

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

ELEMENTARY PRINCIPAL
Christopher E. Mills
218-437-6615

Stephen-Argyle Central

INDEPENDENT SCHOOL DISTRICT NO. 2856

CHRISTOPHER E. MILLS, SUPERINTENDENT
218-478-3315/218-437-6615

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

Board of Education:
Jeff Chwialkowski, Chair
Steve McGlynn, Vice-Chair
Gail Yutzenka, Clerk
Betsy Jensen, Treasurer
Cara Hendrickson
Shawn Rominski
Tony Safranski

Dear Parents/Guardians,

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

REASONS TO PURCHASE THIS COVERAGE:

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

This plan will provide benefits for medical expenses incurred because of an accident. If you have other insurance, our benefits will be applied to your deductible or co-pay.

If you have no other insurance, this will become your primary accident plan.

To purchase coverage:

1. Print name, address and other information clearly. (**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 10 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 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.

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2016-17 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.