sport or activitywithin a particular institution and describes sports matches, activities, or contests that take place among teams from “within the walls” of an institution or area.

Immediate Family Member means the Covered Person’s parent (includes step-parent), grandparent, Spouse, Child(ren) (includes legally adopted or step or Foster Child(ren), brother, sister, step-Child(ren), grandchild(ren), or in-laws. A Member of the Immediate Family includes an individual who normally lives in the Covered Person's household.

Leased Aircraft means an aircraft for which the Policyholder or any of its subsidiaries or affiliates has a written lease under whose terms, the aircraft:
1. Can be used at the Policyholder's or any of its subsidiaries’ or affiliates’ discretion;
2. Can be used by the Policyholder or any of its subsidiaries or affiliates for 2 or more trips or for more than 10 consecutive days; and
3. Cannot be altered or sold by the Policyholder or any of its subsidiaries or affiliates, without the consent of the leaser or owner.

Leased Aircraft does not include any Owned Aircraft.

Medically Necessary or Medical Necessity means a treatment, service or supply that is:
1. Required to treat an Injury; and
2. Prescribed or ordered by a Physician or furnished by a Hospital;
3. Performed in the least costly setting required by the condition;
4. Consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

The purchasing or renting air conditioners; air purifiers, motorized transportation equipment, escalators or elevators in private homes, swimming pools or supplies for them; and general exercise equipment are not considered Medically Necessary.

The fact that a Physician may prescribe, authorize, or direct a service does not of itself make it Medically Necessary or covered by the Group Policy or this Certificate.

A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may, at Our discretion, consider the cost of alternative to be the Covered Expense.

Nurse means either a professional, licensed, graduate registered nurse (R.N.) or a professional, licensed practical nurse (L.P.N.).

Operated or Controlled Aircraft means an aircraft which:
1. Has been leased, rented or borrowed by the Policyholder for at least 10 consecutive days, or more than 15 days in any one year;
2. Can be used at the Policyholder's discretion; and
3. Cannot be altered or sold by the Policyholder without the consent of the owner or leaser.

Operated or Controlled Aircraft does not include any Owned Aircraft.

Other Valid and Collectible Insurance means any reimbursement for or recovery of any element of Covered Expenses incurred available from any other source whatsoever, except gifts and donations, but including without limitation:

1. Any individual, group, blanket, or franchise policy of Accident, disability or health insurance.
2. Any arrangement of benefits for members of a group, whether Insured or uninsured.
3. Any prepaid service arrangement such as Blue Cross or Blue Shield; individual or group practice plans, or health maintenance organizations.
4. Any amount payable for Hospital, medical or other health services for Accidental bodily Injury arising out of a motor vehicle Accident to the extent such benefits are payable under any medical expense payment provision (by whatever terminology used including such benefits mandated by law) of any motor vehicle insurance policy.
5. Any amount payable for services or injuries or diseases related to the Covered Person's job to the extent that he actually received benefits under a Worker's Compensation Law. If the Covered Person enters into a settlement to give up his or her rights to recover future medical expenses that would have been payable except for that settlement.
6. Social Security Disability Benefits, except that Other Medical Insurance shall not include any increase in Social Security Disability Benefits payable to a Covered Person after he or she becomes disabled while Insured hereunder.
7. Any benefits payable under any program provided or sponsored solely or primarily by any governmental agency or subdivision or through operation of law or regulation.

Owned Aircraft means aircraft to which the Policyholder or any of its subsidiaries or affiliates holds legal or equitable title.

Physician means a person who is a qualified practitioner of medicine. A such, He or She must be acting within the scope of his/her license and under the laws in the state in which He or She practices and providing only those medical services which are within the scope of his/her license or certificate. It does not include a Covered Person, a Covered Person's Spouse, son, daughter, father, mother, brother, or sister or other relative.

Principal Sum means the largest amount payable under the benefit for all losses resulting from any one Accident.

School means the participating School or School District where the Covered Person is enrolled or employed. The School must be a duly accredited (state certified or accredited) primary, elementary, secondary, or collegiate School.

Spouse means the lawful Spouse, if not legally separated or divorced, or Domestic Partneror Civil Partner.

Student Infirmary means an on campus facility which:
1. Provides medical care and treatment to sick and injured students and faculty;
2. Is under the supervision of a Physician;
3. Provides nursing services; and
4. Charges for its services.

Student Infirmary does not include:
1. Medical, diagnostic or treatment facilities with major surgical facilities:
    a. On its premises; or
    b. Available to it on a prearranged basis; or
2. In-patient care.

(No benefits are payable for services, supplies, or treatment in a Student Infirmary. This definition is applicable only to its reference in the provision titled Additional Exclusions.)

Supervised or Sponsored Activity means a Policyholder or School authorized function:
1. In which the Covered Person participates;
2. Which is organized by or under its auspices;

which is within the scope of customary activities for such entity and is shown on the Schedule of Benefits.

Usual, Reasonable and Customary means:

1. With respect to fees or charges, fees for medical services or supplies which are;
    a. Usually charged by the provider for the service or supply given; and
    b. The average charged for the service or supply in the locality in which the service or supply is received; or
2. With respect to treatment or medical services, treatment which is reasonable in relationship to the service or supply given and the severity of the condition.

Waiting Period means the length of time from the date of loss to the time when benefits can be received.

ELIGIBILITY FOR INSURANCE

Eligibility:
Persons eligible to be insured under this Policy are those persons described as an ELIGIBLE CLASS on the Application. This includes anyone who may become eligible while this Policy is in force.

EFFECTIVE DATES OF INSURANCE

Policy Effective Date: The Policy begins on the Policy Effective Date shown in the Schedule of Benefits at 12:01 A.M. at the address of the Policyholder.

Covered Person's Effective Date: A Covered Person will become an insured under this Policy, provided proper premium payment is made, on the latest of:
1. The Effective Date of the Policy; or
2. The day He becomes eligible, subject to any required waiting period, according to the referenced date shown in the Application/Enrollment Form.

TERMINATION DATE OF INSURANCE

Policy Termination Date
Termination takes effect at 12:01 A.M. time at the address of the Policyholder on the date of termination. Termination by the Policyholder or by the Company will be without prejudice to any claims originating prior to the date of termination.

The Policy terminates automatically on the earlier of:
1. The Policy Termination Date shown in the Policy; or
2. The premium due date if premiums are not paid when due subject to any grace period.

The Policy may be terminated by the Policyholder or the Company as of any premium due date or Policy Anniversary Date by giving written notice to the other at least 31 days prior to such date.

The Policyholder and the Company may terminate the Policy at any time by written mutual consent.

Termination:
Insurance for a Covered Person will end on the earliest of:
1. The date he is no longer in an Eligible Class.
2. The date he reports for active duty in any Armed Forces, according to the referenced date shown in the Application. We will refund, upon receipt of proof of service, any premium paid, calculated from the date active duty begins until the earlier of:
    a. The date the premium is fully earned; or
    b. The Expiration Date of this Policy.
    This does not include Reserve or National Guard duty for training;

3. The end of the period for which the last premium contribution is made; or
4. The date this Policy is terminated.

Covered Person's Termination Date
Insurance for a Covered Person will end on the earliest of:
1. The date He is no longer in an Eligible Class.
2. The date He reports for full-time active duty in any Armed Forces, according to the referenced date shown in the Application. We will refund, upon receipt of proof of service, any premium paid, calculated from the date active duty begins until the earlier of:
    a. The date the premium is fully earned; or
    b. The Expiration Date of this Policy.
    This does not include Reserve or National Guard duty for training;
3. The end of the period for which the last premium contribution is made; or
4. The date this Policy is terminated; or
5. The date the Covered Person requests, in writing, that his/her coverage be terminated.

SCOPE OF COVERAGE

We will provide the benefits described in this Policy to all Covered Persons who suffer a covered loss which:
1. Is within the scope of the **DESCRIPTION OF BENEFITS PROVISIONS** and results, directly and independently of disease or bodily infirmity, from an Injury which is suffered in an Accident;
2. Occurs while the person is a Covered Person under this Policy; and
3. Is within the scope of the risks set forth in the **DESCRIPTION OF HAZARDS** provisions.

Primary Medical Expense:
If an Injury to the Covered Person results in his incurring Eligible Expenses for any of the services on the SCHEDULE OF BENEFITS, we will pay the applicable benefit, subject to the Deductible Amount and Coinsurance Percentage (if any).

The Covered Person must be under the care of a Doctor when the Eligible Expenses are incurred. The Expense must be incurred solely for treatment of a covered Injury:
(1) While the person is insured under this Certificate; or
(2) During the Benefit Period stated on the SCHEDULE OF BENEFITS.

The first Eligible Expense must be incurred within the time frame stated on the SCHEDULE OF BENEFITS.
The total of all medical benefits payable under this Certificate is shown on the SCHEDULE OF BENEFITS and is subject to the specific maximums shown on the SCHEDULE OF BENEFITS.

DESCRIPTION OF HAZARDS

HAZARD: SCHOOL COVERAGE - ALL SCHOOL ACTIVITIES

Subject to all other provisions of this Policy, insurance is provided for a Covered Person while he is:
1. On the School premises:
    a. While School is in session (including recess and lunch periods); or
    b. While School is not in session, if the Covered Person is involved in a Supervised or Sponsored Activity;
2. Away from School or home:
    a. If the Covered Person is involved in a Supervised or Sponsored Activity; and
    b. With adult supervision provided by the School;
3. Traveling directly, without interruption while attending or participating in a School sponsored field trip:
    a. Between his home and a scheduled game, competition or practice session;
    b. In a vehicle which is
        i. Designated or furnished by the athletic team or club;

ii. Operated by a properly licensed, adult driver; or
iii. Under the direct supervision of the athletic team or club; or

c. In a vehicle other than that described in 3.b. when:
i. Operated by a properly licensed driver; and
ii. Travel time does not exceed 1 hour each way.

