

To School Office; Please copy this Parent Information Letter for distribution to each student (Pre K-12):
 1) In Summer News Letter, 2) with brochures at Registration, or 3) with brochures the First Day of School.

School District Letterhead

2014-15

Dear Parents/Guardians:

The School District does not purchase accident insurance to cover injuries incurred by your child at school.

We encourage all families to have accident coverage on their children prior to participation in any sports or school sponsored activity. Please review the following student insurance program.

If you have a plan with a Deductible, Co-Pay, or Limited Benefits, or No Other Insurance on your child, we encourage you to consider this coverage.

The options provided are:

COVERAGE		Annual Premium
	Full time coverage PK-12 with NO Interscholastic Sports Coverage	<input type="checkbox"/> \$99
	Full time coverage 7-12 with Interscholastic Sports Coverage except Football Grades (9 - 12)	<input type="checkbox"/> \$174
	School time coverage PK-12 with NO Interscholastic Sports Coverage	<input type="checkbox"/> \$16
	School time coverage 7-12 with Interscholastic Sports Coverage except Football Grades (9 - 12)	<input type="checkbox"/> \$91
	Football Coverage Grades 9-12	<input type="checkbox"/> \$250
	Extended Dental Coverage PK-12	<input type="checkbox"/> \$9

Brochures will be distributed by the schools. This coverage is for the 14-15 school year, and is not effective until the enrollment form is received by the company or the school. In enrolling for coverage, please read brochure carefully:

1. Print name, address and other information clearly on enrollment form.
2. Make check or money order payable to Student Assurance Services, Inc.
3. Detach and retain summary of coverage, and return the enrollment form within 10 days.
4. Questions about the plan may be directed to Paul Lock, Agent, Student Assurance Services
Address: P.O. Box 3126, Lawrence, KS 66046; Phone: (800) 520-9909 / (785) 748-0870
E-mail: paul.lock@sas-midwest.com Website: www.sas-mn.com

Please sign and return the form below to school, if you already have adequate insurance.

PARENTAL INSURANCE WAIVER

Student's Name _____ School _____

We, the undersigned, feel we have adequate insurance protection for our Son/Daughter while practicing or participating in Interscholastic Sports, or other School Sponsored Activities.

Parent's/Guardian's Signature _____ Date _____