

Rockford Area Schools BACK TO SCHOOL

Update for RAS Families

2020-2021 School Year

2020-21 School Year Starts Sept 8

Greetings Students and Families,



Welcome to the 2020-2021 school year!

It is with much anticipation that we look forward to another exciting school year. Rockford Area Schools is recognized for academics, arts, and athletics delivered in a caring environment by a great student-centered staff. This year more than ever we are focused on maintaining our quality standards. It is our mission to provide you with the finest educational experience possible, so be prepared for a great school year.

Superintendent Rhonda Dean

Annual Notifications for Rockford Area Schools' Families

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Be Sure to Update Your Parent Portal

Infinite Campus provides instant access to accurate, current, and confidential information about your child's school attendance, grades, class assignments, emergency contacts lunch balance and more! Did you know you can also select to receive text messages for school notices? Customize your contact preferences in your Parent Portal!

Need an Infinite Campus Parent Portal account? Or forgot your username or password? Visit the Rockford Schools website at www.rockford.k12.mn.us, click on the Parent tab then Parent Portal login to request access!

Check out your Portal today to make sure your information is up-to-date!

If you have any Portal questions, call Paula Wanous at 763-477-9165 or email wanouspaula@rockford.k12.mn.us.

Once you have logged into your Parent Portal, don't forget to download the Infinite Campus Portal App on your phone!

Late Start Day Schedule

In the 2020-2021 school year, the late start days will be on the following schedule and subject to change:

Monday, January 25, 2020
Monday, April 5, 2020

The purpose of late start days is to provide additional staff training. On these days, classes will start two hours later than normal, which means that bus pick up times will be two hours later than usual. A full 2020-21 school year calendar can be found on our website at **www.rockford.k12.mn.us.**

Filling out the Application for Educational Benefits (Free and Reduced Lunch)

A new Application for Education Benefits is required to be filled out each year to qualify for free and reduced lunches. An application can be found on page 3. Please mail the completed application to **Rockford Area Schools District Office, ATTN: Paula Wanous, 6051 Ash St., Rockford MN 55373,** or fax to 763-477-5833, ATTN: Paula Wanous. For security reasons, please do not send the application to school with your child. Assistance with the application will be available during the REAMS Assessment Days on September 8 and 9 or by calling the district office at 763-477-9165 X4003.

Please complete the *Application for Educational Benefits* form for the 2020-21 school year if any of the following apply to your household:

- Any household member currently participates in the Minnesota Family Investment Program (MFIP), or the Supplemental Nutrition Assistance Program (SNAP), or the Food Distribution Program on Indian Reservations (FDPIR). *or*
- The household includes one or more foster children (a welfare agency or court has legal responsibility for the child). *or*
- The total income of household members is within the guidelines shown below (gross earnings before deductions, not take-home pay). Do not include as income: foster care payments, federal education benefits, MFIP payments, or value of assistance received from SNAP, WIC, or FDPIR. Military: Do not include combat pay or assistance from the Military Privatized Housing Initiative. The income guidelines are effective from July 1, 2020 through June 30, 2021.

Household Size	$ Per Year	$ Per Month	$ Twice Per Month	$ Per 2 Weeks	$ Per Week
1	23,606	1,968	984	908	454
2	31,864	2,658	1,329	1,227	614
3	40,182	3,349	1,675	1,546	773
4	48,470	4,040	2,020	1,865	933
5	56,758	4,730	2,365	2,183	1,092
6	65,046	5,421	2,711	2,502	1,251
7	73,334	6,112	3,056	2,821	1,411
8	81,622	6,802	3,401	3,140	1,570
Add for each additional person	8,288	691	346	319	160

Step 1 Children — List all infants and children in the household, their birthdate and, if applicable, their grade and school. Attach an additional page if needed to list all children. Fill in the circle if a child is in foster care (a welfare agency or court has legal responsibility for the child). .

Step 2 Case Number — Circle Yes or No to show whether any household member currently participates in any of the three assistance programs listed in Step 2. If you answer Yes, write in the case number and go to Step 4 (skip Step 3). If you answer No, continue on to Step 3. WIC and Medical Assistance (M.A.) do not qualify for this purpose.