Travel time includes the time:
i. To or from home, School, a Supervised or Sponsored Activity, a scheduled game, competition or practice session;
ii. Before required attendance time;
iii. After the Covered Person is dismissed; and
iv. After the Covered Person completes extra duties assigned by the School.

When travel is by other than School bus, covered Travel Time shall not exceed 1 hour each way. This includes traveling to or from the Covered Person's home and School. The covered Travel Time includes the period before the Covered Person's required attendance time and the period after his dismissal or when he completes any extra duties.

Unless otherwise stated, we will pay benefits for a covered loss only once, even if coverage was provided under more than one Description of Hazards.

HAZARD: SCHOOL COVERAGE - EXTENSION TO 24 HOUR COVERAGE

We will pay the benefits described in this Policy for any Accident which happens to a Covered Person:
1. While he is covered by this Policy; and
2. Including travel or flight in any Aircraft only as a fare-paying passenger.

This coverage is subject to all of the exclusions listed in this Policy. Benefits which become payable due to this coverage will be reduced by benefits paid due to other hazard coverage's.

DESCRIPTION OF BENEFITS

If, within 100 days from the date of an Accident covered by this Policy, Injury from such Accident, results in Loss listed below, we will pay the percentage of the Principal Sum set opposite the loss in the table below. If the Covered Person sustains more than one such Loss as the result of one Accident, we will pay only one amount, the largest to which he is entitled. This amount will not exceed the Principal Sum which applies for the Covered Person.

Loss	Percentage of Principal Sum
Loss of Life	100%
Loss of Both Hands	100%
Loss of Both Feet	100%
Loss of Entire Sight of Both Eyes	100%
Loss of One Hand and One Foot	50%
Loss of One Hand and Entire Sight of One Eye	50%
Loss of One Foot and Entire Sight of One Eye	50%
Loss of One Hand	37.5%
Loss of One Foot	37.5%
Loss of Entire Sight of One Eye	25%

Loss of a hand or foot means complete Severance through or above the wrist or ankle joint.
Loss of sight means the total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means.

"Severance" means the complete separation and dismemberment of the part from the body.

ACCIDENT MEDICAL and DENTAL EXPENSE BENEFITS

We will pay Accident Medical and Dental Expense Benefits for Covered Expenses that result directly, and from no other cause, from a Covered Accident. These benefits are subject to the Deductibles, Benefit Periods, benefit maximums and other terms or limits shown below and in the Schedule of Benefits.

Accident Medical Expense Benefits are only payable:
1. for Usual and Customary Charges incurred after the Deductible has been met;
2. for those Medically Necessary Eligible Expenses incurred by or on behalf of the Covered Person;
3. for Eligible Expenses incurred within 90 days after the date of the Covered Accident.

No benefits will be paid for any expenses incurred that are in excess of Usual and Customary Charges.

Eligible Medical Expenses, from a Covered Accident, include:

1. **Hospital room and board expenses**: charges for the most common semi-private daily room rate for each day of the Hospital Stay, up to the Daily Maximum Benefit Amount shown in the Schedule of Benefits for Hospital Room and Board. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.

2. **Intensive Care/Cardiac Care Room and Board** - charges for each day of Intensive Care/Cardiac Care Unit confinement, up to the maximum benefit amount shown in the Schedule of Benefits for the Intensive Care Room and Board benefit. This payment is in lieu of payment for the Hospital Room and Board charges for those days.

3. **Hospital Miscellaneous** – services, supplies and charges during a Hospital Stay, up to the maximum benefit amount shown in the Schedule of Benefits for the Hospital Miscellaneous Benefit. Miscellaneous services include services and supplies such as: the cost of the operating room; laboratory tests; X-ray examinations; anesthesia; drugs (excluding take-home drugs) or medicines; therapeutic services; and supplies. Miscellaneous services do not include charges for telephone, radio or television, extra beds or cots, meals for guests, take home items, or other convenience items.

4. **Pre-Admission Testing Benefit** – charges for Pre-admission testing (inpatient confinement must occur within 7 days of the testing)

5. **In-Patient Surgical Benefits** - charges for:

    a. A Physician, for primary performance of a surgical procedure, up to the maximum benefit amount shown in the Schedule of Benefits per procedure. Two or more surgical procedures through the same incision will be considered as one procedure. If an Injury requires multiple surgical procedures through the same incision, We will pay only one benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session, but through different incisions, We will pay for the most expensive procedure and 50% of Covered Expenses for the additional surgeries.

    b. A Physician, for: assistant surgeon duties up to the maximum benefit shown in the Schedule of Benefits for an Assistant Surgeon

6. **Out-Patient Surgery Benefits:**

We will pay this benefit when the Covered Person requires Outpatient Surgery to treat a Covered Loss resulting directly and independently from all other causes from a Covered Accident. Two or more surgical procedures through the same incision will be considered as one procedure. If an Injury requires multiple surgical procedures through the same incision, We will pay only one benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session, but through different incisions, We will pay for the most expensive procedure and 50% of Covered Expenses for the additional surgeries.

Outpatient Surgery means the treatment of fractured and dislocated bones, operations that involve cutting or incision and/or suturing of wounds or any other surgical procedure, including the usual aftercare for such procedure, that is:

a. necessary for treatment of the Covered Person; and
b. given in the outpatient department of a Hospital or an ambulatory surgical center.

7. **Emergency Room** means a trauma center or special area in a Hospital that is equipped and staffed to give people emergency treatment on an outpatient basis. An Emergency Room is not a clinic or Physician's office.
Emergency Room treatment includes all hospital related services including physician, x-ray and lab services shown in the Schedule of Benefits.

8. **Anesthesia Benefit** – Anesthesia for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis, up to the maximum benefit amount shown in the Schedule of Benefits for the Anesthesia benefit.

9. **Physician's Visits** - charges by a Physician for other than pre- or post-operative care:

a. For in-Hospital visits, up to the maximum benefit amount shown in the Schedule of Benefits for Physician's Visit – In-Hospital.

b. For office visits, up to the maximum benefit amount shown in the Schedule of Benefits for Physician's Office Visits.

Total visits per Injury will not exceed the combined maximum shown in the Schedule of Benefits for All In-Hospital and Office Physician's Visits.

10. **X-Ray Benefit -** We will pay the benefit shown in the Schedule of Benefits if the Covered Person requires x -ray examinations due to a Covered Loss, up to the maximum benefit per Covered Accident indicated in the Schedule of Benefits.

11. **Laboratory Benefit-** We will pay the benefit shown in the Schedule of Benefits if the Covered Person requires laboratory examinations due to a Covered Loss, up to the maximum benefit per Covered Accident indicated in the Schedule of Benefits.

12. **Nursing Benefit**– Outpatient Charges for nursing services by a registered nurse or licensed professional nurse, up to the maximum benefit amount shown on the Schedule of Benefits for the Nursing benefit.

13. **Physiotherapy -** Charges for physiotherapy:

a. As an outpatient, up to the maximum benefit amount shown on the Schedule of Benefits for the Outpatient Physiotherapy benefit.

Charges include treatment and office visits connected with such treatment when prescribed by a Physician, including diathermy, ultrasonic, whirlpool, heat treatments, microtherm, chiropractic, adjustments, manipulation, acupuncture, massage or any form of physical therapy.

Total treatment per Injury will not exceed the maximum benefit amounts for Physiotherapy shown in the Schedule of Benefits.

14. **Ground Ambulance** - for services billed by a professional ambulance company up to the Maximum Benefit Amount shown in Schedule of Benefits for the Ambulance benefit.
Ground Ambulance Service is transportation by a vehicle designed, equipped and used only to transport the injured from the scene of the Accident to a Hospital. Surface trips must be to the closest local facility that can provided the covered service appropriate to the condition. If there is no such local facility available, coverage is for trips to the closest facility outside the local area.

15. **Dental Treatment for Injury Only** - Charges for dental treatment including dental x-rays for the repair and treatment for Injury to a tooth which was sound and natural at the time of Injury, up to the maximum benefit amount shown in the Schedule of Benefits for the Dental Treatment benefit.

OUT-PATIENT PRESCRIPTION DRUG BENEFIT

We will pay the Eligible Expenses- shown in the Schedule of Benefits, if any; for a Prescription Drug or medication when prescribed by a Physician on an outpatient basis.

Prescription Drug means a drug which:
1. Under Federal law may only be dispensed by written prescription; and
2. Is utilized for the specific purpose approved for general use by the Food and Drug Administration.

The Prescription Drug must be dispensed for the out-patient use by the Covered Person:
1. On or after the Covered Person's Effective Date; and
2. By a licensed pharmacy provider.

Benefits are payable up to the maximum benefit amount shown on the Schedule of Benefits.

DURABLE MEDICAL EQUIPMENT BENEFIT

We will pay the benefit shown in the Schedule of Benefits if, by reason of Injury, a Covered Person requires the use of Durable Medical Equipment.

Durable Medical Equipment means medical equipment that:
1. is prescribed by the Physician who documents the necessity for the item including the expected duration of its use;
2. can withstand long-term repeated use without replacement;
3. is not useful in the absence of the Covered Injury and
4. can be used in the home without medical supervision; and
5. the purpose of the equipment is not to help the Covered Person participate in sports activity.

Replacement of Eyeglasses, Contacts, or Hearing Aid Benefits

We will pay the benefit amount shown in the Schedule of Benefits for the replacement of Eyeglass, Contacts or Hearing Aids that are damaged as a result of a Covered Injury payable under this policy.

