







Dear Parents/Guardians:

The School District does not purchase accident insurance to cover injuries incurred by your child at school.

We encourage all families to have accident coverage on their children prior to participation in any sports or school sponsored activity. Please review the following student insurance program.

If you have a plan with a Deductible, Co-Pay, or Limited Benefits, we encourage you to consider this coverage. If you have a High Deductible or No Other Insurance on your child, we encourage you to consider including the **Major Expense Benefit** as well.

The options provided are:

COVERAGE	Annual Premium	With Major Expense Benefit
 Full time coverage PK-12 with NO Interscholastic Sports Coverage	<input type="checkbox"/> \$89	<input type="checkbox"/> \$180
 Full time coverage 7-12 with Interscholastic Sports Coverage except Football Grades (9 - 12)	<input type="checkbox"/> \$154	<input type="checkbox"/> \$245
 School time coverage PK-12 with NO Interscholastic Sports Coverage	<input type="checkbox"/> \$16	
 School time coverage 7-12 with Interscholastic Sports Coverage except Football Grades (9 - 12)	<input type="checkbox"/> \$81	
 Football Coverage Grades 9-12 (Major Expense Benefit does NOT apply)	<input type="checkbox"/> \$219	
 Extended Dental Coverage PK-12	<input type="checkbox"/> \$9	

Brochures will be distributed by the schools. This coverage is for the 10-11 school year, and is not effective until the enrollment form is received by the school. In enrolling for coverage, please read brochure carefully:

1. Print name, address and other information clearly on enrollment form.
2. Make check or money order payable to Student Assurance Services, Inc.
3. Detach and retain summary of coverage, and return the enrollment to school within 10 days.
4. Questions about the plan may be directed to Paul Lock, Agent, Student Assurance Services
Address: P.O. Box 3126, Lawrence, KS 66046; Phone: (800) 520-9909 / (785) 748-0870
E-mail: paul.lock@sas-midwest.com Website: www.sas-mn.com

Please sign and return the form below to school, if you already have adequate insurance.

PARENTAL INSURANCE WAIVER

Student's Name _____ School _____

We, the undersigned, feel we have adequate insurance protection for our Son/Daughter while practicing or participating in Interscholastic Sports, or other School Sponsored Activities.

Parent's/Guardian's Signature _____ Date _____

2010-2011 STUDENT ACCIDENT INSURANCE COVERAGE

Note: This is a Blanket Term Non-Renewable Accident Policy - It is a Limited Benefit Policy
POLICY FORMS GH-2200 (KS)(LA)(MN)(MT)(SD)

Full Time Coverage PK-12 (with NO Interscholastic Sports Coverage) Covers the student 24 hours a day until school starts next year. Includes coverage while at home, at school, weekends and summer vacation. DOES NOT cover participation in interscholastic sports for Students in the 7th grade or above. The Medical Benefits and Exclusions shown in this illustration apply to this coverage.	\$89
Full Time Coverage PK-12 with Major Expense Benefit (with NO Interscholastic Sports Coverage) After the maximum benefit has been paid under the Full-Time Coverage, and the non-covered expenses exceed \$3,500, the Company will pay 70% of the remaining scheduled Usual and Customary charges up to a maximum of \$15,000 per injury. This benefit will apply to sports, if the additional premium has been paid. See FULL-TIME WITH ALL SPORTS AND MAJOR EXPENSE descriptions. No benefits are payable for motor vehicle injuries (Except in Louisiana benefit is payable up to \$1,000 per injury), or Football Grades 9-12, and the exclusions will apply to this benefit.	\$180
Full Time Coverage PK-12 (with All Interscholastic Sports Coverage except Football Grades 9 - 12) In addition to the Full-Time Coverage shown above, the All Sports Coverage protects the student while practicing or participating in school-sponsored and school-supervised interscholastic sports including travel in school-provided transportation for grades 7-12. It DOES NOT cover Football for grades 9-12. The Medical Benefits and Exclusions shown in this illustration apply to this Coverage.	\$154
Full Time Coverage PK-12 with Major Expense Benefit (with All Interscholastic Sports Coverage except Football Grades 9 - 12) After the maximum benefit has been paid under the basic plan benefits and the non-covered expenses exceed \$3,500, the Company will pay 70% of the remaining scheduled Usual and Customary charges up to a maximum of \$15,000 per injury. No benefits are payable for motor vehicle injuries (Except in Louisiana benefit is payable up to \$1,000 per injury), or Football Grades 9-12, and the exclusions will apply to this benefit.	\$245
School Time Coverage PK-12 (with NO Interscholastic Sports Coverage) Protects the student while: a) attending regular school sessions, b) participating in or attending school-sponsored and supervised extra-curricular activities, c) traveling directly to and from school for regular school sessions, and while traveling to and from school-sponsored and supervised activities in school provided transportation. DOES NOT cover participation in interscholastic sports for students in the 7th grade or above. Coverage ends the first day of school next year. The Medical Benefits and Exclusions shown in this illustration apply to this coverage.	\$16
School Time Coverage PK-12 (with All Interscholastic Sports Coverage except Football Grades 9 - 12) In addition to School-Time Coverage shown above, the All Sports Coverage protects the student while practicing or participating in school-sponsored and supervised interscholastic sports including travel in school provided transportation, for grades 7-12. It DOES NOT cover Football for grades 9-12. The Medical Benefits and Exclusions shown in the illustration apply to the Coverage.	\$81
Football Coverage Grades 9-12 (The Major Expense Benefit will NOT apply) Protects the student while practicing for or participating in school-sponsored and school supervised interscholastic football including travel in school-provided transportation. The Medical Benefits and Exclusions shown in this illustration apply to this coverage.	\$219
Extended Dental Coverage PK-12 Provides up to \$5,000 in benefits for any dental accident and covers the student 24 hours a day until school starts next year. Treatment must begin within 60 days from the date of injury. Benefits are limited to expenses actually incurred within one year from the date of accident. However, if within the one year period following the date of accident the insured's attending dentist certifies that dental treatment and/or replacement must be deferred beyond one year, the plan will pay the estimated cost of such deferred treatment, but not to exceed \$200 for each tooth. No benefits will be allowed for orthodontics or dental disease and benefits for prosthesis are limited to \$500 per injury, including procedures performed to install them. Dental prosthesis includes, but is not limited to crowns, dentures, bridges, and implants. The Major Expense benefit will not apply to this coverage.	\$9