Step 3 Adults / Incomes / Last 4 Digits of Social Security Number

- List all adults living in the household (everyone not listed in Step 1) whether related or not, such as grandparents, other relatives, or friends. Include any adult who is temporarily away from home, like a student away at college. Attach another page if necessary.
- List gross incomes before deductions, not take-home pay. **Do not list an hourly wage rate**. For adults with no income to report, enter a '0' or leave the section blank. This is your certification (promise) that there is no income to report for these adults.
- For each income, fill in a circle to show how often the income is received: each week, every other week, twice per month, or monthly.
- For farm or self-employment income only, list the net income per year or month after business expenses. A loss from farm or self-employment must be listed as 0 income and does not reduce other income.
- Last four digits of Social Security number – The adult household member signing the application must provide the last four digits of their Social Security number or check the box if they do not have a Social Security number.
- Regular incomes to children – If any children in the household have regular income, such as SSI or part-time jobs, list the total amount of regular incomes received by all children. Do not include occasional earnings like babysitting or lawn mowing.

Step 4 Signature and Contact Information — An adult household member must sign the form. If you do not want your information to be shared with Minnesota Health Care Programs, check the "Don't share" box in Step 4 .

Frequently Asked Questions—

Who can get free school meals? Children in households participating in the Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP) or Food Distribution Program on Indian Reservations (FDPIR), and foster, homeless, migrant and runaway children can get free school meals without reporting household income. Or children can get free school meals if their household income is within the maximum income shown for their household size on the instructions.

I get WIC or Medical Assistance. Can my children get free school meals? Children in households participating in WIC or Medical Assistance may be eligible for free school meals. Please fill out an application.

Who should I include as household members? Include yourself and all other people living in the household, related or not (such as grandparents, other relatives, or friends).

May I apply if someone in my household is not a U.S. citizen? Yes. You or your children do not have to be U.S. citizens for your children to qualify for free or reduced-price school meals.

What if my income is not always the same? List the amount that you normally get. If you normally get overtime, include it, but not if you get overtime only sometimes.

Will the information I give be checked? Yes, and we may also ask you to send written proof.

How will the information be kept? Information you provide on the form, and your child's approval for school meal benefits, will be protected as private data. For more information see the back page of the Application for Educational Benefits.

If I don't qualify now, may I apply later? Yes. Please complete an application at any time if your income goes down, your household size goes up, or you start getting SNAP, MFIP or FDPIR benefits.

Please provide the information requested about children's racial identity and ethnicity, which helps to make sure we are fully serving our community. This information is not required for approval of school meal benefits.

DEPARTMENT OF EDUCATION

2020-21 Application for Educational Benefits

Forms can be submitted by:
Mail: Rockford Area Schools, Attn Kathy
6051 Ash St. Rockford MN 55373
Fax: 763-477-5833
Email: ehlersk@rockford.k12.mn.us

Complete one application per household for all children. Please use pen (not a pencil). **Mail or return completed form to: (*School/District Information*)** _____

STEP 1: **List ALL Household Members who are infants, children, and students** up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper).

Definition: A Household Member is "Anyone living with you and shares income and expenses, even if not related." Children in Foster care are eligible for free meals. Read *How to Complete the Application for Educational Benefits* for more information. Adults over grade 12 living in the same household should be reported in Step 3. If your children attend different districts or charter/nonpublic schools, return an application at each one.

Child's First Name (list all children in household)	MI	Child's Last Name	School	Grade	Birthdate	Foster Child (√)
						☐
						☐
						☐
						☐
						☐

STEP 2: Do Any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, MFIP or FDPIR? Medical assistance **does not** qualify. **If NO** > Go to STEP 3.
If YES >Enter SNAP, MFIP or FDPIR Case Number (between 4-9 digits, do not report EBT card number) ___ ___ ___ ___ ___ ___ ___ ___ ___ then go to STEP 4 (Do not complete STEP 3)

STEP 3: Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. **Last Four Digits of Social Security Number (SSN)** of Adult Household Member: **XXX-XX-** ☐☐☐☐ Or Check if Adult has **No SSN**: ☐ **Total Number of All Household Members** (Children + Adults) ☐

B. **Child Income.**
Sometimes children in the household earn or receive income, such as from a part time job or SSI. Please include the TOTAL income received by all children listed in STEP 1. Do not include income received by adults in the box to the right.

Total Income Received by All Children	Weekly	Bi-weekly	2x Month	Monthly
$	☐	☐	☐	☐

C. **All Adult Household Members (including yourself).** For each Household Member listed, if they do receive income, report total gross income only. If they do not receive income from any source, write '0' or leave any fields blank. You are certifying (promising) that there is no income to report. Not sure what income to include here? Flip the page and review "Sources of Income" for information. "Sources of Income" will help you with the Child Income section and All Adult Household Members section.