EXCLUSIONS

This Policy does not cover any loss resulting in whole or part from, or contributed to by, or as a natural or probable consequence of any of the following even if the immediate cause of the loss is an Accidental bodily Injury, unless otherwise covered under this Policy by Additional Benefits:

1. Suicide, self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane.
2. War or any act of war, declared or undeclared.
3. An Accident which occurs while the Covered Person is on Active Duty in any Armed Forces, National Guard, military, naval or air service or organized reserve corps:
4. Injury sustained while in the service of the armed forces of any country. When the Covered Person enters the armed forces of any country, We will refund the unearned pro-rata premium upon request;
5. Participation in a riot or insurrection.
6. Any Injury requiring treatment which arises out of, or in the course of fighting, brawling, assault or battery.
7. Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural foreseeable result of an Accidental external bodily injury or accidental food poisoning.
8. Disease or disorder of the body or mind.
9. Mental or nervous disorders.
10. Asphyxiation from voluntarily or involuntarily inhaling gas and not the result of the Covered Person's job.
11. Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Physician and not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
12. Intoxication or being under the influence of any drug or narcotic.
13. Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
14. Driving under the influence of a controlled substance unless administered on the advice of a Physician.
15. Driving while Intoxicated. Intoxicated will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs.
16. Violation or in violation or attempt to violate any duly-enacted law or regulation, or commission or attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation.
17. Conditions that are not caused by a Covered Accident.
18. Covered Expenses for which the Covered Person would not be responsible in the absence of this Policy.
19. Any treatment, service or supply not specifically covered by this Policy.
20. Loss resulting from participation in any activity not specifically covered by this Policy.
21. Charges which Are in excess of Usual, Reasonable and Customary charges.
22. Expenses incurred for an Accident after the Benefit Period shown in the Schedule of Benefits;
23. Regular health check ups.
24. Services or treatment rendered by a Physician, Nurse, or any other person who is employed or retained by the Policyholder.
25. Services or treatment rendered by an Immediate Family member of the Covered Person;
26. Injuries paid under Workers' Compensation, Employers liability laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
27. That part of the medical expense payable by any automobile insurance policy without regard to fault. (Does not apply in any sate where prohibited).
28. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay.

29. Travel or activity outside the United States.
30. Participation in any motorized race or speed contest.
31. Aggravation or re-injury of a prior injury that the Covered Person suffered prior to his or her coverage Effective Date, unless We receive a written medical release from the Covered Person's Physician.
32. Heart attack, stroke or other circulatory disease or disorder, whether or not known or diagnosed, unless the immediate cause of Loss is external trauma.
33. Treatment of a hernia whether or not caused by a Covered Accident.
34. Treatment of a detached retina unless caused by an Injury suffered from a Covered Accident.
35. Damage or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in this Policy.
36. Expense incurred for treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy; or craniomandibular joint dysfunction and associated myofascial pain, except as specifically provided in this Policy.
37. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the Covered Person is covered under this Policy, and rendered within 6 months of the Accident..
38. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore.
39. Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license.
40. Travel in or upon:
    a. A snowmobile;
    b. A water jet ski;
    c. Any two or three wheeled motor vehicle, other than a motorcycle registered for on-road travel;
    d. Any off-road motorized vehicle not requiring licensing as a motor vehicle; when used for recreation competition.
41. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
    a. While riding as a passenger in any Aircraft not intended or licensed for the transportation of passengers; or
    b. While being used for any test or experimental purpose; or
    c. While piloting, operation, learning to operate or serving as a member of the crew thereof; or
    d. While traveling in any such Aircraft or device which is owned or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the Covered Person or any member of his household.
    e. A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
    f. an ultralight hang-gliding, parachuting, or bungi-cord jumping

    Except as a fare paying passenger on a regularly scheduled commercial airline or as a passenger in a non-scheduled, private aircraft used for business or pleasure purposes.
42. Treatment for an Injury that is caused by or results from a nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 180 days of the initial incident and:
    a. The loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy and
    b. The Covered Person was within a 25-mile radius of the site of release either:
        i. At the time of the release; or
        ii. Within 24 hours of the start of the release
43. Practice or play in any intercollegiate, or professional sports contest or competition.
44. The repair or replacement of existing artificial limbs, orthopedic braces or orthotic devises.
45. Rest cures or custodial care.
46. Prescription medicines unless specifically provided for under this Policy.
47. Elective or Cosmetic surgery, except for reconstructive surgery on an injured part of the body.
48. Massage Therapy. Physical Therapy or Acupuncture/Acupressure Services, unless otherwise specifically allowed for in the Schedule of Benefits.
49. Services rendered for detection and correction by manual or mechanical means (including x-rays incidental thereto of structural imbalance, distortion or subluxation in the human body for purposes of

removing nerve interference where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column.

AGGREGATE LIMIT

The Aggregate Limit Amount is shown in the Application. We will NOT be liable for any amount over such limit for any one Accident.

If the total amount of benefits to be paid under this Policy is more than the Aggregate Limit Amount, the benefit amount payable for a Covered Person's loss will be determined as a proportionate share of the Aggregate Limit Amount.

PREMIUM PROVISIONS

GRACE PERIOD:
A grace period of 31 days is granted for each premium due after the first premium due date. Coverage will stay in force during this period unless notice has been sent, in accordance with the POLICY TERMINATION provision, of the intent to terminate coverage under this Policy. Coverage will end if the premium is not paid by the end of the grace period.

PREMIUMS:
Premium due dates are the first of every month. Premium payment made in advance or for more than a one month period will not affect any provisions of this Policy with regard to change. Failure by the Policyholder to pay premiums when due or within the grace period shall be deemed notice to us to terminate coverage at the end of the period for which premium was paid.

CHANGES IN RATES:
We have the right to change the premium rates on any premium due date:
1. After the first 12 months insurance is in effect;
2. Coinciding with a change in the coverage provided or classes eligible; or
3. Coinciding with a change in the risks we have assumed.

We will give 31 days written notice of any change under 1. above. Notice will be sent to the Policyholder's most recent address in our records.

GENERAL PROVISIONS

ENTIRE CONTRACT; CHANGES:
This Policy, the application of the Policyholder (if any, a copy of which is attached), endorsements, riders and attached papers constitute the entire contract between the parties. If an application of a Covered Person is required, the application of any Insured, at our option, may also be made a part of this contract.

All statements made by the Policyholder or by a Covered Person are deemed representations and not warranties. No such statement will cause us to deny or reduce benefits or be used as a defense to a claim unless a copy of the instrument containing the statement is or has been furnished to such person; or, in the event of his death or incapacity, his beneficiary or representative. After 2 years from the Covered Person's effective date of coverage, no such statement, except in the case of fraud or with respect to eligibility for coverage, will cause such coverage to be contested.

No change in this Policy will be valid until approved by one of our executive officers. This approval must be endorsed on or attached to this Policy. No agent may change this Policy or waive any of its provisions.

WORKERS' COMPENSATION INSURANCE:
This Policy is not in lieu of and does not affect any requirement for coverage under any Workers' Compensation Insurance.

RECORDS MAINTAINED:
The Policyholder or its authorized administrator will maintain records of the essential features of each Covered Person's insurance under this Policy.

We shall be permitted to examine the Policyholder's records relating to coverage under this Policy. Examination may occur at any reasonable time up to the later of:
1. The two year period after the expiration of the Policyholder's coverage; or
2. The final adjustment and settlement of all claims under the Policyholder's coverage.

REPORTING REQUIREMENTS:
The Policyholder or its authorized agent must report to us, by the premium due date:
1. The names of all persons insured on the Effective Date of this Policy;
2. The names of all persons who are insured after the Effective Date of this Policy;
3. The names of those persons whose insurance has terminated; and
4. Additional information required as agreed to by us and the Policyholder.

NEWLY ACQUIRED SUBSIDIARIES:
The premium for this Policy applies to the risks assumed on the Effective Date of this Policy. Eligible employees or members of subsidiaries newly acquired through merger, stock purchase, exchange of stock, or otherwise, shall be insured under this Policy, subject to the following conditions:
1. The Policyholder has at least 50% controlling interest in the subsidiary.
2. An additional premium payment is required with a report to us and the name of any newly acquired subsidiary.
3. Necessary underwriting information must be furnished for us to determine the additional risks assumed.
4. Coverage will begin on the legal date of acquisition.

No coverage shall continue for more than 60 days after the legal acquisition date unless the required report with the necessary data is supplied and the additional premium paid. The Policyholder shall be liable for payment of premium for the period during which such coverage remains in effect.

POLICY TERMINATION:
We may terminate coverage on or after the anniversary of any premium due date. The Policyholder may terminate its coverage on any premium due date. Written notice must be given at least 31 days prior to such premium due date.

CONFORMITY WITH STATE STATUTES:
Any provision of this Policy in conflict, on the Effective Date of this Policy, with the laws of the state where it is delivered, is amended to conform to the minimum requirements of such laws.

CLAIM PROVISIONS

NOTICE OF CLAIM:
Written notice must be given to us within 30 days after a covered loss occurs or begins or as soon as reasonably possible. Notice can be given at our administrative office as shown on the cover page or to our

agent. Notice should include the Policyholder's name and number and a Covered Person's name and address.

CLAIM FORMS:
When we receive the notice of claim, we will send forms for filing proof of loss. If claim forms are not sent within 15 days after notice is given, the proof requirements will be met by submitting, within the time required under PROOF OF LOSS, written proof of the nature and extent of the loss.

PROOF OF LOSS:
Written proof of loss must be furnished to us in the case of a claim for loss for which this Policy provides periodic payment contingent upon continuing loss within 90 days after the end of the period for which we are liable. Written proof that the loss continues must be furnished to us at intervals required by us.

In case of claim for any other loss, proof must be furnished within 90 days after the date of such loss.

If that is not reasonably possible, we will not deny or reduce any claim if proof is furnished as soon as reasonably possible. Proof must, in any case, be furnished not more than a year later, except for lack of legal capacity.

TIME OF PAYMENT OF CLAIMS:
Benefits due under this Policy for a loss, other than a loss for which this Policy provides installments, will be paid immediately upon receipt of due written proof of such loss.

Subject to written proof of loss, all accrued benefits for loss for which this Policy provides installments will be paid monthly; any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of a written proof of loss, unless otherwise stated in the Description of Benefits.

