

SENIOR HIGH PRINCIPAL
JUNIOR HIGH PRINCIPAL
Kevin J. Kuznia
218-478-3314

ELEMENTARY DEAN
OF STUDENTS
Daniel R. Lindgren
218-437-6615

Stephen-Argyle Central

INDEPENDENT SCHOOL DISTRICT NO. 2856

Drew Kjono, SUPERINTENDENT
218-478-3315/218-437-6615

Stephen fax: 218-478-3537 Argyle fax: 218-437-6617

500 School Avenue P. O. BOX 68 Stephen, MN 56757
300 West Third Street P. O. Box 279 Argyle, MN 56713

Website: www.sac.k12.mn.us

Board of Education:
Steve McGlynn, Chair
Dustin Grabowska, Vice-Chair
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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 a school employee.

THE OPTIONS ARE:

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

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

1. Print name, address and other information clearly on the enrollment form. (ONE ENVELOPE PER CHILD.) Contact the school for more envelopes.
2. Please enclose a check or money order made payable to **STUDENT ASSURANCE SERVICES, INC.**, OR complete the credit card payment form.
3. Print student's name on the face of the check.
4. Detach and retain summary of coverage, and **return the envelope to the school within 14 days.** Coverage will become effective at 12:01 a. m. following the date the enrollment form and premium are received and dated by the school.
5. ALL questions regarding the coverage plan may be directed to **Student Assurance Services, Inc.**, at (651) 439-7098, OR toll free at 1-800-328-2739.

Please sign and return the information below if you already have adequate insurance. **REMINDER: If you take "Extended Dental Coverage" ONLY, you will also NEED to sign the "Parental Insurance Waiver" form.**

2023-24 STEPHEN-ARGYLE CENTRAL PARENTAL INSURANCE WAIVER

Name of Student(s): _____

Grade of Student(s): _____

WE DO NOT wish to participate in the student accident insurance program offered to us by Stephen-Argyle Central School. (We have adequate insurance to protect our son/daughter in case of an accident.)

Parent's/Guardian's Signature: _____ Date: _____

The program is underwritten by Security Life Insurance Company of America located in Minnetonka, MN and administered by Student Assurance Services, Inc. of Stillwater, MN.

An Equal Opportunity Employer