

## Parental Insurance Waiver

Dear Parents/Guardians:

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

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

If you have a plan with a Deductible, Co-Pay or Limited Benefits, we encourage you to consider this coverage. If you have a High Deductible or No Other Insurance on your child, we encourage you to consider including the Major Expense Benefit as well.

The options are provided are:

Coverage	Annual Premium	With Major Expense Benefit
Full time coverage PK-12	\$69.00	\$129
School time coverage PK-12	\$12	
Extended Dental Coverage PK-12	\$6	

The Major Expense Benefit pays up to additional \$15,000 per injury, after the benefits under the Full-time (24 Hour) Plan have been exhausted (see brochure).

Brochures will be distributed by the schools. Coverage is not effective until enrollment form is received by 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 to school within 10 days.
4. Questions about the plan may be directed to Jim Lock, Agent, Student Assurance Services Address: P.O. Box 3126, Lawrence KS 66046; Phone: (800) 520-9909 / (785) 748-0870 E-mail : jim.lock@sas-midwest.com Website: www.sas-midwest.com

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

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### PARENTAL INSURANCE WAIVER

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_

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

Date: \_\_\_\_\_

Parent/Guardian Signature (print and sign): \_\_\_\_\_