Names of All Adult Household Members (First and Last)	Gross Earnings from Working at Jobs					Are you Self-Employed or a Farmer?			Any Other Gross Income				
List all Household members not listed in STEP 1 (including yourself) even if they do not receive income. Include children who are temporarily away at school or in college.	Weekly	Bi-weekly	2x Month	Monthly	Report income **before deductions or taxes** in whole dollars (no cents).	Monthly	Yearly	**Net income** from Farm or Self-Employment. Do not duplicate elsewhere.	Weekly	Bi-weekly	2x Month	Monthly	SSI, Unemployment, Public Assistance, Child Support, and others on Page 2
	☐	☐	☐	☐	$	☐	☐	$	☐	☐	☐	☐	$
	☐	☐	☐	☐	$	☐	☐	$	☐	☐	☐	☐	$
	☐	☐	☐	☐	$	☐	☐	$	☐	☐	☐	☐	$
	☐	☐	☐	☐	$	☐	☐	$	☐	☐	☐	☐	$

STEP 4: Contact information and adult signature. "I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is give in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

☐ I have checked this box if I *do not* want my information shared with Minnesota Health Care Program as allowed by state law.

Printed name of adult signing form _____ Daytime Phone _____

Street Address (if available) _____ Apt# _____ City _____ Zip _____

SIGN HERE: Signature of Household Adult _____ Date _____

Do Not Fill Out: For School Office Use Conversions to Annualize All Income:	X52	X26	X24	X12	X1	☐ **Verified? Attach Tracker**	No change ☐	Free After Verified ☐	Reduced After Verified ☐	Denied After Verified ☐
All Total Income (Include child and adult income)	Weekly	Bi-weekly	2X Month	Monthly	Annualize	**Household Size:**	Categorical Eligibility	Free	Reduced	Denied
$	☐	☐	☐	☐	☐		☐	☐	☐	☐
Determining Official Signature:								**Date:**		
Confirming Official Signature:								**Date:**		

See Page 2 for Additional Information. Return completed form to the school at the address listed at the top of the form. Do not mail to the Minnesota Department of Education or United States Department of Agriculture.

Serving Communities in Wright and Hennepin Counties

OPTIONAL: Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals. Respond to both Step One, *Ethnicity* and Step Two, *Race*.

Step One: Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Step Two: Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

INSTRUCTIONS: Sources of Income

Sources of Income for Children

Sources of Child Income	Examples
• Earnings from work • Social Security a. Disability Payments b. Survivor's Benefits • Income from person outside the household • Income from any other source	• A child has a regular full or part-time job where they earn a salary or wages • A child is blind or disabled and receives Social Security • A Parent is disabled, retired, or deceased, and their child receives Social Security benefits • A friend or extended family member regularly gives a child spending money • A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults

Earnings from Work	Public Assistance / Alimony / Child Support	All Other Income
• Salary, wages, cash bonuses (before deductions or taxes) • Net income from self-employment (farm or business) • If you are in the U.S. Military: a. Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) b. Allowances for off-base housing, food and clothing	• Cash Assistance from State or local government • Supplemental Security Income • Unemployment benefits • Worker's compensation • Alimony payments • Child support payments • Veteran's benefits • Strike benefits	• Social Security • Disability benefits • Regular income from trusts or estates • Annuities • Investment income • Rental income • Regular cash payments from outside household

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

At public school districts, each student's school meal status also is recorded on a statewide computer system used to report student data to MDE as required by state law. MDE uses this information to: (1) Administer state and federal programs, (2) Calculate compensatory revenue for public schools, and (3) Judge the quality of the state's educational program.

Nondiscrimination statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, you have two options: 1. Complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at Filing a Program Discrimination Complaint as a USDA Customer, http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office; or, 2. Write a letter addressed to USDA; provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by one of the following methods:

(1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
(2) Fax: 202-690-7442; or
(3) Email: program.intake@usda.gov.
This institution is an equal opportunity provider.

Forms can be submitted by:
Mail: Rockford Area Schools, Attn Kathy
6051 Ash St. Rockford MN 55373
Fax: 763-477-5833
Email: ehlersk@rockford.k12.mn.us

Accidents aren't supposed to happen,
but they do.

School recess, one-day field trips and general day-to-day activities can all lead to injuries. Having coverage during school hours, or around the clock can insure your loved ones get the care they need without financial hardship to your family.

ELIGIBILITY
Any enrolled student is eligible for coverage.

K-12 ACCIDENT PLANS THAT ARE AVAILABLE THROUGH YOUR SCHOOL:

- School Time Accident Only
- 24-Hour Accident Only
- Interscholastic Sports
- 24-Hour Dental

All available plans are offered by Special Markets Insurance Consultants, Inc. To research which plans are being offered by your school, please visit our website's online enrollment tool at **www.k12specialmarkets.com**

PAYMENT
Parents or guardians of students are responsible for enrollment and premium payment.



