



Protecting the health and welfare of students is a concern that all school administrators face each and every day. Student Accident Insurance helps ease those concerns by providing benefits for injuries that occur during school hours and or school sponsored and supervised activities (i.e. athletics, gym class, playground, field trips, JROTC, etc.). Student accident insurance serves to reduce out of pocket expenses not paid by primary coverage including copays, deductibles, coinsurance, etc., and will pay on a primary basis in the absence of other collectible coverage. With the increasing trend of high deductible plans, and more of the cost share shifted to the insured, Student Accident Coverage has become more important than ever! This means even if you have health insurance, you should consider purchasing this accident plan as a secondary insurance!

The school district does not provide any type of health or accident insurance for injuries incurred by your child at school.

REASONS TO PURCHASE THIS COVERAGE:

1. **Deductibles and co-pays in your health plan.** Many health plans have increased the amount of out-of-pocket expenses. This plan will help pay the deductibles and co-pays that you may be out of pocket in the event of an injury.
2. **No insurance.**

This plan will provide benefits for medical expenses incurred because of an accident. If you have other insurance, our benefits will be applied to your deductible or co-pay. If you have no other insurance this will become your primary accident plan.

To purchase coverage:

1. Go to website: www.sas-mn.com
 - a. Click under K12 'Find My School'
 - b. Choose State
 - c. Choose School District
 - d. Follow instructions to choose plan and make payment online. (There is a \$5.00 credit card transaction fee.)
 - e. Print proof of coverage
2. Coverage will become effective at 12:01 a.m. following the date the enrollment is made online and premium is paid.
3. All questions regarding the coverage may be directed to Student Assurance Services, Inc., at 800-328-2739.

Signed,

Kimberly L. Wolf

Superintendent

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 _____