PAYMENT OF CLAIMS:
Benefits for a Covered Person's loss of life will be paid to the beneficiary named in our records, if any, at the time of payment. The benefits can be paid in one sum or, at a Covered Person's written request, in accordance with one of our settlement plans. If a Covered Person has not requested any settlement plan, the beneficiary can do so in writing after a Covered Person's death. If there is no named beneficiary or surviving beneficiary, a Covered Person's loss of life benefits will be paid in one sum to the first surviving class of following in the order shown below:

1. The beneficiary named to receive a Covered Person's proceeds;
2. Spouse;
3. Child or children;
4. Mother or father;
5. Sisters or brothers; or
6. The estate of a Covered Person.

If we are to pay benefits to the estate or to a person who is incapable of giving a valid release, we may pay up to $1,000 to a relative by blood or marriage whom we believe is equitably entitled. This good faith payment satisfies our legal duty to the extent of that payment.

Any other accrued benefits which are unpaid at a Covered Person's death may, at our option, be paid either to his beneficiary or to his estate. All other benefits, unless specifically stated otherwise, will be paid to a Covered Person.

PAYMENT OF CLAIMS: OTHER BENEFITS:
All other benefits will be paid to the Covered Person, if he is living, if not, we will pay his beneficiary or his estate.

CHANGE OF BENEFICIARY: (Applicable only if an Accidental Death or Dismemberment benefit is provided)
The Insured can change the beneficiary at any time by giving us written notice. The beneficiary's consent is not required for this or any other change which a Covered Person may make unless the designation of beneficiary is irrevocable or otherwise required by law.

CONDITIONAL CLAIM PAYMENT:
If a Covered Person incurs expenses for Injuries received in a covered Accident, and in our opinion a third party may be liable, we will pay benefits if:
1. The Covered Person first agrees in writing to refund the lesser of:
    a. The amount we actually paid for such expenses; or
    b. The amount actually received from the third party for such expenses; and
2. The third party's liability is determined and satisfied whether by settlement, judgment, arbitration or otherwise.

However, prior to our payment of benefits under this Policy, if the third party's liability is satisfied in an amount less than the benefits payable under this Policy, we will pay the difference.

PHYSICAL EXAMINATION AND AUTOPSY:
We will pay the cost and have the right to have the Covered Person examined as often as reasonably necessary while the claim is pending. We can have an autopsy made at our expense unless prohibited by law. (Autopsies are not permitted to be required in Massachusetts, Mississippi and South Carolina.)

RECOVERY OF BENEFITS:
We reserve the right to recover from a Covered Person any benefits we have paid to him for injuries:
1. Received in a covered Accident; and
2. Which are covered under:
    a. workers' compensation or similar statutory remedies available under law; or
    b. Any employer's liability Insurance.

It will be assumed that the Covered Person is in receipt of such benefits unless he gives us proof such benefits have been denied to him.

SUBROGATION:
If we have paid benefits to a Covered Person for Injuries received in a covered Accident, and in our opinion a third party may be liable, we will be subrogated to the extent of such payment and to all of the rights of the Covered Person regarding the recovery of benefits paid or to any settlement or judgment which results from the exercise of these rights. The Covered Person agrees to sign papers and do whatever else is necessary to transfer his rights to us. We will exercise such rights on his behalf. He further agrees to furnish us with all relevant information and documents.

LEGAL ACTIONS:
No action at law or in equity shall be brought to recover benefits under this Policy less than 60 days after written proof of loss has been furnished as required by this Policy. No such action shall be brought more than 3 years after the time written proof of loss is required to be furnished.

UNITED STATES FIRE INSURANCE COMPANY

Administrative Offices: 5 Christopher Way • Eatontown, NJ 07724

PENNSYLVANIA AMENDATORY RIDER

This Amendatory Rider is attached to and made a part of the Policy/Certificate. The provisions of this Amendatory Rider are effective on the Effective Date and will expire concurrently with the Policy/Certificate, unless otherwise terminated.

The Policy/Certificate is hereby amended as follows:

1. In the **EXCLUSIONS** section of the Policy/Certificate, item #12 is replaced in its entirety by the following:

   12. Intoxication or being under the influence of any drug or narcotic unless administered on the advice of a Physician.

2. The **Exclusions** Section of the Policy/Certificate has been expanded to include the following Limitation provisions:

LIMITATIONS

Any benefits payable under this Certificate will be limited to the following:

(1) The medical benefits otherwise payable under this Certificate will be reduced by 50% if:
   (a) Excess insurance is provided under this Certificate; and
   (b) The Covered Person has coverage under another plan providing medical expense benefits; and
   (c) The other plan is an HMO, PPO or similar arrangement ("PPO-Preferred Provider Organization" means an Organization offering health care services through designated health care providers who agree to perform these services at rates lower than nonpreferred providers.); and
   (d) The Covered Person does not use the facilities or services of the HMO, PPO or similar arrangement for the provision of benefits.

   The Covered Person's limitation does not apply to emergency treatment required within 24 hours after an Accident which occurred outside the geographic area serviced by the HMO, PPO or similar arrangement.

(2) In the event no consenting surgical opinion is obtained for those procedures that mandate such second surgical opinion, benefits payable for all Eligible Expenses associated with the procedure will be reduced by 50%. This limitation will apply whether the surgery is performed on an in-patient or out-patient basis. We will not cover a second opinion given more than 6 months after surgery was first recommended.

(3) Costs that exceed the Usual, Reasonable and Customary charges in the area where the services are furnished or supplies provided. Services, supplies and equipment must be:
   a) Medically necessary for the care or treatment of a covered Injury;
   b) Received while coverage is in force under this Certificate; and
   c) Rendered and/or prescribed by a licensed Doctor other than the Covered Person (or a member of his household or immediate family) in accordance with current medical standards and practices.

(4) The application of the Coordination of Benefits or Non-Duplication of Benefits provision.

5) If the Covered Person is admitted into the Hospital on a Friday or a Saturday on a non-emergency basis and the procedure for which he is admitted is not performed on the day of or the day after admission, we will not pay the Hospital charges for room and board or miscellaneous Hospital charges for the initial Friday or Saturday preceding the procedure.

3. In the **GENERAL PROVISIONS** section of the Policy/Certificate, the second paragraph of the **ENTIRE CONTRACT; CHANGES** provision is replaced in its entirety by the following:

ENTIRE CONTRACT; CHANGES:

This Policy, the application of the Policyholder (if any, a copy of which is attached), endorsements, riders, and attached papers constitute the entire contract between the parties. If an application of a Covered Person is required, the application of any Insured, at Our option, may also be made a part of this contract.

All statements made by the Policyholder or by a Covered Person are deemed representations and not warranties. No such statement will cause us to deny or reduce benefits or be used as a defense to a claim unless a copy of the instrument containing the statement is or has been furnished to such person; or, in the event of his death or incapacity, his beneficiary or representative. After 3-years from the Covered Person's effective date of coverage, no misstatements, except in the case of fraudulent misstatements or with respect to eligibility for coverage, will cause such coverage to be contested.

If there is a conflict between the Policy/Certificate and this Rider, the terms of this Rider will govern.

Signed for **United States Fire Insurance Company** By:

Marc J. Adee
Chairman and CEO

James Kraus
Secretary

FRAUD WARNING STATEMENT

FOR RESIDENTS OF ALL STATES OTHER THAN THOSE LISTED BELOW: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ARIZONA: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ALASKA: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

CALIFORNIA: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

FLORIDA WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

IDAHO: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

KANSAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of insurance fraud as determined by a court of law and may be subject to fines and confinement in prison.

KENTUCKY:

Application: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Claim Form: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime

MARYLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW HAMPSHIRE: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO and PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

TENNESSEE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

TEXAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

VIRGINIA: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

NEW YORK*: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Employee Signature _____ Date _____

*The fraud warning in NY must appear above the signature line.

When used throughout this document "Company", "Our", "We", or "Us" means:

United States Fire Insurance Company

GRIEVANCE PROCEDURES

When you submit a claim and that claim is denied, we will provide a written statement containing the reasons for the Adverse Determination. You have the right to request a review of any Company decision or action pertaining to our contractual relationship and to appeal any adverse claim determination we've made by filing a Grievance. These procedures have been developed to ensure a full investigation of a Grievance through a formal process.

DEFINITIONS

A **"Grievance"** is a written complaint requesting a change to a previous claim decision, claims payment, the handling or reimbursement of health care services, or other matters pertaining to your coverage and our contractual relationship.

An **"Adverse Determination"** is a determination by the Company or its designated utilization review organization that (i) a service, treatment, drug, or device, is experimental, investigational, specifically limited or excluded by your coverage; or (ii) a facility admission, the availability of care, continued stay or other health care services proposed or furnished have been reviewed and, based upon the information provided, does not meet the contractual requirements for medical necessity, appropriateness, health care setting, level of care or effectiveness and therefore, the benefit coverage is denied, reduced or terminated in whole or in part.

INFORMAL GRIEVANCE PROCEDURE

You, your authorized representative, or a provider acting on your behalf may submit an oral complaint to us within 60-days after an event that causes a dispute. Telephoning allows you to discuss your complaint or concerns and gives us the opportunity to immediately resolve the problem.

If we don't have all the information necessary to review your complaint, we will request any additional information within 5 business days of receiving your complaint. After we receive all the necessary information, we will provide you, your authorized representative, or a provider acting on your behalf with our written decision within 30-days after receiving the complaint and all necessary information.

If the problem cannot be resolved in this manner, you still have the right to submit a written request for the complaint to be reviewed through the Formal Grievance Procedure, as outlined below.

FORMAL GRIEVANCE PROCEDURE

A formal Grievance may be submitted by you, your authorized representative, or in the event of an Adverse Determination, by a provider acting on your behalf.

If you file a formal Grievance, you will have the opportunity to submit written comments, documents, records and other information you feel are relevant to the Grievance, regardless of whether those materials were considered in the initial Adverse Determination.

