

RECEIVED APR 15 2024



## 2024-2025 Student Accident Insurance Renewal

### **Voluntary Student Accident Coverage:**

For the 2024-2025 school year, Student Assurance Services will continue to provide school administration and their athletic department(s) "online forms" that guides families to our website. We will email these online forms when the renewal application is received, reviewed, and processed.

It is crucial that in the early part of July/August, that all families (PK-12) are directly notified about your school's student accident coverage. Inserting the online forms into a mass e-mail or incorporating them into a school's online registration system has been the most successful way that school districts have notified all families.

Also, with student athletes having a higher probability of sustaining an injury, your athletic department(s) and coaches need to remind families of this student accident coverage prior to the start of each sports season (Fall, Winter, Spring).

Remember, as much as this voluntary coverage benefits uninsured students & students whose health insurance has a high deductible, your policy is also an important asset if your administration/school board must resolve a student injury that occurs under the school's supervision.

### **Coverage Options & Rates:**

The coverage options & rates will remain the same for this upcoming school year. Please refer to the 2024-2025 voluntary coverage document enclosed for medical benefits and additional information.

### **Complete the Renewal Application:**

Enclosed you will find the 2024-2025 renewal application. Please read the directions and complete the highlighted areas on the application. **The renewal application is due by June 28<sup>th</sup>, 2024.**

### **Important: Coverage Options to Consider:**

- Active Shooter Catastrophic Coverage:** With the continuous tragedies going on nationwide, we have seen more school districts purchase catastrophic coverage on their students. Our policies have a \$10,000 (non-deductible) accidental death benefit and a Crisis Management Benefit (\$100 per counseling session, up to 25 sessions within 1 year of a student sustaining an accidental injury).  
The Catastrophic Policy is \$0.90 per student (\$500 minimum premium required)
- Coach's Camp-Field Trip-Recreational Coverage:** This plan is designed to provide coverage for a group of students while participating in a camp or specific event. Rates start at \$3.00 per student (\$300 minimum premium). For high-risk activities (tackle football, wrestling or gymnastics) we would review for appropriate premium.

If you have any questions about the renewal or additional coverage options, please contact me at (800)-328-2739 or [sonnyh@sas-mn.com](mailto:sonnyh@sas-mn.com).

Sincerely,

Sonny Heinrich, Director of Sales  
Student Assurance Services, Inc.

*Specializing in Accident Coverage for Students while:  
Attending School – Playing Interscholastic Sports – Participating in Camps/Rec Programs/Youth Events  
Toll Free: (800) 328-2739 – Fax: (651) 439-0200 – Email: [sonnyh@sas-mn.com](mailto:sonnyh@sas-mn.com)*





# Student Injuries Can Happen

**Medical Expenses Can Be a Financial Hardship When the Unexpected Occurs**

**Approved By Your School/School District - Available for All Students PK-12**

## What is Student Accident Insurance?

- ◆ Coverage that provides financial assistance with your out-of-pocket medical expenses when your student sustains an accidental bodily injury.

## Why Consider Student Accident Insurance For Your Student?

- ◆ High Deductible/Copayments to your Family's Primary Health Insurance
- ◆ No Health Insurance for your Student
- ◆ Your Student participates in an interscholastic sport where an unexpected injury is more likely to occur.
- ◆ Your Student is prone to injuries

## Coverage Options Available Through Your School

- ◆ School Time Coverage - \$16.00
- ◆ Interscholastic Sports Coverage (w/School Time-\$91.00 or 24 Hour Coverage-\$174.00)
- ◆ 24-Hour/Full-Time Coverage - \$99.00
- ◆ Football Coverage - \$250.00 (Grades 9-12 for the football season)
- ◆ Extended Dental Coverage - \$9.00

**Premium Paid Once a School Year**

## To Enroll Your Student & Review Medical Benefits

**Go to: [www.sas-mn.com](http://www.sas-mn.com)**

**or scan this QR code with your smart phone to be directed to our website**



Please locate "K-12 Students & Parents" on our homepage. Within this division, you will be able to search for your student's school district. Once located, you will have access to the following information:

- ◆ **Purchase Coverage**  
(Managed Online or by Printing/Mailing Enrollment Form and Premium)
- ◆ **Brochure (English & Spanish)**  
(Explains medical benefits, exclusions and coverage options)
- ◆ **Claim Form**  
(Fillable form when enrolled student sustains an injury)

**For Questions, Call Student Assurance Services at (800) 328-2739**



**Specializing in Student Accident Insurance Since 1971.**

The above information is just a brief description of Student Assurance Services student accident insurance. For more information including costs, benefits, effective dates, exclusions, limitations, please refer to [www.sas-mn.com](http://www.sas-mn.com). Students are able to purchase coverage only if his/her school district is a policyholder with the insurance company.



