



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
- ◆ Interscholastic Sports Coverage
- ◆ 24-Hour/Full-Time Coverage
- ◆ Football Coverage
(Grades 9-12 for the football season)
- ◆ Extended Dental Coverage
Choose from Two Affordable Plans
Premium Paid Once a School Year

To Enroll Your Student & Review Medical Benefits

Go to: www.sas-mn.com

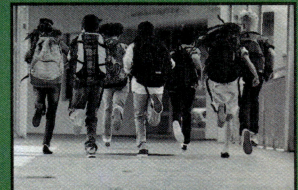
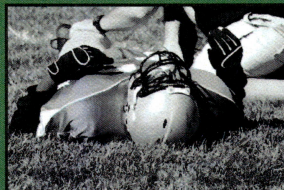
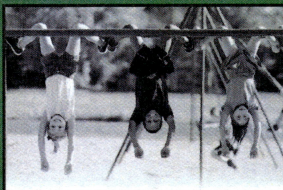
*or scan this QR code with
your smart phone to be
directed to our website*



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 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 Service's student accident insurance. For more information including costs, benefits, effective dates, exclusions, limitations, please refer to www.sas-mn.com Students are able to purchase coverage only if his/her school district is a policyholder with the insurance company

BASIC PLAN

Grades PK-12
\$95

Grades PK-8
\$19

Grades 9-12
\$55

\$125

Grades PK-12
\$9

STUDENT ACCIDENT INSURANCE COVERAGE POLICY GA-2200Ed.11-16(ID)(KS)(LA)(MN)(MT)(NC)(ND)(OH)(SD) Premiums & Coverage Options - One Time Policy Year Premiums

PREMIER PLAN

Grades PK-12
\$160

Grades PK-8
\$34

Grades 9-12
\$98

\$240

Grades PK-12
\$9

Full-Time Coverage AND All Sports Coverage (Includes SPRING Football Season. Does NOT include FALL Football Coverage Grades 9-12)
Covers the student 24 hours per day until school starts next year. Includes coverage while at home and school, on weekends, and during summer vacation. Covers participation in sports for students in grades PK-12. Does NOT cover participation in, or travel to and from FALL Football for students in grades 9-12.

School-Time Coverage AND All Sports Coverage (Does NOT include FALL or SPRING Football Coverage Grades 9-12) Covers the student while: a) attending regular school sessions; b) participating in or attending school-sponsored and supervised extracurricular activities; c) practicing for or competing in sports which are scheduled by the school, and while the student is under the direct supervision of a school employee; and d) traveling directly to and from school for regular school sessions, and while traveling to and from school-sponsored and supervised extracurricular activities and sports in school provided transportation. Does NOT cover participation in, or travel to and from FALL or SPRING Football for students in grades 9-12.

FALL Football Coverage Grades 9-12 - Covers the student while practicing for or participating in school-sponsored and school-supervised interscholastic Football, including travel in school-provided transportation. **DOES NOT INCLUDE SPRING FOOTBALL SEASON.**

Extended Dental Coverage Grades PK-12 - 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 and dental disease, or expenses that exceed the dental prosthesis maximum benefit limit.

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 the 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 the enrollment form online at the Student Assurance Services, Inc. website 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 selected expiration date of the annual term policy.

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 the 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.

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ENROLLMENT ENVELOPE FOR STUDENT ACCIDENT INSURANCE

COVERAGE PLANS

One Time Policy Year Premiums BASIC PLAN PREMIER PLAN

	Full-Time Coverage PK-12 AND All Sports (except FALL Football Coverage)	<input type="checkbox"/> \$95	<input type="checkbox"/> \$160
	School-Time Coverage PK-8 AND All Sports	<input type="checkbox"/> \$19	<input type="checkbox"/> \$34
	School-Time Coverage 9-12 AND All Sports (except ALL Football Coverage)	<input type="checkbox"/> \$55	<input type="checkbox"/> \$98
	FALL Football Coverage Grades 9-12	<input type="checkbox"/> \$125	<input type="checkbox"/> \$240
	Extended Dental Coverage Grades PK-12	<input type="checkbox"/> \$9	<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**

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↑ 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
X (Signature of Parent or Guardian) (Date)

The 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 coverage is primary in MT and NC after the deductible and in ID, IL)

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