First Level Review

Within 3 working business days after receiving the Grievance, we must acknowledge the Grievance and provide you, your authorized representative or a provider with the name, address, and telephone number of the coordinator handling the Grievance and information on how to submit written material. The person(s) who reviews the Grievance will not be the same person(s) who made the initial Adverse Determination. During the review, all information, documents, and other materials submitted relating to the claim will be considered, regardless of whether they were considered in making the previous claim decision. The Insured will not be allowed to attend, or have a representative attend, a First Level Review. The Insured may, however, submit written material for consideration by the reviewer(s).

When the Grievance is based in whole or in part on a medical judgment, the review will be conducted by, or in consultation with, a medical doctor with appropriate training and expertise to evaluate the matter.
Following our review of your Grievance, we must issue a written decision to you and, if applicable, to your representative or provider, within 20-days after receiving the Grievance. The written decision must include:

(1) The name(s), title(s) and professional qualifications of any person(s) participating in the First Level Review process.
(2) A statement of the reviewer's understanding of the Grievance.
(3) The specific reason(s) for the reviewer's decision in clear terms and the contractual basis or medical rationale used as the basis for the decision in sufficient detail for the Insured to respond further to our position.
(4) A reference to the evidence or documentation used as the basis for the decision.
(5) If the claim denial is based on medical necessity, experimental treatment or similar exclusion, instructions for requesting an explanation of the scientific or clinical rationale used to make the determination.
(6) A statement advising you of your right to request a Second Level Review, if applicable, and a description of the procedure and timeframes for requesting a Second Level Review.

Second Level Review

The Second Level Review process is available if you are not satisfied with the outcome of the First level Review for an Adverse Determination. Within ten business days after receiving a request for a Second Level Review, we will advise you of the following:

(1) the name, address, and telephone number of a person designated to coordinate the Grievance review for the Company;
(2) a statement of your rights, including the right to:
- attend the Second Level Review
- present his/her case to the review panel;
- submit supporting materials before and at the review meeting;
- ask questions of any member of the review panel;
- be assisted or represented by a person of his/her choice, including a provider, family member, employer representative, or attorney.
- request and receive from us free of charge, copies of all relevant documents, records and other information that is not confidential or privileged that were considered in making the Adverse Determination.

We must convene a review panel and hold a review meeting within 45-days after receiving a request for a Second Level Review. We will notify you in writing of the meeting date at least 15-days prior to the date. The review meeting will be held during regular business hours at a location reasonable accessible to you. In cases where a face-to-face meeting is not practical for geographic reasons, we will offer you the opportunity to communicate with the review panel at our expense by conference call or other appropriate technology. Your right to a full review may not be conditioned on whether or not you appear at the meeting.

If you choose to be represented by an attorney, we may also be represented by an attorney. If we choose to have an attorney present to represent our interests, we will notify you at least 15 working days in advance of the review that an attorney will be present and that you may wish to obtain legal representation of your own.

The panel must be comprised of persons who:
(1) were not previously involved in any matter giving rise to the Second Level Review;
(2) are not employees of the Company or Utilization Review Organization; and
(3) do not have a financial interest in the outcome of the review.

A person previously involved in the Grievance may appear before the panel to present information or answer questions.

All persons reviewing a Second Level Grievance involving a Utilization Review non-certification or a clinical issue will be providers who have appropriate expertise, including at least one clinical peer. If we use a clinical peer on an appeal of a Utilization Review non-certification or on a First Level Review, we may use one of our employees on the Second Level Review panel if the panel is comprised of 3 or more persons.

We must issue a written decision to you and, if applicable, to your representative or provider, within 10 business days after completing the review meeting. The decision must include:
(1) the name(s), title(s) and qualifying credentials of the members of the review panel;
(2) a statement of the review panel's understanding of the nature of the Grievance and all pertinent facts;
(3) the review panel's recommendation to the Company and the rationale behind the recommendation;

(4) a description of, or reference to, the evidence or documentation considered by the review panel in making the recommendation;
(5) in the review of a Utilization Review non-certification or other clinical matter, a written statement of the clinical rationale, including the clinical review criteria, that was used by the review panel to make the determination;
(6) the rationale for the Company's decision if it differs from the review panel's recommendation;
(7) a statement that the decision is the Company's final determination in the matter;
(8) notice of the availability of the Commissioner's office for assistance, including the telephone number and address of the Commissioner's office.

EXPEDITED REVIEW

You are eligible for an expedited review when the timeframes for an Informal, formal First Level review or Second Level review would reasonably appear to seriously jeopardize your life or health, or your ability to regain maximum function. An expedited review is also available for all Grievances concerning an admission, availability of care, continued stay or health care service for a person who has received emergency services, but who has not been discharged from a facility.

A request for an expedited review may be submitted orally or in writing. An expedited review must be evaluated by an appropriate clinical peer in the same or similar specialty as would typically manage the case being reviewed. If we don't have the information necessary to decide an appeal, we will send you notification of precisely what is required within 24-hours of our receipt of your Grievance. All necessary information, including our decision, will be transmitted by telephone, facsimile, or the most expeditious method available. Provided we have enough information to make a decision, you, your authorized representative, or a provider acting on your behalf will be notified of the determination as expeditiously as the medical condition requires, but in no event more than 72-hours after the review has commenced. Written confirmation of our decision will be provided within 2 working business days of the decision and will contain the same items described in the written decision requirements for First Level reviews.

If the expedited review does not resolve the situation, you, your representative or a provider acting on your behalf may submit a written Grievance.

We will not provide an expedited review for retrospective reviews of Adverse Determinations.

Pennsylvania Guaranty Notice

SUMMARY OF THE LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT AND NOTICE CONCERNING LIMITATIONS AND EXCLUSIONS

INTRODUCTION

Residents of Pennsylvania who purchase life insurance, annuities or health insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Pennsylvania Life and Health Insurance Guaranty Association (PLHIGA). The purpose of this Association is to assure that policyholders will be protected, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Association will assess its other member insurance companies for the money to pay the claims of insured persons who live in Pennsylvania and, in some cases, to keep coverage in force.

The valuable extra protection provided by these insurers through the Association is limited, however, As noted below, this protection is not a substitute for consumers' care in selecting companies that are well managed and financially stable. Insurance companies and their agents are prohibited by law from using the existence of the association to induce you to purchase any kind of insurance policy.

This Information is Provided By:

Pennsylvania Life and Health Insurance Guaranty Association
290 King of Prussia Road
Radnor Station Building 2, Suite 218
Radnor, PA 19087
(610) 975-0572

SUMMARY

The state law that provides for this safety-net coverage is called the Pennsylvania Life and Health Insurance Guaranty Association Act. Below is a brief summary of the law's coverages, exclusions and limits. This summary does not cover all provisions of the law; not does it in any way change anyone's rights or obligations under the act or the rights or obligations of the Association.

Coverage.

Generally, individuals will be protected by the Pennsylvania Life and Health Insurance Guaranty Association if they live in this state and hold a life or health insurance contract, or an annuity, or if they hold certificates under a group life or health insurance contract or annuity, issued by a member insurer. The beneficiaries, payees or assignees of insured persons are protected as well, even if they live in another state.

Exclusions From Coverage.

Persons holding such policies or contracts are not protected by this Association if:

- they are not residents of the State of Pennsylvania, except under certain very specific circumstances;
- the insurer was not authorized or licensed to do business in Pennsylvania at the time the policy or contract was issued;
- their policy was issued by a nonprofit hospital or health service corporation (e.g., a blue cross or blue shield plan), an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policyholder is subject to future assessments, or by an insurance exchange.

The Association also does not provide coverage for:

- any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk:
- any policy of reinsurance (unless an assumption certificate was issued);
- plans of employers, association or similar entities to the extent they are self-funded or uninsured (that is, not insured by an insurance company, even if an insurance company administers them);
- interest rate yields that exceed an average rate;
- dividends;
- experience rating credits;

- credits given in connection with the administration of a policy or contract;
- annuity contracts or group annuity certificates used by nonprofit insurance companies to provide retirement benefits for nonprofit educational institutions and their employees;
- policies, contracts, certificates or subscriber agreements issued by a prepaid dental care plan;
- sickness and accident insurance when written by a property and casualty insurer as part of an automobile insurance contract;
- unallocated annuity contracts issued to an employee benefit plan protected under the federal Pension Benefit Guaranty Corporation;
- financial guarantees, funding agreements or guaranteed investment contracts not containing mortality guarantees and not issued to or in connection with a specific employee benefit plan or governmental lottery;
- any kind of insurance or annuity, the benefits of which are exclusively payable or determined by a separate account required by the terms of such insurance policy or annuity maintained by the insurer or by a separate entity.

Limits On Amount of Coverage.

The act also limits the amount the Association is obligated to pay out. The Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Association will pay a maximum of $300,000 – no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Subject to the over-all $300,000 limit, the Association will pay up to $300,000 in life insurance death benefits, but not more than $100,000 in net cash surrender or withdrawal values. For annuities, the Association will pay up to $300,000 in annuity benefits, or $100,000 in net cash surrender or withdrawal benefits. For health insurance, the Association will pay up to $100,000, including any net cash surrender or withdrawal benefits.

When used throughout this document “The Company”, “Our”, “We”, or “Us” means:

United States Fire Insurance Company

PRIVACY POLICY AND PRACTICES

The Company values your business and your trust. In order to administer insurance policies and provide you with effective customer service, we must collect certain information about our customers. We want you to know that we are committed to protecting your private information and we will comply with all federal and state privacy laws. Below is a Privacy Notice describing our policy regarding the collection and disclosure of personal information. Please review this Notice and keep a copy of it with your records.

Your Privacy is Our Concern

When you apply to The Company for insurance or make a claim against a policy written by The Company, you disclose information about yourself to us. There are legal requirements governing the collection, use, and disclosure of such information. The Company maintains physical, electronic, and procedural safeguards that comply with state and federal regulations to guard your personal information. We also limit employee access to personally identifiable information to those with a business reason for knowing such information. The Company instructs our employees as to the importance of the confidentiality of personal information, and takes measures to enforce employee privacy responsibilities.