**STUDENT ACCIDENT INSURANCE COVERAGE**  
POLICY GA-2200Ed.11-16(ID)(KS)(LA)(MN)(MT)(NC)(ND)(OH)

**Premiums & Coverage Options**

**One Time Policy Year Premiums**

<b>School Time Coverage Grades PK-12 (Does NOT Include Interscholastic Sports Coverage grades 7-12)</b> Protects the student while: a) attending regular school sessions, b) participating in or attending school-sponsored and supervised extracurricular activities, c) traveling directly to and from school for regular school sessions, and while traveling to and from school-sponsored and supervised extracurricular activities in school provided transportation. DOES NOT cover participation in interscholastic sports for students in grades 7-12.	\$16
<b>Full Time Coverage Grades PK-12 (Does NOT Include Interscholastic Sports Coverage grades 7-12)</b> Covers the student 24 hours a day until school starts next year. Includes coverage while at home and school, on weekends and during summer vacation. DOES NOT cover participation in interscholastic sports for students in grades 7-12.	\$99
<b>School Time Coverage Grades PK-12 AND Interscholastic Sports Coverage Grades 7-12 (does not include Football grades 9-12)</b> In addition to School-Time Coverage shown above, includes All Interscholastic Sports Coverage that protects the student while practicing for or competing in school-sponsored and supervised interscholastic sports including travel in school provided transportation for grades 7-12. DOES NOT cover Football for grades 9-12.	\$91
<b>Full Time Coverage Grades PK-12 AND Interscholastic Sports Coverage Grades 7-12 (does not include Football grades 9-12)</b> In addition to the Full-Time Coverage shown above, includes All Interscholastic Sports Coverage that protects the student while practicing or competing in school-sponsored and supervised interscholastic sports including travel in school-provided transportation for grades 7-12. DOES NOT cover Football for grades 9-12.	\$174
<b>Football Coverage Grades 9 - 12</b> Protects the student while practicing for or competing in school-sponsored and supervised interscholastic football including travel in school-provided transportation for grades 9-12.	\$250
<b>Extended Dental Coverage Grades PK-12</b> Provides benefits up to a maximum of \$5,000 for any dental injury. Covers the student 24 hours a day until school starts next year. Treatment must begin within 60 days from the date of the injury and must be performed within one year from the date of injury. However, if within the one year period following the date of injury the student's attending dentist certifies that dental treatment and/or replacement must be deferred beyond one year, the policy pays the estimated cost of such deferred treatment, but not to exceed \$200 for each tooth. Benefits for prostheses are limited to \$500 per injury, including procedures performed to install them. Dental prostheses include, but are not limited to: crowns, dentures, bridges, and implants. Extended Dental does not cover treatment for orthodontics, dental disease, or expenses that exceed the dental prosthesis maximum benefit limit.	\$9

**The Medical Benefits and Exclusions below apply to the Coverage Options listed above.**

**MEDICAL BENEFITS (What the Insurance Plan Pays)** - When injury covered by the policy results in treatment by a Licensed Physician within 60 days from the date of accident, the Company will pay the Usual and Customary Charges (U&C) incurred for covered services as listed below, for charges actually incurred within one year from the date of injury up to the specified Maximum Medical Benefit of \$50,000 per injury. (In MT and NC benefits are payable after the deductible per injury is satisfied, the deductible is the amount paid or payable for the same injury by Other Valid Coverage)  
This policy will pay benefits regardless of Other Valid Coverage if the covered claim expense is less than \$200. If the covered claim expense exceeds \$200, benefits shall be paid first by Other Valid Coverage. (This coverage is excess in KS, and this coverage is primary in MT and NC after deductible, and in ID, IL)

