Douglas County School District

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Information

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TO: **Parents or Guardians**
SUBJECT: **STUDENT ACCIDENT INSURANCE**
DATE: **July 2023**

School accident insurance is made available to all students of the District as a service on an optional basis. The Douglas County School District **does not** provide medical insurance coverage for school accidents. The premiums for the types of plans are explained in the attached enrollment pamphlet. Before you decide whether or not to enroll, you should thoroughly analyze your existing health and accident coverage. Other key considerations include:

1. GROUP INSURANCE - If you are protected by group insurance and have included your dependents in the coverage, an accident will be covered by the group policy, so this additional coverage may not be necessary. **Check your policy to be sure including the level of your deductibles and coinsurance.**

2. FAMILY MEDICAL INSURANCE - If your student is covered by a good, comprehensive medical/hospital plan, you might check to see if accidents are covered including your deductible and out-of-pocket expenses. It may not be necessary to enroll in the student accident insurance program if you currently have a comprehensive medical/hospital plan.

3. OTHER INSURANCE - Full-time, year-round accident and sickness coverage through most companies can be a better buy for your premium dollar than school accident coverage, where sickness is not covered.

4. WHEN TO BUY SCHOOL ACCIDENT INSURANCE – As a supplement to your existing coverage or when no other alternative is available.

IMPORTANT: The Douglas County School District would like parents or guardians to understand that student insurance is a service provided only to the extent that a policy may be obtained; the School District is not responsible in any way except to inform you of the availability of student accident insurance.

TO ENROLL: Please read your brochure carefully. If you have questions, please call our agent, Myers-Stevens & Toohey & Co., Inc (800) 827-4695. Return premium directly to Myers-Stevens & Toohey & Co., Inc., **not to your child's school.**

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As parent/guardian of _____, I understand that the Douglas County School District **does not** provide medical insurance for student injuries, but does make voluntary student insurance available. I have received the information on this program.

_____ I will enroll my child in the program

_____I will **not** enroll my child in the program

Signature_____ Date_____