What kind of information do we collect about you and from whom?

We obtain most of our information from you. The application or claim form you complete, as well as any additional information you provide, generally gives us most of the information we need to know. Sometimes we may contact you by phone or mail to obtain additional information. We may use information about you from other transactions with us, our affiliates, or others. Depending on the nature of your insurance transaction, we may need additional information about you or other individuals proposed for coverage. We may obtain the additional information we need from third parties, such as other insurance companies or agents, government agencies, medical personnel, the state motor vehicle department, information clearinghouses, credit reporting agencies, courts, or public records. A report from a consumer reporting agency may contain information as to creditworthiness, credit standing, credit capacity, character, general reputation, hobbies, occupation, personal characteristics, or mode of living.

What do we do with the information collected about you?

If coverage is declined or the charge for coverage is increased because of information contained in a consumer report we obtained, we will inform you, as required by state law or the federal Fair Credit Reporting Act. We will also give you the name and address of the consumer reporting agency making the report. We may retain information about our former customers and may disclose that information to affiliates and non-affiliates only as described in this notice.

To whom do we disclose information about you?

We may disclose all the information that we collect about you, as described above. We may disclose such information about you to our affiliated companies, such as:

- Insurance companies;
- Insurance agencies;
- Third party administrators;
- Medical bill review companies; and
- Reinsurance companies.

We may also disclose nonpublic personal information about you to affiliated and nonaffiliated third parties as permitted by law. You have a right to access and correct the personal information we collect, maintain, and disclose about you.

How to contact Us

You may obtain a more detailed description of the information practices prescribed by law by contacting us at the address below. Remember to include your name, address, policy number, and daytime phone number.

Privacy Policy Coordinator
Crum & Forster A&H Division
5 Christopher Way, 2nd Floor
Eatontown, New Jersey 07724

K-12 Voluntary Student Accident Insurance
up to $250,000

2026-2027

Administrative Office
A-G Specialty Insurance LLC
Berwyn, PA USA
Phone (610)933-0800
www.agspecialtyinsurance.com

Plans are Underwritten by
United States Fire Insurance Company

FAIRMONT SPECIALTY
A member of the Crum & Forster Enterprise

K-12 Accident Insurance

Unexpected Accidents Can Happen

This brochure explains how you can help guard against certain unexpected events. Our plans are designed to help supplement any insurance you have by satisfying deductibles or co-insurance requirements, or limiting the possible financial impacts of an injury if you have no other insurance. Remember that the more active your child is, the more valuable this coverage can be.

Choose Your Coverage Plan

24 Hour Coverage (Accident Only) – This plan provides around the clock coverage to your child 24 hours a day, while he or she is in school, at home or away. Coverage is provided from the effective date of the insured student's coverage for which premium has been received by A-G to the opening of the next school term. **Includes interscholastic sports excluding senior high football.** ($140.00)

School Time Coverage (Accident Only) – This plan provides coverage to your child while he or she is on school premises, during school hours/days, attending school sponsored and supervised activities including travel directly without interruption between the student's residence and school/activity with transportation furnished by the school. Coverage is provided from the effective date of the insured student's coverage for which premium has been received by A-G to the end of the regular school term. **Includes interscholastic sports excluding senior high football.** ($60.00)

Description of Benefits

Benefit	24 Hour Coverage/School Time Coverage
Benefits provided for all enrolled students of the Policyholder including interscholastic sports other than senior high football for whom premium is paid.	
Maximum Benefit:	$250,000; $15,000 payable as shown below, excess of $15,000 payable at 100% Usual, Reasonable and Customary Charges
Deductible:	$0
Benefit Period:	52 Weeks
Hospital Services	
Daily Room & Board: Semi Private Room	$300 per day
Miscellaneous Hospital Services: During hospital confinement	$3,000
Intensive Care: When confined to a Hospital Intensive Care Unit	$700 per day, not to exceed 10 days
Emergency Room Charges: When hospital confinement is not required	$400 Maximum
Emergency Room Charges: If out-patient surgery is required, the maximum is increased to (The benefits are payable in addition to the X-rays and surgeon's services shown below.)	$1,500 Maximum
Physician Services	
Surgery: including pre- and post-operative care*	$170 Unit Value
Anesthesia:	40% of the Surgery Benefit Paid
Assistant Surgeon:	40% of the Surgery Benefit Paid
Doctor's Visit: other than for Physiotherapy or similar treatment not payable in addition to Surgery Benefit	100% UCR
Non-Surgical doctor's charges in the emergency room	$70 per visit
Second Surgical Opinion, Consultation and Specialists	$150 aggregate benefit
Laboratory and X-Ray Services	
(Other than Dental and including fee for interpretation and/or reading of X-rays.)*	$20 Unit Value
Lab and X-Ray: (when no fracture is demonstrated)	$400 Maximum
Additional Services	
Physiotherapy or similar treatment: including Diatherm, Ultrasonic, Microtherm, Manipulation, Massage and Heat	$50/Treatment Maximum of $500
Registered Nurse:	100% UCR
Ambulance Transportation: (Ground Only)	$300 Maximum
Orthopedic Appliances: When ordered by attending physician	$500 Maximum
Out-Patient Drugs and Medication: Administered in Doctor's office or by prescription	100% UCR
Dental (including X-rays): For treatment, repair or replacement of each injured tooth which was sound and natural at the time of injury	$200 per tooth
Eyeglasses, Contact Lenses: Replacement of broken glasses and/or frames, contact lenses, resulting from a covered injury	$100 maximum
Accidental Death Benefit	$2,500
Accidental Dismemberment, Loss of Sight	$20,000
*** In accordance with the 1974 Revised California Relative Values Studies, 5th Addition, using a conversation factor.**	

Policy Exclusions

Benefits will not be paid for a Covered Person's loss which:

(1) Is caused by or results from the Covered Person's own:
   (a) Intentionally self-inflicted Injury, suicide or any attempt thereat. (In Missouri this applies only while sane.);
   (b) Voluntary self-administration of any drug or chemical substance not prescribed by, and taken according to the directions of, a doctor (Accidental ingestion of a poisonous substance is not excluded.);
   (c) Commission or attempt to commit a felony;
   (d) Participation in a riot or insurrection;
   (e) Driving under the influence of a controlled substance unless administered on the advice of a doctor; or
   (f) Driving while Intoxicated. "Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs;

(2) Is caused by or results from:
   (a) Declared or undeclared war or act of war;
   (b) An Accident which occurs while the Covered Person is on active duty service in any Armed Forces. (Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days.);
   (c) Aviation, except as specifically provided in this Certificate;
   (d) Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural and foreseeable result of an accidental external bodily injury or accidental food poisoning.
   (e) Nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 180 days of the initial incident and:
      (i) The loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy; and
      (ii) The Covered Person was within a 25-mile radius of the site of the release either:
         1) At the time of the release; or
         1) Within 24 hours of the start of the release.

Benefits will not be paid for:

1. Normal health check ups
2. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the Covered Person is covered under this Certificate, and rendered within 6 months of the Accident;
3. Services or treatment rendered by a doctor, nurse or any other person who is:
   a. Employed or retained by the Certificateholder; or
   b. Who is the Covered Person or a member of his immediate family;
4. Charges which:
   a. The Covered Person would not have to pay if he did not have insurance; or
   b. Are in excess of Usual, Reasonable and Customary charges.
5. An Injury that is caused by flight in:
   a. An aircraft, except as a fare-paying passenger;
   b. A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
   c. An ultra light, hang-gliding, parachuting or bungi-cord jumping;
6. Travel in or upon:
   a. A snowmobile;
   b. Any two or three wheeled motor vehicle;
   c. Any off-road motorized vehicle not requiring licensing as a motor vehicle;
7. Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license;

8. That part of medical expense payable by any automobile insurance policy without regard to fault. (Does not apply in any state where prohibited);
9. Injury that is: a. The result of the Covered Person being Intoxicated. ("Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs); or
    a. Caused by any narcotic, drug, poison, gas or fumes voluntarily taken, administered, absorbed or inhaled, unless prescribed by a doctor;
10. Any sickness, except infection which occurs directly from an Accidental cut or wound or diagnostic tests or treatment, or ingestion of contaminated food;
11. An Injury resulting from participation in or practice for non-School sponsored skiing, ice hockey, lacrosse, soccer or football;
12. Practice or play in any sports activity, including travel to and from the activity and practice, unless specifically provided for in this Certificate;
13. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan;
14. Blood or Blood plasma, except for charges by a Hospital for the processing or administration of blood;
15. Elective treatment or surgery, health treatment, or examination where no Injury is involved;
16. Injury sustained while in the service of the armed forces of any country. When the Covered Person enters the armed forces of any country, we will refund the unearned pro rata premium upon request;
17. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore;
18. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;
19. Treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy;
20. Cosmetic surgery, except for reconstructive surgery on a diseased or injured part of the body;
21. Any loss which is covered by state or federal worker's compensation, employers liability, occupational disease law, or similar laws;
22. The repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices;
23. The repair or replacement of existing dentures, partial dentures, braces or fixed or removable bridges;
24. Services and supplies furnished by a Student Infirmary, its employees, or doctors who work for the School;
25. Expenses incurred for an Accident after the Benefit Period shown in the Schedule of Benefits; or
26. Hernia of any kind; or any bacterial infection that was not caused by an Accidental cut or wound.
27. Rest cures or custodial care;
28. Prescription medicines unless specifically provided for under the Certificate:
29. Orthopedic appliances which are used mainly to protect an Injury so that a covered student can take part in interscholastic or intercollegiate sports;

How to Enroll

1. Determine which plan of coverage you would like to enroll your child in - 24 Hour Coverage or School Time Coverage.
2. Fill out the Enrollment Form below, enclose a check or money order in an envelope payable to the Company for the correct amount and mail to A-G Specialty Insurance LLC PO Box 824936 Lock Box # 824936 Philadelphia, PA 19182-4936
3. Make Checks Payable to UNITED STATES FIRE INSURANCE COMPANY c/o A-G Specialty Insurance LLC
4. Return by mail to A-G Specialty Insurance LLC Your cancelled check or money order stub will be your receipt and confirmation of payment. Please write student's name and school name on your check.