**All Amounts Listed Below are Per Injury**

<b>PHYSICIAN'S SERVICES</b>	
a) <b>Surgical Care</b> (surgeon, assistant surgeon, and anesthesia) .....	80% U&C, up to \$2,500
b) <b>Nonsurgical Care</b> (includes physiotherapy performed other than in a hospital, 1 visit per day).....	U&C, up to \$50 per visit, maximum 6 visits
<b>HOSPITAL CARE</b>	
a) <b>Inpatient Care</b>	
1) <b>Hospital Semi-Private Room</b> .....	U&C, up to \$500 per day
2) <b>Hospital Miscellaneous Services</b> .....	80% U&C, up to \$2,500
b) <b>Outpatient Care</b>	
1) <b>Facility Charges for Day Surgery</b> .....	U&C, up to \$2,500
2) <b>Emergency Room</b> .....	80% U&C, up to \$500
<b>Note: Benefits for hospital miscellaneous and outpatient care charges are limited to services not scheduled under Medical Benefits.</b>	
<b>X-RAY SERVICES</b> (includes charges for reading) .....	U&C, up to \$250
<b>LABORATORY SERVICES</b> .....	U&C, up to \$250
<b>DIAGNOSTIC IMAGING</b> (includes MRI, CT scan, bone scan and charges for reading) .....	U&C, up to \$500
<b>DENTAL TREATMENT</b> (in lieu of all other medical benefits; for repair and/or replacement of each sound and natural tooth) .....	U&C, up to \$250 per tooth (In SD, sound and natural is deleted)
<b>AMBULANCE SERVICES</b> .....	U&C, up to \$500
<b>ORTHOPEDIC APPLIANCES</b> (when prescribed by a physician for healing) .....	U&C, up to \$250
<b>PRESCRIPTION DRUGS</b> (take home) .....	U&C, up to \$250
<b>REPLACEMENT EYEGLASSES, CONTACT LENSES, HEARING AIDS</b> (when medical treatment is required for covered injury) .....	U&C, up to \$250
<b>MOTOR VEHICLE INJURY</b> .....	Same as any injury, up to \$2,500 (In KS, \$2,500 limit does not apply)

**ACCIDENTAL DEATH AND DISMEMBERMENT**

When injury covered by this policy results in Accidental Death or Dismemberment within 180 days from the date of accident, the following benefits will be payable.  
Loss of Life..... \$2,500      Loss of an Eye..... \$2,500      Double Dismemberment ..... \$10,000      Single Dismemberment..... \$2,500

The policy contains a provision limiting coverage to the usual and customary charges. This limitation may result in additional out-of-pocket expenses for the insured.  
J-1511/1513(2024)



**ENROLLMENT FORM FOR STUDENT ACCIDENT INSURANCE**

**COVERAGE PLANS**

**One Time Policy Year Premiums**

↑ STUDENT'S LAST NAME ↑ (one letter in each box)

STUDENT'S FIRST NAME M.I.  
*Please Print*

Address \_\_\_\_\_ (Street)

\_\_\_\_\_  
(City) (State) (Zip)

Email Address \_\_\_\_\_

Name of School \_\_\_\_\_

Name of District \_\_\_\_\_

Student's Age \_\_\_\_\_ Grade \_\_\_\_\_ Phone \_\_\_\_\_

	<b>Full Time Coverage (Does NOT include Interscholastic Sports Coverage)</b>	<input type="checkbox"/> \$ 99
	<b>Full Time Coverage AND Interscholastic Sports Coverage (Does not include Football Grades 9-12)</b>	<input type="checkbox"/> \$174
	<b>School Time Coverage (Does NOT include Interscholastic Sports Coverage)</b>	<input type="checkbox"/> \$ 16
	<b>School Time Coverage AND Interscholastic Sports Coverage (Does not include Football Grades 9-12)</b>	<input type="checkbox"/> \$ 91
	<b>Football Coverage (Grades 9-12)</b>	<input type="checkbox"/> \$250
	<b>Extended Dental Coverage (Grades PK-12)</b>	<input type="checkbox"/> \$ 9

**DO NOT SEND CASH**

**TOTAL PREMIUM**

Make Checks payable to: **STUDENT ASSURANCE SERVICES, INC.**  
\*Please write student's name on the front of check. **NO REFUNDS**

