

March 2011

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

REASONS TO PURCHASE STUDENT ACCIDENT INSURANCE:

- Deductible and co-pays in your health plan: Many health plans have increased the amount of out-of-pocket expenses.
- 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.

The **major expense benefit** is primarily **for families who have no other insurance**. After the maximum benefits have 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. No benefits are payable for motor vehicle injuries, any sickness, disease or infection, or treatment for re-injury EXCEPT when the Insured is treatment free for a period of 180 days prior to the policy effective date. Also excluded are replacements of contact lenses, eyeglasses, hearing aids or prescriptions or examinations thereof. A more detailed list of exclusions will be included with the enrollment envelope.

Extended Dental Accident Option: This can be purchased by itself or in addition to the School-Time and Full-Time Coverage.

To Purchase Coverage:

The Student Accident Insurance enrollment forms will be distributed to you at the beginning of the 2011-2012 school year. Detailed summary of coverage information and payment information will be provided at this time.

All questions regarding the coverage may be directed to Student Assurance Services at 1-800-328-2739.

IF YOU ALREADY HAVE ADEQUATE INSURANCE, please sign and return the Parental Insurance Waiver below to your child's school.

2011-2012 School Year

PARENTAL INSURANCE WAIVER

Student's Name _____

In case of an accident, we have adequate insurance to protect our son/daughter.

Parent's Signature _____

School _____ Date _____