INDIVIDUAL VOLUNTARY STUDENT ENROLLMENT FORM
UNITED STATES FIRE INSURANCE COMPANY
STUDENT ACCIDENT COVERAGE

STUDENT'S LAST NAME (one letter per box)

STUDENTS FIRST NAME

Age: _____ Grade: _____ Phone #: _____

Date of Birth: _____ Gender: Male ☐ Female ☐

Home Address _____

City _____ State_____ Zip _____

Name of School _____

School District _____

X _____ Date: _____
Signature of Parent or Guardian (Required)

Individual Voluntary Student Accident Plans

24 HOUR COVERAGE

☐ **$140.00 per student**

SCHOOL TIME COVERAGE

☐ **$60.00 per student**

Period of Coverage

Persons applying for coverage shall be covered as of the date premium receipt, but in no event prior to the opening of school activities. Coverage ends at the close of the regular school term, except under 24 Hour Coverage, which continues until school reopens for the fall term. You may enroll at any time, but premiums will not be prorated.

Questions and Answers

Q. Is this Policy primary or secondary coverage?

A. This policy is Primary – meaning A-G will pay valid medical expenses payable without regard to any other valid and collectible insurance plan.

Q. May we purchase the policy at any time during the year?

A. Yes, coverage may be purchased at any point in time during the school year for your child. However, there is no pro-rating of premium for enrollment that occurs after the policy effective date. The earlier you enroll the more your child will maximize their coverage.

Q. Will this policy pay if our other insurance has a deductible?

A. Yes, benefits are paid without regard to other insurance.

How to File a Claim

1. Obtain an accident claim form through your school office or A-G Specialty Insurance LLC. Please answer all questions and provide all necessary signatures.
2. Attach all itemized bill(s) and any explanation of benefits to the claim form and mail or fax to the Administrator's Address indicated on the claim form.
3. Claims for benefits must be filed within 90 days from the date of accident. Only one claim form is needed per accident.

Important Note

This brochure is a summary of the insurance plan as specified in the policy form (BA-50000P-USF) on file with the School. This brochure is subject to the terms and conditions of the Policy, which contains all benefits, limitations and exclusions as underwritten by United States Fire Insurance Company. This coverage may not be available in all states and Policy terms and conditions may vary by state. In the event of a discrepancy, the Policy will prevail.

REYNOLDS SCHOOL DISTRICT
GENERAL FUND

6/30/2026

CASH BALANCE FORWARD FROM PREVIOUS MONTH		$ 5,162,364.09
Property Tax	-	
Per Capita Tax	670.99	
Taxes -Wage-prior year	-	
Taxes - Wage-current year	17,703.65	
Delinquent Property Tax	49,503.06	
Delinquent Per Capita Tax	-	
Miscellaneous Receipts	411,178.24	
State Subsidies	3,387,944.05	
Transfer Tax	$19,155.77	
Interest Earned	6,946.89	
Sale of Investments	-	3,893,102.65
TOTAL RECEIPTS AND BEGINNING BALANCES		9,055,466.74
EXPENDITURES		
Transfers: Food Service		
Payment of Bills (net of voids)	3,319,576.57	3,319,576.57
CASH BALANCE AT END OF MONTH		5,735,890.17
RECONCILIATION TO CASH BALANCE		
First National Bank Acct # 95351556	280,000.00	
First National Bank Acct # 895351556	6,019,142.83	
Less: Outstanding Checks	(1,107,406.46)	
Plus: Deposit in transit	544,153.80	
		$ 5,735,890.17

INVESTMENTS - GENERAL FUND

PLGIT & PLGIT Plus - Beginning Balance		$ 7,065.06
Transfer from General Fund	-	
Interest Earned	2.83	2.83
Less:		7,067.89
Sale of Investments	-	
Procurement card debit	6,999.86	(6,999.86)
Ending Balance		$ 68.03

TOTAL GENERAL FUND INVESTMENT BALANCE **$ 5,735,958.20**

Treasurer's Signature

8/19/26
Date

REYNOLDS SCHOOL DISTRICT CAPITAL PROJECTS FUND
6/30/2026

Pennsylvania Liquid Government Investment Trust (PLGIT)

	CAPITAL RESERVE ACCOUNT	CAPITAL PROJECTS ACCOUNT	GENERAL OBLIGATION BOND 2022 ACCOUNT	GENERAL OBLIGATION BOND 2023 ACCOUNT	**TOTAL CAPITAL PROJECTS FUND ACCOUNTS**
Beginning Balance	$ -	$ 7,768,727.48	$ -	$ -	$ 7,768,727.48
Transfer to Cap Projects		-	-	-	-
Interest Earned		22,706.78	-	-	22,706.78
Payments	-		-	-	-
Ending Balance	$ -	$ 7,791,434.26	$ -	$ -	$ 7,791,434.26
Payments:	*None*				$ -
Total payments					$ -

Treasurer's Signature

8/19/26
Date

Detail of Miscellaneous Receipts

June 30, 2026

NAME	DESCRIPTION	AMOUNT
District Court 35-3-03	Truancy Tax	46.08
Blue Cross Blue Shield	Subscribers Settlement	442.45
United Way	BUSACT - Field Trip Reimbursement	158.53
City of Laurel vs Cintas	Class Action Settlement	251.54
City of Laurel vs Cintas	Class Action Settlement	251.54
City of Laurel vs Cintas	Class Action Settlement	251.54
Meszaros	Health Insurance May-June	334.00
Sharpsville School District	Transportation Reimbusement	2,252.83
Reynolds School District	Scholarship Funds	260.76
RSD Food Service GF Reconciliation	Food Service repayment to General Fund	371,380.56
Crown Benefit Administration	5/26 COBRA Reimbursement	100.00
PIAA District 10	Shot Clock Reimbursement	1,500.00
West Middlesex SD	Shared Superintendent services	32,479.91
Inter-State Studio	Commision Check for School Pictures	1,468.50
	Miscellaneous Receipts	$ 411,178.24

REYNOLDS SCHOOL DISTRICT
GENERAL FUND

7/31/2026

CASH BALANCE FORWARD FROM PREVIOUS MONTH		$ 5,735,890.17
Property Tax	-	
Per Capita Tax	1,129.66	
Taxes -Wage-prior year	-	
Taxes - Wage-current year	51,511.38	
Delinquent Property Tax	-	
Delinquent Per Capita Tax	1,122.00	
Miscellaneous Receipts	19,943.94	
State Subsidies	280,684.94	
Transfer Tax	$9,618.21	
Interest Earned	5,242.05	
Sale of Investments	-	369,252.18
TOTAL RECEIPTS AND BEGINNING BALANCES		6,105,142.35
EXPENDITURES		
Transfers: Food Service		
Payment of Bills (net of voids)	1,695,314.75	1,695,314.75
CASH BALANCE AT END OF MONTH		4,409,827.60
RECONCILIATION TO CASH BALANCE		
First National Bank Acct # 95351556	280,000.00	
First National Bank Acct # 895351556	4,724,856.30	
Less: Outstanding Checks	(595,028.70)	
Plus: Deposit in transit		
		$ 4,409,827.60

INVESTMENTS - GENERAL FUND

PLGIT & PLGIT Plus - Beginning Balance		$ 68.03
Transfer from General Fund	10,000.00	
Interest Earned	23.85	23.85
Less:		10,091.88
Sale of Investments	-	
Procurement card debit	2,071.84	(2,071.84)
Ending Balance		$ 8,020.04

TOTAL GENERAL FUND INVESTMENT BALANCE **$ 4,417,847.64**

Treasurer's Signature

8/19/26
Date

REYNOLDS SCHOOL DISTRICT CAPITAL PROJECTS FUND
7/31/2026

Pennsylvania Liquid Government Investment Trust (PLGIT)

	CAPITAL RESERVE ACCOUNT	CAPITAL PROJECTS ACCOUNT	GENERAL OBLIGATION BOND 2022 ACCOUNT	GENERAL OBLIGATION BOND 2023 ACCOUNT	**TOTAL CAPITAL PROJECTS FUND ACCOUNTS**
Beginning Balance	$ -	$ 7,791,434.26	$ -	$ -	$ 7,791,434.26
Transfer to Cap Projects		-	-	-	-
Interest Earned		23,623.62	-	-	23,623.62
Payments	-		-	-	-
Ending Balance	$ -	$ 7,815,057.88	$ -	$ -	$ 7,815,057.88

Payments: *None* $ -

Total payments $ -

Treasurer's Signature

8/19/26
Date

Detail of Miscellaneous Receipts

July 31, 2026

NAME	DESCRIPTION	AMOUNT
Collegiate Licensing Company	CY25	$ 129.34
District Court 35-3-03	Truancy Tax	15.29
Cash	Recycling	215.00
Greensburg School District	Tuition 10-6944	18,104.35
Commonwealth of PA	Disability Determination- Felix	37.52
Crown Benefits	6/26 Cobra Reimbursement	1,442.44
	Miscellaneous Receipts	$ 19,943.94

REYNOLDS SCHOOL DISTRICT

531 REYNOLDS ROAD, GREENVILLE PA 16125, MERCER COUNTY

Scott L. Shearer
JSHS Principal

Phone: 724-646-5701
Facsimile: 724-917-2546
Email: sshearer@reynoldssd.org

Memo To Raymond C. Omer
Superintendent of Schools

From: Scott L. Shearer
Principal
Stevan Waleff
Athletics/Activities Director

Subject: Extracurricular Recommendation

Date: July 28, 2026

We recommend that the following advisor assignment be approved for the 2026-2027 season, contingent upon the winter sports season taking place:

Winter Cheerleading Advisor

Marissa Foster	Varsity	Level B	$1,047.00

REYNOLDS SCHOOL DISTRICT
531 REYNOLDS ROAD, GREENVILLE PA 16125, MERCER COUNTY

Scott L. Shearer
Junior-Senior High School Principal

Phone: 724-646-5701
Facsimile: 724-917-2546
Email: sshearer@reynoldssd.org

Memo To: Raymond C. Omer
Superintendent of Schools

From: Scott L. Shearer
Principal
Stevan Waleff
Athletics/Activities Director

Subject: Boys' Wrestling Coaching Recommendations

Date: July 28, 2026

We respectfully recommend approval of the following coaching and staff appointments for the 2026–2027 winter sports season, contingent upon the season taking place:

Boys' Wrestling

- **Casey Taylor** — Head Coach — Level F — $4,741.00
- **Michael Hills** — 1st Assistant Coach — Level F — $3,858.00
- **Hunter Goodlin** — 2nd Assistant Coach — Level B — $2,191.00
- **Michael Millero** — 3rd Assistant Coach — Level D — $2,503.00

Elementary Wrestling Coaches

- **Angelo Lomonte** — Elementary Coach — *$17.00/hour*
- **Frank D'Urso** — Elementary Coach — *$17.00/hour*

Note: The Elementary Coaches will collectively split a total of 150 hours. No individual coach may work more than 75 hours. Hours of service will be determined by the head coach.