**EXCLUSIONS (What the Plan DOES NOT Pay)**

1. Any sickness, disease, infection (unless caused by an open cut or wound), including but not limited to: aggravation of a congenital condition, blisters, headaches, hernia of any kind, mental or physical infirmity, Osgood-Schlatter disease, osteochondritis, osteochondritis dissecans, osteomyelitis, spondylolysis, slipped femoral capital epiphysis, orthodontics.
2. Injuries for which benefits are paid under Workers' Compensation or Employer's Liability Laws. (In NC, benefits are excluded if the employee, employer, or carrier is responsible or liable according to final adjudication or settlement order under state law)
3. Any Injury involving a two or three-wheeled motor vehicle or snowmobile or any motorized or engine driven vehicle not designed primarily for use on public streets and highways, unless the insured is participating in an activity sponsored by the Policyholder. (In ID, Insured must be participating as a professional)
4. The practice or play of interscholastic sports including travel to or from such activity, practice, or play for students in grades 7-12, unless such premium is paid.
5. In Kansas - No benefits are payable for accidental bodily injuries arising out of a motor vehicle accident to the extent such benefits are payable under any medical expense payment provision (by whatever terminology used including such benefits mandated by law) of any automobile policy.
6. In Ohio - Reinjury if the insured participated in a covered activity against medical advice.

**IT IS NOT THE INTENT OF THE POLICY TO PROVIDE BENEFITS FOR AN EXISTING MEDICAL PROBLEM. A re-injury will not be covered if the insured has received treatment within a period of 180 days prior to the effective date of the policy. (In OH, this provision does not apply)**

**WHAT KIND OF INSURANCE IS THIS?**

This is accidental bodily injury insurance; it covers accidental bodily injury occurring while the coverage is in force. Medical illnesses such as ear infections or sore throats are not covered.

**WHO SHOULD CONSIDER BUYING THIS INSURANCE?**

1. All families with no other health coverage.
2. Families with other medical or dental coverage having deductibles, copays or coinsurance. Our policy applies benefits toward your other health coverage out-of-pocket expenses. (This coverage is primary in MT and NC after deductible, and in ID, IL)

**HOW TO ENROLL**

1. Select the desired coverage(s) from the options listed above. Premium cannot be prorated. There are two enrollment and payment options.
2. Complete the Enrollment Form and enclose the premium (check made payable to: STUDENT ASSURANCE SERVICES, INC. or credit card payment information). Please write the name of the student on the check. Return the premium payment with the requested enrollment information in an envelope and mail to: Student Assurance Services, Inc. P.O. Box 196, Stillwater, MN 55082-0196; OR
3. Complete enrollment form online at the Student Assurance Services, Inc. website [www.sas-mn.com](http://www.sas-mn.com). The online form is available under the K-12 School Look-up.
4. Be sure to retain this brochure and a copy of the premium payment as proof of insurance. You will not receive a policy or ID card. The master policy is issued to the school.

**EFFECTIVE AND EXPIRATION DATES**

Coverage becomes effective the later of: the Master Policy Effective Date; or 12:01A.M. following the date the envelope containing the enrollment form and premium payment is postmarked by the U.S. Postal Service; or for online enrollment 12:01A.M. following the date the proper premium is received by the Plan Administrator. Interscholastic sports coverage expires on the last day of the authorized season of the current school year. School-Time and Full-Time coverage expires on the first day of school next year.

**HOW TO FILE A CLAIM**

1. Notify the school and obtain a claim form immediately. The school will fill out Part A of the claim form if it's a school injury.
2. Parents complete Part B of the claim form. **Answer all questions.**
3. Submit copies of the student's *itemized bills* to the student's family medical and dental coverage first, even if there is a large deductible. The other insurance plan will send a report called an Explanation of Benefits (EOB). This plan is supplemental to all other valid coverage. The claim must be filed with the other coverage first! (Coverage is excess in KS, primary in MT and NC after deductible, and in ID, IL) This Plan **DOES NOT** cover penalties imposed for failure to use providers preferred or designated by the primary coverage. (In KS, penalty does not apply)
4. Send the completed claim form, copies of student's itemized bills and EOB to:  
STUDENT ASSURANCE SERVICES, INC.  
PO BOX 196 • STILLWATER, MN 55082
5. No claim can be completed until **all of the above documents** have been provided.