2020 – 2021 STUDENT ACCIDENT INSURANCE COVERAGE

OPTIONAL SCHOOL TIME ACCIDENT COVERAGE - Insurance coverage is provided for covered Injuries incurred during the hours and days when school is in session and while attending or participating in school sponsored and supervised activities on or off school premises. Includes participation in: Interscholastic Sports, excluding high school interscholastic tackle football (see below Optional Football Coverage option); Summer Recreation Activities sponsored by the school; One-Day School Field Trips (no Overnight) and School Sponsored Religious Activities. Coverage is provided for traveling to, during or after such activities as a member of a group in transportation furnished or arranged by the Policyholder and traveling directly to or from their home premises and the school or the site of a covered activity.
Annual Premium: Gold: $31.00 Silver: $20.00 Bronze: $10.00

OPTIONAL 24-HOUR ACCIDENT COVERAGE - Insurance coverage is provided around the clock, 24 Hours per day. Provides coverage during the weekends and vacation periods including the entire summer. Students are protected while at Home or away, any place, any time, anywhere. Coverage is provided for participation in Interscholastic Sports, excluding high school interscholastic tackle football (see below Optional Football Coverage option).
Annual Premium: Gold: $125.00 Silver: $81.00 Bronze: $41.00

OPTIONAL FOOTBALL COVERAGE - Covers Accidents occurring while participating in high school interscholastic tackle football practice or competition. Travel is covered when going directly and uninterruptedly to or from such practice or competition as part of a group in transportation furnished or arranged by the Policyholder. Refer to benefits and limitations described inside this brochure. Optional Football Coverage begins on the date of premium receipt and ends on the last day of practice or competition. Ninth Graders who play with 9th graders ONLY are not charged extra for football coverage. Their Optional School-Time or Optional 24-Hour Accident Coverage will apply if purchased.
Annual Premium: Gold: $163.00 Silver: $106.00 Bronze: $53.00
Spring/Summer Weight and Conditioning Training Only Rates Gold: $ 57.00 Silver: $ 44.00 Bronze: $27.00
(for new players who participate in spring training and not already insured under Optional Football Coverage)

OPTIONAL 24-HOUR DENTAL COVERAGE (Can be purchased separately or with other coverage) – Insurance coverage is in effect 24 Hours a day. Injury must be treated within 60 days after the Accident occurs. Benefits are payable within 12 months after the date of Injury. The maximum eligible expenses payable per covered Injury is $25,000. In addition, when the dentist certifies that treatment must be deferred until after the Benefit Period, deferred benefits will be paid to a maximum of $1,000. The Student must be treated by a legally qualified dentist who is not a member of the student's Immediate Family for Injury to teeth. Coverage is limited to treatment of sound, natural teeth. **Annual Premium: $7.00**

COVERAGE PERIOD – Coverage under the Optional School-Time Accident Coverage, the Optional 24-Hour Accident Coverage and the Optional 24-Hour Dental Coverage starts on the date of premium receipt but not before the start of the school year. Optional School-Time Accident Coverage ends at the close of the regular nine-month school term, except while the student is attending academic classroom sessions exclusively sponsored and solely supervised by the School during the summer. Optional 24-Hour Accident and Dental Coverage ends when school reopens for the following school year. Coverage is available under the plan throughout the school year at the premiums quoted **(no pro rata premiums available). Coverage is not available in CT, ID, IL, NJ, NC, PA, SD and TN.**