MEDICAL BENEFITS and LIMITATIONS (What the plan pays)

When injury covered by this 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 necessary Services and Supplies 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.

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. (Except in ID, KS, MT, SD)

PHYSICIAN'S SERVICES -

- a) for surgical operations (Surgeon, Assistant Surgeon, Anesthesia) - 80% of the U&C charges incurred not to exceed \$1,500 per injury.
- b) for nonsurgical care (including Physiotherapy) - up to \$50 of the U&C charges for each treatment (1 treatment per day) not to exceed 6 treatments per injury.

HOSPITAL CARE -

- a) Inpatient Care - the usual daily charge for the hospital's semi-private room not to exceed \$500 per day, plus 80% of U&C miscellaneous charges incurred not to exceed \$1,000 per injury. Benefits for miscellaneous charges are limited to services not scheduled under Medical Benefits.
- b) Outpatient Care (includes Day Surgery Facility and Emergency Room) - 80% of the U&C miscellaneous charges incurred not to exceed \$500 per injury. Benefits for miscellaneous charges are limited to services not scheduled under Medical Benefits.

RADIOLOGY SERVICES (includes x-ray, MRI, CAT scan, bone scan, and charges for reading) - 100% of the U&C charges incurred, not to exceed \$300 per injury.

DENTAL TREATMENT - in lieu of all other medical benefits - the U&C charges up to \$200 for repair and/or replacement of each sound and natural tooth. (Except in SD)

AMBULANCE SERVICES - 100% of the U&C charges incurred not to exceed \$500 per injury.

ORTHOPEDIC APPLIANCES (when prescribed by a physician for healing) - the U&C charges up to \$200 per injury.

PRESCRIPTION DRUGS (take home) - the U&C charges up to \$100 per injury.

MOTOR VEHICLE INJURY - up to \$1,000 per injury as scheduled above. (except in KS)

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.....\$2,000 - Loss of an Eye.....\$2,000 - Single Dismemberment.....\$ 2,000 - Double Dismemberment.....\$10,000

This brochure is a summary of the master insurance policy issued to the educational institution.

If there is a discrepancy between this brochure and the master policy, the master policy language will govern.

NOTICE - THE POLICY CONTAINS A PROVISION LIMITING COVERAGE TO USUAL AND CUSTOMARY CHARGES. THIS LIMITATION

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.
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 Idaho "an insured person participating as a professional")
4. Replacement of contact lenses, eyeglasses, hearing aids or prescriptions or examinations thereof.
5. The practice or play of interscholastic sports including travel to or from such activity, practice, or play for students in the 7th grade or above, unless such premium is paid.
6. 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.

IT IS NOT THE INTENT OF THIS POLICY TO PROVIDE BENEFITS FOR AN EXISTING MEDICAL PROBLEM.

A re-injury will be covered if the insured has been treatment free for a period of 180 days prior to the effective date of the policy.

WHEN AND WHERE WILL MY STUDENT BE COVERED BY THIS INSURANCE?

The choice is yours! This Insurance offering describes several enrollment options designed to fit your individual needs. Please review this entire brochure, especially the coverage descriptions, before making your selections.

WHY IS THE SCHOOL PARTICIPATING IN THIS OFFERING?