NOTE: Student must be treated by a Licensed Physician within 60 days of the date of the injury. Proof of claim should be submitted within 90 days from the date of accident, or a reasonable time thereafter not to exceed one year. Itemized bills should be submitted within 90 days from the date of treatment or reasonable time thereafter not to exceed one year. The policy is responsible only for expenses incurred within one year. (In NC, itemized bills must be submitted within 180 days from the date of treatment, not to exceed one year)

This provides a very brief description of some of the important features of the insurance policy. It is not the insurance policy and does not represent it. A full explanation of benefits, exceptions and limitations is contained in the Group Accident Insurance Policy Form GA-2200Ed.11-16 (and any state specific), and any applicable endorsement(s). This policy is considered term accident insurance (except in ID) and is non-renewable. This product may not be available in all states and is subject to individual state regulations. The Master Policy is issued to the School District/School. A copy of the Privacy Notice and Certificate of Coverage (where applicable) may be obtained on the website [www.sas-mn.com](http://www.sas-mn.com).  
J-1511/1513(2024)

Administered by <b>STUDENT ASSURANCE SERVICES, INC.</b> PO Box 196 • Stillwater MN 55082-0196 Toll Free 800-328-2739 - (651) 439-7098  <a href="http://www.sas-mn.com">www.sas-mn.com</a>	 <b>STUDENT ASSURANCE SERVICES</b> INCORPORATED	Underwritten by  <b>HAVE QUESTIONS? CALL US TOLL FREE AT (800) 328-2739 OR (651) 439-7098</b>	 <b>Ameritas</b> Ameritas Life Insurance Corp. Lincoln, Nebraska
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**STUDENT ACCIDENT INSURANCE CREDIT CARD PAYMENT**

INDICATE PREMIUM SELECTED AND COMPLETE THE REQUESTED ENROLLMENT INFORMATION FOUND ON THE REVERSE SIDE OF THIS FORM.  
*There is a \$5.00 Processing Fee added to ALL Credit Card Transactions (does not apply to IN, NC residents)*

Please charge \$ \_\_\_\_\_ + \$5.00 Processing Fee = \$ \_\_\_\_\_ to the following credit card: VISA®, MasterCard®, or Discover®

Credit Card Number	Security Code (on back of card, 3 digits)	Card Expiration Date (Month) (Year)																											
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Print Cardholder Name \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Cardholder Signature \_\_\_\_\_

Cardholder Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

GAA-2203Ed.11-16

**DETACH - Place inside envelope**

J-1511/1513(2024)



# Los estudiantes pueden sufrir lesiones

Los gastos médicos pueden ser una dificultad financiera ante situaciones imprevistas  
Aprobado por su escuela o distrito escolar - Disponible para todos los estudiantes de preescolar a 12.º grado

## ¿Qué es el seguro estudiantil contra accidentes?

- ◆ Es una cobertura que le proporciona asistencia financiera con sus gastos médicos de bolsillo si su estudiante sufre una lesión corporal accidental.

## Tener un seguro estudiantil contra accidentes para su estudiante le resultaría conveniente si:

- ◆ El seguro de salud principal de su familia tiene copagos o un deducible altos
- ◆ Su estudiante no tiene un seguro de salud
- ◆ Su estudiante participa en un deporte interescolar que suele provocar lesiones imprevistas
- ◆ Su estudiante es propenso a sufrir lesiones

## Opciones de cobertura disponibles a través de su escuela

- ◆ Cobertura de tiempo escolar: \$16.00
- ◆ Cobertura de tiempo completo (24 horas): \$99.00
- ◆ Cobertura de deportes interescolares (con cobertura de tiempo escolar por \$91.00 o cobertura de 24 horas por \$174.00)
- ◆ Cobertura de fútbol americano: \$250.00 (De 9.º a 12.º grado para la temporada de fútbol americano)

- ◆ Cobertura dental extendida: \$9.00

*La prima se paga una vez por año escolar*

## Para inscribir a su estudiante y revisar los beneficios médicos

Visite: [www.sas-mn.com](http://www.sas-mn.com)

o escanee este código QR con su teléfono inteligente para ir a nuestro sitio web



Busque "K-12 Students & Parents" (Padres y estudiantes de preescolar a 12.º grado) en nuestra página de inicio. Dentro de esta división, podrá buscar el distrito escolar de su estudiante. Una vez que lo encuentre, tendrá acceso a la siguiente información:

### ◆ Adquisición de cobertura

(Administrada en línea o mediante la impresión o el envío por correo del formulario de inscripción y la prima)

### ◆ Folleto (en inglés y español)

(Detalla los beneficios médicos, las exclusiones y las opciones de cobertura)

