



Mason County Central School District

www.mccschools.com

Jeff Mount, Superintendent
Sherryl Martin, Director of Compensatory Education

Kristie Courtland-Willick, Business Manager
Angie Hood, Marketing/Communications

RE: Student Insurance/Waiver Form

August 30, 2011

Dear Parent or Guardian:

We wish to emphasize that Mason County Central Schools DOES NOT provide any type of health or accident insurance for injuries incurred by your child at school during athletic practices or events.

Since children are particularly susceptible to accidental injuries, we encourage you to review your present health and accident insurance program to determine if your coverage is adequate.

As a service to students and their families, the school district is making available a student accident insurance plan for your child at a very nominal cost for school-time coverage. All school-sponsored and supervised activities and time spent in school are covered in accordance with the terms and limitations of the policy. For an increased premium, 24-hour and double benefits are also available.

The brochure which explains the plan and details of coverage and the envelope for signing up are available at your child's school office. Please read the brochure carefully so that you understand the extent of the coverage.

A major point to keep in mind is that this policy pays the first \$100 of eligible medical costs regardless of other insurance. Those items not covered by your own insurance or plan will be paid by this coverage, within the limitations outlined in the brochure.

The plan is underwritten by the Guarantee Trust Life Insurance Company. The agent is First Agency, Inc., 5071 West H Avenue, Kalamazoo, Michigan 49009-8501.

REASONS TO PURCHASE THIS COVERAGE:

- 1. Deductible and co-pays in your health plan. Many health plans have increased the amount of out-of-pocket expenses.
2. No insurance.

TO PURCHASE COVERAGE:

- 1) On the form below, check that you wish to enroll. You will be provided with an enrollment packet at that time.
2) Once you receive the enrollment packet:
a) Complete the envelope, making sure information is legible. \*Use one envelope for each child.
b) To avoid the possible loss of the application envelope, we suggest that you enroll within ten days of the brochure handout date.
c) Enclose the correct premium (check or money order only) made payable to First Agency, Inc., seal the envelope and return it to the school with your child. Coverage becomes effective as soon as the application and premium are received by the school.
d) Premium cannot be accepted unless received in the envelope provided for them
e) Be sure to retain the descriptive sheet for later reference.
3) All questions regarding the coverage should be directed to First Agency, Inc. at 269-381-6630 or toll free at (800) 243-6298

Please sign and return the information below, even if you do not wish to enroll in the program.

We are happy to make this student accident insurance plan available to our families.

Thank you,

Kristie Courtland-Willick (handwritten signature)

Kris Courtland-Willick, Business Manager

PLEASE RETURN THIS SECTION TO YOUR SCHOOL

Student's name \_\_\_\_\_ School Building/Grade \_\_\_\_\_

Please check one: \_\_\_\_\_ We will enroll \_\_\_\_\_ We feel our family health insurance program is adequate should there be an accident involving our child.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Building Use Only Packet sent via: \_\_\_\_\_ Student \_\_\_\_\_ Parent \_\_\_\_\_ Mail \_\_\_\_\_ Date Sent \_\_\_\_\_