SCHEDULE OF BENEFITS
Coverage for Injuries due to Accidents only

Maximum Benefit:	**Gold**	**Silver**	**Bronze**
School-Time Option	$100,000	$75,000	$50,000
24-Hour Option	$100,000	$75,000	$50,000
Football Option	$100,000	$75,000	$50,000
Injuries Involving Motor Vehicles	$ 10,000	$10,000	$10,000
Death Benefit/Double Dismemberment	$ 10,000	$10,000	$10,000
Single Dismemberment	$ 5,000	$ 5,000	$ 5,000
Loss Period for Medical Benefits	Treatment must begin within 60 days from the date of Injury		
Benefit Period for Medical and AD&D/Loss of Sight Benefits	1 Year	1 Year	1 Year
Excess Coverage Applicability	Full Excess	Full Excess	Full Excess
Hospital/Facility Services - Inpatient			
Hospital Room and Board (Semi-Private Room Rate)	100% RE*	100% RE*	80% RE* / $200 Max.**
Hospital Intensive Care	100% RE*	100% RE*	80% RE* / $200 Max.**
Inpatient Hospital Miscellaneous	10,000 Maximum	$7,500 Maximum	$5,000 Maximum
Hospital/Facility Services - Outpatient			
Outpatient Hospital Miscellaneous (Except physician services and x-rays paid as below)	$750 Maximum	80% RE* / $500 Max.	$250 Maximum
Free-standing Ambulatory Surgical Facility	$2,000 Maximum	80% RE* / $1,000 Max.	$500 Maximum
Hospital Emergency Room Physician	$75 Maximum	$50 Maximum	$50 Maximum
Hospital Emergency Room	$500 Maximum	80% RE* / $350 Max.	80% RE* / $150 Max.
Physician's Services			
Surgical	80% RE* / $3,000 Max.	80% RE* / $2,000 Max.	80% RE* to $1,000 Max.
Assistant Surgeon	25% of Surgical Benefits	25% of Surgical Benefits	25% of Surgical Benefits
Anesthesiologist	25% of Surgical Benefits	25% of Surgical Benefits	25% of Surgical Benefits
Physician's Non-surgical Treatment (Except as below)	$60 Per Day	$500 Maximum	$25 Per Day
Physician's Outpatient Treatment in connection with Physical Therapy and/or Spinal Manipulation	$75/Visit / 5 Visits Max.	$40/Visit / 5 Visits Max.	$25/Visit / 5 Visits Max.
		$30/Visit / $500 Maximum (KS only)	
Other Services			
Registered Nurses' Services	100% RE*	100% RE*	80% RE*
Prescriptions - outpatient	100% RE*	100% RE*	80% RE*
X-rays, includes interpretation – Outpatient	$300 Maximum	$250 Maximum	$200 Maximum
Diagnostic Imaging (MRI, CAT Scan, etc) includes interpretation	$1,000 Maximum	$750 Maximum	$300 Maximum
Ground Ambulance	$500 Maximum	$400 Maximum	$200 Maximum
Air Ambulance	$1,500 Maximum	$1,000 Maximum	$400 Maximum
Durable Medical Equipment (includes Orthopedic Braces & Appliances)	$500 Maximum	$300 Maximum	$150 Maximum
Replacement of eyeglasses, hearing aids, contact lenses, if medical treatment is also received for the covered injury.	$700 Maximum	$500 Maximum	$150 Maximum
Dental Treatment to sound, natural teeth due to covered injury	$2,000 Maximum	$1,500 Maximum	$1,000 Maximum

*RE means Reasonable Expense **Per Day

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EXCESS COVERAGE PROVISION The Company will pay Reasonable Expenses that are not recoverable from any Other Plan. The Company will determine the amount of benefits provided by Other Plans without reference to any coordination of benefits, non-duplication of benefits, or similar provisions. The amount from Other Plans includes any amount, to which the Insured is entitled, whether or not a claim is made for the benefits. This Blanket Student Accident Insurance is secondary to all other policies. This provision will not apply if the total Reasonable Expenses incurred for Hospital and Professional Services Benefits are less than the amount stated in the Schedule of Benefits under Excess Coverage Applicability.

MEDICAL BENEFITS When a covered Injury to a student results in 1) treatment by a legally qualified Physician or surgeon (other than a member of the immediate family or person retained by the school) or 2) Hospital confinement, and treatment begins within 60 days from the date of Injury, the Company will pay the benefit as shown in the Schedule of Benefits, subject to the Excess Coverage Provision above. Only eligible medical expenses incurred by the Insured within 52 weeks from the date of the Accident are covered. Benefits for any one Accident shall not exceed in the aggregate the maximum stated in the Medical Benefit plan purchased. Expenses incurred after one year from the date of Injury are not covered, even though the service is a continuing one, or one that is necessarily delayed beyond one year from the date of Injury.

ACCIDENTAL DEATH, DISMEMBERMENT AND LOSS OF SIGHT When a covered Injury results in any of the Losses to the Insured which are stated in the Schedule of Benefits for Accidental Death, Dismemberment, or Loss of Sight then the Company will pay the benefit stated in the schedule for that Loss. The Loss must be sustained within 365 days after the date of the Accident.