### ◆ Formulario de reclamación

(formulario que debe completarse cuando un estudiante sufre una lesión)

**Si tiene preguntas, llame a Student Assurance Services al (800) 328-2739.**



**Especialistas en seguros estudiantiles contra accidentes desde 1971.**

La información anterior es solo una breve descripción del seguro estudiantil contra accidentes de Student Assurance Services. Para obtener más información, incluidos costos, beneficios, fechas de entrada en vigencia, exclusiones y limitaciones, visite [www.sas-mn.com](http://www.sas-mn.com). Los estudiantes pueden adquirir la cobertura solo si su distrito escolar es titular de una póliza de la compañía de seguros.





Griffith Public Schools  
 602 N. Raymond  
 Griffith, IN 46319

**COPY**

*mailed 4-18-24*

1. What is the first day of authorized sports practice? 8-2-24
2. What is the first day of the regular school term? 8-19-24 Last Day of School 6-6-25
3. Select the PLAN desired below. Complete the Enrollment and Premium sections.  
 Effective Date: 08/01/2024 Termination Date: 07/31/2025

**SCHOOLS THAT PROVIDE COVERAGE ON A GROUP BASIS**

**Group Athletic Coverage: Plan :** \_\_\_\_\_  
 Senior High Enrollment \_\_\_\_\_ Grades \_\_\_\_\_ \$ \_\_\_\_\_  
 Junior High Enrollment \_\_\_\_\_ Grades \_\_\_\_\_ \$ \_\_\_\_\_

**Additional Coverage Plan:** \_\_\_\_\_ \$ \_\_\_\_\_

**Additional Coverage Plan:** \_\_\_\_\_ \$ \_\_\_\_\_

**All-Pupil Coverages: Plan:** \_\_\_\_\_  
 Total Enrollment of all Grades (PK-12): \_\_\_\_\_ @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_

**TOTAL PREMIUM = \$ \_\_\_\_\_**

*(All premiums are due prior to the effective date of the policy. If the full premium is not received within 60 days of the effective date, the policy will be cancelled and no coverage will be inforce, unless otherwise agreed)*

**SCHOOLS THAT OFFER COVERAGE ON A VOLUNTARY BASIS**

*Directions: Please review each statement below and initial if you agree to the terms required. Student Assurance Services will provide voluntary student accident forms via email after the completed application is received in our office.*

- 1. Voluntary Coverage for Student Athletes (Grades 7-12): Plan: J - 1513 (Voluntary)**  
 I agree that my Athletic Department(s) will directly notify all families of student athletes about the voluntary student accident coverage available prior to the start of each sports season (fall, winter, spring). JM (Initial Here in Agreement)
- 2. Voluntary Coverage for All Students (Grades PK-12): Plan: J - 1513 (Voluntary)**  
 I agree that all schools within my school district will directly notify all families about the voluntary student accident coverage available at the beginning of the school year. JM (Initial Here in Agreement)

**Estimated Total Enrollment within School District (Required)** 2,025

- When initial above, it's agreed and understood that: **(applies only to voluntary coverages)**
- a. The school will offer coverage to all students in the school system.
  - b. Football/Sports Coverage is available only if the school installs the Voluntary Student Coverage.
  - c. A school official will complete the school's section of each claim form for school related injuries.
  - d. If an enrollment form is returned to the school: Premium must be sent to the agent within 30 days of receipt; and a school official must date the premium envelope on the date received.
  - e. **Only one student accident insurance plan will be offered by the school.**

**WEBSITE ACCESS AGREEMENT**

By signing this form you will be given an access code to view the Master Policy, enrolled roster, and claim status information on our website. This code should only be shared with school administration. An email that explains how to access your school's information will be provided after the application is received and reviewed.

**Applied for by:** Dawn Magallanes 219-924-4250 dmagallanes@K12.IN.US  
Print Name of School Official Telephone Number E-Mail Address

[Signature] payroll/benefits 4-17-24  
Signature of School Official Date

**Administrator of Policy/Claim:** \_\_\_\_\_  
If different than above Print Name Telephone Number E-Mail Address

**Agent:** \_\_\_\_\_  
Print Name Telephone Number E-Mail Address

**Administered by and Mail to:**  
 Student Assurance Services, Inc.  
 P.O. Box 196  
 Stillwater, MN 55082



Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

SAS Admin. Use Only