Students are particularly susceptible to accidental injury. Your school district does not carry insurance to pay for X-rays, stitches, ambulances, etc.

WHAT KIND OF INSURANCE IS THIS?

This is supplemental accidental bodily injury insurance; it covers accidental bodily injury occurring while the coverage is in force. Illnesses such as measles, sore throats, etc., are not covered.

WHO SHOULD CONSIDER BUYING THIS INSURANCE?

1. All Families with no health insurance
2. Families with policies having deductibles or co-pays

The larger the deductible or co-pay percentage, the more you can benefit. There is no deductible in our basic plan.

HOW DOES THE MAJOR EXPENSE OPTION WORK?

If your student incurs a major injury costing you thousands of dollars, the Major Expense option allows us to continue to help with medical payments if any of our scheduled basic benefits are exhausted. After the maximum benefit has been paid under the Full-Time Coverage or All Sports Coverage (if purchased), and the non-covered expenses exceed \$3,500, the Company will then pay 70% of the remaining scheduled Usual and Customary charges up to a maximum of \$15,000 per injury. No benefits are payable for motor vehicle injuries and the exclusions will apply to this benefit (except in Louisiana benefit is payable up to \$1,000 per injury).

WHEN AND HOW CAN I ENROLL?

ENROLL ANYTIME! It is to your advantage to enroll early.

1. Determine the coverage options you want. Complete the Enrollment Form and attach your check made payable to : STUDENT ASSURANCE SERVICES, INC., or complete the credit card payment information form. Premium cannot be prorated. Please write name of student on your check.
2. Be sure to retain this brochure and copy of premium payment as proof of insurance. You will not receive a policy or ID card.

Return your payment or credit card information form with the requested enrollment information to the school.

EFFECTIVE AND EXPIRATION DATES

Coverage becomes effective the later of: the Master Policy Effective Date; or 12:01AM following the date the envelope containing the enrollment form and premium is received and dated by the School, the Company or its authorized agent. Interscholastic sports coverage will expire on the last day of the authorized season of the current school year. School-Time and Full-Time Coverages end the first day of school next year.

HOW DO I FILE A CLAIM?

1. Notify the school and obtain a claim form immediately. They will fill out Part A if it's a school injury.
2. Parents complete Part B. **Answer all questions.**
3. Submit copies of your itemized bills to your own family insurance first, even if you have a large deductible. You will be sent a report called an Explanation of Benefits (EOB). This Plan is supplemental to all other valid coverage. You must file a claim with your other coverage first! This Plan **DOES NOT** cover penalties imposed for failure to use providers preferred or designated by your primary coverage (does not apply in Kansas).
4. Send our claim form, copies of itemized bills and the 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.

(Supplemental language and E.O.B. requirement do not apply in Idaho, Montana, South Dakota)

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. We are responsible only for expenses incurred within one year.

This plan will pay benefits in accordance with any applicable state law. These benefits are found in the master policy.



Administered by
**STUDENT ASSURANCE
SERVICES, INC.**
PO BOX 196,
STILLWATER, MN 55082

HAVE QUESTIONS?
Call Us Toll Free
(800) 328-2739
or (651) 439-7098
or www.sas-mn.com

Underwritten by
Security Life
INSURANCE COMPANY OF AMERICA
MINNETONKA, MINNESOTA

ATHLETIC PERMIT FORM

2010-11

Dear Parents/Guardians:







The School District does not purchase accident insurance to cover injuries incurred by your child while participating in interscholastic sports.

We encourage all families to have accident coverage on their children prior to participation in any sports or school sponsored activity. Please review the following student insurance program.

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* - Plans that cover Athletics. Note - Football grades 7-8 covered with Interscholastic Sports Coverage

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E-mail: paul.lock@sas-midwest.com
Website: www.sas-mn.com

STUDENT'S LAST NAME _____

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

Address _____ (Street) _____
 _____ (City) _____ (State) _____ (Zip)

Name of School _____

Student's Age _____ Grade _____ Phone _____

Name of Physician _____

Physician's Phone Number _____

List Sports Student will be participating in this year _____

Please select one option each from parts A and B below

A I am insuring my student under the Security Life Insurance Plan. (Premium and Enrollment Form Attached)

I do not wish to purchase the school insurance. I, the undersigned, feel my child has adequate insurance protection for our son/daughter while participating in Interscholastic Sports or other school sponsored activities.

B You have my permission to call a physician in case of an emergency.

Please contact me before a physician is called.

I, the undersigned, understand that accidents may occur in athletics even though normal acceptable safety precautions have been taken. My son/daughter has my permission to practice and compete in interscholastic athletics programs.

Parent's/Guardian's Signature _____ Date _____

Note: This sheet along with a current physical examination form must be on file with the Activity director's office before participation will be allowed