

# KEYA PAHA COUNTY SCHOOL

Superintendent-Dennis Peters

Principal-Luke Wroblewski

P.O. Box 219

101 Football Avenue

Springview, NE 68778

Keya Paha County High School  
402-497-3501

Fax  
402-497-4321

Springview Elementary  
402-497-2621

Dear Parents/Guardians:

The School District does not provide any type of health or accident insurance for injuries incurred by your child at school.

We encourage all families to have accident coverage on their children, prior to participation in any *interscholastic sports or if a family's current primary health insurance has a high deductible, Co-Insurance Clause and/or limitation on medical benefits.* If you feel your primary health coverage is adequate, please sign the bottom of this letter and return to the office.

The options are:

Coverage Options	Annual Premium
<b>School time Coverage (Not including Interscholastic Sports)</b> Provides benefits for accidents during school hours ONLY	\$ 16.00
<b>School time Coverage Including Interscholastic Sports</b> Provides benefits for accident during school hours as well as participating in interscholastic sports (Grades 7-12 Except Football Grades 9-12)	\$ 91.00
<b>Football Coverage Grades 9-12</b> Provides benefits to athletes when practicing and competing during the football season	\$ 250.00
<b>Full Time Coverage (Not including Interscholastic Sports)</b> Provides benefits for students 24 hours a day, 7 days a week	\$ 99.00
<b>Full Time Coverage Including Interscholastic Sports</b> Provides benefits for students 24/7 as well as when they participate in interscholastic sports (Grades 7-12 Except Football Grades 9-12)	\$ 174.00
<b>Extended Dental Coverage</b> Provides additional benefits for students 24 hours a day for any dental accident	\$ 9.00

In making application for coverage, please read brochures explaining options carefully.

1. Print name, address and other information clearly on the enrollment form.
2. Make check or money order payable to **STUDENT ASSURANCE SERVICES, INC.** or complete the credit card pay form
3. Print Student's name on the face of the check.
4. Detach and retain summary of coverage, and send the envelope to: Student assurance Services, Inc., PO Box 196, Stillwater, MN 55082-0196. Coverage will become effective at 12:01 a.m. following the date the envelope containing the enrollment form and premium is postmarked by the U.S Post office but not prior to August 1.  
**DO NOT SEND YOUR ENVELOPE BACK TO THE SCHOOL.**
5. Questions about the plan may be directed to Student Assurance Services, Inc., at (651) 439-7098 or 1-800-328-2739.

Please **sign and return** the form to school, if you already have adequate insurance for your child.

.....  
PARENTAL INSURANCE WAIVER

Student's Name \_\_\_\_\_

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 signature \_\_\_\_\_ Date \_\_\_\_\_