



Temple City Unified School District

Committed to 21st Century Academic Excellence

Student Injuries and Insurance 2017-2018

Dear Parent/Legal Guardian:

Temple City Unified School District (TCUSD) is committed to providing a safe environment for your student. Even so, accidents do happen and resulting medical treatment (ambulance transport, surgery, hospitalization, etc.) can be very expensive. Of course, active students can get hurt outside of school as well.

Please know that TCUSD **does not** assume responsibility for these costs. However, as a service to you and your child, each school in our District has joined with 1,000s of others by offering you access to a low cost, voluntary purchase student accident/sickness insurance program. The program is arranged and administered by Myers-Stevens & Toohy & Co., Inc., a firm that has specialized in such coverages for over 40 years. The program is sponsored by the *California School Boards Association*.

If your child has other insurance or health coverage, these plans can be used as a low cost supplement to expand your choice of providers and help cover the high deductible and co-pay requirements so common to many other plans today. They can also be used on a stand-alone basis.

Options are available to cover your child 24/7 anywhere in the world or you can limit coverage to school-related injuries only. And, unlike many other health plans, these plans do not restrict your choice of medical provider or hospital.

Also offered is the pay-as-you-go *Student Accident & Sickness Plan* (\$50 deductible) that provides the broadest level of coverage and can be used for all sports except high school tackle football. The optional *Dental Accident* plan (costs as little as \$12 for the entire school year) can be of particular value with younger students as final treatment to injured teeth often needs to be deferred until after they mature.

While you are free to take your child to any licensed provider, you'll also have access to an extensive network of doctors and hospitals who have agreed to discounted fees. Seeking care through contracted providers may further reduce your out-of-pocket costs, particularly if your child needs surgery or hospitalization. And, a very large percentage of the *Best Hospitals in America* as annually listed by *U.S. News and World Report* are contracted through the networks!

To enroll, complete the enrollment form in full contained in the Student Accident Insurance Brochure, select the plan(s) you want for your child, enclose the proper premium using a check, money order or credit card, seal and return as directed on the form. While your child is eligible to enroll at any time during the school year, you are encouraged to consider early enrollment to get maximum value from the plan(s) selected.

Enrollment is also available on line by going to www.myers-stevens.com.

Note - Once processing is completed, an ID card verifying coverage will be mailed home to you.

If you have any questions, please call Myers-Stevens & Toohy at (800) 827-4695. Bilingual representatives are available for parents who need assistance in Spanish.

TEMPLE CITY UNIFIED SCHOOL DISTRICT

Under state law, school districts are required to ensure that all members of school athletic teams have accidental Injury Insurance that covers medical and hospital expenses. This Insurance requirement can be met by the school district offering Insurance or other health benefits that cover medical and hospital expenses. Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health Insurance programs. Information about these programs may be obtained by calling HEALTHY FAMILIES at 1-800-880-5305 or MEDI-CAL at (626)569-3624.

In order to document your having been notified of this matter, please sign and complete the bottom of this form and immediately return it to the school.

Sincerely,
TCUSD Student Services

===== (tear there and return bottom portion) =====

As parent/guardian of _____, I understand that the School District does not
(Please print student's name)

provide medical insurance for student injuries but does make voluntary student insurance available. I have received the information on this program.

(Check one)

I WILL enroll my child in the program.

I WILL NOT enroll my child in the program.

Print Parent's Name: _____

Date & Signature: _____