

THE TAFT SCHOOL – INTERNATIONAL STUDENT 12 MONTH INSURANCE PLAN EXTENSION

Dear Parent/Guardian:

Out of concern for the health and welfare of all our students, The Taft School requires that every student be covered by a comprehensive injury and sickness plan, one that covers the high cost of medical services and is accepted by local providers and practitioners in Connecticut and the United States. To help you meet this responsibility for your child, we have engaged Clifford Allen Associates, in partnership with Global Benefits Group, to provide the following comprehensive student health plan. **Your child has already been enrolled in the required 10 month plan (August 15, 2024 through June 14, 2025) at a premium of \$2,495. Please note that our health center will not accept medical insurance policies issued in a foreign country or from a company outside the United States.**

PREMIER HEALTH PLAN

This plan provides primary, first dollar benefits for those of you who do not have any insurance or whose coverage is not accepted outside your geographical area. The Premier Health Plan was designed especially for private secondary schools.

The basic provisions and exclusions of this plan are outlined in the International Plan Summary for the 2024-2025 school year. Certificates with further details about the coverage will be issued to every participant along with a personal identification card.

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OPTIONAL - 12 month period (August 15, 2024 – August 14, 2025) at a premium of \$2,785

This agreement is designed for those who wish to extend their child’s Health Insurance Coverage to 12 months. All international students will be enrolled in the 10 month coverage plan as stated in your Enrollment Contract.

If you wish to purchase the 12 month health coverage, please check the box below and insert your child’s full name in the blank. The student’s parent or guardian must sign, date and return the signed form to ***The Health Center at The Taft School, 110 Woodbury Road, Watertown, CT 05795 or to InternationalHealthInsurance@taftschoo.org***

2024-2025 STUDENT INJURY & SICKNESS PLANS

- 1. Please enroll my child, _____, in the Premier Health Plan for 12 months (August 15, 2024-August 14, 2025) at a premium cost of \$2,785.

By signing below I understand that I am responsible for paying the premium on the Premier Health Plan I have selected above. I further understand that I also will be fully responsible for, and agree to pay, any of my child’s health costs and fees not covered by the Premier Health Plan.

SIGNATURE OF PARENT OR GUARDIAN

DATE

This signed agreement must be returned by email to InternationalHealthInsurance@taftschoo.org or mail to the attention of the Health Center at 110 Woodbury Rd, Watertown CT 06795 by June 15th, 2024. Payment must be submitted to VC Pay with your first tuition payment due in July.