REYNOLDS SCHOOL DISTRICT

531 REYNOLDS ROAD, GREENVILLE PA 16125, MERCER COUNTY

Scott L. Shearer
Junior-Senior High School Principal

Phone: 724-646-5701
Facsimile: 724-917-2546
Email: sshearer@reynoldssd.org

Memo To: Raymond C. Omer
Superintendent of Schools

From: Scott L. Shearer
Principal
Stevan Waleff
Athletics/Activities Director

Subject: Girls' Wrestling Coaching Recommendations

Date: July 28, 2026

We respectfully recommend approval of the following coaching and staff appointments for the 2026–2027 winter sports season, contingent upon the season taking place:

Girls' Wrestling

- **Casey Taylor** — Head Coach — No Salary Provision
- **Jonathan Hollobaugh** — 1st Assistant Coach — Level C — $2,712.00
- **John "Thomas" Miles** — 3rd Assistant Coach — Level A — $1,562.00

Elementary Wrestling Coaches

- **Eric Weaver** — Elementary Coach — *$17.00/hour*
- **Angelo Lomonte** — Elementary Coach — *$17.00/hour*

Note: The Elementary Coaches will collectively split a total of 150 hours. No individual coach may work more than 75 hours. Hours of service will be determined by the head coach.

REYNOLDS SCHOOL DISTRICT
531 REYNOLDS ROAD, GREENVILLE PA 16125, MERCER COUNTY

Scott L. Shearer
Junior-Senior High School Principal

Phone: 724-646-5701
Facsimile: 724-917-2546
Email: sshearer@reynoldssd.org

Memo To: Raymond C. Omer
Superintendent of Schools

From: Scott L. Shearer
Principal
Stevan Waleff
Athletics/Activities Director

Subject: Boys' Basketball Coaching Recommendation

Date: July 28, 2026

We respectfully recommend approval of the following coaching assignments for the 2025–2026 winter sports season, contingent upon the season taking place:

Boys' Basketball

- **Dan Kilgore** — Head Coach — Level F — $4,741.00
- **Rob Miller** — 1st Assistant Coach — Level F — $3,858.00
- **Tyler Thompson** — 2nd Assistant Coach — Level D — $2,917.00
- **Daniel Thorwart** — 2nd Assistant Coach — Level B — $2,191.00

Elementary Intramural Coaches

- **Dan Kilgore** — Elementary Intramural Coach — *$17.00/hour* — Split 150 hours
- **Michelle Kilgore** — Elementary Intramural Coach — *$17.00/hour* — Split 150 hours

Note: The Elementary Intramural Coaches will collectively split a total of 150 hours. No individual coach may work more than 100 hours. Hours of service will be determined by the head coach.

REYNOLDS SCHOOL DISTRICT
531 REYNOLDS ROAD, GREENVILLE PA 16125, MERCER COUNTY

Scott L. Shearer
Junior-Senior High School Principal

Phone: 724-646-5701
Facsimile: 724-917-2546
Email: sshearer@reynoldssd.org

Memo To: Raymond C. Omer
Superintendent of Schools

From: Scott L. Shearer
Principal
Stevan Waleff
Athletics/Activities Director

Subject: Girls' Basketball Coaching Recommendation

Date: August 12, 2026

We respectfully recommend approval of the following coaching assignments for the 2026–2027 winter sports season, contingent upon the season taking place:

Girls' Basketball

- **Adam Maurer** — Head Coach — Level C — $3,586.00
- **Mark Moore** — 1st Assistant Coach — Level F — $3,858.00
- **Mezekiah Tobias** — 2nd Assistant Coach — Level C — $2,395.00
- **TBD** — 2nd Assistant Coach

Elementary Intramural Coaches

- **Mark Moore** — Elementary Intramural Coach — *$17.00/hour* — Split 150 hours

Note: The Elementary Coaches will collectively split a total of 150 hours. No individual coach may work more than 100 hours. Hours of service will be determined by the head coach.

REYNOLDS SCHOOL DISTRICT
531 REYNOLDS ROAD, GREENVILLE PA 16125, MERCER COUNTY

Scott L. Shearer
JSHS Principal

Phone: 724-646-5701
Facsimile: 724-917-2546
Email: sshearer@reynoldssd.org

Memo To: Raymond C. Omer
Superintendent of Schools

From: Scott L. Shearer
Principal
Stevan Waleff
Athletics/Activities Director

Subject: Football Coaches' Recommendation

Date: August 13, 2026

Coaching/Advisor Appointments for the 2026–2027 School Year
Contingent upon the Fall Sports Season Taking Place

We recommend the approval of the following coaching appointments:

Matteo Reino	Split 3rd Assistant Step C	$990.50
Tylir Shannon	Split 3rd Assistant Step C	$990.50

REYNOLDS SCHOOL DISTRICT
531 REYNOLDS ROAD, GREENVILLE PA 16125, MERCER COUNTY

Scott L. Shearer
Junior-Senior High School Principal

Phone: 724-646-5701
Facsimile: 724-917-2546
Email: sshearer@reynoldssd.org

Memo To: Raymond C. Omer
Superintendent of Schools

From: Scott L. Shearer
Principal
Stevan Waleff
Athletics/Activities Director

Subject: Volunteer Coaching Recommendations

Date: July 28, 2026

We respectfully recommend approval of the following volunteers for the 2026–2027 season:

Volunteer Football Coach

Clayton Stoyer

Volunteer Boys' Basketball Coaches

- Matt Shellenbarger
- James Scott
- Ken Laaks
- Sarah Curry
- Peter Curry
- Mark Anglin

Volunteer Girls' Basketball Coaches

- Matt Shellenbarger
- Kristin Dunbar

Volunteer Wrestling Coaches

- Jamar Henry
- Matteo Reino
- Kevin Peterson
- John Tofani
- Thomas Davis
- Eric Weaver

- Mason Stewart
- Christopher Marks
- Dan McQuiston
- Jeffrey Linn
- Nathan Palm
- Michael Edwards
- Joshua Sulecki
- Cory Shields
- Hunter Michaels
- Kenneth Wise

REYNOLDS SCHOOL DISTRICT

CONTRACT FOR THE TRANSPORTATION OF SCHOOL PUPILS

This Agreement entered into this 1st day of July, 2026 by and between the Board of School Directors of the Reynolds School District 16125, (hereinafter referred to as the "Provider District"), and the Board of School Directors of the Mercer Area School District, 545 West Butler St, Mercer, PA 16137 (hereinafter referred to as the "Recipient District"),

WITNESSETH:

1. For consideration hereinafter mentioned, the Provider District agrees to provide transportation for school pupils who shall be designated by the Recipient District to and from such points, along and over such routes, and at times set forth in a schedule attached hereto and made a part hereof for the school year 2026-27.

2. The Recipient District shall pay the Provider District the sum ***of $60 each day that students are transported*** (cost ***estimated*** on 3 students, the daily rate for bus, and estimated fuel usage). The final invoice will be based on the actual costs incurred.

3. Transportation upon the terms and conditions herein specified in Items 1 to 9 inclusive and in accordance with the schedule shall begin August, 2026.

4. This contract shall terminate on June 30, 2027 unless terminated earlier for cause or by mutual consent of the parties hereto.

5. The Provider District agrees to furnish such reports as may be required by the Recipient District or its designated representatives.

6. Bus routes and bus stops shall be determined by the Provider District and may be modified by the Board as occasion demands.

7. An operating time schedule shall be prepared by the Provider District in cooperation with the Recipient District. This schedule shall designate the time and place of all bus stops, both morning and evening, and shall be placed in the vehicle. The bus shall not depart from any designated stop before the scheduled time unless all pupils to be transported from that point are aboard. The time schedule may be modified by the Provider District as occasion demands but only after due notice has been given to parents and operator.

8. Pupils shall be taken on and discharged from the vehicle only at the designated stops and in accordance with the laws and regulations of the Commonwealth of Pennsylvania. No pupils shall be permitted to get on or off the vehicle while in motion.

9. No person other than a school pupil shall be transported in a school vehicle except that a teacher or other school official may ride when designated by the Provider District. Nothing except passengers and their belongings shall be transported in the school vehicle while it is engaged in transporting pupils to and from school.

****

IN WITNESS WHEREOF, the Parties hereto being duly authorized, execute this Agreement, intending to be legally bound hereby, the day and year first above written.

Reynolds School District
Provider District Name

BY: _____
President of School Board

ATTEST: _____
Board Secretary

DATE: 8/19/26

Mercer Area School District
Recipient District Name

BY: David R. Longal
President of School Board

ATTEST: Michelle L. Gehring
Board Secretary

DATE: 7/20/2026