

PARENTAL INSURANCE WAIVER FORM

Independent School District 2897

2007-2008 School Year

Dear Parents:

We wish to emphasize that the school district does not provide any type of health or accident insurance for injuries incurred by your child at school.

Since children are particularly susceptible to injuries, we encourage you to review your present health and accident insurance program to determine if your coverage is adequate. If you do not feel your insurance is adequate because of a deductible or co-insurance clause, or if you do not have insurance, we encourage you to review the student insurance program.

This year the school is making available accident insurance through Student Assurance Services Inc. of Stillwater, Minnesota. This plan will provide benefits for medical expenses incurred because of an accident. The options are:

Full Time Coverage (no sports) K-12	\$69.00	\$119.00 (Major medical)
Full Time with all sports except football 9-12	\$117.00	\$167.00 (Major medical)
School Time Coverage (no sports)	\$12.00	
School Time with Sports (No football 9-12)	\$60.00	
Extended Dental Coverage	\$7.00	
Football Coverage	138.00	
(Football, grades 7&8 are covered by all sports coverage)		

In making application for this coverage, please read the envelope explaining the coverage carefully. The following instructions apply:

1. Notify coaches/teacher/school official immediately when injury occurs.
2. Obtain a claim form from school. A school official must fill out Part A for all school related accidents. The parent or guardian must complete all questions in Part B.
3. Submit the claim to family coverage first, even if you have a large deductible. Send a copy of their explanation of benefits (EOB) with the claim form.
4. Submit the claim with all itemized bills to the company.
5. Proof of claim must be submitted within 90 days from the date of accident.
6. Students must be treated by a Licensed Physician within 30 days of the date of injury.
7. Please send all the information required to Student Assurance Services, Inc., PO Box 196, Stillwater MN 55082-0196.
8. All questions regarding coverage should be directed to David Desch, agent, at 651-439-7098.

Student's Name _____ Grade _____

No, we do not want additional insurance for our child.

Parent's Signature _____