The maximum benefit payable under this provision is stated in the Schedule of Benefits under Maximums and Benefit Period: 1) Life 2) Both Hands or Both Feet or Sight of Both Eyes; 3) Loss of One Hand and One Foot; 4) Loss of One Hand and Entire Sight of One Eye; 5) Loss of One Foot and Entire Sight of One Eye; 6) Loss of One Hand or Foot; 7) Loss of Sight in One Eye; 8) Loss of Thumb and Index Finger of the Same Hand. Half of the maximum benefit will be paid for the Loss of one Hand, one Foot or the Sight of one eye. Loss of Hand or Foot means the complete Severance through or above the wrist or ankle joint. Loss of Sight means the total, permanent Loss of Sight in One Eye. The Loss of Sight must be irrecoverable by natural, surgical or artificial means. Loss of Thumb and Index Finger of the Same Hand means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). Severance means the complete separation and dismemberment of the part from the body. If the Insured suffers more than one of the above covered losses as a result of the same Accident the total amount the Company will pay is the maximum benefit. Benefits paid under this provision will be paid in addition to any other benefits provided by the Policy. Benefits under this provision are subject to all other provisions of the Policy, including all Coverage and Limitations, Maximums and Exclusions.

DEFINITIONS Injury means bodily injury caused by an Accident. The Injury must occur while the Policy is in force and while the Insured is covered under the Policy. The Injury must be sustained as stated on the face page of the Policy, except where specifically stated otherwise in the Policy. **Accident** means a sudden, unexpected and unforeseen, identifiable event producing at the time objective symptoms of an Injury. The Accident must occur while the Insured is covered under the Policy. **Other Plan** means any other valid and collectible insurance or self-funded plan such as: individual and family type insurance coverage; group, blanket or franchise insurance, group hospital, medical service, pre-payment, trustee, Union Welfare; Blue-Cross, Blue Shield, group practice or other pre-payment coverage; labor-management plans, or employee benefit organization plans; self-funded ERISA plan, Workers' Compensation Law, Occupational Disease Law or any similar legislation; Medicare; or "No-Fault" auto legislation, where applicable. **Reasonable Expense** means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided. Such services and supplies must be recommended and approved by a Physician.

EXCLUSIONS No Benefits are payable for Hospital and Professional Services for the following: 1) Injuries which are not caused by an Accident; 2) Treatment for hernia, regardless of cause, Osgood Schlatter's disease, or osteochondritis; 3) Injury sustained as a result of operating, riding in or upon, or alighting from a two-, three-, or four-wheeled recreational motor vehicle or snowmobile; 4) Aggravation, during a Regularly Scheduled Activity, of an Injury the Insured suffered before participating in that Regularly Scheduled Activity, unless the Company receives a written medical release from the Insured's Physician; 5) Injury sustained as a result of practice or play in interscholastic tackle football and/or sports, unless the premium required under the Football and/or Sports Coverage provision has been paid; 6) Any expense for which benefits are payable under a Catastrophic Accident Insurance Program of the State Interscholastic Activities Association; 7) Treatment performed by a member of the Insured's Immediate Family or by a person retained by the School; 8) Injury caused by war or acts of war; suicide or intentionally self-inflicted Injury, while sane or insane (in Missouri while sane); violating or attempting to violate the law; the taking part in any illegal occupation; fighting or brawling except in self defense; being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the Injury occurs; or being under the influence of any drugs or narcotic unless administered by or on the advice of a Physician; 9) Medical expenses for which the Insured is entitled to benefits under any (a) Workers' Compensation act; or (b) mandatory no-fault automobile insurance contract; or similar legislation; 10) Expense incurred for treatment of temporomandibular joint dysfunction and associated myofacial pain; and 11) Expenses incurred for experimental or investigational treatment or procedures.

RETAIN THIS DESCRIPTION FOR YOUR RECORDS

This is not a Policy, rather a brief description of the benefits provided under the master policy issued to the school. Please refer to the master policy for further details. **IMPORTANT NOTICE – THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS. This brochure has been designed to illustrate the highlights of this insurance. All information in this brochure is subject to the provisions of Policy Form COL-11, underwritten by Gerber Life Insurance Company (the Company). If there is any conflict between this brochure and the Policy, the Policy will prevail. Please see the Master Policy for individual state details.**

HOW TO FILE A CLAIM

Written notice of claim must be given to the Company within 90 days after the occurrence or commencement of any loss covered by this policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the Named Insured to the Company, with information sufficient to identify the Named Insured shall be deemed notice to the Company. Written proof of loss must be furnished to the Company at its said office within 90 days after the date of such loss.

In the event of an Accident, students should: 1) Secure treatment at the nearest medical facility of their choice; 2) If you have other insurance, submit your claim to your other insurer. When you receive the explanation of benefits notice from your primary carrier, send it to us; 3) Obtain a receipt (if payment of any bills were made) and itemized copy of charges from the provider of medical services and send copies of their itemized bills and the fully completed and **signed** accident claim form to the claims office – mail all correspondence to WEB-TPA, P.O. Box 2415, Grapevine, TX 76099-2415; and 3) **Call 1-866-975-9468** with any Claims questions.

