KENAI PENINSULA BOROUGH SCHOOL DISTRICT

Assistant Superintendent
Dave Jones
148 North Binkley Street Soldotna, Alaska 99669
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Re: Student Injuries and Insurance

Dear Parent/Legal Guardian:

Along with providing a quality education, your school does its best to protect your child from injuries. Even so, accidents happen. Should your child get hurt during school related activities, the District provides limited insurance (at no cost to you) to help with the cost of medical treatment not covered by other insurance you may have. This **"School Time Accident"** coverage is designed to cover some, but not all, of the possible charges. A Description of Benefits is enclosed for your reference. **PLEASE READ AND REVIEW IT CAREFULLY!**

This coverage will help you pay up to $25,000 in the event of a covered accident, and takes effect only after any other medical insurance that is available has paid. If this coverage is used, you will be responsible for a $50 deductible per accident and for the remaining 20% of the hospital and medical costs. In some cases there may be no deductible if other primary medical insurance is in effect. If your child does have other health coverage, student insurance may also be used to help pay those eligible charges not covered by other insurance (i.e., deductibles and co-payments). **To be eligible for this coverage, any accident/injury must be reported to the school office within 72 hours.**

Included with this memo is information on purchasing various additional accident and health care coverage options for your student through Myers-Stevens & Toohey & Co. Several plans are offered and rates for the entire school year are available. To enroll, complete the enrollment form, select the plan(s) you want for your child, enclose the proper premium using a check, money order or credit card, seal and return as directed on the form. Once processing is completed, an ID card verifying coverage will be mailed to you.

In order to document your having been notified of this matter, please sign and complete the bottom of this memo and immediately send it back to the school with your child. If you have any questions please contact my office at 714.8858.

Sincerely,

Dave Jones
Assistant Superintendent

As parent/guardian of _____, I understand that the School **does not** assume responsibility for student injuries but does make voluntary purchase of additional student health and accident insurance available to parents. I have received the information on this program.

_____ I will purchase additional coverage _____ I will not purchase additional coverage

Signed _____ Date _____