UNDERWRITTEN BY:
Gerber Life Insurance Company
White Plains, NY 10605

MARKETING AGENT:
Marsh & McLennan Agency, LLC
7225 Northland Drive North, Suite 300
Minneapolis, MN 55428
(763) 746-8000

Accidents aren't supposed to happen,

but they do.

(Continued from Page 5)

HOW TO ENROLL

Enrolling is easy and only takes a few minutes.

Go to **www.k12specialmarkets.com.**

1. Click on Coverage Details at the top,
2. Select State and click "Look Up"
3. Click on School or District
4. Click on link to display plan details.

Parents can either print and complete the enrolment application to mail with check or money order or—

You can enroll online:

1. Enroll online by clicking "Enroll Now"
2. Select State and click "Look Up"
3. Click on School or District
4. Select school location name (if applicable)
5. Check the plan options
6. Complete online application (more than one child can be enrolled on the same application)
7. Pay by credit/debit
8. Print ID card

FOR QUESTIONS, CALL 763-746-8000.

For further details of the coverage outlined above, including costs, benefits, exclusions and any reductions or limitation, and the terms under which the policy may be continued in force, please refer to www.k12specialmarkets.com. Students are able to purchase coverage only if his/her school district is a policyholder with the insurance company.



Food Service Reminders

Rockford Area Schools Food Service Department would like to remind families of a few items for this upcoming school year.

- Visit your Infinite Campus Parent Portal to view your child's account including purchases and deposits.
- Funds can be added via your Infinite Campus Parent Portal.
- When the account balance is $10 or lower, reminders are sent via email daily.
- No charges can be made on accounts if they are negative $5 or more.
- Breakfast will be provided free of charge for all kindergarten students through a program subsidized by Minnesota State Legislature. Also, families qualifying for reduced price meals will receive the meals free of charge due to the same subsidized program.

Meal Prices for 2020-21

Rockford Area Schools meal prices have been established for the 2020-21 school year.

Lunch Prices

Elementary School Student	$2.65
Middle/High School Student	$2.90
Adult	$3.85

Breakfast Prices

Grades 1-12	$1.85
Milk Prices (All Grades)	$ .60

If you have any questions regarding your lunch account, please contact Deb Graunke in the high school kitchen at 763-477-5846 x3052 or email graunked@rockford.k12.mn.us.

Notification of Vocational Opportunities at RHS

Rockford Area School district offers a variety of vocational opportunities through Business Education and Technology Education Departments. The purpose of this notice is to inform students, parents, employees and the general public that these opportunities are offered regardless of race, color, national origin, sex or disability. Admission in the specific courses is determined by grade level and, in some cases, completion of prerequisite courses.

The district has designated the following individuals at the Rockford High School to coordinate compliance with Section 504 of the Rehabilitation Act of 1973 and the Title IX of the Education Amendments Act of 1972.

Section 504 Coordinator for RHS:
Samantha Bloom, School Counselor
Office Address: Rockford High School,
7600 County Road 50, Rockford MN 55373
Office Phone Number: 763-477-5846 X3031

Alternate Section 504 Coordinator for RHS:
Paul Menard, Principal
Office Address: Rockford High School,
7600 County Road 50, Rockford MN 55373
Office Phone Number: 763-477-5846 X3002

Title IX Coordinator for RHS:
Paul Menard, Principal
Office Address: Rockford High School,
7600 County Road 50, Rockford MN 55373
Office Phone Number: 763-477-5846 X3002

Alternate Title IX Coordinator:
Dan Pratt, Activities Director
Office Address: Rockford High School,
7600 County Road 50, Rockford MN 55373
Office Phone Number: 763-477-5846 X3011

A listing of program offerings includes Technology Education courses, Business Education courses and work study as described in the Program of Studies available on the high school website at http://rhs-counselor.rhs.rockford.k12.mn.us, under Files.

Does Your Child Have Health Insurance?

If not, help may be available.

Minnesota Health Care Programs have free and low-cost health insurance for children and families who qualify. Your child may qualify if your household income is below:

MinnesotaCare Yearly Income Limits effective 1-1-20 – 12-31-20

Family Size	Income limit
1	$24,980
2	$33,820
3	$42,660
For each additional person, add	$8,840

Income is one factor for qualifying. Other rules and limits apply. For more information, call your county office or visit http://mn.gov/dhs/people-we-serve/adults/health-care/. The income limits above are valid until June 30, 2020.

To get a MNsure application for health coverage and help paying costs (DHS-6696): You can print one from www.dhs.state.mn.us/healthcare or call 877-KIDS-NOW toll free. You can also call the Wright County Human Services at 763-682-7414 or Hennepin County Human Services at 612-596-1300.

Independent School District 883
ROCKFORD AREA SCHOOLS
6051 Ash Street
Rockford, MN 55373

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School Bus Drivers Needed!

Looking to earn a little extra money and to work close to home? Rockford Bus Service, under 4.0 Services, is now hiring bus drivers. We offer a fun, flexible work environment with a schedule that allows for you to have free time during the day, with opportunities to work more if desired. Now offering a **SIGNING BONUS**! Training is provided. No experience necessary. E-mail myersb@rockford.k12.mn.us or call 763-477-6100 for more information.

Have You Recently Moved or Had a Baby?

If you have recently had a new baby, or have moved to our school district and have children ages birth through five, it is important that they are included in the school census. This ensures that you receive notification about early childhood classes, early childhood screening, kindergarten round-up and other school-related information. If you are not sure whether your children are listed on the school census, please the Early Childhood Office at 763-477-7500 or go to our website at www.rockford.k12.mn.us under the Community Ed tab and look for Early Childhood Programs.

Safety First

Rockford Area Schools annually updates and distributes district emergency manuals as required by the Minnesota Department of Education. In cooperation with local public safety departments, the manual outlines responses and procedures for emergency situations such as bomb threats, hazardous materials, intruders/ strangers on campus, lock downs, temporary evacuations and other emergencies.

Our schools may also prepare and maintain site-specific emergency procedures manuals. Each site can appoint a volunteer First Aid Team, Crisis Response Team and Crisis Prevention Intervention Team, responsible for planning, training and responding to issues in the Emergency Procedures Manual.

Crisis plans are tested annually, and each site is required to participate in drills to help increase the ability to provide a quick response to emergencies. Mandatory drills include five fire drills, one tornado drill, and five lock down drills.

Asbestos Management Plan

Rockford Area Schools has on file a complete and updated Management Plan for dealing with asbestos-containing building materials within the school district's buildings. A copy of this plan can be found in the Director of Buildings and Grounds Office at the Rockford High School and is available for viewing by interested parties upon advanced notice. Copies will be made available for reproduction at a nominal cost.

Rockford Elementary Arts Magnet School was designed without specifying or requiring the use of asbestos containing building materials. Rockford Middle School Center for Environmental Studies has asbestos inside fire doors. The asbestos containing materials at Rockford High School have been abated.

As required by federal law, the condition of asbestos in our schools is surveyed every six months and inspected every three years as part of an ongoing operations and maintenance program.

If you have any questions or concerns, please contact the Director of Building and Grounds at 763-477-9165 x4007.

Background Checks

Rockford Area Schools follows Minnesota Statute 123B.03 regarding background checks. Approved by the Rockford School Board, district policy 404 requiring a criminal history background check on employees and other individuals who provide services to the school.

The purpose of this policy is to maintain a safe and healthful environment in the school district in order to promote the physical, social and psychological well-being of its students. To that end, the school district will seek a criminal history background check for applicants who receive an offer of employment with the school district. The school district may also elect to do background checks of volunteers, independent contractors and student employees in the school district. If parents or residents have questions about background checks, please contact the district office at 763-477-9165.

Maintaining a Pest-free Environment

People agree that they want students to learn in a safe and clean environment. One of the ways to keep that environment clean is by eliminating pests to help prevent contamination, property damage and the spread of disease. Rockford Area Schools contracts with a licensed, professional pest control service to prevent and control rodents, insects and other pest in and around school buildings to use baiting and trapping methods. The minimal use of chemicals helps meet the needs of those with health sensitivities and also helps create a safer school environment.

The State of Minnesota requires the district to report what chemical (if any) have been applied and when they have been applied. The program includes:

1. Inspection and monitoring to determine if pests are present or if treatment is needed.
2. Recommendations for maintenance and sanitation to help eliminate pests without using pest control materials.
3. Utilization of non-chemical measures such as traps, caulking and screening.
4. Application of Environmental Protection Agency registered pest control materials when needed.

Tentative schedules of exterior and interior pest control inspections and possible treatments, as well as herbicide treatments, will be available at the Rockford Area Schools district office when they are determined. Parents/guardians may request prior notification of pest control material or herbicide applications occurring on a day not specified in the tentative schedules.